

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		15-0042		FROM 1/ 1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/25/2011 TIME 8:39

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:
 GOOD SAMARITAN HOSPITAL 15-0042

FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 AND ENDING 12/31/2010 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.

 ECR ENCRYPTION INFORMATION
 DATE: 5/25/2011 TIME 8:39

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

hVV2ktAVJi 6sZj SkLDAHy0ezFXh6e0
 J3LTx0C0I : gz7BV7mw7j odAEpzGRKs
 EyKq1ZCv4U0j BZC6

 TITLE

 PI ENCRYPTION INFORMATION
 DATE: 5/25/2011 TIME 8:39

 DATE

. GA3i I kW4tSEzval : eakZQcDGxqI WO
 sUI BM0wadx79eqDNcj sv9m2Oz3opm0
 MVRn95DAkP05: OcR

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	11,491	250,684	0	0
2	SUBPROVIDER	0	63,912	0	0	0
2.01	SUBPROVIDER II	0	65,515	-17	0	0
7	HOSPITAL-BASED HHA	0	0	0	0	0
100	TOTAL	0	140,918	250,667	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.

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				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/25/2011 TIME 8:45

PART I - CERTIFICATION

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 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 520 SOUTH 7TH STREET P.O. BOX:
 1.01 CITY: VINCENNES STATE: IN ZIP CODE: 47591- COUNTY: KNOX

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVII	XIX
02.00 HOSPITAL	GOOD SAMARITAN HOSPITAL	15-0042	2.01	7/1/1966	4	5	6
03.00 SUBPROVIDER	GOOD SAMARITAN HOSPITAL	15-S042		1/1/1984	N	P	O
03.01 SUBPROVIDER 2	GOOD SAMARITAN - REHAB	15-T042		1/1/2001	N	P	N
09.00 HOSPITAL-BASED HHA	GOOD SAMARITAN HOME CARE	15-7432		6/27/1995	N	P	N
12.00 HOSP-BASED HOSPICE	GOOD SAMARITAN LINCOLN TRAIL HOSPICE	15-1526		1/1/1984			

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/1/2010 TO: 12/31/2010

18 TYPE OF CONTROL 1 2 8

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 4
 20.01 SUBPROVIDER II 5

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

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

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 15

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 (OR APPLICABLE EXTENSION)OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105, MIPPA §147, ACA §3121 OR MMEA §108? "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 IN COL 1 "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 §3121 OR MMEA §108? 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 PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. Y 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). / /

LINE	DESCRIPTION	DATE	Y OR N	LIMIT	Y OR N	FEES
		0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01	ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02	THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03	FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		Y			
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		Y			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).					
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		Y	N		
60.01	IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC).				0	

MULTI CAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

LINE	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00						0.00

SETTLEMENT DATA

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

MI SCELLANEOUS DATA

64.00 DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO.

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	172	62,780			13,793		808
2 HMO					304		1,899
2 01 HMO - (IRF PPS SUBPROVIDER)							130
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	172	62,780			13,793		808
6 INTENSIVE CARE UNIT	20	7,300			1,855		109
7 CORONARY CARE UNIT							
11 NURSERY							42
12 TOTAL	192	70,080			15,648		959
13 RPCH VISITS							
14 SUBPROVIDER	22	8,030			1,546		1,195
14 01 REHAB UNIT	18	6,570			4,754		26
18 HOME HEALTH AGENCY							
21 HOSPICE							
25 TOTAL	232						
26 OBSERVATION BED DAYS							463
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX OBSERVATION ADMITTED 5.01	I/P DAYS / NOT ADMITTED BEDS 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES -- LESS I & R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			21,538				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			21,538				
6 INTENSIVE CARE UNIT			2,909				
7 CORONARY CARE UNIT							
11 NURSERY			1,127				
12 TOTAL			25,574				
13 RPCH VISITS							
14 SUBPROVIDER			4,545				
14 01 REHAB UNIT			5,806				
18 HOME HEALTH AGENCY							
21 HOSPICE							
25 TOTAL							
26 OBSERVATION BED DAYS			3,415				
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					3,435	721	6,585
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							
7 CORONARY CARE UNIT							
11 NURSERY							
12 TOTAL		1,283.14			3,435	721	6,585
13 RPCH VISITS							
14 SUBPROVIDER		14.66			229	226	851
14 01 REHAB UNIT		43.76			428	4	508
18 HOME HEALTH AGENCY							
21 HOSPICE		12.58					
25 TOTAL		1,354.14					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
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	65,617,940		65,617,940	2,781,449.00	23.59	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	512,127		512,127	4,107.00	124.70	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	2,653,082		2,653,082	19,893.75	133.36	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	11,131,723	2,361,589	13,493,312	452,775.00	29.80	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	227,570		227,570	2,854.00	79.74	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	40,000		40,000	205.00	195.12	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	17,288,182		17,288,182			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	3,397,122		3,397,122			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	31,300		31,300			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	150,241		150,241			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	2,674,074		2,674,074	185,646.00	14.40	
22 ADMINISTRATIVE & GENERAL	4,727,530	753,699	5,481,229	195,683.00	28.01	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,740,361	150,740	1,891,101	101,824.00	18.57	
25 LAUNDRY & LINEN SERVICE	167,125		167,125	17,248.00	9.69	
26 HOUSEKEEPING	1,679,080		1,679,080	142,361.00	11.79	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,237,999		1,237,999	95,634.00	12.95	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	40,101		40,101	3,565.00	11.25	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,260,627	50,247	1,310,874	39,607.00	33.10	
31 CENTRAL SERVICE AND SUPPLY	381,112		381,112	29,876.00	12.76	
32 PHARMACY	2,451,647	-299,367	2,152,280	65,001.00	33.11	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,384,548		2,384,548	133,365.00	17.88	
34 SOCIAL SERVICE	5,027,023	-3,316,275	1,710,748	89,691.00	19.07	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	62,964,858		62,964,858	2,761,555.25	22.80	
2 EXCLUDED AREA SALARIES	11,131,723	2,361,589	13,493,312	452,775.00	29.80	
3 SUBTOTAL SALARIES	51,833,135	-2,361,589	49,471,546	2,308,780.25	21.43	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	267,570		267,570	3,059.00	87.47	
5 SUBTOTAL WAGE-RELATED COSTS	17,319,482		17,319,482		35.01	
6 TOTAL	69,420,187	-2,361,589	67,058,598	2,311,839.25	29.01	
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	23,771,227	-2,660,956	21,110,271	1,099,501.00	19.20	

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2010	5/25/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET S-9
15-1526		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	27,876			
3 INPATIENT RESPIRE CARE	93			
4 GENERAL INPATIENT CARE	39			
5 TOTAL HOSPICE DAYS	28,008			

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE		27,876
3 INPATIENT RESPIRE CARE		93
4 GENERAL INPATIENT CARE		39
5 TOTAL HOSPICE DAYS		28,008

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	214			
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6) UNDUPLICATED CENSUS COUNT	130.88			

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE		214
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6) UNDUPLICATED CENSUS COUNT		130.88

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/1/2010	5/25/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

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

- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
 - 17.01 GROSS MEDICAID REVENUES
 - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
 - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
 - 20 RESTRICTED GRANTS
 - 21 NON-RESTRICTED GRANTS
 - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES

- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .393485
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
- 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 129,089,665

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2010	5/25/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	50,794,847
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	23,852,957
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	9,385,781
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	50,794,847

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0042

PERIOD: FROM 1/1/2010 TO 12/31/2010

PREPARED 5/25/2011 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT					
3.01	0301 NEW CRC - CT EAST				811,710	811,710
3.02	0302 NEW CRC- CT WEST				969,724	969,724
3.03	0303 NEW CRC- MEMORIAL				292,627	292,627
3.04	0304 NEW CRC - OUTPATIENT				401,261	401,261
3.05	0305 NEW CRD - HEALTH PAVILION				1,225,313	1,225,313
3.06	0306 NEW CRC - STORAGE				979	979
3.07	0307 NEW CRC - DIAGNOSTIC CENTER				364,998	364,998
4	0400 NEW CAP REL COSTS-MVBLE EQUIP					
4.01	0401 NEW CRC - EQUIPMENT		4,160,079	4,160,079	1,853,691	6,013,770
4.02	0402 NEW CRC - HEALTH PAVILION				1,350,564	1,350,564
5	0500 EMPLOYEE BENEFITS	513,292	1,898,267	2,411,559	19,692,193	22,103,752
5.01	0501 COMMUNICATIONS	211,489	140,112	351,601	-93,282	258,319
5.02	0502 PURCHASING & RECEIVING	502,590	399,261	901,851	-220,256	681,595
5.03	0503 REGISTRATION	468,842	308,147	776,989	-244,117	532,872
5.04	0504 PATIENT ACCOUNTS	977,861	885,594	1,863,455	-482,971	1,380,484
6	0600 ADMINISTRATIVE & GENERAL	4,727,530	10,309,315	15,036,845	-1,984,039	13,052,806
8	0800 OPERATION OF PLANT	1,740,361	3,448,731	5,189,092	-549,658	4,639,434
9	0900 LAUNDRY & LINEN SERVICE	167,125	233,887	401,012	-132,852	268,160
10	1000 HOUSEKEEPING	1,679,080	980,882	2,659,962	-707,983	1,951,979
11	1100 DIETARY	1,237,999	1,438,235	2,676,234	-542,073	2,134,161
12	1200 CAFETERIA	40,101	336,255	376,356	-25,951	350,405
14	1400 NURSING ADMINISTRATION	1,260,627	609,407	1,870,034	-398,562	1,471,472
15	1500 CENTRAL SERVICES & SUPPLY	381,112	405,414	786,526	-243,030	543,496
16	1600 PHARMACY	2,451,647	11,287,111	13,738,758	-11,425,919	2,312,839
17	1700 MEDICAL RECORDS & LIBRARY	2,384,548	1,404,922	3,789,470	-845,682	2,943,788
18	1800 SOCIAL SERVICE					
18.01	1801 MENTAL HEALTH OVERHEAD	5,027,023	2,940,017	7,967,040	-5,890,254	2,076,786
24	2400 PARAMED ED PRGM	197,737	67,132	264,869	-44,143	220,726
24.01	2401 PARAMED ED PRGM-LAB	20,859	14,396	35,255	-2,393	32,862
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	7,469,552	3,443,007	10,912,559	-2,676,408	8,236,151
26	2600 INTENSIVE CARE UNIT	1,691,253	733,468	2,424,721	-533,600	1,891,121
27	2700 CORONARY CARE UNIT					
31	3100 SUBPROVIDER				687,729	687,729
31.01	3101 REHAB UNIT	1,705,755	1,339,560	3,045,315	-508,337	2,536,978
33	3300 NURSERY	317,584	149,485	467,069	-121,631	345,438
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	2,179,793	6,053,226	8,233,019	-4,454,528	3,778,491
38	3800 RECOVERY ROOM	395,956	182,071	578,027	-159,125	418,902
38.01	3801 ENDOSCOPY	846,769	790,648	1,637,417	-494,693	1,142,724
39	3900 DELIVERY ROOM & LABOR ROOM	479,880	267,435	747,315	-186,184	561,131
40	4000 ANESTHESIOLOGY	1,699,956	666,595	2,366,551	-57,670	2,308,881
41	4100 RADIOLOGY-DIAGNOSTIC	3,471,550	4,909,640	8,381,190	-3,051,782	5,329,408
41.01	4101 RADIOLOGY-MONROE CITY	43,961	29,487	73,448	-58,892	14,556
41.02	4102 RADIOLOGY-PETERSBURG					
41.03	4103 RADIOLOGY-BICKNELL	41,554	34,500	76,054	-10,843	65,211
41.04	4104 RADIOLOGY-MRI	319,429	482,696	802,125	-309,584	492,541
41.05	4105 RADIOLOGY-ULTRASOUND	279,789	192,625	472,414	-135,671	336,743
41.06	4106 RADIOLOGY-PETERSBURG AMBER MANOR	44,631	22,920	67,551	-17,001	50,550
41.07	4107 RADIOLOGY-ORTHOPEDIC ASSOCIATES					
41.08	4108 RADIOLOGY-GSH BREAST CENTER	319,564	92,738	412,302	-50	412,252
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE					
44	4400 LABORATORY	2,176,872	4,815,595	6,992,467	-2,896,697	4,095,770
44.01	4401 LABORATORY-SATELLITE	277,355	354,598	631,953	-131,612	500,341
47	4700 BLOOD STORING, PROCESSING & TRANS.				1,060,679	1,060,679
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	1,766,633	906,716	2,673,349	-769,849	1,903,500
50	5000 PHYSICAL THERAPY	1,901,662	1,011,462	2,913,124	-647,040	2,266,084
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY	1,385,849	3,667,002	5,052,851	-2,163,637	2,889,214
54	5400 ELECTROENCEPHALOGRAPHY					
54.01	5401 NEURODIAGNOSTICS	212,336	156,431	368,767	-106,760	262,007
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				5,121,085	5,121,085
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				2,786,274	2,786,274
56	5600 DRUGS CHARGED TO PATIENTS				10,580,174	10,580,174
57	5700 RENAL DIALYSIS					
58	5800 ASC (NON-DISTINCT PART)	685,517	1,904,052	2,589,569	-1,404,284	1,185,285
59	3020 MH ANCILLARY OUTPATIENT					
59.01	3021 INPATIENT RENAL DIALYSIS		472,186	472,186	-72,848	399,338
59.02	3022 ACUPUNCTURE					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	267,708	128,918	396,626	-80,730	315,896
61	6100 EMERGENCY	2,378,007	5,173,451	7,551,458	-813,758	6,737,700
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
66	6600 DURABLE MEDICAL EQUIP-RENTED	61,830	495,156	556,986	-34,653	522,333
71	7100 HOME HEALTH AGENCY		11,365	11,365		11,365
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		1,175,423	1,175,423	-1,175,423	
93	9300 HOSPICE	614,380	778,588	1,392,968	-298,876	1,094,092
95	SUBTOTALS	57,024,948	81,708,208	138,733,156	-6,330	138,726,826
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0042
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/25/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	NONREIMBURS COST CENTERS					
98	9800 PHYSICIANS' PRIVATE OFFICES	7,170,126	4,823,728	11,993,854	-982,096	11,011,758
100	7950 COMMUNITY HEALTH SERVICES	144,243	160,239	304,482	-58,320	246,162
100.01	7951 WORK FITNESS		198	198	-83	115
100.02	7952 MARKETING AND PUBLIC RELATIONS	136,091	585,084	721,175	-62,959	658,216
100.03	7953 MH RESIDENTIAL	562,367	407,617	969,984	-313,313	656,671
100.04	7954 UNUSED SPACE					
100.05	7955 MOB	494,761	342,003	836,764	-815,893	20,871
100.06	7956 FOUNDATION	74,508	317,690	392,198	-11,604	380,594
100.07	7957 KNOX COUNTY HEALTH DEPT	2,008		2,008	-152	1,856
100.08	7958 INDUSTRIAL HEALTH	8,888	7,041	15,929		15,929
100.09	7959 NRCC				2,250,750	2,250,750
101	TOTAL	65,617,940	88,351,808	153,969,748	-0-	153,969,748

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0042
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/25/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3 0300	NEW CAP REL COSTS-BLDG & FIXT		
3.01 0301	NEW CRC - CT EAST	-12,206	799,504
3.02 0302	NEW CRC- CT WEST	-25,051	944,673
3.03 0303	NEW CRC- MEMORIAL		292,627
3.04 0304	NEW CRC - OUTPATIENT		401,261
3.05 0305	NEW CRD - HEALTH PAVILION		1,225,313
3.06 0306	NEW CRC - STORAGE		979
3.07 0307	NEW CRC - DIAGNOSTIC CENTER	-28,719	336,279
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		
4.01 0401	NEW CRC - EQUIPMENT	-554,311	5,459,459
4.02 0402	NEW CRC - HEALTH PAVILION	-354,263	996,301
5 0500	EMPLOYEE BENEFITS		22,103,752
5.01 0501	COMMUNICATIONS	-488	257,831
5.02 0502	PURCHASING & RECEIVING	-30,035	651,560
5.03 0503	REGISTRATION		532,872
5.04 0504	PATIENT ACCOUNTS	-96,511	1,283,973
6 0600	ADMINISTRATIVE & GENERAL	-802,208	12,250,598
8 0800	OPERATION OF PLANT		4,639,434
9 0900	LAUNDRY & LINEN SERVICE		268,160
10 1000	HOUSEKEEPING	-28,490	1,923,489
11 1100	DIETARY		2,134,161
12 1200	CAFETERIA	-350,405	
14 1400	NURSING ADMINISTRATION	-9,119	1,462,353
15 1500	CENTRAL SERVICES & SUPPLY		543,496
16 1600	PHARMACY		2,312,839
17 1700	MEDICAL RECORDS & LIBRARY	-106,966	2,836,822
18 1800	SOCIAL SERVICE		
18.01 1801	MENTAL HEALTH OVERHEAD	-1,263,349	813,437
24 2400	PARAMED PRGM	-69,268	151,458
24.01 2401	PARAMED PRGM-LAB		32,862
25 2500	ADULTS & PEDIATRICS		8,236,151
26 2600	INTENSIVE CARE UNIT		1,891,121
27 2700	CORONARY CARE UNIT		
31 3100	SUBPROVIDER		687,729
31.01 3101	REHAB UNIT		2,536,978
33 3300	NURSERY		345,438
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-108,333	3,670,158
38 3800	RECOVERY ROOM		418,902
38.01 3801	ENDOSCOPY	-45,500	1,097,224
39 3900	DELIVERY ROOM & LABOR ROOM		561,131
40 4000	ANESTHESIOLOGY	-1,891,582	417,299
41 4100	RADIOLOGY-DIAGNOSTIC	-142,381	5,187,027
41.01 4101	RADIOLOGY-MONROE CITY		14,556
41.02 4102	RADIOLOGY-PETERSBURG		
41.03 4103	RADIOLOGY-BICKNELL		65,211
41.04 4104	RADIOLOGY-MRI		492,541
41.05 4105	RADIOLOGY-ULTRASOUND		336,743
41.06 4106	RADIOLOGY-PETERSBURG AMBER MANOR		50,550
41.07 4107	RADIOLOGY-ORTHOPEDIC ASSOCIATES		
41.08 4108	RADIOLOGY-GSH BREAST CENTER	-230,862	181,390
42 4200	RADIOLOGY-THERAPEUTIC		
43 4300	RADIOISOTOPE		
44 4400	LABORATORY		4,095,770
44.01 4401	LABORATORY-SATELLITE		500,341
47 4700	BLOOD STORING, PROCESSING & TRANS.		1,060,679
48 4800	INTRAVENOUS THERAPY		
49 4900	RESPIRATORY THERAPY	-13,412	1,890,088
50 5000	PHYSICAL THERAPY	-3,163	2,262,921
51 5100	OCCUPATIONAL THERAPY		
52 5200	SPEECH PATHOLOGY		
53 5300	ELECTROCARDIOLOGY	-1,131,364	1,757,850
54 5400	ELECTROENCEPHALOGRAPHY		
54.01 5401	NEURODIAGNOSTICS		262,007
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		5,121,085
55.30 5530	IMPL. DEV. CHARGED TO PATIENT		2,786,274
56 5600	DRUGS CHARGED TO PATIENTS	-265,327	10,314,847
57 5700	RENAL DIALYSIS		
58 5800	ASC (NON-DISTINCT PART)		1,185,285
59 3020	MH ANCILLARY OUTPATIENT		
59.01 3021	INPATIENT RENAL DIALYSIS	-175,809	223,529
59.02 3022	ACUPUNCTURE		
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		315,896
61 6100	EMERGENCY	-564,274	6,173,426
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
66 6600	DURABLE MEDICAL EQUIP-RENTED		522,333
71 7100	HOME HEALTH AGENCY	-11,365	
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE		-0-
93 9300	HOSPICE		1,094,092
95	SUBTOTALS	-8,314,761	130,412,065
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0042
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/25/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	NONREIMBURS COST CENTERS		
98 9800	PHYSICIANS' PRIVATE OFFICES		11,011,758
100 7950	COMMUNITY HEALTH SERVICES		246,162
100.01 7951	WORK FITNESS		115
100.02 7952	MARKETING AND PUBLIC RELATIONS		658,216
100.03 7953	MH RESIDENTIAL		656,671
100.04 7954	UNUSED SPACE		
100.05 7955	MOB		20,871
100.06 7956	FOUNDATION		380,594
100.07 7957	KNOX COUNTY HEALTH DEPT		1,856
100.08 7958	INDUSTRIAL HEALTH		15,929
100.09 7959	NRCC		2,250,750
101	TOTAL	-8,314,761	145,654,987

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0042 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET
 I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CRC - CT EAST	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CRC- CT WEST	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CRC- MEMORIAL	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	NEW CRC - OUTPATIENT	0304	NEW CAP REL COSTS-BLDG & FIXT
3.05	NEW CRD - HEALTH PAVILION	0305	NEW CAP REL COSTS-BLDG & FIXT
3.06	NEW CRC - STORAGE	0306	NEW CAP REL COSTS-BLDG & FIXT
3.07	NEW CRC - DIAGNOSTIC CENTER	0307	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
4.01	NEW CRC - EQUIPMENT	0401	NEW CAP REL COSTS-MVBLE EQUIP
4.02	NEW CRC - HEALTH PAVILION	0402	NEW CAP REL COSTS-MVBLE EQUIP
5	EMPLOYEE BENEFITS	0500	
5.01	COMMUNICATIONS	0501	EMPLOYEE BENEFITS
5.02	PURCHASING & RECEIVING	0502	EMPLOYEE BENEFITS
5.03	REGISTRATION	0503	EMPLOYEE BENEFITS
5.04	PATIENT ACCOUNTS	0504	EMPLOYEE BENEFITS
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
18.01	MENTAL HEALTH OVERHEAD	1801	SOCIAL SERVICE
24	PARAMED ED PRGM	2400	
24.01	PARAMED ED PRGM-LAB	2401	PARAMED ED PRGM
	INPAT ROUTINE SRVC		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
31	SUBPROVIDER	3100	
31.01	REHAB UNIT	3101	SUBPROVIDER #####
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
38.01	ENDOSCOPY	3801	RECOVERY ROOM
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	RADIOLOGY-MONROE CITY	4101	RADIOLOGY-DIAGNOSTIC
41.02	RADIOLOGY-PETERSBURG	4102	RADIOLOGY-DIAGNOSTIC
41.03	RADIOLOGY-BICKNELL	4103	RADIOLOGY-DIAGNOSTIC
41.04	RADIOLOGY-MRI	4104	RADIOLOGY-DIAGNOSTIC
41.05	RADIOLOGY-ULTRASOUND	4105	RADIOLOGY-DIAGNOSTIC
41.06	RADIOLOGY-PETERSBURG AMBER MANOR	4106	RADIOLOGY-DIAGNOSTIC
41.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	4107	RADIOLOGY-DIAGNOSTIC
41.08	RADIOLOGY-GSH BREAST CENTER	4108	RADIOLOGY-DIAGNOSTIC
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
44.01	LABORATORY-SATELLITE	4401	LABORATORY
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
54.01	NEURODIAGNOSTICS	5401	ELECTROENCEPHALOGRAPHY
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	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	MH ANCILLARY OUTPATIENT	3020	ACUPUNCTURE
59.01	INPATIENT RENAL DIALYSIS	3021	ACUPUNCTURE
59.02	ACUPUNCTURE	3022	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
66	DURABLE MEDICAL EQUIP-RENTED	6600	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	

COST CENTERS USED IN COST REPORT

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LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
100	COMMUNITY HEALTH SERVICES	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	WORK FITNESS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	MARKETING AND PUBLIC RELATIONS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	MH RESIDENTIAL	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	UNUSED SPACE	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	MOB	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	FOUNDATION	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	KNOX COUNTY HEALTH DEPT	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	INDUSTRIAL HEALTH	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	NRCC	7959	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

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EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 TO RECLASS CHARGEABLE DRUGS	A	DRUGS CHARGED TO PATIENTS	56		10,105,954
2 CHARGEABLE MEDICAL SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		5,121,085
3		BLOOD STORING, PROCESSING & TRANS.	47		1,060,679
4					
5					
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34					
35					

1 CHARGEABLE MEDICAL SUPPLIES	B				
2					
3 EMPLOYEE BENEFITS EXPENSE	C	EMPLOYEE BENEFITS	5		19,703,309
4					
5					
6					
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RECLASSIFICATIONS

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EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 EMPLOYEE BENEFITS EXPENSE	C				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17 INTEREST EXPENSE	D	NEW CRC - CT EAST	3.01		15,746
18		NEW CRC- CT WEST	3.02		31,541
19		NEW CRC - DIAGNOSTIC CENTER	3.07		36,160
20		NEW CRC - EQUIPMENT	4.01		678,717
21		NEW CRC - HEALTH PAVILION	4.02		413,259
22 DEPRECIATION EXPENSE	E	NEW CRC - EQUIPMENT	4.01		5,833,735
23		NEW CRC - CT EAST	3.01		792,735
24		NEW CRC- CT WEST	3.02		931,708
25		NEW CRC- MEMORIAL	3.03		292,627
26		NEW CRC - OUTPATIENT	3.04		401,261
27		NEW CRD - HEALTH PAVILION	3.05		1,225,313
28		NEW CRC - STORAGE	3.06		979
29		NEW CRC - DIAGNOSTIC CENTER	3.07		328,838
30		NEW CRC - HEALTH PAVILION	4.02		852,434
31					
32					
33					
34					
35					
1 DEPRECIATION EXPENSE	E				
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33					
34					
35 BOND ISSUANCE COSTS	F	NEW CRC - CT EAST	3.01		3,229

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EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 BOND ISSUANCE COSTS	F	NEW CRC- CT WEST	3.02		6,475
2		NEW CRC - HEALTH PAVILION	4.02		84,871
3 INSURANCE EXPENSE	G	NEW CRC - EQUIPMENT	4.01		266,876
4 MENTAL HEALTH OVERHEAD	H	ADMINISTRATIVE & GENERAL	6	753,699	184,114
5		OPERATION OF PLANT	8	150,740	36,823
6		NURSING ADMINISTRATION	14	50,247	12,274
7		SUBPROVIDER	31	552,712	135,017
8		NRCC	100.09	1,808,877	441,873
9 IMPLANTABLE DEVICES	I	IMPL. DEV. CHARGED TO PATIENT	55.30		2,786,274
10					
11 ONCOLOGY RECLASS	J	DRUGS CHARGED TO PATIENTS	56	299,367	174,853
36 TOTAL RECLASSIFICATIONS				3,615,642	51,958,759

(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.

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WORKSHEET A-6

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
	1	6	7		8	9	10
1 TO RECLASS CHARGEABLE DRUGS	A	PHARMACY	16			10,105,954	
2 CHARGEABLE MEDICAL SUPPLIES	B	EMPLOYEE BENEFITS	5			6,606	
3		OPERATION OF PLANT	8			37	
4		HOUSEKEEPING	10			1	
5		NURSING ADMINISTRATION	14			55	
6		CENTRAL SERVICES & SUPPLY	15			3,597	
7		PHARMACY	16			3,285	
8		MENTAL HEALTH OVERHEAD	18.01			1,961	
9		ADULTS & PEDIATRICS	25			91,993	
10		INTENSIVE CARE UNIT	26			26,187	
11		REHAB UNIT	31.01			8,020	
12		NURSERY	33			7,943	
13		OPERATING ROOM	37			1,288,017	
14		RECOVERY ROOM	38			20,607	
15		ENDOSCOPY	38.01			74,071	
16		DELIVERY ROOM & LABOR ROOM	39			44,255	
17		ANESTHESIOLOGY	40			6,660	
18		RADIOLOGY-DIAGNOSTIC	41			613,883	
19		RADIOLOGY-MONROE CITY	41.01			41,047	
20		RADIOLOGY-MRI	41.04			45,410	
21		RADIOLOGY-ULTRASOUND	41.05			31,304	
22		RADIOLOGY-GSH BREAST CENTER	41.08			50	
23		LABORATORY	44			1,912,548	
24		RESPIRATORY THERAPY	49			119,391	
25		PHYSICAL THERAPY	50			32,259	
26		ELECTROCARDIOLOGY	53			1,172,221	
27		NEURODIAGNOSTICS	54.01			16	
28		INPATIENT RENAL DIALYSIS	59.01			3,601	
29		ASC (NON-DISTINCT PART)	58			304,685	
30		CLINIC	60			27	
31		EMERGENCY	61			16,210	
32		DURABLE MEDICAL EQUIP-RENTED	66			11,049	
33		HOSPICE	93			96,251	
34		PHYSICIANS' PRIVATE OFFICES	98			149,192	
35		COMMUNITY HEALTH SERVICES	100			15,042	
1 CHARGEABLE MEDICAL SUPPLIES	B	MH RESIDENTIAL	100.03			566	
2		MOB	100.05			33,717	
3 EMPLOYEE BENEFITS EXPENSE	C	COMMUNICATIONS	5.01			93,282	
4		PURCHASING & RECEIVING	5.02			213,878	
5		REGISTRATION	5.03			239,204	
6		PATIENT ACCOUNTS	5.04			413,400	
7		ADMINISTRATIVE & GENERAL	6			1,358,523	
8		OPERATION OF PLANT	8			597,131	
9		LAUNDRY & LINEN SERVICE	9			87,010	
10		HOUSEKEEPING	10			683,010	
11		DIETARY	11			522,266	
12		CAFETERIA	12			25,520	
13		NURSING ADMINISTRATION	14			362,500	
14		CENTRAL SERVICES & SUPPLY	15			174,519	
15		PHARMACY	16			676,272	
16		MEDICAL RECORDS & LIBRARY	17			835,915	
17		MENTAL HEALTH OVERHEAD	18.01			1,555,423	
18		PARAMED PRGM	24			43,715	
19		PARAMED PRGM-LAB	24.01			1,378	
20		ADULTS & PEDIATRICS	25			2,424,388	
21		INTENSIVE CARE UNIT	26			478,416	
22		REHAB UNIT	31.01			486,457	
23		NURSERY	33			113,688	
24		OPERATING ROOM	37			584,963	
25		RECOVERY ROOM	38			129,790	
26		ENDOSCOPY	38.01			270,235	
27		DELIVERY ROOM & LABOR ROOM	39			124,607	
28		RADIOLOGY-DIAGNOSTIC	41			1,142,112	
29		RADIOLOGY-MONROE CITY	41.01			17,845	
30		RADIOLOGY-BICKNELL	41.03			9,134	
31		RADIOLOGY-MRI	41.04			115,603	
32		RADIOLOGY-ULTRASOUND	41.05			71,889	
33		RADIOLOGY-PETERSBURG AMBER MANOR	41.06			17,001	
34		LABORATORY	44			719,422	
35		LABORATORY-SATELLITE	44.01			119,041	

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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
	1	6	7		8	9	10
1 EMPLOYEE BENEFITS EXPENSE	C	RESPIRATORY THERAPY	49			564,473	
2		PHYSICAL THERAPY	50			599,403	
3		ELECTROCARDIOLOGY	53			428,955	
4		NEURODIAGNOSTICS	54.01			91,431	
5		ASC (NON-DISTINCT PART)	58			265,254	
6		CLINIC	60			78,017	
7		EMERGENCY	61			745,564	
8		DURABLE MEDICAL EQUIP-RENTED	66			23,556	
9		HOSPICE	93			196,281	
10		PHYSICIANS' PRIVATE OFFICES	98			832,669	
11		COMMUNITY HEALTH SERVICES	100			42,411	
12		MARKETING AND PUBLIC RELATIONS	100.02			54,696	
13		MH RESIDENTIAL	100.03			279,130	
14		MOB	100.05			782,176	
15		FOUNDATION	100.06			11,604	
16		KNOX COUNTY HEALTH DEPT	100.07			152	
17 INTEREST EXPENSE	D	INTEREST EXPENSE	88			1,175,423	11
18							11
19							11
20							11
21							11
22 DEPRECIATION EXPENSE	E	EMPLOYEE BENEFITS	5			4,510	9
23		NEW CRC - EQUIPMENT	4.01			4,825,894	9
24		PURCHASING & RECEIVING	5.02			6,378	9
25		REGISTRATION	5.03			4,913	9
26		PATIENT ACCOUNTS	5.04			69,571	9
27		ADMINISTRATIVE & GENERAL	6			1,293,502	9
28		OPERATION OF PLANT	8			140,053	9
29		LAUNDRY & LINEN SERVICE	9			45,842	9
30		HOUSEKEEPING	10			24,972	9
31		DIETARY	11			19,807	9
32		CAFETERIA	12			431	9
33		NURSING ADMINISTRATION	14			98,528	9
34		CENTRAL SERVICES & SUPPLY	15			64,914	9
35		PHARMACY	16			166,188	9
1 DEPRECIATION EXPENSE	E	MEDICAL RECORDS & LIBRARY	17			9,767	9
2		MENTAL HEALTH OVERHEAD	18.01			206,494	9
3		PARAMED PRGM	24			428	9
4		PARAMED PRGM-LAB	24.01			1,015	9
5		ADULTS & PEDIATRICS	25			160,027	9
6		INTENSIVE CARE UNIT	26			28,997	9
7		REHAB UNIT	31.01			13,860	9
8		NEW CRC - EQUIPMENT	4.01			8,119	9
9		OPERATING ROOM	37			294,962	9
10		RECOVERY ROOM	38			8,728	9
11		ENDOSCOPY	38.01			150,387	9
12		DELIVERY ROOM & LABOR ROOM	39			17,322	9
13		ANESTHESIOLOGY	40			51,010	9
14		RADIOLOGY-DIAGNOSTIC	41			1,295,787	9
15		RADIOLOGY-BICKNELL	41.03			1,709	9
16		RADIOLOGY-MRI	41.04			148,571	9
17		RADIOLOGY-ULTRASOUND	41.05			32,478	9
18		LABORATORY	44			264,727	9
19		LABORATORY-SATELLITE	44.01			12,571	9
20		RESPIRATORY THERAPY	49			85,985	9
21		PHYSICAL THERAPY	50			15,378	9
22		ELECTROCARDIOLOGY	53			562,461	9
23		NEURODIAGNOSTICS	54.01			15,313	9
24		INPATIENT RENAL DIALYSIS	59.01			69,247	9
25		ASC (NON-DISTINCT PART)	58			334,657	9
26		CLINIC	60			2,686	9
27		EMERGENCY	61			51,984	9
28		DURABLE MEDICAL EQUIP-RENTED	66			48	9
29		HOSPICE	93			6,344	9
30		PHYSICIANS' PRIVATE OFFICES	98			235	9
31		COMMUNITY HEALTH SERVICES	100			867	9
32		WORK FITNESS	100.01			83	9
33		MARKETING AND PUBLIC RELATIONS	100.02			8,263	9
34		MH RESIDENTIAL	100.03			33,617	9
35 BOND ISSUANCE COSTS	F	ADMINISTRATIVE & GENERAL	6			2,951	14

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EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1)	COST CENTER	LINE NO	SALARY OTHER		
	1	6	7	8	9	
1 BOND ISSUANCE COSTS	F	NEW CRC - EQUIPMENT	4.01		91,624	14
2						14
3 INSURANCE EXPENSE	G	ADMINISTRATIVE & GENERAL	6		266,876	12
4 MENTAL HEALTH OVERHEAD	H	MENTAL HEALTH OVERHEAD	18.01	3,316,275	810,101	
5						
6						
7						
8						
9 IMPLANTABLE DEVICES	I	OPERATING ROOM	37		2,286,586	
10		ASC (NON-DISTINCT PART)	58		499,688	
11 ONCOLOGY RECLASS	J	PHARMACY	16	299,367	174,853	
36 TOTAL RECLASSIFICATIONS				3,615,642	51,958,759	

(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.

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RECLASS CODE: A
EXPLANATION : TO RECLASS CHARGEABLE DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	10,105,954	PHARMACY	16	10,105,954	
TOTAL RECLASSIFICATIONS FOR CODE A			10,105,954				

RECLASS CODE: B
EXPLANATION : CHARGEABLE MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	5,121,085	EMPLOYEE BENEFITS	5	6,606	
2.00	BLOOD STORING, PROCESSING & TR	47	1,060,679	OPERATION OF PLANT	8	37	
3.00			0	HOUSEKEEPING	10	1	
4.00			0	NURSING ADMINISTRATION	14	55	
5.00			0	CENTRAL SERVICES & SUPPLY	15	3,597	
6.00			0	PHARMACY	16	3,285	
7.00			0	MENTAL HEALTH OVERHEAD	18.01	1,961	
8.00			0	ADULTS & PEDIATRICS	25	91,993	
9.00			0	INTENSIVE CARE UNIT	26	26,187	
10.00			0	REHAB UNIT	31.01	8,020	
11.00			0	NURSERY	33	7,943	
12.00			0	OPERATING ROOM	37	1,288,017	
13.00			0	RECOVERY ROOM	38	20,607	
14.00			0	ENDOSCOPY	38.01	74,071	
15.00			0	DELIVERY ROOM & LABOR ROOM	39	44,255	
16.00			0	ANESTHESIOLOGY	40	6,660	
17.00			0	RADIOLOGY-DIAGNOSTIC	41	613,883	
18.00			0	RADIOLOGY-MONROE CITY	41.01	41,047	
19.00			0	RADIOLOGY-MRI	41.04	45,410	
20.00			0	RADIOLOGY-ULTRASOUND	41.05	31,304	
21.00			0	RADIOLOGY-GSH BREAST CENTER	41.08	50	
22.00			0	LABORATORY	44	1,912,548	
24.00			0	RESPIRATORY THERAPY	49	119,391	
25.00			0	PHYSICAL THERAPY	50	32,259	
26.00			0	ELECTROCARDIOLOGY	53	1,172,221	
27.00			0	NEURODIAGNOSTICS	54.01	16	
28.00			0	INPATIENT RENAL DIALYSIS	59.01	3,601	
29.00			0	ASC (NON-DISTINCT PART)	58	304,685	
30.00			0	CLINIC	60	27	
31.00			0	EMERGENCY	61	16,210	
32.00			0	DURABLE MEDICAL EQUIP-RENTED	66	11,049	
33.00			0	HOSPICE	93	96,251	
34.00			0	PHYSICIANS' PRIVATE OFFICES	98	149,192	
35.00			0	COMMUNITY HEALTH SERVICES	100	15,042	
36.00			0	MH RESIDENTIAL	100.03	566	
37.00			0	MOB	100.05	33,717	
TOTAL RECLASSIFICATIONS FOR CODE B			6,181,764	6,181,764			

RECLASS CODE: C
EXPLANATION : EMPLOYEE BENEFITS EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	19,703,309	COMMUNICATIONS	5.01	93,282	
2.00			0	PURCHASING & RECEIVING	5.02	213,878	
3.00			0	REGISTRATION	5.03	239,204	
4.00			0	PATIENT ACCOUNTS	5.04	413,400	
5.00			0	ADMINISTRATIVE & GENERAL	6	1,358,523	
6.00			0	OPERATION OF PLANT	8	597,131	
7.00			0	LAUNDRY & LINEN SERVICE	9	87,010	
8.00			0	HOUSEKEEPING	10	683,010	
9.00			0	DIETARY	11	522,266	
10.00			0	CAFETERIA	12	25,520	
11.00			0	NURSING ADMINISTRATION	14	362,500	
12.00			0	CENTRAL SERVICES & SUPPLY	15	174,519	
13.00			0	PHARMACY	16	676,272	
14.00			0	MEDICAL RECORDS & LIBRARY	17	835,915	
15.00			0	MENTAL HEALTH OVERHEAD	18.01	1,555,423	
16.00			0	PARAMED PRGM	24	43,715	
17.00			0	PARAMED PRGM-LAB	24.01	1,378	
18.00			0	ADULTS & PEDIATRICS	25	2,424,388	
19.00			0	INTENSIVE CARE UNIT	26	478,416	
20.00			0	REHAB UNIT	31.01	486,457	
21.00			0	NURSERY	33	113,688	
22.00			0	OPERATING ROOM	37	584,963	

RECLASSIFICATIONS

PROVIDER NO:
150042

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/25/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: C
EXPLANATION : EMPLOYEE BENEFITS EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
23.00			0	RECOVERY ROOM	38	129,790	
24.00			0	ENDOSCOPY	38.01	270,235	
25.00			0	DELIVERY ROOM & LABOR ROOM	39	124,607	
26.00			0	RADIOLOGY-DIAGNOSTIC	41	1,142,112	
27.00			0	RADIOLOGY-MONROE CITY	41.01	17,845	
28.00			0	RADIOLOGY-BICKNELL	41.03	9,134	
29.00			0	RADIOLOGY-MRI	41.04	115,603	
30.00			0	RADIOLOGY-ULTRASOUND	41.05	71,889	
31.00			0	RADIOLOGY-PETERSBURG AMBER MAN	41.06	17,001	
32.00			0	LABORATORY	44	719,422	
33.00			0	LABORATORY-SATELLITE	44.01	119,041	
34.00			0	RESPIRATORY THERAPY	49	564,473	
35.00			0	PHYSICAL THERAPY	50	599,403	
36.00			0	ELECTROCARDIOLOGY	53	428,955	
37.00			0	NEURODIAGNOSTICS	54.01	91,431	
38.00			0	ASC (NON-DISTINCT PART)	58	265,254	
39.00			0	CLINIC	60	78,017	
40.00			0	EMERGENCY	61	745,564	
41.00			0	DURABLE MEDICAL EQUIP-RENTED	66	23,556	
42.00			0	HOSPICE	93	196,281	
43.00			0	PHYSICIANS' PRIVATE OFFICES	98	832,669	
44.00			0	COMMUNITY HEALTH SERVICES	100	42,411	
46.00			0	MARKETING AND PUBLIC RELATIONS	100.02	54,696	
47.00			0	MH RESIDENTIAL	100.03	279,130	
48.00			0	MOB	100.05	782,176	
49.00			0	FOUNDATION	100.06	11,604	
50.00			0	KNOX COUNTY HEALTH DEPT	100.07	152	
TOTAL RECLASSIFICATIONS FOR CODE C			19,703,309				19,703,309

RECLASS CODE: D
EXPLANATION : INTEREST EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CRC - CT EAST	3.01	15,746	INTEREST EXPENSE	88	1,175,423	
2.00	NEW CRC- CT WEST	3.02	31,541			0	
3.00	NEW CRC - DIAGNOSTIC CENTER	3.07	36,160			0	
4.00	NEW CRC - EQUIPMENT	4.01	678,717			0	
5.00	NEW CRC - HEALTH PAVILION	4.02	413,259			0	
TOTAL RECLASSIFICATIONS FOR CODE D			1,175,423				1,175,423

RECLASS CODE: E
EXPLANATION : DEPRECIATION EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CRC - EQUIPMENT	4.01	5,833,735	EMPLOYEE BENEFITS	5	4,510	
2.00	NEW CRC - CT EAST	3.01	792,735	NEW CRC - EQUIPMENT	4.01	4,825,894	
3.00	NEW CRC- CT WEST	3.02	931,708	PURCHASING & RECEIVING	5.02	6,378	
4.00	NEW CRC- MEMORIAL	3.03	292,627	REGISTRATION	5.03	4,913	
5.00	NEW CRC - OUTPATIENT	3.04	401,261	PATIENT ACCOUNTS	5.04	69,571	
6.00	NEW CRC - HEALTH PAVILION	3.05	1,225,313	ADMINISTRATIVE & GENERAL	6	1,293,502	
7.00	NEW CRC - STORAGE	3.06	979	OPERATION OF PLANT	8	140,053	
8.00	NEW CRC - DIAGNOSTIC CENTER	3.07	328,838	LAUNDRY & LINEN SERVICE	9	45,842	
9.00	NEW CRC - HEALTH PAVILION	4.02	852,434	HOUSEKEEPING	10	24,972	
10.00			0	DIETARY	11	19,807	
11.00			0	CAFETERIA	12	431	
12.00			0	NURSING ADMINISTRATION	14	98,528	
13.00			0	CENTRAL SERVICES & SUPPLY	15	64,914	
14.00			0	PHARMACY	16	166,188	
15.00			0	MEDICAL RECORDS & LIBRARY	17	9,767	
16.00			0	MENTAL HEALTH OVERHEAD	18.01	206,494	
17.00			0	PARAMED PRGM	24	428	
18.00			0	PARAMED PRGM-LAB	24.01	1,015	
19.00			0	ADULTS & PEDIATRICS	25	160,027	
20.00			0	INTENSIVE CARE UNIT	26	28,997	
21.00			0	REHAB UNIT	31.01	13,860	
22.00			0	NEW CRC - EQUIPMENT	4.01	8,119	
23.00			0	OPERATING ROOM	37	294,962	
24.00			0	RECOVERY ROOM	38	8,728	
25.00			0	ENDOSCOPY	38.01	150,387	
26.00			0	DELIVERY ROOM & LABOR ROOM	39	17,322	
27.00			0	ANESTHESIOLOGY	40	51,010	

RECLASSIFICATIONS

PROVIDER NO:
150042

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/25/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: E
EXPLANATION : DEPRECIATION EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
28.00			0	RADIOLOGY-DIAGNOSTIC	41	1,295,787	
30.00			0	RADIOLOGY-BIKNELL	41.03	1,709	
31.00			0	RADIOLOGY-MRI	41.04	148,571	
32.00			0	RADIOLOGY-ULTRASOUND	41.05	32,478	
34.00			0	LABORATORY	44	264,727	
35.00			0	LABORATORY-SATELLITE	44.01	12,571	
36.00			0	RESPIRATORY THERAPY	49	85,985	
37.00			0	PHYSICAL THERAPY	50	15,378	
38.00			0	ELECTROCARDIOLOGY	53	562,461	
39.00			0	NEURODIAGNOSTICS	54.01	15,313	
40.00			0	INPATIENT RENAL DIALYSIS	59.01	69,247	
41.00			0	ASC (NON-DISTINCT PART)	58	334,657	
42.00			0	CLINIC	60	2,686	
43.00			0	EMERGENCY	61	51,984	
44.00			0	DURABLE MEDICAL EQUIP-RENTED	66	48	
46.00			0	HOSPICE	93	6,344	
47.00			0	PHYSICIANS' PRIVATE OFFICES	98	235	
48.00			0	COMMUNITY HEALTH SERVICES	100	867	
49.00			0	WORK FITNESS	100.01	83	
50.00			0	MARKETING AND PUBLIC RELATIONS	100.02	8,263	
51.00			0	MH RESIDENTIAL	100.03	33,617	
TOTAL RECLASSIFICATIONS FOR CODE E			10,659,630				10,659,630

RECLASS CODE: F
EXPLANATION : BOND ISSUANCE COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CRC - CT EAST	3.01	3,229	ADMINISTRATIVE & GENERAL	6	2,951	
2.00	NEW CRC- CT WEST	3.02	6,475	NEW CRC - EQUIPMENT	4.01	91,624	
3.00	NEW CRC - HEALTH PAVILION	4.02	84,871			0	
TOTAL RECLASSIFICATIONS FOR CODE F			94,575				94,575

RECLASS CODE: G
EXPLANATION : INSURANCE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CRC - EQUIPMENT	4.01	266,876	ADMINISTRATIVE & GENERAL	6	266,876	
TOTAL RECLASSIFICATIONS FOR CODE G			266,876				266,876

RECLASS CODE: H
EXPLANATION : MENTAL HEALTH OVERHEAD

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	937,813	MENTAL HEALTH OVERHEAD	18.01	4,126,376	
2.00	OPERATION OF PLANT	8	187,563			0	
3.00	NURSING ADMINISTRATION	14	62,521			0	
4.00	SUBPROVIDER	31	687,729			0	
5.00	NRCC	100.09	2,250,750			0	
TOTAL RECLASSIFICATIONS FOR CODE H			4,126,376				4,126,376

RECLASS CODE: I
EXPLANATION : IMPLANTABLE DEVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	2,786,274	OPERATING ROOM	37	2,286,586	
2.00			0	ASC (NON-DISTINCT PART)	58	499,688	
TOTAL RECLASSIFICATIONS FOR CODE I			2,786,274				2,786,274

RECLASS CODE: J
EXPLANATION : ONCOLOGY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	474,220	PHARMACY	16	474,220	
TOTAL RECLASSIFICATIONS FOR CODE J			474,220				474,220

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	5,728,852					5,728,852	
2 LAND IMPROVEMENTS	4,882,237	450,591		450,591		5,332,828	
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMENT	75,029,851	1,118,495		1,118,495	29,543	76,118,803	
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	127,383,019	6,202,334		6,202,334	7,560,744	126,024,609	
7 SUBTOTAL	213,023,959	7,771,420		7,771,420	7,590,287	213,205,092	
8 RECONCILING ITEMS							
9 TOTAL	213,023,959	7,771,420		7,771,420	7,590,287	213,205,092	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
		LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
* 3 NEW CAP REL COSTS-BL	87,180,483		87,180,483	.408904				
3 01 NEW CRC - CT EAST								
3 02 NEW CRC- CT WEST								
3 03 NEW CRC- MEMORIAL								
3 04 NEW CRC - OUTPATIENT								
3 05 NEW CRD - HEALTH PAV								
3 06 NEW CRC - STORAGE								
3 07 NEW CRC - DIAGNOSTIC								
4 NEW CAP REL COSTS-MV	126,024,611		126,024,611	.591096				
4 01 NEW CRC - EQUIPMENT								
4 02 NEW CRC - HEALTH PAV								
5 TOTAL	213,205,094		213,205,094	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
* 3 NEW CAP REL COSTS-BL							
3 01 NEW CRC - CT EAST	792,735		3,540			3,229	799,504
3 02 NEW CRC- CT WEST	931,708		6,490			6,475	944,673
3 03 NEW CRC- MEMORIAL	292,627						292,627
3 04 NEW CRC - OUTPATIENT	401,261						401,261
3 05 NEW CRD - HEALTH PAV	1,225,313						1,225,313
3 06 NEW CRC - STORAGE	979						979
3 07 NEW CRC - DIAGNOSTIC	328,838		7,441				336,279
4 NEW CAP REL COSTS-MV							
4 01 NEW CRC - EQUIPMENT	5,144,541		139,666	266,876		-91,624	5,459,459
4 02 NEW CRC - HEALTH PAV	826,390		85,040			84,871	996,301
5 TOTAL	9,944,392		242,177	266,876		2,951	10,456,396

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

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
* 3 NEW CAP REL COSTS-BL							
3 01 NEW CRC - CT EAST							
3 02 NEW CRC- CT WEST							
3 03 NEW CRC- MEMORIAL							
3 04 NEW CRC - OUTPATIENT							
3 05 NEW CRD - HEALTH PAV							
3 06 NEW CRC - STORAGE							
3 07 NEW CRC - DIAGNOSTIC							
4 NEW CAP REL COSTS-MV							
4 01 NEW CRC - EQUIPMENT	4,160,079						4,160,079
4 02 NEW CRC - HEALTH PAV							
5 TOTAL	4,160,079						4,160,079

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			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	-30,035	PURCHASING & RECEIVING	5.02	
7 REFUNDS AND REBATES OF EXPENSES	B	-143,633	ADMINISTRATIVE & GENERAL	6	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	B	-488	COMMUNICATIONS	5.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-3,876,501			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-346,285	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-265,327	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-106,966	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)	B	-9,119	NURSING ADMINISTRATION	14	
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			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**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 CLEANING SERVICE REVENUE	B	-28,490	HOUSEKEEPING	10	
38 OTHER MI SC FEES	B	-97,925	ADMINISTRATIVE & GENERAL	6	
39 ANESTHESIOLOGY BENEFITS	A	-292,546	ANESTHESIOLOGY	40	
40 RADIOLOGY - SILVER ETC.	B	-3,381	RADIOLOGY-DIAGNOSTIC	41	
41 PT MASSAGE THERAPY	B	-3,163	PHYSICAL THERAPY	50	
42 FOOD SERVICE	B	-4,120	CAFETERIA	12	
43 RADIOLOGY - STUDENT TUITION	B	-69,268	PARAMED ED PRGM	24	
44 RENTAL INCOME	B	-13,046	NEW CRC - EQUIPMENT	4.01	9
45 AHA USEFUL LIVES CARRYFORWARD	A	-95	NEW CRC - EQUIPMENT	4.01	9
46 HEALTH PAVILION AHA CARRFORWARD	A	-26,044	NEW CRC - HEALTH PAVILION	4.02	9
47 EMPLOYEE DISCOUNTS	A	-36,106	MENTAL HEALTH OVERHEAD	18.01	
48 ADVANCE EMT TRAINING	A	-13,412	RESPIRATORY THERAPY	49	
49 1990 ASSETS - AHA LIVES CARRYFORWARD	A	-2,119	NEW CRC - EQUIPMENT	4.01	9
49.01 INTEREST INCOME	B	-12,206	NEW CRC - CT EAST	3.01	11
49.02 INTEREST INCOME	B	-25,051	NEW CRC- CT WEST	3.02	11
49.03 INTEREST INCOME	B	-28,719	NEW CRC - DIAGNOSTIC CENT	3.07	11
49.04 INTEREST INCOME	B	-539,051	NEW CRC - EQUIPMENT	4.01	11
49.05 INTEREST INCOME	B	-328,219	NEW CRC - HEALTH PAVILION	4.02	11
49.06 NEPHROLOGY RENTAL INCOME	B	-175,809	INPATIENT RENAL DIALYSIS	59.01	
49.07 PHYSICIAN BILLING COSTS	A	-96,511	PATIENT ACCOUNTS	5.04	
49.08 ENDOSCOPY	A	-45,500	ENDOSCOPY	38.01	
49.09 CARDIOLOGY EKG	A	-52,794	ELECTROCARDIOLOGY	53	
49.10 CARDIOLOGY CCV	A	-65,712	ELECTROCARDIOLOGY	53	
49.11 2004 SURETY BOND EXPENSE	A	-20,525	ADMINISTRATIVE & GENERAL	6	
49.12 ANESTHESIOLOGY CONTRACT LABOR	A	-173,573	ANESTHESIOLOGY	40	
49.13 CARDIOVASCULAR PHYSICIAN TIME	A	-703,258	ELECTROCARDIOLOGY	53	
49.14 HOME HEALTH AGENCY COST RELATED TO P	A	-11,365	HOME HEALTH AGENCY	71	
49.15 DONATIONS EXPENSE	A	-28,562	ADMINISTRATIVE & GENERAL	6	
49.16 ER PHYSICIANS	A	-564,274	EMERGENCY	61	
49.17 PHYSICIAN RECRUITMENT	B	-75,563	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-8,314,761			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0042
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/25/2011
 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 18 1	ADAMS	249,441	217,180	32,261	138,700	269	17,938	897
2 18 1	DEMINA	233,507	189,805	43,702	138,700	389	25,940	1,297
3 40	GINDER	152,059	152,059		167,500			
4 18 1	HELFFENBEIN	225,899	25,545	200,354	138,700	1,845	123,030	6,152
5 18 1	CANTWELL	249,351	217,621	31,730	138,700	265	17,671	884
6 18 1	MH - KOONTZ	254,046	184,817	69,229	138,700	567	37,809	1,890
7 18 1	JOHNSON	231,808	136,957	94,851	138,700	567	37,809	1,890
8 41 8	MADDOCK	252,308	212,308	40,000	217,600	205	21,446	1,072
9 18 1	HENDERSON	43,388	43,388		138,700			
10 37	CARDIOVASCULAR	108,333	108,333		182,900			
11 6	ADMINISTRATION	436,000	436,000		138,700			
12 53	CARDIOVASCULAR	309,600	309,600		138,700			
13 41	RADIOLOGY	139,000	139,000		217,600			
14 40	JOHN	311,850	311,850		167,500			
15 40	HENDRIX	315,692	315,692		167,500			
16 40	DULIN	332,308	332,308		167,500			
17 40	ARNOLD	313,554	313,554		167,500			
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	4,158,144	3,646,017	512,127		4,107	281,643	14,082

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0042
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/25/2011
 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 18 1	ADAMS					17,938	14,323	231,503
2 18 1	DEMINA					25,940	17,762	207,567
3 40	GINDER							152,059
4 18 1	HELFENBEIN					123,030	77,324	102,869
5 18 1	CANTWELL					17,671	14,059	231,680
6 18 1	MH - KOONTZ					37,809	31,420	216,237
7 18 1	JOHNSON					37,809	57,042	193,999
8 41 8	MADDOCK					21,446	18,554	230,862
9 18 1	HENDERSON							43,388
10 37	CARDIOVASCULAR							108,333
11 6	ADMINISTRATION							436,000
12 53	CARDIOVASCULAR							309,600
13 41	RADIOLOGY							139,000
14 40	JOHN							311,850
15 40	HENDRIX							315,692
16 40	DULIN							332,308
17 40	ARNOLD							313,554
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					281,643	230,484	3,876,501

COST ALLOCATION STATISTICS

PROVIDER NO: 15-0042
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/25/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	NOT ENTERED
3.01	NEW CRC - CT EAST	2	SQUARE FEET	ENTERED
3.02	NEW CRC- CT WEST	3	SQUARE FEET	ENTERED
3.03	NEW CRC- MEMORIAL	4	SQUARE FEET	ENTERED
3.04	NEW CRC - OUTPATIENT	5	SQUARE FEET	ENTERED
3.05	NEW CRD - HEALTH PAVILION	6	SQUARE FEET	ENTERED
3.06	NEW CRC - STORAGE	7	SQUARE FEET	ENTERED
3.07	NEW CRC - DIAGNOSTIC CENTER	8	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	SQUARE FEET	ENTERED
4.01	NEW CRC - EQUIPMENT	9	SQUARE FEET	ENTERED
4.02	NEW CRC - HEALTH PAVILION	6	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	NOT ENTERED
5.01	COMMUNICATIONS	11	NUMBER OF PHONES	ENTERED
5.02	PURCHASING & RECEIVING	12	SUPPLIES COST	ENTERED
5.03	REGISTRATION	C	GROSS CHARGES	NOT ENTERED
5.04	PATIENT ACCOUNTS	C	GROSS CHARGES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	-14	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	15	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	16	LBS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	17	TIME SPENT	ENTERED
11	DIETARY	18	PATIENT DAYS	ENTERED
12	CAFETERIA	19	MAN HOURS	ENTERED
14	NURSING ADMINISTRATION	20	DIRECT NURSING HO	ENTERED
15	CENTRAL SERVICES & SUPPLY	21	SUPPLIES COST	ENTERED
16	PHARMACY	22	COSTED RECQUI SITI	ENTERED
17	MEDICAL RECORDS & LIBRARY	23	TIME SPENT	ENTERED
18	SOCIAL SERVICE	24	TIME SPENT	NOT ENTERED
18.01	MENTAL HEALTH OVERHEAD	25	CHARGES	ENTERED
24	PARAMED ED PRGM	26	ASSIGNED TIME	ENTERED
24.01	PARAMED ED PRGM-LAB	27	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0042
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/25/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL COSTS-BLDG & E	NEW CRC - CT EAST	NEW CRC- CT WEST	NEW CRC- MEMO RIAL	NEW CRC - OUT PATIENT	NEW CRD - HEALTH PAVILION
	0	3	3.01	3.02	3.03	3.04	3.05
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC - CT EAST	799,504		799,504				
003 03 NEW CRC- CT WEST	944,673			944,673			
003 04 NEW CRC- MEMORIAL	292,627				292,627		
003 05 NEW CRC - OUTPATIENT	401,261					401,261	
003 06 NEW CRD - HEALTH PAVILION	1,225,313						1,225,313
003 07 NEW CRC - STORAGE	979						
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CRC - EQUIPMENT	5,459,459						
004 03 NEW CRC - HEALTH PAVILION	996,301						
005 01 EMPLOYEE BENEFITS	22,103,752				13,667		45,027
005 02 COMMUNICATIONS	257,831						
005 03 PURCHASING & RECEIVING	651,560		65,937		478	1,073	
005 04 REGISTRATION	532,872			4,181			12,583
006 01 PATIENT ACCOUNTS	1,283,973				18,261		
006 02 ADMINISTRATIVE & GENERAL	12,250,598		9,301	75,668	50,886	15,721	56,059
008 01 OPERATION OF PLANT	4,639,434		72,893	116,738	92,281	37,664	224,876
009 01 LAUNDRY & LINEN SERVICE	268,160				17,782		
010 01 HOUSEKEEPING	1,923,489		3,675	20,077	9,772	1,400	4,816
011 01 DIETARY	2,134,161						
012 01 CAFETERIA			59,069				2,693
014 01 NURSING ADMINISTRATION	1,462,353		5,978			765	
015 01 CENTRAL SERVICES & SUPPLY	543,496			2,467			1,224
016 01 PHARMACY	2,312,839		27,462				
017 01 MEDICAL RECORDS & LIBRARY	2,836,822			886		3,370	81,592
018 01 SOCIAL SERVICE							
018 01 MENTAL HEALTH OVERHEAD	813,437		17,814				
024 01 PARAMED ED PRGM	151,458						
024 01 PARAMED ED PRGM-LAB	32,862						
025 01 INPAT ROUTINE SRVC CNTRS							
026 01 ADULTS & PEDIATRICS	8,236,151		249,626	203,235		5,064	218,890
027 01 INTENSIVE CARE UNIT	1,891,121			112,070			
027 01 CORONARY CARE UNIT							
031 01 SUBPROVIDER	687,729		68,593				
031 01 REHAB UNIT	2,536,978				43,833		
033 01 NURSERY	345,438						
037 01 ANCILLARY SRVC COST CNTRS							
038 01 OPERATING ROOM	3,670,158		93,705				
038 01 RECOVERY ROOM	418,902		4,140				
039 01 ENDOSCOPY	1,097,224						166,463
040 01 DELIVERY ROOM & LABOR ROO	561,131						
041 01 ANESTHESIOLOGY	417,299						
041 01 RADIOLOGY-DIAGNOSTIC	5,187,027		53,407	2,836		7,413	60,494
041 01 RADIOLOGY-MONROE CITY	14,556					1,103	
041 02 RADIOLOGY-PETERSBURG							
041 03 RADIOLOGY-BICKNELL	65,211						
041 04 RADIOLOGY-MRI	492,541					1,475	
041 05 RADIOLOGY-ULTRASOUND	336,743		2,308				1,904
041 06 RADIOLOGY-PETERSBURG AMBE	50,550						
041 07 RADIOLOGY-ORTHOPEDIC ASSO							
041 08 RADIOLOGY-GSH BREAST CENT	181,390						
042 01 RADIOLOGY-THERAPEUTIC							
043 01 RADIO SOTOPE							
044 01 LABORATORY	4,095,770		36,260			1,665	5,577
044 01 LABORATORY-SATELLITE	500,341						
047 01 BLOOD STORING, PROCESSING	1,060,679						
048 01 INTRAVENOUS THERAPY							
049 01 RESPIRATORY THERAPY	1,890,088			60,925			
050 01 PHYSICAL THERAPY	2,262,921		2,919	95,243		1,891	1,279
051 01 OCCUPATIONAL THERAPY							
052 01 SPEECH PATHOLOGY							
053 01 ELECTROCARDIOLOGY	1,757,850						140,603
054 01 ELECTROENCEPHALOGRAPHY							
054 01 NEURODIAGNOSTICS	262,007		8,022	28,512			
055 01 MEDICAL SUPPLIES CHARGED	5,121,085						
055 30 IMPL. DEV. CHARGED TO PAT	2,786,274						
056 01 DRUGS CHARGED TO PATIENTS	10,314,847						
057 01 RENAL DIALYSIS							
058 01 ASC (NON-DI STINCT PART)	1,185,285						
059 01 MH ANCILLARY OUTPATIENT							
059 01 INPATIENT RENAL DIALYSIS	223,529			2,600		15,134	
059 02 ACUPUNCTURE							
060 01 OUTPAT SERVICE COST CNTRS							
061 01 CLINIC	315,896					5,179	
062 01 EMERGENCY	6,173,426			208,717			
066 01 OBSERVATION BEDS (NON-DIS							
071 01 OTHER REIMBURS COST CNTRS							
071 01 DURABLE MEDICAL EQUIP-REN	522,333						
071 01 HOME HEALTH AGENCY							
093 01 SPEC PURPOSE COST CENTERS							
093 01 HOSPICE	1,094,092					9,435	
095 01 SUBTOTALS	130,412,065		781,109	934,155	246,960	108,352	1,024,080
096 01 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP				6,500			

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CRC - CT EAST	NEW CRC- CT W EST	NEW CRC- MEMO RIAL	NEW CRC - OUT PATIENT	NEW CRD - HEA LTH PAVILION
	0	3	3.01	3.02	3.03	3.04	3.05
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFIC	11,011,758				1,555	139,088	65,459
100 COMMUNITY HEALTH SERVICES	246,162					6,778	
100 01 WORK FITNESS	115						
100 02 MARKETING AND PUBLIC RELA	658,216				3,489		
100 03 MH RESIDENTIAL	656,671					39,326	
100 04 UNUSED SPACE			16,552		28,830	2,465	1,592
100 05 MOB	20,871					45,223	134,182
100 06 FOUNDATION	380,594				1,730		
100 07 KNOX COUNTY HEALTH DEPT	1,856				10,063		
100 08 INDUSTRIAL HEALTH	15,929						
100 09 NRCC	2,250,750		1,843	4,018		60,029	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	145,654,987		799,504	944,673	292,627	401,261	1,225,313

COST CENTER DESCRIPTION	NEW CRC - STOR	NEW CRC - DIAGNOSTIC CENT	NEW CAP REL COSTS-MVBLE E	NEW CRC - EQUIPMENT	NEW CRC - HEALTH PAVILION	EMPLOYEE BENEFITS	COMMUNICATIONS
	3.06	3.07	4	4.01	4.02	5	5.01
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC - CT EAST							
003 03 NEW CRC- CT WEST							
003 04 NEW CRC- MEMORIAL							
003 05 NEW CRC - OUTPATIENT							
003 06 NEW CRD - HEALTH PAVILION							
003 07 NEW CRC - STORAGE	979						
004 01 NEW CRC - DIAGNOSTIC CENT		336,279					
004 02 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CRC - EQUIPMENT				5,459,459			
004 02 NEW CRC - HEALTH PAVILION					996,301		
005 01 EMPLOYEE BENEFITS	388			100,074	36,611	22,299,519	
005 02 COMMUNICATIONS						72,439	330,270
005 03 PURCHASING & RECEIVING				118,808		172,146	4,133
005 04 REGISTRATION				10,700	10,231	160,587	3,773
005 05 PATIENT ACCOUNTS				40,568		334,935	18,149
006 01 ADMINISTRATIVE & GENERAL	204			303,819	45,582	1,877,420	26,594
008 02 OPERATION OF PLANT	243	104,624		810,214	182,845	647,736	28,391
009 01 LAUNDRY & LINEN SERVICE				39,505		57,243	
010 02 HOUSEKEEPING	3			50,905	3,916	575,115	2,156
011 01 DIETARY						424,037	3,234
012 01 CAFETERIA				102,847	2,190	13,735	
014 01 NURSING ADMINISTRATION				10,231		448,998	5,930
015 01 CENTRAL SERVICES & SUPPLY				2,276	995	130,538	1,258
016 01 PHARMACY				46,999		737,195	5,570
017 01 MEDICAL RECORDS & LIBRARY	14			70,525	66,343	816,751	14,375
018 01 SOCIAL SERVICE							
018 01 MENTAL HEALTH OVERHEAD				30,488		585,962	21,383
024 01 PARAMED ED PRGM						67,728	
024 01 PARAMED ED PRGM-LAB						7,145	
025 01 INPAT ROUTINE SRVC CNTRS							
025 01 ADULTS & PEDIATRICS				714,710	177,979	2,558,459	77,267
026 01 INTENSIVE CARE UNIT				66,309		579,285	6,828
027 01 CORONARY CARE UNIT							
031 01 SUBPROVIDER				117,391		189,314	
031 01 REHAB UNIT				97,382		584,252	12,399
033 01 NURSERY						108,778	
037 01 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM				160,369		746,618	11,860
038 01 RECOVERY ROOM				7,086		135,622	
038 01 ENDOSCOPY				108,392	135,351	290,034	4,133
039 01 DELIVERY ROOM & LABOR ROO						164,368	
040 01 ANESTHESIOLOGY						582,266	
041 01 RADIOLOGY-DIAGNOSTIC	55	162,233		235,810	49,187	1,189,068	15,633
041 01 RADIOLOGY-MONROE CITY				1,391		15,057	
041 02 RADIOLOGY-PETERSBURG							
041 03 RADIOLOGY-BICKNELL						14,233	
041 04 RADIOLOGY-MRI				6,732		109,410	
041 05 RADIOLOGY-ULTRASOUND		69,422		26,954	1,549	95,833	
041 06 RADIOLOGY-PETERSBURG AMBE				3,951		15,287	
041 07 RADIOLOGY-ORTHOPEDIC ASSO							
041 08 RADIOLOGY-GSH BREAST CENT						109,456	
042 01 RADIOLOGY-THERAPEUTIC							
043 01 RADIOISOTOPE							
044 01 LABORATORY				73,280	4,535	745,618	7,008
044 01 LABORATORY-SATELLITE						94,999	
047 01 BLOOD STORING, PROCESSING							
048 01 INTRAVENOUS THERAPY							
049 01 RESPIRATORY THERAPY	44			41,135		605,104	4,133
050 01 PHYSICAL THERAPY				71,552	1,040	651,353	
051 01 OCCUPATIONAL THERAPY							
052 01 SPEECH PATHOLOGY							
053 01 ELECTROCARDIOLOGY	28			94,423	114,324	474,678	7,727
054 01 ELECTROENCEPHALOGRAPHY							
054 01 NEURODIAGNOSTICS				30,825		72,729	3,773
055 01 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 01 DRUGS CHARGED TO PATIENTS						102,539	
057 01 RENAL DIALYSIS							
058 01 ASC (NON-DI STINCT PART)						234,802	11,500
059 01 MH ANCILLARY OUTPATIENT							
059 01 INPATIENT RENAL DIALYSIS				70,622			1,617
059 02 ACUPUNCTURE							
060 01 OUTPAT SERVICE COST CNTRS							
061 01 CLINIC				23,632		91,695	
062 01 EMERGENCY				125,142		814,510	7,906
066 01 OBSERVATION BEDS (NON-DIS							
066 01 OTHER REIMBURS COST CNTRS							
071 01 DURABLE MEDICAL EQUIP-REN						21,178	
071 01 HOME HEALTH AGENCY							
093 01 SPEC PURPOSE COST CENTERS							
093 01 HOSPICE				43,057		210,436	
095 01 SUBTOTALS	979	336,279		3,858,104	832,678	18,736,691	306,730
096 01 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP				3,897			

COST CENTER DESCRIPTION	NEW CRC - STORAGE	NEW CRC - DIAGNOSTIC CENT	NEW CAP REL C OSTS-MVBLE E	NEW CRC - EQUIPMENT	NEW CRC - HEALTH PAVILION	EMPLOYEE BENEFITS	COMMUNICATIONS
	3.06	3.07	4	4.01	4.02	5	5.01
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFICE				680,785	53,225	2,455,897	13,836
100 COMMUNITY HEALTH SERVICES				30,931		49,406	6,649
100 01 WORK FITNESS							
100 02 MARKETING AND PUBLIC RELATIONS				7,750		46,614	
100 03 MH RESIDENTIAL				179,457		192,621	
100 04 UNUSED SPACE				103,945	1,294		
100 05 MOB				293,739	109,104	169,465	539
100 06 FOUNDATION				3,844		25,520	
100 07 KNOX COUNTY HEALTH DEPT				23,074		688	2,516
100 08 INDUSTRIAL HEALTH						3,044	
100 09 NRCC				273,933		619,573	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	979	336,279		5,459,459	996,301	22,299,519	330,270

COST CENTER DESCRIPTION	PURCHASING & RECEIVING	REGISTRATION	PATIENT ACCOUNTS	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	5.02	5.03	5.04	5a.04	6	8	9
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC- CT EAST							
003 03 NEW CRC- CT WEST							
003 04 NEW CRC- MEMORIAL							
003 05 NEW CRC- OUTPATIENT							
003 06 NEW CRD - HEALTH PAVILION							
003 07 NEW CRC - STORAGE							
004 NEW CRC - DIAGNOSTIC CENT							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CRC - EQUIPMENT							
004 02 NEW CRC - HEALTH PAVILION							
005 EMPLOYEE BENEFITS							
005 01 COMMUNICATIONS							
005 02 PURCHASING & RECEIVING	1,014,135						
005 03 REGISTRATION	634	735,561					
005 04 PATIENT ACCOUNTS	864		1,696,750				
006 ADMINISTRATIVE & GENERAL	10,297			14,722,149	14,722,149		
008 OPERATION OF PLANT	10,954			6,968,893	783,582	7,752,475	
009 LAUNDRY & LINEN SERVICE	2,980			385,670	43,365	75,152	504,187
010 HOUSEKEEPING	8,316			2,603,640	292,753	96,838	34,966
011 DIETARY	33,163			2,594,595	291,736		5,999
012 CAFETERIA	9,139			189,673	21,327	195,647	
014 NURSING ADMINISTRATION	2,084			1,936,339	217,722	19,462	
015 CENTRAL SERVICES & SUPPLY	4,247			686,501	77,190	4,330	3,758
016 PHARMACY	403,693			3,533,758	397,336	89,407	
017 MEDICAL RECORDS & LIBRARY	585			3,891,263	437,534	134,161	
018 SOCIAL SERVICE							
018 01 MENTAL HEALTH OVERHEAD	9,795			1,478,879	166,285	57,998	
024 PARAMED ED PRGM	56			219,242	24,652		
024 01 PARAMED ED PRGM-LAB	43			40,050	4,503		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	18,418	64,896	149,681	12,674,376	1,425,107	1,359,608	224,042
026 INTENSIVE CARE UNIT	5,560	13,050	30,099	2,704,322	304,074	126,140	32,532
027 CORONARY CARE UNIT							
031 SUBPROVIDER		10,635	24,531	1,098,193	123,481	223,315	10,697
031 01 REHAB UNIT	2,710	10,358	23,891	3,311,803	372,379	185,251	19,991
033 NURSERY	913	2,084	4,806	462,019	51,949		3,017
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	177,989	45,938	105,956	5,012,593	563,616	305,072	47,934
038 RECOVERY ROOM	1,548	3,373	7,779	578,450	65,041	13,480	
038 01 ENDOSCOPY	8,549	18,484	42,632	1,871,262	210,405	206,195	13,462
039 DELIVERY ROOM & LABOR ROO	3,538	7,283	16,799	753,119	84,681		8,249
040 ANESTHESIOLOGY	3,475	6,339	14,622	1,024,001	115,139		
041 RADIOLOGY-DIAGNOSTIC	29,441	112,007	258,529	7,363,140	827,911	441,660	28,138
041 01 RADIOLOGY-MONROE CI TY	61	439	1,014	33,621	3,780	9,571	
041 02 RADIOLOGY-PETERSBURG							
041 03 RADIOLOGY-BICKNELL	101	294	677	80,516	9,053		
041 04 RADIOLOGY-MRI	2,078	21,965	50,661	684,862	77,006	12,806	4,280
041 05 RADIOLOGY-ULTRASOUND	2,704	7,228	16,672	561,317	63,114	51,275	
041 06 RADIOLOGY-PETERSBURG AMBE	59	530	1,223	71,600	8,051	7,515	
041 07 RADIOLOGY-ORTHOPEDIC ASSO							
041 08 RADIOLOGY-GSH BREAST CENT		938	2,164	293,948	33,052		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	106,217	79,980	184,474	5,340,384	600,473	139,401	
044 01 LABORATORY-SATELLITE	3,851	13,071	30,148	642,410	72,233		
047 BLOOD STORING, PROCESSING		5,340	12,316	1,078,335	121,248		
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	7,081	9,189	21,195	2,638,894	296,717	78,252	
050 PHYSICAL THERAPY	2,610	24,888	57,405	3,173,101	356,783	136,116	9,335
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	50,494	49,095	113,237	2,802,459	315,108	179,623	14,844
054 ELECTROENCEPHALOGRAPHY							
054 01 NEURODIAGNOSTICS	878	5,431	12,526	424,703	47,754	58,639	3,055
055 MEDICAL SUPPLIES CHARGED		14,884	34,329	5,170,298	581,348		
055 30 IMPL. DEV. CHARGED TO PAT		24,210	55,840	2,866,324	322,289		
056 DRUGS CHARGED TO PATIENTS		111,129	256,317	10,784,832	1,212,647		
057 RENAL DIALYSIS							
058 ASC (NON-DI STINCT PART)	45,210	25,803	59,515	1,562,115	175,644		542
059 MH ANCILLARY OUTPATIENT							
059 01 INPATIENT RENAL DIALYSIS	192	1,452	3,350	318,496	35,812	134,346	
059 02 ACUPUNCTURE							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	231	479	1,104	438,216	49,273	44,956	
061 EMERGENCY	8,942	42,732	98,560	7,479,935	841,044	238,059	36,893
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN	1,779	2,037	4,698	552,025	62,070		
071 HOME HEALTH AGENCY							
071 SPEC PURPOSE COST CENTERS							
093 HOSPICE	4,582			1,361,602	153,099	81,909	
095 SUBTOTALS	986,061	735,561	1,696,750	124,463,923	12,339,366	4,706,184	501,734
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				10,397	1,169	7,414	

COST CENTER DESCRIPTION	PURCHASING & RECEIVING	REGISTRATION	PATIENT ACCOUNTS	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	5.02	5.03	5.04	5a.04	6	8	9
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFICE	13,367			14,434,970	1,623,128	1,295,070	2,357
100 COMMUNITY HEALTH SERVICES	1,035			340,961	38,338	58,841	96
100 01 WORK FITNESS				115	13		
100 02 MARKETING AND PUBLIC RELATIONS	9,891			725,960	81,627	14,744	
100 03 MH RESIDENTIAL				1,068,075	120,094	341,384	
100 04 UNUSED SPACE				154,678	17,392	197,737	
100 05 MOB	2,235			775,358	87,181	558,785	
100 06 FOUNDATION	1,546			413,234	46,464	7,313	
100 07 KNOX COUNTY HEALTH DEPT				38,197	4,295	43,895	
100 08 INDUSTRIAL HEALTH				18,973	2,133		
100 09 NRCC				3,210,146	360,949	521,108	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,014,135	735,561	1,696,750	145,654,987	14,722,149	7,752,475	504,187

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0042
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/25/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC - CT EAST							
003 03 NEW CRC- CT WEST							
003 04 NEW CRC- MEMORIAL							
003 05 NEW CRC - HEALTH PAVILION							
003 06 NEW CRC - STORAGE							
003 07 NEW CRC - DIAGNOSTIC CENT							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CRC - EQUIPMENT							
004 02 NEW CRC - HEALTH PAVILION							
005 EMPLOYEE BENEFITS							
005 01 COMMUNICATIONS							
005 02 PURCHASING & RECEIVING							
005 03 REGISTRATION							
005 04 PATIENT ACCOUNTS							
006 ADMINSTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	3,028,197						
011 DIETARY	87,420	2,979,750					
012 CAFETERIA	20,252		426,899				
014 NURSING ADMINISTRATION			7,689	2,181,212			
015 CENTRAL SERVICES & SUPPLY	36,867		6,143		814,789		
016 PHARMACY	36,160		15,845		353,125	4,425,631	
017 MEDICAL RECORDS & LIBRARY	39,493		27,423		511		4,530,385
018 SOCIAL SERVICE							
018 01 MENTAL HEALTH OVERHEAD			20,809		8,569	411	
024 PARAMED ED PRGM			1,321		49		
024 01 PARAMED ED PRGM-LAB			2		37		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	958,745	1,786,440	70,482	1,018,980	16,111	10,230	1,169,534
026 INTENSIVE CARE UNIT	182,568	241,283	13,710	198,208	4,863	2,231	96,666
027 CORONARY CARE UNIT							
031 SUBPROVIDER	95,602	376,979	10,796				132,118
031 01 REHAB UNIT	127,216	481,571	18,418	266,275	2,371	1,496	211,388
033 NURSERY	11,717	93,477	2,464	35,622	798	338	32,369
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	347,762		15,047	217,543	155,697	5,376	140,118
038 RECOVERY ROOM	21,666		2,045	29,564	1,354	774	
038 01 ENDOSCOPY	51,210		6,765		7,478	1,180	216,673
039 DELIVERY ROOM & LABOR ROO	13,484		3,266	47,222	3,095	495	
040 ANESTHESIOLOGY			2,180		3,040	1,190	
041 RADIOLOGY-DIAGNOSTIC	170,093		28,950		25,754	31,325	
041 01 RADIOLOGY-MONROE CITY			433		54		
041 02 RADIOLOGY-PETERSBURG							
041 03 RADIOLOGY-BICKNELL			393		88		
041 04 RADIOLOGY-MRI			2,456		1,818	89	
041 05 RADIOLOGY-ULTRASOUND	15,757		1,651		2,365	202	
041 06 RADIOLOGY-PETERSBURG AMBE			430		52		
041 07 RADIOLOGY-ORTHOPEDIC ASSO							
041 08 RADIOLOGY-GSH BREAST CENT			1,301				
042 RADIOLOGY-THERAPEUTIC							
043 RADIO SOTOPE							
044 LABORATORY	67,674		22,863		92,914	1,660	
044 01 LABORATORY-SATELLITE			3,603		3,368		
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	31,211		14,675		6,194	1,921	
050 PHYSICAL THERAPY	83,986		14,235		2,283	784	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	129,641		11,880		44,170	457	326,404
054 ELECTROENCEPHALOGRAPHY							
054 01 NEURODIAGNOSTICS	38,483		2,188		768	7	96,886
055 MEDICAL SUPPLIES CHARGED						378	
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS						4,256,975	
057 RENAL DIALYSIS							
058 ASC (NON-DI STINCT PART)			6,276		39,548	914	156,853
059 MH ANCILLARY OUTPATIENT							
059 01 INPATIENT RENAL DIALYSIS					168	1,460	
059 02 ACUPUNCTURE							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC			2,084		202	12	
061 EMERGENCY	159,033		20,072	290,188	7,822	3,740	1,951,376
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN					1,557		
071 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	25,958		5,368	77,610	4,008	40,678	
095 SUBTOTALS	2,751,998	2,979,750	363,263	2,181,212	790,231	4,364,323	4,530,385
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFICE	129,085		32,394		11,693	45,951	
100 COMMUNITY HEALTH SERVICES	11,767		1,501		905	8,106	
100 01 WORK FITNESS							
100 02 MARKETING AND PUBLIC RELATIONS	6,060		1,382		8,653		
100 03 MH RESIDENTIAL			10,532			250	
100 04 UNUSED SPACE							
100 05 MOB	34,241				1,955	7,001	
100 06 FOUNDATION			812		1,352		
100 07 KNOX COUNTY HEALTH DEPT	10,757		39				
100 08 INDUSTRIAL HEALTH	84,289						
100 09 NRCC			16,976				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,028,197	2,979,750	426,899	2,181,212	814,789	4,425,631	4,530,385

COST CENTER DESCRIPTION	SOCIAL SERVICE	MENTAL HEALTH OVERHEAD	PARAMED ED PR GM	PARAMED ED PR GM-LAB	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	18	18.01	24	24.01	25	26	27
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC - CT EAST							
003 03 NEW CRC- CT WEST							
003 04 NEW CRC- MEMORIAL							
003 05 NEW CRC - OUTPATIENT							
003 06 NEW CRD - HEALTH PAVILION							
003 07 NEW CRC - STORAGE							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CRC - EQUIPMENT							
004 02 NEW CRC - HEALTH PAVILION							
005 EMPLOYEE BENEFITS							
005 01 COMMUNICATIONS							
005 02 PURCHASING & RECEIVING							
005 03 REGISTRATION							
005 04 PATIENT ACCOUNTS							
006 ADMINSTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
018 01 MENTAL HEALTH OVERHEAD		1,732,951					
024 PARAMED ED PRGM			245,264				
024 01 PARAMED ED PRGM-LAB				44,592			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		837,229			21,550,884		21,550,884
026 INTENSIVE CARE UNIT					3,906,597		3,906,597
027 CORONARY CARE UNIT							
031 SUBPROVIDER		206,253			2,277,434		2,277,434
031 01 REHAB UNIT					4,998,159		4,998,159
033 NURSERY					693,770		693,770
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM					6,810,758		6,810,758
038 RECOVERY ROOM					712,374		712,374
038 01 ENDOSCOPY					2,584,630		2,584,630
039 DELIVERY ROOM & LABOR ROO					913,611		913,611
040 ANESTHESIOLOGY					1,145,550		1,145,550
041 RADIOLOGY-DIAGNOSTIC			245,264		9,162,235		9,162,235
041 01 RADIOLOGY-MONROE CITY					47,459		47,459
041 02 RADIOLOGY-PETERSBURG							
041 03 RADIOLOGY-BICKNELL					90,050		90,050
041 04 RADIOLOGY-MRI					783,317		783,317
041 05 RADIOLOGY-ULTRASOUND					695,681		695,681
041 06 RADIOLOGY-PETERSBURG AMBE					87,648		87,648
041 07 RADIOLOGY-ORTHOPEDIC ASSO							
041 08 RADIOLOGY-GSH BREAST CENT					328,301		328,301
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY				44,592	6,309,961		6,309,961
044 01 LABORATORY-SATELLITE					721,614		721,614
047 BLOOD STORING, PROCESSING					1,199,583		1,199,583
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY					3,067,864		3,067,864
050 PHYSICAL THERAPY					3,776,623		3,776,623
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY					3,824,586		3,824,586
054 ELECTROENCEPHALOGRAPHY							
054 01 NEURODIAGNOSTICS					672,483		672,483
055 MEDICAL SUPPLIES CHARGED					5,752,024		5,752,024
055 30 IMPL. DEV. CHARGED TO PAT					3,188,613		3,188,613
056 DRUGS CHARGED TO PATIENTS					16,254,454		16,254,454
057 RENAL DIALYSIS							
058 ASC (NON-DI STINCT PART)		413,778			2,355,670		2,355,670
059 MH ANCILLARY OUTPATIENT							
059 01 INPATIENT RENAL DIALYSIS					490,282		490,282
059 02 ACUPUNCTURE							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC					534,743		534,743
061 EMERGENCY					11,028,162		11,028,162
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN					615,652		615,652
071 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE					1,750,232		1,750,232
095 SUBTOTALS		1,457,260	245,264	44,592	118,331,004		118,331,004
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					18,980		18,980

COST CENTER DESCRIPTION	SOCIAL SERVICE	MENTAL HEALTH OVERHEAD	PARAMED ED PR GM	PARAMED ED PR GM-LAB	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	18	18.01	24	24.01	25		27
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFICE					17,574,648		17,574,648
100 COMMUNITY HEALTH SERVICES					460,515		460,515
100 01 WORK FITNESS					128		128
100 02 MARKETING AND PUBLIC RELATIONS					838,426		838,426
100 03 MH RESIDENTIAL					1,540,335		1,540,335
100 04 UNUSED SPACE					369,807		369,807
100 05 MOB					1,464,521		1,464,521
100 06 FOUNDATION					469,175		469,175
100 07 KNOX COUNTY HEALTH DEPT					97,183		97,183
100 08 INDUSTRIAL HEALTH					105,395		105,395
100 09 NRCC		275,691			4,384,870		4,384,870
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		1,732,951	245,264	44,592	145,654,987		145,654,987

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0042
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/25/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG & EAST	NEW CRC - CT EAST	NEW CRC- CT W EST	NEW CRC- MEMO RIAL	NEW CRC - PATIENT	NEW CRD - OUT LTH PAVILION	HEA PAVILION
	0	3	3.01	3.02	3.03	3.04	3.05	
003 GENERAL SERVICE COST CNTR								
003 01 NEW CAP REL COSTS-BLDG &								
003 02 NEW CRC - CT EAST								
003 03 NEW CRC- CT WEST								
003 04 NEW CRC- MEMORIAL								
003 05 NEW CRC - OUTPATIENT								
003 06 NEW CRD - HEALTH PAVILION								
003 07 NEW CRC - STORAGE								
004 NEW CAP REL COSTS-MVBLE E								
004 01 NEW CRC - EQUIPMENT								
004 02 NEW CRC - HEALTH PAVILION								
005 EMPLOYEE BENEFITS					13,667		45,027	
005 01 COMMUNICATIONS								
005 02 PURCHASING & RECEIVING			65,937		478	1,073		
005 03 REGISTRATION				4,181			12,583	
005 04 PATIENT ACCOUNTS					18,261			
006 ADMINSTRATIVE & GENERAL			9,301	75,668	50,886	15,721	56,059	
008 OPERATION OF PLANT			72,893	116,738	92,281	37,664	224,876	
009 LAUNDRY & LINEN SERVICE					17,782			
010 HOUSEKEEPING			3,675	20,077	9,772	1,400	4,816	
011 DIETARY								
012 CAFETERIA			59,069				2,693	
014 NURSING ADMINISTRATION			5,978			765		
015 CENTRAL SERVICES & SUPPLY				2,467				
016 PHARMACY			27,462					
017 MEDICAL RECORDS & LIBRARY				886		3,370	81,592	
018 SOCIAL SERVICE								
018 01 MENTAL HEALTH OVERHEAD			17,814					
024 PARAMED ED PRGM								
024 01 PARAMED ED PRGM-LAB								
025 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS			249,626	203,235		5,064	218,890	
027 INTENSIVE CARE UNIT				112,070				
027 CORONARY CARE UNIT								
031 SUBPROVIDER			68,593					
031 01 REHAB UNIT					43,833			
033 NURSERY								
037 ANCILLARY SRVC COST CNTRS								
038 OPERATING ROOM			93,705					
038 RECOVERY ROOM			4,140					
038 01 ENDOSCOPY							166,463	
039 DELIVERY ROOM & LABOR ROO								
040 ANESTHESIOLOGY								
041 RADIOLOGY-DIAGNOSTIC			53,407	2,836		7,413	60,494	
041 01 RADIOLOGY-MONROE CITY						1,103		
041 02 RADIOLOGY-PETERSBURG								
041 03 RADIOLOGY-BICKNELL								
041 04 RADIOLOGY-MRI						1,475		
041 05 RADIOLOGY-ULTRASOUND			2,308				1,904	
041 06 RADIOLOGY-PETERSBURG AMBE								
041 07 RADIOLOGY-ORTHOPEDIC ASSO								
041 08 RADIOLOGY-GSH BREAST CENT								
042 RADIOLOGY-THERAPEUTIC								
043 RADIOISOTOPE								
044 LABORATORY			36,260			1,665	5,577	
044 01 LABORATORY-SATELLITE								
047 BLOOD STORING, PROCESSING								
048 INTRAVENOUS THERAPY								
049 RESPIRATORY THERAPY				60,925				
050 PHYSICAL THERAPY			2,919	95,243		1,891	1,279	
051 OCCUPATIONAL THERAPY								
052 SPEECH PATHOLOGY								
053 ELECTROCARDIOLOGY							140,603	
054 ELECTROENCEPHALOGRAPHY								
054 01 NEURODIAGNOSTICS			8,022	28,512				
055 MEDICAL SUPPLIES CHARGED								
055 30 IMPL. DEV. CHARGED TO PAT								
056 DRUGS CHARGED TO PATIENTS								
057 RENAL DIALYSIS								
058 ASC (NON-DI STINCT PART)								
059 MH ANCILLARY OUTPATIENT								
059 01 INPATIENT RENAL DIALYSIS				2,600		15,134		
059 02 ACUPUNCTURE								
060 OUTPAT SERVICE COST CNTRS								
061 CLINIC						5,179		
061 EMERGENCY				208,717				
062 OBSERVATION BEDS (NON-DIS								
066 OTHER REIMBURS COST CNTRS								
071 DURABLE MEDICAL EQUIP-REN								
HOME HEALTH AGENCY								
SPEC PURPOSE COST CENTERS								
093 HOSPICE						9,435		
095 SUBTOTALS			781,109	934,155	246,960	108,352	1,024,080	
NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP				6,500				

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CRC - CT EAST	NEW CRC- CT W EST	NEW CRC- MEMO RIAL	NEW CRC - PATIENT	OUT NEW CRD - LTH PAVILION	HEA
	0	3	3.01	3.02	3.03	3.04	3.05	
098 NONREIMBURS COST CENTERS								
100 PHYSICIANS' PRIVATE OFFIC					1,555	139,088	65,459	
100 COMMUNITY HEALTH SERVICES						6,778		
100 01 WORK FITNESS								
100 02 MARKETING AND PUBLIC RELA					3,489			
100 03 MH RESIDENTIAL						39,326		
100 04 UNUSED SPACE			16,552		28,830	2,465	1,592	
100 05 MOB						45,223	134,182	
100 06 FOUNDATION					1,730			
100 07 KNOX COUNTY HEALTH DEPT					10,063			
100 08 INDUSTRIAL HEALTH								
100 09 NRCC			1,843	4,018		60,029		
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL			799,504	944,673	292,627	401,261	1,225,313	

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NEW CRC - STOR	NEW CRC - DIAGNOSTIC CENT	NEW CAP REL COSTS-MVBLE E	NEW CRC - EQUIPMENT	NEW CRC - HEALTH PAVILION	SUBTOTAL	EMPLOYEE BENEFITS
	3.06	3.07	4	4.01	4.02	4a	5
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC - CT EAST							
003 03 NEW CRC- CT WEST							
003 04 NEW CRC- MEMORIAL							
003 05 NEW CRD - HEALTH PAVILION							
003 06 NEW CRC - STORAGE							
003 07 NEW CRC - DIAGNOSTIC CENT							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CRC - EQUIPMENT							
004 02 NEW CRC - HEALTH PAVILION							
005 EMPLOYEE BENEFITS	388			100,074	36,611	195,767	195,767
005 01 COMMUNICATIONS							636
005 02 PURCHASING & RECEIVING				118,808		186,296	1,511
005 03 REGISTRATION				10,700	10,231	37,695	1,410
005 04 PATIENT ACCOUNTS				40,568		58,829	2,940
006 ADMINISTRATIVE & GENERAL	204			303,819	45,582	557,240	16,482
008 OPERATION OF PLANT	243	104,624		810,214	182,845	1,642,378	5,687
009 LAUNDRY & LINEN SERVICE				39,505		57,287	503
010 HOUSEKEEPING	3			50,905	3,916	94,564	5,049
011 DIETARY							3,723
012 CAFETERIA				102,847	2,190	166,799	121
014 NURSING ADMINISTRATION				10,231		16,974	3,942
015 CENTRAL SERVICES & SUPPLY				2,276	995	6,962	1,146
016 PHARMACY				46,999		74,461	6,472
017 MEDICAL RECORDS & LIBRARY	14			70,525	66,343	222,730	7,170
018 SOCIAL SERVICE							
018 01 MENTAL HEALTH OVERHEAD				30,488		48,302	5,144
024 PARAMED ED PRGM							595
024 01 PARAMED ED PRGM-LAB							63
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS				714,710	177,979	1,569,504	22,457
027 INTENSIVE CARE UNIT				66,309		178,379	5,086
027 CORONARY CARE UNIT							
031 SUBPROVIDER				117,391		185,984	1,662
031 01 REHAB UNIT				97,382		141,215	5,129
033 NURSERY							955
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				160,369		254,074	6,555
038 RECOVERY ROOM				7,086		11,226	1,191
038 01 ENDOSCOPY				108,392	135,351	410,206	2,546
039 DELIVERY ROOM & LABOR ROO							1,443
040 ANESTHESIOLOGY							5,112
041 RADIOLOGY-DIAGNOSTIC	55	162,233		235,810	49,187	571,435	10,439
041 01 RADIOLOGY-MONROE CITY				1,391		2,494	132
041 02 RADIOLOGY-PETERSBURG							
041 03 RADIOLOGY-BICKNELL							125
041 04 RADIOLOGY-MRI				6,732		8,207	961
041 05 RADIOLOGY-ULTRASOUND		69,422		26,954	1,549	102,137	841
041 06 RADIOLOGY-PETERSBURG AMBE				3,951		3,951	134
041 07 RADIOLOGY-ORTHOPEDIC ASSO							
041 08 RADIOLOGY-GSH BREAST CENT							961
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY				73,280	4,535	121,317	6,546
044 01 LABORATORY-SATELLITE							834
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	44			41,135		102,104	5,312
050 PHYSICAL THERAPY				71,552	1,040	173,924	5,718
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	28			94,423	114,324	349,378	4,167
054 ELECTROENCEPHALOGRAPHY							
054 01 NEURODIAGNOSTICS				30,825		67,359	638
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							900
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							2,061
059 MH ANCILLARY OUTPATIENT							
059 01 INPATIENT RENAL DIALYSIS				70,622		88,356	
059 02 ACUPUNCTURE							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC				23,632		28,811	805
061 EMERGENCY				125,142		333,859	7,151
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN							186
071 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE				43,057		52,492	1,847
095 SUBTOTALS	979	336,279		3,858,104	832,678	8,122,696	164,488
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				3,897		10,397	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0042
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 PREPARED 5/25/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NEW CRC - STORAGE	NEW CRC - DIAGNOSTIC CENT	NEW CAP REL COSTS-MVBLE E	NEW CRC - EQUIPMENT	NEW CRC - HEALTH PAVILION	SUBTOTAL	EMPLOYEE BENEFITS
	3.06	3.07	4	4.01	4.02	4a	5
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFICE				680,785	53,225	940,112	21,561
100 COMMUNITY HEALTH SERVICES				30,931		37,709	434
100 01 WORK FITNESS							
100 02 MARKETING AND PUBLIC RELATIONS				7,750		11,239	409
100 03 MH RESIDENTIAL				179,457		218,783	1,691
100 04 UNUSED SPACE				103,945	1,294	154,678	
100 05 MOB				293,739	109,104	582,248	1,488
100 06 FOUNDATION				3,844		5,574	224
100 07 KNOX COUNTY HEALTH DEPT				23,074		33,137	6
100 08 INDUSTRIAL HEALTH							27
100 09 NRCC				273,933		339,823	5,439
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	979	336,279		5,459,459	996,301	10,456,396	195,767

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PREPARED 5/25/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	COMMUNICATIONS	PURCHASING & RECEIVING	REGISTRATION	PATIENT ACCOUNTS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	5.01	5.02	5.03	5.04	6	8	9
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC- CT EAST							
003 03 NEW CRC- CT WEST							
003 04 NEW CRC- MEMORIAL							
003 05 NEW CRC- OUTPATIENT							
003 06 NEW CRD - HEALTH PAVILION							
003 07 NEW CRC - STORAGE							
004 NEW CRC - DIAGNOSTIC CENT							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CRC - EQUIPMENT							
004 02 NEW CRC - HEALTH PAVILION							
005 EMPLOYEE BENEFITS							
005 01 COMMUNICATIONS	636						
005 02 PURCHASING & RECEIVING	8	187,815					
005 03 REGISTRATION	7	117	39,229				
005 04 PATIENT ACCOUNTS	35	160		61,964			
006 ADMINSTRATIVE & GENERAL	51	1,907			575,680		
008 OPERATION OF PLANT	55	2,029			30,642	1,680,791	
009 LAUNDRY & LINEN SERVICE		552			1,696	16,293	76,331
010 HOUSEKEEPING	4	1,540			11,448	20,995	5,294
011 DIETARY	6	6,142			11,408		908
012 CAFETERIA		1,693			834	42,418	
014 NURSING ADMINISTRATION	11	386			8,514	4,219	
015 CENTRAL SERVICES & SUPPLY	2	787			3,019	939	569
016 PHARMACY	11	74,756			15,538	19,384	
017 MEDICAL RECORDS & LIBRARY	28	108			17,110	29,087	
018 SOCIAL SERVICE							
018 01 MENTAL HEALTH OVERHEAD	41	1,814			6,503	12,574	
024 PARAMED ED PRGM		10			964		
024 01 PARAMED ED PRGM-LAB		8			176		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	150	3,411	3,450	5,462	55,729	294,772	33,921
026 INTENSIVE CARE UNIT	13	1,030	694	1,098	11,891	27,348	4,925
027 CORONARY CARE UNIT							
031 SUBPROVIDER			565	895	4,829	48,416	1,619
031 01 REHAB UNIT	24	502	551	872	14,562	40,164	3,026
033 NURSERY		169	111	175	2,031		457
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	23	32,965	2,442	3,867	22,040	66,142	7,257
038 RECOVERY ROOM		287	179	284	2,543	2,923	
038 01 ENDOSCOPY	8	1,583	983	1,556	8,228	44,705	2,038
039 DELIVERY ROOM & LABOR ROO		655	387	613	3,311		1,249
040 ANESTHESIOLOGY		644	337	534	4,503		
041 RADIOLOGY-DIAGNOSTIC	30	5,453	6,079	9,480	32,376	95,755	4,260
041 01 RADIOLOGY-MONROE CI TY		11	23	37	148	2,075	
041 02 RADIOLOGY-PETERSBURG							
041 03 RADIOLOGY-BICKNELL		19	16	25	354		
041 04 RADIOLOGY-MRI		385	1,168	1,849	3,011	2,776	648
041 05 RADIOLOGY-ULTRASOUND		501	384	608	2,468	11,117	
041 06 RADIOLOGY-PETERSBURG AMBE		11	28	45	315	1,629	
041 07 RADIOLOGY-ORTHOPEDIC ASSO							
041 08 RADIOLOGY-GSH BREAST CENT			50	79	1,292		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	13	19,672	4,252	6,732	23,482	30,223	
044 01 LABORATORY-SATELLITE		713	695	1,100	2,825		
047 BLOOD STORING, PROCESSING			284	449	4,741		
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	8	1,311	489	773	11,603	16,966	
050 PHYSICAL THERAPY		483	1,323	2,095	13,952	29,511	1,413
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	15	9,352	2,610	4,132	12,322	38,943	2,247
054 ELECTROENCEPHALOGRAPHY							
054 01 NEURODIAGNOSTICS	7	163	289	457	1,867	12,713	462
055 MEDICAL SUPPLIES CHARGED			791	1,253	22,734		
055 30 IMPL. DEV. CHARGED TO PAT			1,287	2,038	12,603		
056 DRUGS CHARGED TO PATIENTS			5,908	9,354	47,421		
057 RENAL DIALYSIS							
058 ASC (NON-DI STINCT PART)	22	8,373	1,372	2,172	6,869		82
059 MH ANCILLARY OUTPATIENT							
059 01 INPATIENT RENAL DIALYSIS	3	35	77	122	1,400	29,127	
059 02 ACUPUNCTURE							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		43	25	40	1,927	9,747	
061 EMERGENCY	15	1,656	2,272	3,597	32,889	51,613	5,585
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN		330	108	171	2,427		
071 HOME HEALTH AGENCY							
071 SPEC PURPOSE COST CENTERS							
093 HOSPICE		849			5,987	17,758	
095 SUBTOTALS	590	182,615	39,229	61,964	482,532	1,020,332	75,960
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					46	1,607	

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	COMMUNICATIONS	PURCHASING & RECEIVING	REGISTRATION	PATIENT ACCOUNTS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	5.01	5.02	5.03	5.04	6	8	9
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFICES	27	2,476			63,442	280,780	357
100 COMMUNITY HEALTH SERVICES	13	192			1,499	12,757	14
100 01 WORK FITNESS					1		
100 02 MARKETING AND PUBLIC RELATIONS		1,832			3,192	3,197	
100 03 MH RESIDENTIAL					4,696	74,015	
100 04 UNUSED SPACE					680	42,871	
100 05 MOB	1	414			3,409	121,149	
100 06 FOUNDATION		286			1,817	1,586	
100 07 KNOX COUNTY HEALTH DEPT	5				168	9,517	
100 08 INDUSTRIAL HEALTH					83		
100 09 NRCC					14,115	112,980	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	636	187,815	39,229	61,964	575,680	1,680,791	76,331

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PART III

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC - CT EAST							
003 03 NEW CRC- CT WEST							
003 04 NEW CRC- MEMORIAL							
003 05 NEW CRC - OUTPATIENT							
003 06 NEW CRD - HEALTH PAVILION							
003 07 NEW CRC - STORAGE							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CRC - EQUIPMENT							
004 02 NEW CRC - HEALTH PAVILION							
005 EMPLOYEE BENEFITS							
005 01 COMMUNICATIONS							
005 02 PURCHASING & RECEIVING							
005 03 REGISTRATION							
005 04 PATIENT ACCOUNTS							
006 ADMINISTRATION & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	138,894						
011 DIETARY	4,010	26,197					
012 CAFETERIA	929		212,794				
014 NURSING ADMINISTRATION			3,833	37,879			
015 CENTRAL SERVICES & SUPPLY	1,691		3,062		18,177		
016 PHARMACY	1,659		7,898		7,883	208,062	
017 MEDICAL RECORDS & LIBRARY	1,811		13,669		11		291,724
018 SOCIAL SERVICE							
018 01 MENTAL HEALTH OVERHEAD			10,373		191	19	
024 PARAMED ED PRGM			659		1		
024 01 PARAMED ED PRGM-LAB			1		1		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	43,973	15,706	35,129	17,696	359	481	75,310
026 INTENSIVE CARE UNIT	8,374	2,121	6,834	3,442	108	105	6,225
027 CORONARY CARE UNIT							
031 SUBPROVIDER	4,385	3,314	5,382				8,507
031 01 REHAB UNIT	5,835	4,234	9,181	4,624	53	70	13,612
033 NURSERY	537	822	1,228	619	18	16	2,084
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	15,951		7,500	3,778	3,471	253	9,023
038 RECOVERY ROOM	994		1,019	513	30	36	
038 01 ENDOSCOPY	2,349		3,372		167	55	13,952
039 DELIVERY ROOM & LABOR ROO	618		1,628	820	69	23	
040 ANESTHESIOLOGY			1,087		68	56	
041 RADIOLOGY-DIAGNOSTIC	7,802		14,431		574	1,473	
041 01 RADIOLOGY-MONROE CITY			216		1		
041 02 RADIOLOGY-PETERSBURG							
041 03 RADIOLOGY-BICKNELL			196		2		
041 04 RADIOLOGY-MRI			1,224		41	4	
041 05 RADIOLOGY-ULTRASOUND	723		823		53	9	
041 06 RADIOLOGY-PETERSBURG AMBE			214		1		
041 07 RADIOLOGY-ORTHOPEDIC ASSO							
041 08 RADIOLOGY-GSH BREAST CENT			649				
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	3,104		11,396		2,072	78	
044 01 LABORATORY-SATELLITE			1,796		75		
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,432		7,315		138	90	
050 PHYSICAL THERAPY	3,852		7,096		51	37	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	5,946		5,922		985	21	21,018
054 ELECTROENCEPHALOGRAPHY							
054 01 NEURODIAGNOSTICS	1,765		1,091		17		6,239
055 MEDICAL SUPPLIES CHARGED						18	
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS						200,135	
057 RENAL DIALYSIS							
058 ASC (NON-DI STINCT PART)			3,129		882	43	10,100
059 MH ANCILLARY OUTPATIENT							
059 01 INPATIENT RENAL DIALYSIS					4	69	
059 02 ACUPUNCTURE							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC			1,039		5	1	
061 EMERGENCY	7,294		10,005	5,039	174	176	125,654
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN					35		
071 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	1,191		2,676	1,348	89	1,912	
095 SUBTOTALS	126,225	26,197	181,073	37,879	17,629	205,180	291,724
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PREPARED 5/25/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFICE	5,921		16,147		261	2,160	
100 COMMUNITY HEALTH SERVICES	540		748		20	381	
100 01 WORK FITNESS							
100 02 MARKETING AND PUBLIC RELATIONS	278		689		193		
100 03 MH RESIDENTIAL			5,250			12	
100 04 UNUSED SPACE							
100 05 MOB	1,571				44	329	
100 06 FOUNDATION			405		30		
100 07 KNOX COUNTY HEALTH DEPT			20				
100 08 INDUSTRIAL HEALTH	3,866						
100 09 NRCC			8,462				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	138,894	26,197	212,794	37,879	18,177	208,062	291,724

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0042
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/25/2011
 WORKSHEET B
 PART III

	SOCIAL SERVICE	MENTAL HEALTH OVERHEAD	PARAMED ED PR GM	PARAMED ED PR GM-LAB	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	18.01	24	24.01	25	26	27
003	GENERAL SERVICE COST CNTR						
003	NEW CAP REL COSTS-BLDG &						
003 01	NEW CRC - CT EAST						
003 02	NEW CRC- CT WEST						
003 03	NEW CRC- MEMORIAL						
003 04	NEW CRC - OUTPATIENT						
003 05	NEW CRD - HEALTH PAVILION						
003 06	NEW CRC - STORAGE						
003 07	NEW CRC - DIAGNOSTIC CENT						
004	NEW CAP REL COSTS-MVBLE E						
004 01	NEW CRC - EQUIPMENT						
004 02	NEW CRC - HEALTH PAVILION						
005	EMPLOYEE BENEFITS						
005 01	COMMUNICATIONS						
005 02	PURCHASING & RECEIVING						
005 03	REGISTRATION						
005 04	PATIENT ACCOUNTS						
006	ADMINISTRATIVE & GENERAL						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY						
016	PHARMACY						
017	MEDICAL RECORDS & LIBRARY						
018	SOCIAL SERVICE						
018 01		84,961					
024			2,229				
024 01				249			
025		41,049			2,218,559		2,218,559
026					257,673		257,673
027							
031		10,111			275,669		275,669
031 01					243,654		243,654
033					9,222		9,222
037					435,341		435,341
038					21,225		21,225
038 01					491,748		491,748
039					10,816		10,816
040					12,341		12,341
041					759,587		759,587
041 01					5,137		5,137
041 02							
041 03					737		737
041 04					20,274		20,274
041 05					119,664		119,664
041 06					6,328		6,328
041 07							
041 08					3,031		3,031
042							
043							
044					228,887		228,887
044 01					8,038		8,038
047					5,474		5,474
048							
049					147,541		147,541
050					239,455		239,455
051							
052							
053					457,058		457,058
054							
054 01					93,067		93,067
055					24,796		24,796
055 30					15,928		15,928
056					263,718		263,718
057							
058		20,285			55,390		55,390
059							
059 01					119,193		119,193
059 02							
060					42,443		42,443
061					586,979		586,979
062							
066					3,257		3,257
071							
093					86,149		86,149
095		71,445			7,268,379		7,268,379
096					12,050		12,050

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 5/25/2011

15-0042

FROM 1/ 1/2010

WORKSHEET B-1

TO 12/31/2010

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CRC - CT EAST	NEW CRC- CT WEST	NEW CRC- MEMORIAL	NEW CRC - OUTPATIENT	NEW CRD - HEALTH PAVILION
	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)
GENERAL SERVICE COST	3	3.01	3.02	3.03	3.04	3.05
003 NEW CAP REL COSTS-BLD						
003 01 NEW CRC - CT EAST		154,475				
003 02 NEW CRC- CT WEST			63,945			
003 03 NEW CRC- MEMORIAL				73,395		
003 04 NEW CRC - OUTPATIENT					206,723	
003 05 NEW CRD - HEALTH PAVI						90,075
003 06 NEW CRC - STORAGE						
003 07 NEW CRC - DIAGNOSTIC						
004 NEW CAP REL COSTS-MVB						
004 01 NEW CRC - EQUIPMENT						
004 02 NEW CRC - HEALTH PAVI						
005 EMPLOYEE BENEFITS				3,428		3,310
005 01 COMMUNICATIONS						
005 02 PURCHASING & RECEIVIN		12,740		120	553	
005 03 REGISTRATION			283			925
005 04 PATIENT ACCOUNTS				4,580		
006 ADMINISTRATIVE & GENE		1,797	5,122	12,763	8,099	4,121
008 OPERATION OF PLANT		14,084	7,902	23,145	19,404	16,531
009 LAUNDRY & LINEN SERVI				4,460		
010 HOUSEKEEPING		710	1,359	2,451	721	354
011 DIETARY						
012 CAFETERIA		11,413				198
014 NURSING ADMINISTRATIO		1,155			394	
015 CENTRAL SERVICES & SU			167			90
016 PHARMACY		5,306				
017 MEDICAL RECORDS & LIB			60		1,736	5,998
018 SOCIAL SERVICE						
018 01 MENTAL HEALTH OVERHEA		3,442				
024 PARAMED ED PRGM						
024 01 PARAMED ED PRGM-LAB						
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS		48,231	13,757		2,609	16,091
026 INTENSIVE CARE UNIT			7,586			
027 CORONARY CARE UNIT						
031 SUBPROVIDER		13,253				
031 01 REHAB UNIT				10,994		
033 NURSERY						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM		18,105				
038 RECOVERY ROOM		800				
038 01 ENDOSCOPY						12,237
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC		10,319	192		3,819	4,447
041 01 RADIOLOGY-MONROE CITY					568	
041 02 RADIOLOGY-PETERSBURG						
041 03 RADIOLOGY-BICKNELL						
041 04 RADIOLOGY-MRI					760	
041 05 RADIOLOGY-ULTRASOUND		446				140
041 06 RADIOLOGY-PETERSBURG						
041 07 RADIOLOGY-ORTHOPEDIC						
041 08 RADIOLOGY-GSH BREAST						
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE						
044 LABORATORY		7,006			858	410
044 01 LABORATORY-SATELLITE						
047 BLOOD STORING, PROCES						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY			4,124			
050 PHYSICAL THERAPY		564	6,447		974	94
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY						10,336
054 ELECTROENCEPHALOGRAPH						
054 01 NEURODIAGNOSTICS		1,550	1,930			
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PAR						
059 MH ANCILLARY OUTPATIE						
059 01 INPATIENT RENAL DIALY			176		7,797	
059 02 ACUPUNCTURE						
060 OUTPAT SERVICE COST C						
060 CLINIC						
061 EMERGENCY			14,128		2,668	
062 OBSERVATION BEDS (NON						
062 OTHER REIMBURS COST C						
066 DURABLE MEDICAL EQUIP						
071 HOME HEALTH AGENCY						
SPEC PURPOSE COST CEN						
093 HOSPICE					4,861	

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CRC - CT EAST (SQUARE FEET)	NEW CRC- CT W EST (SQUARE FEET)	NEW CRC- MEMO RIAL (SQUARE FEET)	NEW CRC - OUT PATIENT (SQUARE FEET)	NEW CRD - HEA LTH PAVILION (SQUARE FEET)
095 SPEC PURPOSE COST CEN	3	3.01	3.02	3.03	3.04	3.05
095 SUBTOTALS		150,921	63,233	61,941	55,821	75,282
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE			440			
098 PHYSICIANS' PRIVATE O				390	71,656	4,812
100 COMMUNITY HEALTH SERV					3,492	
100 01 WORK FITNESS						
100 02 MARKETING AND PUBLIC				875		
100 03 MH RESIDENTIAL					20,260	
100 04 UNUSED SPACE		3,198		7,231	1,270	117
100 05 MOB					23,298	9,864
100 06 FOUNDATION				434		
100 07 KNOX COUNTY HEALTH DE				2,524		
100 08 INDUSTRIAL HEALTH						
100 09 NRCC		356	272		30,926	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		799,504	944,673	292,627	401,261	1,225,313
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		5.175621	14.773211	3.987015	1.941056	13.603253
105 COST TO BE ALLOCATED (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 5/25/2011

15-0042

FROM 1/ 1/2010

WORKSHEET B-1

TO 12/31/2010

COST CENTER DESCRIPTION	NEW CRC - STORAGE	NEW CRC - DIAGNOSTIC CENTER	NEW CAP REL COSTS-MVBLE	NEW CRC - EQUIPMENT	NEW CRC - HEALTH PAVILION	EMPLOYEE BENEFITS	COMMUNICATIONS
	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)	(NUMBER OF PHONES)
GENERAL SERVICE COST	3.06	3.07	4	4.01	4.02	5	5.01
003 NEW CAP REL COSTS-BLD							
003 01 NEW CRC - CT EAST							
003 02 NEW CRC- CT WEST							
003 03 NEW CRC- MEMORIAL							
003 04 NEW CRC - OUTPATIENT							
003 05 NEW CRD - HEALTH PAVI							
003 06 NEW CRC - STORAGE	11,507						
003 07 NEW CRC - DIAGNOSTIC		14,062					
004 NEW CAP REL COSTS-MVB			154,475				
004 01 NEW CRC - EQUIPMENT				616,352			
004 02 NEW CRC - HEALTH PAVI					90,075		
005 EMPLOYEE BENEFITS	4,560			11,298	3,310	65,104,648	
005 01 COMMUNICATIONS						211,489	1,838
005 02 PURCHASING & RECEIVIN			12,740	13,413		502,590	23
005 03 REGISTRATION				1,208	925	468,842	21
005 04 PATIENT ACCOUNTS				4,580		977,861	101
006 ADMINISTRATIVE & GENE	2,398		1,797	34,300	4,121	5,481,229	148
008 OPERATION OF PLANT	2,851	4,375	14,084	91,470	16,531	1,891,101	158
009 LAUNDRY & LINEN SERVI				4,460		167,125	
010 HOUSEKEEPING	36		710	5,747	354	1,679,080	12
011 DIETARY						1,237,999	18
012 CAFETERIA			11,413	11,611	198	40,101	
014 NURSING ADMINISTRATIO			1,155	1,155		1,310,874	33
015 CENTRAL SERVICES & SU				257	90	381,112	7
016 PHARMACY			5,306	5,306		2,152,280	31
017 MEDICAL RECORDS & LIB	168			7,962	5,998	2,384,548	80
018 SOCIAL SERVICE							
018 01 MENTAL HEALTH OVERHEA			3,442	3,442		1,710,748	119
024 PARAMED ED PRGM						197,737	
024 01 PARAMED ED PRGM-LAB						20,859	
025 INPAT ROUTINE SRVC CN			48,231	80,688	16,091	7,469,552	430
026 ADULTS & PEDIATRICS				7,486		1,691,253	38
027 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
031 SUBPROVIDER			13,253	13,253		552,712	
031 01 REHAB UNIT				10,994		1,705,755	69
033 NURSERY						317,584	
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM			18,105	18,105		2,179,793	66
038 RECOVERY ROOM			800	800		395,956	
038 01 ENDOSCOPY				12,237	12,237	846,769	23
039 DELIVERY ROOM & LABOR						479,880	
040 ANESTHESIOLOGY						1,699,956	
041 RADIOLOGY-DIAGNOSTIC	650	6,784	10,319	26,622	4,447	3,471,550	87
041 01 RADIOLOGY-MONROE CITY				157		43,961	
041 02 RADIOLOGY-PETERSBURG							
041 03 RADIOLOGY-BICKNELL						41,554	
041 04 RADIOLOGY-MRI				760		319,429	
041 05 RADIOLOGY-ULTRASOUND		2,903	446	3,043	140	279,789	
041 06 RADIOLOGY-PETERSBURG				446		44,631	
041 07 RADIOLOGY-ORTHOPEDIC							
041 08 RADIOLOGY-GSH BREAST						319,564	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY			7,006	8,273	410	2,176,872	39
044 01 LABORATORY-SATELLITE						277,355	
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	520			4,644		1,766,633	23
050 PHYSICAL THERAPY			564	8,078	94	1,901,662	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	324			10,660	10,336	1,385,849	43
054 ELECTROENCEPHALOGRAPH							
054 01 NEURODIAGNOSTICS			1,550	3,480		212,336	21
055 MEDICAL SUPPLIES CHAR							
055 30 IMPL. DEV. CHARGED TO							
056 DRUGS CHARGED TO PATI						299,367	
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PAR						685,517	64
059 MH ANCILLARY OUTPATIE							
059 01 INPATIENT RENAL DIALY				7,973			9
059 02 ACUPUNCTURE							
060 OUTPAT SERVICE COST C							
060 CLINIC				2,668		267,708	
061 EMERGENCY				14,128		2,378,007	44
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
066 DURABLE MEDICAL EQUIP						61,830	
071 HOME HEALTH AGENCY							
071 SPEC PURPOSE COST CEN							
093 HOSPICE				4,861		614,380	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0042
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 PREPARED 5/25/2011
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COST CENTER DESCRIPTION	NEW CRC - STORAGE	NEW CRC - DIAGNOSTIC CENT	NEW CAP REL C OSTS-MVBLE	NEW CRC - EQUIPMENT	NEW CRC - HEALTH PAVILION	EMPLOYEE BENEFITS	COMMUNICATIONS
	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)	(NUMBER OF PHONES)
095 SPEC PURPOSE COST CEN	3.06	3.07	4	4.01	4.02	5	5.01
095 SUBTOTALS	11,507	14,062	150,921	435,565	75,282	54,702,779	1,707
096 NONREIMBURS COST CEN				440			
098 GIFT, FLOWER, COFFEE				76,858	4,812	7,170,126	77
100 PHYSICIANS' PRIVATE O				3,492		144,243	37
100 COMMUNITY HEALTH SERV							
100 01 WORK FITNESS				875		136,091	
100 02 MARKETING AND PUBLIC				20,260		562,367	
100 03 MH RESIDENTIAL				11,735	117		
100 04 UNUSED SPACE			3,198	33,162	9,864	494,761	3
100 05 MOB				434		74,508	
100 06 FOUNDATION				2,605		2,008	14
100 07 KNOX COUNTY HEALTH DE						8,888	
100 08 INDUSTRIAL HEALTH				356	30,926	1,808,877	
100 09 NRCC							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	979	336,279		5,459,459	996,301	22,299,519	330,270
104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		23.914024		8.857697		.342518	
105 (WRKSHT B, PT I)	.085079				11.060794		179.689880
105 COST TO BE ALLOCATED							
106 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER						195,767	636
107 (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED							
108 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER						.003007	.346028
108 (WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

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FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/25/2011
WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING & RECEIVING	REGISTRATION	PATIENT ACCOUNTS	RECONCILIATION	ADMINISTRATIVE OPERATION OF PLANT			LAUNDRY & LINEN SERVICE
					(ACCUM. COST)	(SQUARE FEET)	(LBS OF LAUNDRY)	
	(SUPPLIES COST)	(GROSS CHARGES)	(GROSS CHARGES)					
GENERAL SERVICE COST	5.02	5.03	5.04	6a.00	6	8	9	
003 NEW CAP REL COSTS-BLD								
003 01 NEW CRC - CT EAST								
003 02 NEW CRC- CT WEST								
003 03 NEW CRC- MEMORIAL								
003 04 NEW CRC - OUTPATIENT								
003 05 NEW CRD - HEALTH PAVI								
003 06 NEW CRC - STORAGE								
003 07 NEW CRC - DIAGNOSTIC								
004 NEW CAP REL COSTS-MVB								
004 01 NEW CRC - EQUIPMENT								
004 02 NEW CRC - HEALTH PAVI								
005 EMPLOYEE BENEFITS								
005 01 COMMUNICATIONS								
005 02 PURCHASING & RECEIVING	25,821,099							
005 03 REGISTRATION	16,133	296,277,756						
005 04 PATIENT ACCOUNTS	22,003		296,277,756					
006 ADMINISTRATIVE & GENE	262,170			-14,722,149	130,932,838			
008 OPERATION OF PLANT	278,897				6,968,893	460,083		
009 LAUNDRY & LINEN SERVI	75,883				385,670	4,460	1,033,745	
010 HOUSEKEEPING	211,749				2,603,640	5,747	71,691	
011 DIETARY	844,377				2,594,595		12,299	
012 CAFETERIA	232,681				189,673	11,611		
014 NURSING ADMINISTRATIO	53,053				1,936,339	1,155		
015 CENTRAL SERVICES & SU	108,146				686,501	257	7,706	
016 PHARMACY	10,278,395				3,533,758	5,306		
017 MEDICAL RECORDS & LIB	14,887				3,891,263	7,962		
018 SOCIAL SERVICE								
018 01 MENTAL HEALTH OVERHEA	249,408				1,478,879	3,442		
024 PARAMED ED PRGM	1,426				219,242			
024 01 PARAMED ED PRGM-LAB	1,087				40,050			
025 INPAT ROUTINE SRVC CN								
025 ADULTS & PEDIATRICS	468,945	26,136,078	26,136,078		12,674,376	80,688	459,360	
026 INTENSIVE CARE UNIT	141,556	5,255,601	5,255,601		2,704,322	7,486	66,701	
027 CORONARY CARE UNIT								
031 SUBPROVIDER		4,283,323	4,283,323		1,098,193	13,253	21,932	
031 01 REHAB UNIT	69,010	4,171,649	4,171,649		3,311,803	10,994	40,987	
033 NURSERY	23,239	839,161	839,161		462,019		6,186	
037 ANCILLARY SRVC COST C								
037 OPERATING ROOM	4,531,859	18,501,155	18,501,155		5,012,593	18,105	98,279	
038 RECOVERY ROOM	39,403	1,358,250	1,358,250		578,450	800		
038 01 ENDOSCOPY	217,667	7,444,122	7,444,122		1,871,262	12,237	27,601	
039 DELIVERY ROOM & LABOR	90,077	2,933,240	2,933,240		753,119		16,914	
040 ANESTHESIOLOGY	88,485	2,553,116	2,553,116		1,024,001			
041 RADIOLOGY-DIAGNOSTIC	749,617	45,148,184	45,148,184		7,363,140	26,211	57,692	
041 01 RADIOLOGY-MONROE CITY	1,564	176,984	176,984		33,621	568		
041 02 RADIOLOGY-PETERSBURG								
041 03 RADIOLOGY-BICKNELL	2,563	118,255	118,255		80,516			
041 04 RADIOLOGY-MRI	52,904	8,845,978	8,845,978		684,862	760	8,776	
041 05 RADIOLOGY-ULTRASOUND	68,846	2,911,155	2,911,155		561,317	3,043		
041 06 RADIOLOGY-PETERSBURG	1,506	213,466	213,466		71,600	446		
041 07 RADIOLOGY-ORTHOPEDIC								
041 08 RADIOLOGY-GSH BREAST		377,943	377,943		293,948			
042 RADIOLOGY-THERAPEUTIC								
043 RADIOISOTOPE								
044 LABORATORY	2,704,436	32,211,224	32,211,224		5,340,384	8,273		
044 01 LABORATORY-SATELLITE	98,045	5,264,221	5,264,221		642,410			
047 BLOOD STORING, PROCES		2,150,510	2,150,510		1,078,335			
048 INTRAVENOUS THERAPY								
049 RESPIRATORY THERAPY	180,295	3,700,830	3,700,830		2,638,894	4,644		
050 PHYSICAL THERAPY	66,465	10,023,491	10,023,491		3,173,101	8,078	19,140	
051 OCCUPATIONAL THERAPY								
052 SPEECH PATHOLOGY								
053 ELECTROCARDIOLOGY	1,285,643	19,772,525	19,772,525		2,802,459	10,660	30,435	
054 ELECTROENCEPHALOGRAPH								
054 01 NEURODIAGNOSTICS	22,358	2,187,182	2,187,182		424,703	3,480	6,263	
055 MEDICAL SUPPLIES CHAR		5,994,297	5,994,297		5,170,298			
055 30 IMPL. DEV. CHARGED TO		9,750,335	9,750,335		2,866,324			
056 DRUGS CHARGED TO PATI		44,755,896	44,755,896		10,784,832			
057 RENAL DIALYSIS								
058 ASC (NON-DISTINCT PAR	1,151,113	10,392,003	10,392,003		1,562,115		1,111	
059 MH ANCILLARY OUTPATIE								
059 01 INPATIENT RENAL DIALY	4,877	584,955	584,955		318,496	7,973		
059 02 ACUPUNCTURE								
060 OUTPAT SERVICE COST C								
060 CLINIC	5,883	192,718	192,718		438,216	2,668		
061 EMERGENCY	227,679	17,209,652	17,209,652		7,479,935	14,128	75,643	
062 OBSERVATION BEDS (NON								
066 OTHER REIMBURS COST C								
066 DURABLE MEDICAL EQUIP	45,306	820,257	820,257		552,025			
071 HOME HEALTH AGENCY								
093 SPEC PURPOSE COST CEN								
093 HOSPICE	116,662				1,361,602	4,861		

	COST CENTER DESCRIPTION	PURCHASING & RECEIVING	REGISTRATION	PATIENT ACCOUNTS	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
		(SUPPLIES COST)	(GROSS CHARGES)	(GROSS CHARGES)		(ACCUM. COST)	(SQUARE FEET)	(LBS OF LAUNDRY)
	SPEC PURPOSE COST CEN	5.02	5.03	5.04	6a.00	6	8	9
095	SUBTOTALS	25,106,298	296,277,756	296,277,756	-14,722,149	109,741,774	279,296	1,028,716
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE					10,397	440	
098	PHYSICIANS' PRIVATE O	340,339				14,434,970	76,858	4,833
100	COMMUNITY HEALTH SERV	26,348				340,961	3,492	196
100	01 WORK FITNESS					115		
100	02 MARKETING AND PUBLIC	251,849				725,960	875	
100	03 MH RESIDENTIAL					1,068,075	20,260	
100	04 UNUSED SPACE					154,678	11,735	
100	05 MOB	56,902				775,358	33,162	
100	06 FOUNDATION	39,363				413,234	434	
100	07 KNOX COUNTY HEALTH DE					38,197	2,605	
100	08 INDUSTRIAL HEALTH					18,973		
100	09 NRCC					3,210,146	30,926	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	1,014,135	735,561	1,696,750		14,722,149	7,752,475	504,187
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		.002483				16.850166	
	(WRKSHT B, PT I)	.039275		.005727		.112440		.487729
105	COST TO BE ALLOCATED							
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	187,815	39,229	61,964		575,680	1,680,791	76,331
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		.000132				3.653234	
	(WRKSHT B, PT III)	.007274		.000209		.004397		.073839

COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	(TIME SPENT)	(PATIENT DAYS)	(MAN HOURS)	(DIRECT NURSING HOURS)	(SUPPLIES COST)	(COSTED REQUISITE)	(TIME SPENT)
	10	11	12	14	15	16	17
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CRC - CT EAST							
003 02 NEW CRC- CT WEST							
003 03 NEW CRC- MEMORIAL							
003 04 NEW CRC - OUTPATIENT							
003 05 NEW CRD - HEALTH PAVI							
003 06 NEW CRC - STORAGE							
003 07 NEW CRC - DIAGNOSTIC							
004 NEW CAP REL COSTS-MVB							
004 01 NEW CRC - EQUIPMENT							
004 02 NEW CRC - HEALTH PAVI							
005 EMPLOYEE BENEFITS							
005 01 COMMUNICATIONS							
005 02 PURCHASING & RECEIVING							
005 03 REGISTRATION							
005 04 PATIENT ACCOUNTS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	59,961						
011 DIETARY	1,731	35,925					
012 CAFETERIA	401		2,076,157				
014 NURSING ADMINISTRATION			37,396	733,736			
015 CENTRAL SERVICES & SUPPLY	730		29,876		23,716,007		
016 PHARMACY	716		77,058		10,278,395	10,057,399	
017 MEDICAL RECORDS & LIBRARY	782		133,365		14,887		61,723
018 SOCIAL SERVICE							
018 01 MENTAL HEALTH OVERHEAD			101,203		249,408	933	
024 PARAMEDICAL PRGM			6,426		1,426		
024 01 PARAMEDICAL PRGM-LAB			8		1,087		
025 INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	18,984	21,538	342,774	342,774	468,945	23,247	15,934
026 INTENSIVE CARE UNIT	3,615	2,909	66,675	66,675	141,556	5,071	1,317
027 CORONARY CARE UNIT							
031 SUBPROVIDER	1,893	4,545	52,506				1,800
031 01 REHABILITATION UNIT	2,519	5,806	89,572	89,572	69,010	3,400	2,880
033 NURSERY	232	1,127	11,983	11,983	23,239	769	441
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	6,886		73,179	73,179	4,531,859	12,218	1,909
038 RECOVERY ROOM	429		9,945	9,945	39,403	1,759	
038 01 ENDOSCOPY	1,014		32,901		217,667	2,681	2,952
039 DELIVERY ROOM & LABOR	267		15,885	15,885	90,077	1,125	
040 ANESTHESIOLOGY			10,603		88,485	2,704	
041 RADIOLOGY-DIAGNOSTIC	3,368		140,794		749,617	71,187	
041 01 RADIOLOGY-MONROECITY			2,106		1,564		
041 02 RADIOLOGY-PETERSBURG							
041 03 RADIOLOGY-BICKNELL			1,913		2,563		
041 04 RADIOLOGY-MRI			11,946		52,904	202	
041 05 RADIOLOGY-ULTRASOUND	312		8,031		68,846	459	
041 06 RADIOLOGY-PETERSBURG			2,091		1,506		
041 07 RADIOLOGY-ORTHOPEDIC							
041 08 RADIOLOGY-GSH BREAST			6,328				
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	1,340		111,191		2,704,436	3,773	
044 01 LABORATORY-SATELLITE			17,522		98,045		
047 BLOOD STORAGE, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	618		71,369		180,295	4,365	
050 PHYSICAL THERAPY	1,663		69,229		66,465	1,781	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	2,567		57,775		1,285,643	1,038	4,447
054 ELECTROENCEPHALOGRAPH							
054 01 NEURODIAGNOSTICS	762		10,642		22,358	16	1,320
055 MEDICAL SUPPLIES CHARGED TO						858	
055 30 IMPL. DEV. CHARGED TO						9,674,126	
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DIESTINCTION) PAR			30,524		1,151,113	2,076	2,137
059 MH ANCILLARY OUTPATIENT							
059 01 INPATIENT RENAL DIALYSIS					4,877	3,319	
059 02 ACUPUNCTURE							
OUTPATIENT SERVICE COST CENTER							
060 CLINIC			10,137		5,883	27	
061 EMERGENCY	3,149		97,616	97,616	227,679	8,499	26,586
062 OBSERVATION BEDS (NON-OTHER REIMBURSEMENT COST CENTER)							
066 DURABLE MEDICAL EQUIPMENT					45,306		
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTER							
093 HOSPICE	514		26,107	26,107	116,662	92,442	

	COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
		(TIME SPENT)	(PATIENT) DAYS	(MAN) HOURS	(DIRECT) NURSING HOURS	(SUPPLIES) COST	(COSTED) REQUISITE	(TIME) SPENT
		10	11	12	14	15	16	17
095	SPEC PURPOSE COST CENTER SUBTOTALS	54,492	35,925	1,766,676	733,736	23,001,206	9,918,075	61,723
096	NONREIMBURS COST CENTER GIFT, FLOWER, COFFEE							
098	PHYSICIANS' PRIVATE OFFICE	2,556		157,541		340,339	104,426	
100	COMMUNITY HEALTH SERVICES	233		7,298		26,348	18,422	
100	01 WORK FITNESS							
100	02 MARKETING AND PUBLIC AFFAIRS	120		6,721		251,849		
100	03 MH RESIDENTIAL			51,220			567	
100	04 UNUSED SPACE							
100	05 MOBILITY	678				56,902	15,909	
100	06 FOUNDATION			3,947		39,363		
100	07 KNOX COUNTY HEALTH DEPARTMENT	213		192				
100	08 INDUSTRIAL HEALTH	1,669						
100	09 NRCC			82,562				
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	3,028,197	2,979,750	426,899	2,181,212	814,789	4,425,631	4,530,385
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		82.943633		2.972748		.440037	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	50,502,777		.205620		.034356		73.398652
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	138,894	26,197	212,794	37,879	18,177	208,062	291,724
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)		.729214		.051625		.020687	
		2.316406		.102494		.000766		4.726342

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:
15-0042

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/25/2011
WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	SERVICES	MENTAL HEALTH OVERHEAD	PARAMED ED PR GM	PARAMED ED PR GM-LAB
	(TIME SPENT)	(CHARGES)	(ASSIGNED TIME)	(ASSIGNED TIME)	()
	18	18.01	24	24.01	
095 SPEC PURPOSE COST CEN SUBTOTALS		36,598,958	100	100	
096 NONREIMBURS COST CENT					
098 GIFT, FLOWER, COFFEE					
100 PHYSICIANS' PRIVATE O					
100 COMMUNITY HEALTH SERV					
100 01 WORK FITNESS					
100 02 MARKETING AND PUBLIC					
100 03 MH RESIDENTIAL					
100 04 UNUSED SPACE					
100 05 MOB					
100 06 FOUNDATION					
100 07 KNOX COUNTY HEALTH DE					
100 08 INDUSTRIAL HEALTH					
100 09 NRCC		6,923,959			
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED		1,732,951	245,264	44,592	
(PER WRKSHT B, PART					
104 UNIT COST MULTIPLIER		.039817		445.920000	
(WRKSHT B, PT I)			2,452.640000		
105 COST TO BE ALLOCATED					
(PER WRKSHT B, PART					
106 UNIT COST MULTIPLIER					
(WRKSHT B, PT II)					
107 COST TO BE ALLOCATED		84,961	2,229	249	
(PER WRKSHT B, PART					
108 UNIT COST MULTIPLIER		.001952		2.490000	
(WRKSHT B, PT III)			22.290000		

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	21,550,884		21,550,884		21,550,884
26	INTENSIVE CARE UNIT	3,906,597		3,906,597		3,906,597
27	CORONARY CARE UNIT					
31	SUBPROVIDER	2,277,434		2,277,434		2,277,434
31	01 REHAB UNIT	4,998,159		4,998,159		4,998,159
33	NURSERY	693,770		693,770		693,770
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	6,810,758		6,810,758		6,810,758
38	RECOVERY ROOM	712,374		712,374		712,374
38	01 ENDOSCOPY	2,584,630		2,584,630		2,584,630
39	DELIVERY ROOM & LABOR ROO	913,611		913,611		913,611
40	ANESTHESIOLOGY	1,145,550		1,145,550		1,145,550
41	RADIOLOGY-DIAGNOSTIC	9,162,235		9,162,235		9,162,235
41	01 RADIOLOGY-MONROE CITY	47,459		47,459		47,459
41	02 RADIOLOGY-PETERSBURG					
41	03 RADIOLOGY-BICKNELL	90,050		90,050		90,050
41	04 RADIOLOGY-MRI	783,317		783,317		783,317
41	05 RADIOLOGY-ULTRASOUND	695,681		695,681		695,681
41	06 RADIOLOGY-PETERSBURG AMBE	87,648		87,648		87,648
41	07 RADIOLOGY-ORTHOPEDIC ASSO					
41	08 RADIOLOGY-GSH BREAST CENT	328,301		328,301	18,554	346,855
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	6,309,961		6,309,961		6,309,961
44	01 LABORATORY-SATELLITE	721,614		721,614		721,614
47	BLOOD STORING, PROCESSING	1,199,583		1,199,583		1,199,583
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	3,067,864		3,067,864		3,067,864
50	PHYSICAL THERAPY	3,776,623		3,776,623		3,776,623
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	3,824,586		3,824,586		3,824,586
54	ELECTROENCEPHALOGRAPHY					
54	01 NEURODIAGNOSTICS	672,483		672,483		672,483
55	MEDICAL SUPPLIES CHARGED	5,752,024		5,752,024		5,752,024
55	30 IMPL. DEV. CHARGED TO PAT	3,188,613		3,188,613		3,188,613
56	DRUGS CHARGED TO PATIENTS	16,254,454		16,254,454		16,254,454
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)	2,355,670		2,355,670		2,355,670
59	MH ANCILLARY OUTPATIENT					
59	01 INPATIENT RENAL DIALYSIS	490,282		490,282		490,282
59	02 ACUPUNCTURE					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	534,743		534,743		534,743
61	EMERGENCY	11,028,162		11,028,162		11,028,162
62	OBSERVATION BEDS (NON-DIS	2,949,399		2,949,399		2,949,399
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN	615,652		615,652		615,652
101	SUBTOTAL	119,530,171		119,530,171	18,554	119,548,725
102	LESS OBSERVATION BEDS	2,949,399		2,949,399		2,949,399
103	TOTAL	116,580,772		116,580,772	18,554	116,599,326

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	21,026,942		21,026,942			
26	INTENSIVE CARE UNIT	5,255,601		5,255,601			
27	CORONARY CARE UNIT						
31	SUBPROVIDER	4,283,323		4,283,323			
31	01 REHAB UNIT	4,171,649		4,171,649			
33	NURSERY	839,161		839,161			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	11,261,825	7,239,330	18,501,155	.368126	.368126	.368126
38	RECOVERY ROOM	958,688	399,562	1,358,250	.524479	.524479	.524479
38	01 ENDOSCOPY	1,292,636	6,151,486	7,444,122	.347204	.347204	.347204
39	DELIVERY ROOM & LABOR ROO	2,459,446	473,794	2,933,240	.311468	.311468	.311468
40	ANESTHESIOLOGY	1,775,321	777,795	2,553,116	.448687	.448687	.448687
41	RADIOLOGY-DIAGNOSTIC	8,912,698	36,235,486	45,148,184	.202937	.202937	.202937
41	01 RADIOLOGY-MONROE CITY	1,185	175,799	176,984	.268154	.268154	.268154
41	02 RADIOLOGY-PETERSBURG						
41	03 RADIOLOGY-BICKNELL	395	117,860	118,255	.761490	.761490	.761490
41	04 RADIOLOGY-MRI	1,307,539	7,538,439	8,845,978	.088551	.088551	.088551
41	05 RADIOLOGY-ULTRASOUND	278,226	2,632,929	2,911,155	.238971	.238971	.238971
41	06 RADIOLOGY-PETERSBURG AMBE		213,466	213,466	.410595	.410595	.410595
41	07 RADIOLOGY-ORTHOPEDIC ASSO						
41	08 RADIOLOGY-GSH BREAST CENT	31,622	346,321	377,943	.868652	.868652	.917744
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	11,495,860	20,715,364	32,211,224	.195893	.195893	.195893
44	01 LABORATORY-SATELLITE	13,129	5,251,092	5,264,221	.137079	.137079	.137079
47	BLOOD STORING, PROCESSING	1,422,171	728,339	2,150,510	.557813	.557813	.557813
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	2,675,667	1,025,163	3,700,830	.828966	.828966	.828966
50	PHYSICAL THERAPY	6,737,309	3,286,182	10,023,491	.376777	.376777	.376777
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	7,032,157	12,740,368	19,772,525	.193429	.193429	.193429
54	ELECTROENCEPHALOGRAPHY						
54	01 NEURODIAGNOSTICS	200,889	1,986,293	2,187,182	.307465	.307465	.307465
55	MEDICAL SUPPLIES CHARGED	5,035,452	958,845	5,994,297	.959583	.959583	.959583
55	30 IMPL. DEV. CHARGED TO PAT	7,897,859	1,852,476	9,750,335	.327026	.327026	.327026
56	DRUGS CHARGED TO PATIENTS	14,623,263	30,132,633	44,755,896	.363180	.363180	.363180
57	RENAL DIALYSIS						
58	ASC (NON-DI STINCT PART)	16,454	10,375,549	10,392,003	.226681	.226681	.226681
59	MH ANCILLARY OUTPATIENT						
59	01 INPATIENT RENAL DIALYSIS	582,169	2,786	584,955	.838153	.838153	.838153
59	02 ACUPUNCTURE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		192,718	192,718	2.774743	2.774743	2.774743
61	EMERGENCY	3,155,076	14,054,576	17,209,652	.640813	.640813	.640813
62	OBSERVATION BEDS (NON-DIS	2,193,511	2,915,625	5,109,136	.577279	.577279	.577279
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN	44,536	775,721	820,257	.750560	.750560	.750560
101	SUBTOTAL	126,981,759	169,295,997	296,277,756			
102	LESS OBSERVATION BEDS						
103	TOTAL	126,981,759	169,295,997	296,277,756			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
15-0042

PERIOD:
FROM 1/1/2010
TO 12/31/2010

PREPARED 5/25/2011
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	21,550,884		21,550,884		21,550,884
26	INTENSIVE CARE UNIT	3,906,597		3,906,597		3,906,597
27	CORONARY CARE UNIT					
31	SUBPROVIDER	2,277,434		2,277,434		2,277,434
31	01 REHAB UNIT	4,998,159		4,998,159		4,998,159
33	NURSERY	693,770		693,770		693,770
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	6,810,758		6,810,758		6,810,758
38	RECOVERY ROOM	712,374		712,374		712,374
38	01 ENDOSCOPY	2,584,630		2,584,630		2,584,630
39	DELIVERY ROOM & LABOR ROO	913,611		913,611		913,611
40	ANESTHESIOLOGY	1,145,550		1,145,550		1,145,550
41	RADIOLOGY-DIAGNOSTIC	9,162,235		9,162,235		9,162,235
41	01 RADIOLOGY-MONROE CITY	47,459		47,459		47,459
41	02 RADIOLOGY-PETERSBURG					
41	03 RADIOLOGY-BICKNELL	90,050		90,050		90,050
41	04 RADIOLOGY-MRI	783,317		783,317		783,317
41	05 RADIOLOGY-ULTRASOUND	695,681		695,681		695,681
41	06 RADIOLOGY-PETERSBURG AMBE	87,648		87,648		87,648
41	07 RADIOLOGY-ORTHOPEDIC ASSO					
41	08 RADIOLOGY-GSH BREAST CENT	328,301		328,301	18,554	346,855
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	6,309,961		6,309,961		6,309,961
44	01 LABORATORY-SATELLITE	721,614		721,614		721,614
47	BLOOD STORING, PROCESSING	1,199,583		1,199,583		1,199,583
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	3,067,864		3,067,864		3,067,864
50	PHYSICAL THERAPY	3,776,623		3,776,623		3,776,623
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	3,824,586		3,824,586		3,824,586
54	ELECTROENCEPHALOGRAPHY					
54	01 NEURODIAGNOSTICS	672,483		672,483		672,483
55	MEDICAL SUPPLIES CHARGED	5,752,024		5,752,024		5,752,024
55	30 IMPL. DEV. CHARGED TO PAT	3,188,613		3,188,613		3,188,613
56	DRUGS CHARGED TO PATIENTS	16,254,454		16,254,454		16,254,454
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)	2,355,670		2,355,670		2,355,670
59	MH ANCILLARY OUTPATIENT					
59	01 INPATIENT RENAL DIALYSIS	490,282		490,282		490,282
59	02 ACUPUNCTURE					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	534,743		534,743		534,743
61	EMERGENCY	11,028,162		11,028,162		11,028,162
62	OBSERVATION BEDS (NON-DIS	2,949,399		2,949,399		2,949,399
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN	615,652		615,652		615,652
101	SUBTOTAL	119,530,171		119,530,171	18,554	119,548,725
102	LESS OBSERVATION BEDS	2,949,399		2,949,399		2,949,399
103	TOTAL	116,580,772		116,580,772	18,554	116,599,326

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	21,026,942		21,026,942			
26	INTENSIVE CARE UNIT	5,255,601		5,255,601			
27	CORONARY CARE UNIT						
31	SUBPROVIDER	4,283,323		4,283,323			
31	01 REHAB UNIT	4,171,649		4,171,649			
33	NURSERY	839,161		839,161			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	11,261,825	7,239,330	18,501,155	.368126	.368126	.368126
38	RECOVERY ROOM	958,688	399,562	1,358,250	.524479	.524479	.524479
38	01 ENDOSCOPY	1,292,636	6,151,486	7,444,122	.347204	.347204	.347204
39	DELIVERY ROOM & LABOR ROO	2,459,446	473,794	2,933,240	.311468	.311468	.311468
40	ANESTHESIOLOGY	1,775,321	777,795	2,553,116	.448687	.448687	.448687
41	RADIOLOGY-DIAGNOSTIC	8,912,698	36,235,486	45,148,184	.202937	.202937	.202937
41	01 RADIOLOGY-MONROE CITY	1,185	175,799	176,984	.268154	.268154	.268154
41	02 RADIOLOGY-PETERSBURG						
41	03 RADIOLOGY-BICKNELL	395	117,860	118,255	.761490	.761490	.761490
41	04 RADIOLOGY-MRI	1,307,539	7,538,439	8,845,978	.088551	.088551	.088551
41	05 RADIOLOGY-ULTRASOUND	278,226	2,632,929	2,911,155	.238971	.238971	.238971
41	06 RADIOLOGY-PETERSBURG AMBE		213,466	213,466	.410595	.410595	.410595
41	07 RADIOLOGY-ORTHOPEDIC ASSO						
41	08 RADIOLOGY-GSH BREAST CENT	31,622	346,321	377,943	.868652	.868652	.917744
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	11,495,860	20,715,364	32,211,224	.195893	.195893	.195893
44	01 LABORATORY-SATELLITE	13,129	5,251,092	5,264,221	.137079	.137079	.137079
47	BLOOD STORING, PROCESSING	1,422,171	728,339	2,150,510	.557813	.557813	.557813
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	2,675,667	1,025,163	3,700,830	.828966	.828966	.828966
50	PHYSICAL THERAPY	6,737,309	3,286,182	10,023,491	.376777	.376777	.376777
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	7,032,157	12,740,368	19,772,525	.193429	.193429	.193429
54	ELECTROENCEPHALOGRAPHY						
54	01 NEURODIAGNOSTICS	200,889	1,986,293	2,187,182	.307465	.307465	.307465
55	MEDICAL SUPPLIES CHARGED	5,035,452	958,845	5,994,297	.959583	.959583	.959583
55	30 IMPL. DEV. CHARGED TO PAT	7,897,859	1,852,476	9,750,335	.327026	.327026	.327026
56	DRUGS CHARGED TO PATIENTS	14,623,263	30,132,633	44,755,896	.363180	.363180	.363180
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)	16,454	10,375,549	10,392,003	.226681	.226681	.226681
59	MH ANCILLARY OUTPATIENT						
59	01 INPATIENT RENAL DIALYSIS	582,169	2,786	584,955	.838153	.838153	.838153
59	02 ACUPUNCTURE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		192,718	192,718	2.774743	2.774743	2.774743
61	EMERGENCY	3,155,076	14,054,576	17,209,652	.640813	.640813	.640813
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,193,511	2,915,625	5,109,136	.577279	.577279	.577279
66	DURABLE MEDICAL EQUIP-REN	44,536	775,721	820,257	.750560	.750560	.750560
101	SUBTOTAL	126,981,759	169,295,997	296,277,756			
102	LESS OBSERVATION BEDS						
103	TOTAL	126,981,759	169,295,997	296,277,756			

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	6,810,758	435,341	6,375,417			6,810,758
38	RECOVERY ROOM	712,374	21,225	691,149			712,374
38	01 ENDOSCOPY	2,584,630	491,748	2,092,882			2,584,630
39	DELIVERY ROOM & LABOR ROO	913,611	10,816	902,795			913,611
40	ANESTHESIOLOGY	1,145,550	12,341	1,133,209			1,145,550
41	RADIOLOGY-DIAGNOSTIC	9,162,235	759,587	8,402,648			9,162,235
41	01 RADIOLOGY-MONROE CITY	47,459	5,137	42,322			47,459
41	02 RADIOLOGY-PETERSBURG						
41	03 RADIOLOGY-BICKNELL	90,050	737	89,313			90,050
41	04 RADIOLOGY-MRI	783,317	20,274	763,043			783,317
41	05 RADIOLOGY-ULTRASOUND	695,681	119,664	576,017			695,681
41	06 RADIOLOGY-PETERSBURG AMBE	87,648	6,328	81,320			87,648
41	07 RADIOLOGY-ORTHOPEDIC ASSO						
41	08 RADIOLOGY-GSH BREAST CENT	328,301	3,031	325,270			328,301
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	6,309,961	228,887	6,081,074			6,309,961
44	01 LABORATORY-SATELLITE	721,614	8,038	713,576			721,614
47	BLOOD STORING, PROCESSING	1,199,583	5,474	1,194,109			1,199,583
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	3,067,864	147,541	2,920,323			3,067,864
50	PHYSICAL THERAPY	3,776,623	239,455	3,537,168			3,776,623
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,824,586	457,058	3,367,528			3,824,586
54	ELECTROENCEPHALOGRAPHY						
54	01 NEURODIAGNOSTICS	672,483	93,067	579,416			672,483
55	MEDICAL SUPPLIES CHARGED	5,752,024	24,796	5,727,228			5,752,024
55	30 IMPL. DEV. CHARGED TO PAT	3,188,613	15,928	3,172,685			3,188,613
56	DRUGS CHARGED TO PATIENTS	16,254,454	263,718	15,990,736			16,254,454
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)	2,355,670	55,390	2,300,280			2,355,670
59	MH ANCILLARY OUTPATIENT						
59	01 INPATIENT RENAL DIALYSIS	490,282	119,193	371,089			490,282
59	02 ACUPUNCTURE						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	534,743	42,443	492,300			534,743
61	EMERGENCY	11,028,162	586,979	10,441,183			11,028,162
62	OBSERVATION BEDS (NON-DIS	2,949,399	303,626	2,645,773			2,949,399
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN	615,652	3,257	612,395			615,652
101	SUBTOTAL	86,103,327	4,481,079	81,622,248			86,103,327
102	LESS OBSERVATION BEDS	2,949,399	303,626	2,645,773			2,949,399
103	TOTAL	83,153,928	4,177,453	78,976,475			83,153,928

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	18,501,155	.368126	.368126
38	RECOVERY ROOM	1,358,250	.524479	.524479
38	01 ENDOSCOPY	7,444,122	.347204	.347204
39	DELIVERY ROOM & LABOR ROO	2,933,240	.311468	.311468
40	ANESTHESIOLOGY	2,553,116	.448687	.448687
41	RADIOLOGY-DIAGNOSTIC	45,148,184	.202937	.202937
41	01 RADIOLOGY-MONROE CITY	176,984	.268154	.268154
41	02 RADIOLOGY-PETERSBURG			
41	03 RADIOLOGY-BICKNELL	118,255	.761490	.761490
41	04 RADIOLOGY-MRI	8,845,978	.088551	.088551
41	05 RADIOLOGY-ULTRASOUND	2,911,155	.238971	.238971
41	06 RADIOLOGY-PETERSBURG AMBE	213,466	.410595	.410595
41	07 RADIOLOGY-ORTHOPEDIC ASSO			
41	08 RADIOLOGY-GSH BREAST CENT	377,943	.868652	.868652
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	32,211,224	.195893	.195893
44	01 LABORATORY-SATELLITE	5,264,221	.137079	.137079
47	BLOOD STORING, PROCESSING	2,150,510	.557813	.557813
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	3,700,830	.828966	.828966
50	PHYSICAL THERAPY	10,023,491	.376777	.376777
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	19,772,525	.193429	.193429
54	ELECTROENCEPHALOGRAPHY			
54	01 NEURODIAGNOSTICS	2,187,182	.307465	.307465
55	MEDICAL SUPPLIES CHARGED	5,994,297	.959583	.959583
55	30 IMPL. DEV. CHARGED TO PAT	9,750,335	.327026	.327026
56	DRUGS CHARGED TO PATIENTS	44,755,896	.363180	.363180
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)	10,392,003	.226681	.226681
59	MH ANCILLARY OUTPATIENT			
59	01 INPATIENT RENAL DIALYSIS	584,955	.838153	.838153
59	02 ACUPUNCTURE			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	192,718	2.774743	2.774743
61	EMERGENCY	17,209,652	.640813	.640813
62	OBSERVATION BEDS (NON-DIS	5,109,136	.577279	.577279
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN	820,257	.750560	.750560
101	SUBTOTAL	260,701,080		
102	LESS OBSERVATION BEDS	5,109,136		
103	TOTAL	255,591,944		

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	6,810,758	435,341	6,375,417	43,534	369,774	6,397,450
38	RECOVERY ROOM	712,374	21,225	691,149	2,123	40,087	670,164
38	01 ENDOSCOPY	2,584,630	491,748	2,092,882	49,175	121,387	2,414,068
39	DELIVERY ROOM & LABOR ROO	913,611	10,816	902,795	1,082	52,362	860,167
40	ANESTHESIOLOGY	1,145,550	12,341	1,133,209	1,234	65,726	1,078,590
41	RADIOLOGY-DIAGNOSTIC	9,162,235	759,587	8,402,648	75,959	487,354	8,598,922
41	01 RADIOLOGY-MONROE CITY	47,459	5,137	42,322	514	2,455	44,490
41	02 RADIOLOGY-PETERSBURG						
41	03 RADIOLOGY-BICKNELL	90,050	737	89,313	74	5,180	84,796
41	04 RADIOLOGY-MRI	783,317	20,274	763,043	2,027	44,256	737,034
41	05 RADIOLOGY-ULTRASOUND	695,681	119,664	576,017	11,966	33,409	650,306
41	06 RADIOLOGY-PETERSBURG AMBE	87,648	6,328	81,320	633	4,717	82,298
41	07 RADIOLOGY-ORTHOPEDIC ASSO						
41	08 RADIOLOGY-GSH BREAST CENT	328,301	3,031	325,270	303	18,866	309,132
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	6,309,961	228,887	6,081,074	22,889	352,702	5,934,370
44	01 LABORATORY-SATELLITE	721,614	8,038	713,576	804	41,387	679,423
47	BLOOD STORING, PROCESSING	1,199,583	5,474	1,194,109	547	69,258	1,129,778
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	3,067,864	147,541	2,920,323	14,754	169,379	2,883,731
50	PHYSICAL THERAPY	3,776,623	239,455	3,537,168	23,946	205,156	3,547,521
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,824,586	457,058	3,367,528	45,706	195,317	3,583,563
54	ELECTROENCEPHALOGRAPHY						
54	01 NEURODIAGNOSTICS	672,483	93,067	579,416	9,307	33,606	629,570
55	MEDICAL SUPPLIES CHARGED	5,752,024	24,796	5,727,228	2,480	332,179	5,417,365
55	30 IMPL. DEV. CHARGED TO PAT	3,188,613	15,928	3,172,685	1,593	184,016	3,003,004
56	DRUGS CHARGED TO PATIENTS	16,254,454	263,718	15,990,736	26,372	927,463	15,300,619
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)	2,355,670	55,390	2,300,280	5,539	133,416	2,216,715
59	MH ANCILLARY OUTPATIENT						
59	01 INPATIENT RENAL DIALYSIS	490,282	119,193	371,089	11,919	21,523	456,840
59	02 ACUPUNCTURE						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC	534,743	42,443	492,300	4,244	28,553	501,946
61	EMERGENCY	11,028,162	586,979	10,441,183	58,698	605,589	10,363,875
62	OBSERVATION BEDS (NON-DIS	2,949,399	303,626	2,645,773	30,363	153,455	2,765,581
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN	615,652	3,257	612,395	326	35,519	579,807
101	SUBTOTAL	86,103,327	4,481,079	81,622,248	448,111	4,734,091	80,921,125
102	LESS OBSERVATION BEDS	2,949,399	303,626	2,645,773	30,363	153,455	2,765,581
103	TOTAL	83,153,928	4,177,453	78,976,475	417,748	4,580,636	78,155,544

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	18,501,155	.345787	.365773
38	RECOVERY ROOM	1,358,250	.493403	.522916
38	01 ENDOSCOPY	7,444,122	.324292	.340598
39	DELIVERY ROOM & LABOR ROO	2,933,240	.293248	.311099
40	ANESTHESIOLOGY	2,553,116	.422460	.448204
41	RADIOLOGY-DIAGNOSTIC	45,148,184	.190460	.201255
41	01 RADIOLOGY-MONROE CITY	176,984	.251379	.265250
41	02 RADIOLOGY-PETERSBURG			
41	03 RADIOLOGY-BICKNELL	118,255	.717061	.760864
41	04 RADIOLOGY-MRI	8,845,978	.083319	.088321
41	05 RADIOLOGY-ULTRASOUND	2,911,155	.223384	.234860
41	06 RADIOLOGY-PETERSBURG AMBE	213,466	.385532	.407629
41	07 RADIOLOGY-ORTHOPEDIC ASSO			
41	08 RADIOLOGY-GSH BREAST CENT	377,943	.817933	.867850
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	32,211,224	.184233	.195183
44	01 LABORATORY-SATELLITE	5,264,221	.129064	.136926
47	BLOOD STORING, PROCESSING	2,150,510	.525354	.557559
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	3,700,830	.779212	.824980
50	PHYSICAL THERAPY	10,023,491	.353921	.374388
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	19,772,525	.181240	.191118
54	ELECTROENCEPHALOGRAPHY			
54	01 NEURODIAGNOSTICS	2,187,182	.287845	.303210
55	MEDICAL SUPPLIES CHARGED	5,994,297	.903753	.959169
55	30 IMPL. DEV. CHARGED TO PAT	9,750,335	.307990	.326863
56	DRUGS CHARGED TO PATIENTS	44,755,896	.341868	.362591
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)	10,392,003	.213310	.226148
59	MH ANCILLARY OUTPATIENT			
59	01 INPATIENT RENAL DIALYSIS	584,955	.780983	.817777
59	02 ACUPUNCTURE			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	192,718	2.604562	2.752722
61	EMERGENCY	17,209,652	.602213	.637402
62	OBSERVATION BEDS (NON-DIS	5,109,136	.541301	.571337
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN	820,257	.706860	.750162
101	SUBTOTAL	260,701,080		
102	LESS OBSERVATION BEDS	5,109,136		
103	TOTAL	255,591,944		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				2,218,559		2,218,559
26	INTENSIVE CARE UNIT				257,673		257,673
27	CORONARY CARE UNIT						
31	SUBPROVIDER				275,669		275,669
31 01	REHAB UNIT				243,654		243,654
33	NURSERY				9,222		9,222
101	TOTAL				3,004,777		3,004,777

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	24,953	13,793			88.91	1,226,336
26	INTENSIVE CARE UNIT	2,909	1,855			88.58	164,316
27	CORONARY CARE UNIT						
31	SUBPROVIDER	4,545	1,546			60.65	93,765
31 01	REHAB UNIT	5,806	4,754			41.97	199,525
33	NURSERY	1,127				8.18	
101	TOTAL	39,340	21,948				1,683,942

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0042
 COMPONENT NO: 15-0042
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/25/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

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	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		435,341	18,501,155	6,837,435		
38	RECOVERY ROOM		21,225	1,358,250	328,271		
38	01 ENDOSCOPY		491,748	7,444,122	715,913		
39	DELIVERY ROOM & LABOR ROO		10,816	2,933,240	5,274		
40	ANESTHESIOLOGY		12,341	2,553,116	886,565		
41	RADIOLOGY-DIAGNOSTIC		759,587	45,148,184	5,347,284		
41	01 RADIOLOGY-MONROE CITY		5,137	176,984			
41	02 RADIOLOGY-PETERSBURG						
41	03 RADIOLOGY-BICKNELL		737	118,255			
41	04 RADIOLOGY-MRI		20,274	8,845,978	769,966		
41	05 RADIOLOGY-ULTRASOUND		119,664	2,911,155	191,352		
41	06 RADIOLOGY-PETERSBURG AMBE		6,328	213,466			
41	07 RADIOLOGY-ORTHOPEDIC ASSO						
41	08 RADIOLOGY-GSH BREAST CENT		3,031	377,943			
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY		228,887	32,211,224	7,398,087		
44	01 LABORATORY-SATELLITE		8,038	5,264,221			
47	BLOOD STORING, PROCESSING		5,474	2,150,510	1,422,171		
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		147,541	3,700,830	1,518,645		
50	PHYSICAL THERAPY		239,455	10,023,491	2,232,236		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		457,058	19,772,525	4,363,757		
54	ELECTROENCEPHALOGRAPHY						
54	01 NEURODIAGNOSTICS		93,067	2,187,182	135,215		
55	MEDICAL SUPPLIES CHARGED		24,796	5,994,297	2,500,444		
55	30 IMPL. DEV. CHARGED TO PAT		15,928	9,750,335	3,841,145		
56	DRUGS CHARGED TO PATIENTS		263,718	44,755,896	7,829,500		
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)		55,390	10,392,003			
59	MH ANCILLARY OUTPATIENT						
59	01 INPATIENT RENAL DIALYSIS		119,193	584,955	498,624		
59	02 ACUPUNCTURE						
60	OUTPAT SERVICE COST CNTRS CLINIC		42,443	192,718			
61	EMERGENCY		586,979	17,209,652	1,784,369		
62	OBSERVATION BEDS (NON-DIS)		303,626	5,109,136	799,926		
66	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN		3,257	820,257			
101	TOTAL		4,481,079	260,701,080	49,406,179		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0042
 COMPONENT NO: 15-0042
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/25/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.023530	160,885
38	RECOVERY ROOM	.015627	5,130
38	01 ENDOSCOPY	.066059	47,292
39	DELIVERY ROOM & LABOR ROO	.003687	19
40	ANESTHESIOLOGY	.004834	4,286
41	RADIOLOGY-DIAGNOSTIC	.016824	89,963
41	01 RADIOLOGY-MONROE CITY	.029025	
41	02 RADIOLOGY-PETERSBURG		
41	03 RADIOLOGY-BICKNELL	.006232	
41	04 RADIOLOGY-MRI	.002292	1,765
41	05 RADIOLOGY-ULTRASOUND	.041105	7,866
41	06 RADIOLOGY-PETERSBURG AMBE	.029644	
41	07 RADIOLOGY-ORTHOPEDIC ASSO		
41	08 RADIOLOGY-GSH BREAST CENT	.008020	
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE		
44	LABORATORY	.007106	52,571
44	01 LABORATORY-SATELLITE	.001527	
47	BLOOD STORING, PROCESSING	.002545	3,619
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.039867	60,544
50	PHYSICAL THERAPY	.023889	53,326
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.023116	100,873
54	ELECTROENCEPHALOGRAPHY		
54	01 NEURODIAGNOSTICS	.042551	5,754
55	MEDICAL SUPPLIES CHARGED	.004137	10,344
55	30 IMPL. DEV. CHARGED TO PAT	.001634	6,276
56	DRUGS CHARGED TO PATIENTS	.005892	46,131
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)	.005330	
59	MH ANCILLARY OUTPATIENT		
59	01 INPATIENT RENAL DIALYSIS	.203764	101,602
59	02 ACUPUNCTURE		
60	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.220234	
61	EMERGENCY	.034108	60,861
62	OBSERVATION BEDS (NON-DIS	.059428	47,538
	OTHER REIMBURS COST CNTRS		
66	DURABLE MEDICAL EQUIP-REN	.003971	
101	TOTAL		866,645

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS						
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
31	SUBPROVIDER						
31 01	REHAB UNIT						
33	NURSERY						
101	TOTAL						

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

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2010	5/25/2011
	TO 12/31/2010	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	24,953		13,793	
26	INTENSIVE CARE UNIT	2,909		1,855	
27	CORONARY CARE UNIT				
31	SUBPROVIDER	4,545		1,546	
31 01	REHAB UNIT	5,806		4,754	
33	NURSERY	1,127			
101	TOTAL	39,340		21,948	

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						
38	OPERATING ROOM						
38	01 RECOVERY ROOM						
39	01 ENDOSCOPY						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	01 RADIOLOGY-DIAGNOSTIC				245,264		
41	02 RADIOLOGY-MONROE CITY						
41	03 RADIOLOGY-PETERSBURG						
41	04 RADIOLOGY-BICKNELL						
41	05 RADIOLOGY-MRI						
41	06 RADIOLOGY-ULTRASOUND						
41	07 RADIOLOGY-PETERSBURG AMBE						
41	08 RADIOLOGY-ORTHOPEDIC ASSO						
42	08 RADIOLOGY-GSH BREAST CENT						
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
44	LABORATORY				44,592		
44	01 LABORATORY-SATELLITE						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 NEURODIAGNOSTICS						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	MH ANCILLARY OUTPATIENT						
59	01 INPATIENT RENAL DIALYSIS						
59	02 ACUPUNCTURE						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
66	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL				289,856		

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			18,501,155			6,837,435	
38	OPERATING ROOM			1,358,250			328,271	
38	01 ENDOSCOPY			7,444,122			715,913	
39	DELIVERY ROOM & LABOR ROO			2,933,240			5,274	
40	ANESTHESIOLOGY			2,553,116			886,565	
41	RADIOLOGY-DIAGNOSTIC	245,264	245,264	45,148,184	.005432	.005432	5,347,284	29,046
41	01 RADIOLOGY-MONROE CITY			176,984				
41	02 RADIOLOGY-PETERSBURG							
41	03 RADIOLOGY-BICKNELL			118,255				
41	04 RADIOLOGY-MRI			8,845,978			769,966	
41	05 RADIOLOGY-ULTRASOUND			2,911,155			191,352	
41	06 RADIOLOGY-PETERSBURG AMBE			213,466				
41	07 RADIOLOGY-ORTHOPEDIC ASSO							
41	08 RADIOLOGY-GSH BREAST CENT			377,943				
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY	44,592	44,592	32,211,224	.001384	.001384	7,398,087	10,239
44	01 LABORATORY-SATELLITE			5,264,221				
47	BLOOD STORING, PROCESSING			2,150,510			1,422,171	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			3,700,830			1,518,645	
50	PHYSICAL THERAPY			10,023,491			2,232,236	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			19,772,525			4,363,757	
54	ELECTROENCEPHALOGRAPHY							
54	01 NEURODIAGNOSTICS			2,187,182			135,215	
55	MEDICAL SUPPLIES CHARGED			5,994,297			2,500,444	
55	30 IMPL. DEV. CHARGED TO PAT			9,750,335			3,841,145	
56	DRUGS CHARGED TO PATIENTS			44,755,896			7,829,500	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)			10,392,003				
59	MH ANCILLARY OUTPATIENT							
59	01 INPATIENT RENAL DIALYSIS			584,955			498,624	
59	02 ACUPUNCTURE							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			192,718				
61	EMERGENCY			17,209,652			1,784,369	
62	OBSERVATION BEDS (NON-DIS			5,109,136			799,926	
66	OTHER REIMBURS COST CNTRS							
66	DURABLE MEDICAL EQUIP-REN			820,257				
101	TOTAL	289,856	289,856	260,701,080			49,406,179	39,285

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,978,176					
38	RECOVERY ROOM	254,747					
38	01 ENDOSCOPY	3,011,635					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	548,143					
41	RADIOLOGY-DIAGNOSTIC	12,939,322			70,286		
41	01 RADIOLOGY-MONROE CITY						
41	02 RADIOLOGY-PETERSBURG						
41	03 RADIOLOGY-BICKNELL						
41	04 RADIOLOGY-MRI	2,651,701					
41	05 RADIOLOGY-ULTRASOUND	552,851					
41	06 RADIOLOGY-PETERSBURG AMBE						
41	07 RADIOLOGY-ORTHOPEDIC ASSO						
41	08 RADIOLOGY-GSH BREAST CENT						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	576,171			797		
44	01 LABORATORY-SATELLITE						
47	BLOOD STORING, PROCESSING	320,481					
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	521,205					
50	PHYSICAL THERAPY	10,379					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	5,327,475					
54	ELECTROENCEPHALOGRAPHY						
54	01 NEURODIAGNOSTICS	683,579					
55	MEDICAL SUPPLIES CHARGED	654,039					
55	30 IMPL. DEV. CHARGED TO PAT	1,446,082					
56	DRUGS CHARGED TO PATIENTS	14,040,414					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	MH ANCILLARY OUTPATIENT						
59	01 INPATIENT RENAL DIALYSIS	264					
59	02 ACUPUNCTURE						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY	2,874,078					
62	OBSERVATION BEDS (NON-DIS	1,185,205					
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL	52,575,947			71,083		

TITLE XVIII, PART B		HOSPITAL				
		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center	Description	5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		4,978,176			
38	RECOVERY ROOM		254,747			
38 01	ENDOSCOPY		3,011,635			
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY		548,143			
41	RADIOLOGY-DIAGNOSTIC		12,939,322			
41 01	RADIOLOGY-MONROE CITY					
41 02	RADIOLOGY-PETERSBURG					
41 03	RADIOLOGY-BICKNELL					
41 04	RADIOLOGY-MRI		2,651,701			
41 05	RADIOLOGY-ULTRASOUND		552,851			
41 06	RADIOLOGY-PETERSBURG AMBER MANOR					
41 07	RADIOLOGY-ORTHOPEDIC ASSOCIATES					
41 08	RADIOLOGY-GSH BREAST CENTER					
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY		576,171			
44 01	LABORATORY-SATELLITE					
47	BLOOD STORING, PROCESSING & TRANS.		320,481			
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY		521,205			
50	PHYSICAL THERAPY		10,379			
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		5,327,475			
54	ELECTROENCEPHALOGRAPHY					
54 01	NEURODIAGNOSTICS		683,579			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		654,039			
55 30	IMPL. DEV. CHARGED TO PATIENT		1,446,082			
56	DRUGS CHARGED TO PATIENTS		14,040,414			
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	MH ANCILLARY OUTPATIENT					
59 01	INPATIENT RENAL DIALYSIS		264			
59 02	ACUPUNCTURE					
60	OUTPAT SERVICE COST CNTRS					
61	CLINIC					
61	EMERGENCY		2,874,078			
62	OBSERVATION BEDS (NON-DISTINCT PART)		1,185,205			
62	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-RENTED					
101	SUBTOTAL		52,575,947			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES		52,575,947			

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

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,832,596	
38 RECOVERY ROOM				133,609	
38 01 ENDOSCOPY				1,045,652	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				245,945	
41 RADIOLOGY-DIAGNOSTIC				2,625,867	
41 01 RADIOLOGY-MONROE CITY					
41 02 RADIOLOGY-PETERSBURG					
41 03 RADIOLOGY-BICKNELL					
41 04 RADIOLOGY-MRI				234,811	
41 05 RADIOLOGY-ULTRASOUND				132,115	
41 06 RADIOLOGY-PETERSBURG AMBER MANOR					
41 07 RADIOLOGY-ORTHOPEDIC ASSOCIATES					
41 08 RADIOLOGY-GSH BREAST CENTER					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY				112,868	
44 01 LABORATORY-SATELLITE					
47 BLOOD STORING, PROCESSING & TRANS.				178,768	
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY				432,061	
50 PHYSICAL THERAPY				3,911	
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				1,030,488	
54 ELECTROENCEPHALOGRAPHY					
54 01 NEURODIAGNOSTICS				210,177	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				627,605	
55 30 IMPL. DEV. CHARGED TO PATIENT				472,906	
56 DRUGS CHARGED TO PATIENTS				5,099,198	
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 MH ANCILLARY OUTPATIENT					
59 01 INPATIENT RENAL DIALYSIS				221	
59 02 ACUPUNCTURE					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY				1,841,747	
62 OBSERVATION BEDS (NON-DISTINCT PART)				684,194	
62 OTHER REIMBURS COST CNTRS					
66 DURABLE MEDICAL EQUIP-RENTED					
101 SUBTOTAL				16,944,739	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				16,944,739	

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0042
 COMPONENT NO: 15-S042
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/25/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		435,341	18,501,155			
38	RECOVERY ROOM		21,225	1,358,250			
38	01 ENDOSCOPY		491,748	7,444,122			
39	DELIVERY ROOM & LABOR ROO		10,816	2,933,240			
40	ANESTHESIOLOGY		12,341	2,553,116			
41	RADIOLOGY-DIAGNOSTIC		759,587	45,148,184	42,423		
41	01 RADIOLOGY-MONROE CITY		5,137	176,984			
41	02 RADIOLOGY-PETERSBURG						
41	03 RADIOLOGY-BICKNELL		737	118,255			
41	04 RADIOLOGY-MRI		20,274	8,845,978			
41	05 RADIOLOGY-ULTRASOUND		119,664	2,911,155	468		
41	06 RADIOLOGY-PETERSBURG AMBE		6,328	213,466			
41	07 RADIOLOGY-ORTHOPEDIC ASSO						
41	08 RADIOLOGY-GSH BREAST CENT		3,031	377,943			
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY		228,887	32,211,224	102,826		
44	01 LABORATORY-SATELLITE		8,038	5,264,221			
47	BLOOD STORING, PROCESSING		5,474	2,150,510			
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		147,541	3,700,830	14,166		
50	PHYSICAL THERAPY		239,455	10,023,491	8,416		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		457,058	19,772,525	12,280		
54	ELECTROENCEPHALOGRAPHY						
54	01 NEURODIAGNOSTICS		93,067	2,187,182			
55	MEDICAL SUPPLIES CHARGED		24,796	5,994,297	3,994		
55	30 IMPL. DEV. CHARGED TO PAT		15,928	9,750,335			
56	DRUGS CHARGED TO PATIENTS		263,718	44,755,896	71,253		
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)		55,390	10,392,003			
59	MH ANCILLARY OUTPATIENT						
59	01 INPATIENT RENAL DIALYSIS		119,193	584,955			
59	02 ACUPUNCTURE						
60	OUTPAT SERVICE COST CNTRS CLINIC		42,443	192,718			
61	EMERGENCY		586,979	17,209,652	63,077		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		303,626	5,109,136			
66	DURABLE MEDICAL EQUIP-REN		3,257	820,257			
101	TOTAL		4,481,079	260,701,080	318,903		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0042
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 15-S042
 PREPARED 5/25/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.023530	
38	RECOVERY ROOM	.015627	
38	01 ENDOSCOPY	.066059	
39	DELIVERY ROOM & LABOR ROO	.003687	
40	ANESTHESIOLOGY	.004834	
41	RADIOLOGY-DIAGNOSTIC	.016824	714
41	01 RADIOLOGY-MONROE CITY	.029025	
41	02 RADIOLOGY-PETERSBURG		
41	03 RADIOLOGY-BICKNELL	.006232	
41	04 RADIOLOGY-MRI	.002292	
41	05 RADIOLOGY-ULTRASOUND	.041105	19
41	06 RADIOLOGY-PETERSBURG AMBE	.029644	
41	07 RADIOLOGY-ORTHOPEDIC ASSO		
41	08 RADIOLOGY-GSH BREAST CENT	.008020	
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE		
44	LABORATORY	.007106	731
44	01 LABORATORY-SATELLITE	.001527	
47	BLOOD STORING, PROCESSING	.002545	
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.039867	565
50	PHYSICAL THERAPY	.023889	201
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.023116	284
54	ELECTROENCEPHALOGRAPHY		
54	01 NEURODIAGNOSTICS	.042551	
55	MEDICAL SUPPLIES CHARGED	.004137	17
55	30 IMPL. DEV. CHARGED TO PAT	.001634	
56	DRUGS CHARGED TO PATIENTS	.005892	420
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)	.005330	
59	MH ANCILLARY OUTPATIENT		
59	01 INPATIENT RENAL DIALYSIS	.203764	
59	02 ACUPUNCTURE		
60	OUTPAT SERVICE COST CNTRS		
	CLINIC	.220234	
61	EMERGENCY	.034108	2,151
62	OBSERVATION BEDS (NON-DIS	.059428	
	OTHER REIMBURS COST CNTRS		
66	DURABLE MEDICAL EQUIP-REN	.003971	
101	TOTAL		5,102

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
38	OPERATING ROOM										
38	01 RECOVERY ROOM										
39	01 ENDOSCOPY										
40	DELIVERY ROOM & LABOR ROO										
41	ANESTHESIOLOGY										
41	01 RADIOLOGY-DIAGNOSTIC					245,264					
41	02 RADIOLOGY-MONROE CITY										
41	03 RADIOLOGY-PETERSBURG										
41	04 RADIOLOGY-BICKNELL										
41	05 RADIOLOGY-MRI										
41	06 RADIOLOGY-ULTRASOUND										
41	07 RADIOLOGY-PETERSBURG AMBE										
41	08 RADIOLOGY-ORTHOPEDIC ASSO										
42	08 RADIOLOGY-GSH BREAST CENT										
43	RADIOLOGY-THERAPEUTIC										
44	RADIOISOTOPE										
44	LABORATORY					44,592					
44	01 LABORATORY-SATELLITE										
47	BLOOD STORING, PROCESSING										
48	INTRAVENOUS THERAPY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
54	01 NEURODIAGNOSTICS										
55	MEDICAL SUPPLIES CHARGED										
55	30 IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
58	ASC (NON-DISTINCT PART)										
59	MH ANCILLARY OUTPATIENT										
59	01 INPATIENT RENAL DIALYSIS										
59	02 ACUPUNCTURE										
60	OUTPAT SERVICE COST CNTRS										
61	CLINIC										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
62	OTHER REIMBURS COST CNTRS										
66	DURABLE MEDICAL EQUIP-REN										
101	TOTAL					289,856					

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							
38	OPERATING ROOM			18,501,155				
38	RECOVERY ROOM			1,358,250				
38	01 ENDOSCOPY			7,444,122				
39	DELIVERY ROOM & LABOR ROO			2,933,240				
40	ANESTHESIOLOGY			2,553,116				
41	RADIOLOGY-DIAGNOSTIC	245,264	245,264	45,148,184	.005432	.005432	42,423	230
41	01 RADIOLOGY-MONROE CITY			176,984				
41	02 RADIOLOGY-PETERSBURG							
41	03 RADIOLOGY-BICKNELL			118,255				
41	04 RADIOLOGY-MRI			8,845,978				
41	05 RADIOLOGY-ULTRASOUND			2,911,155			468	
41	06 RADIOLOGY-PETERSBURG AMBE			213,466				
41	07 RADIOLOGY-ORTHOPEDIC ASSO							
41	08 RADIOLOGY-GSH BREAST CENT			377,943				
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY	44,592	44,592	32,211,224	.001384	.001384	102,826	142
44	01 LABORATORY-SATELLITE			5,264,221				
47	BLOOD STORING, PROCESSING			2,150,510				
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			3,700,830			14,166	
50	PHYSICAL THERAPY			10,023,491			8,416	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			19,772,525			12,280	
54	ELECTROENCEPHALOGRAPHY							
54	01 NEURODIAGNOSTICS			2,187,182				
55	MEDICAL SUPPLIES CHARGED			5,994,297			3,994	
55	30 IMPL. DEV. CHARGED TO PAT			9,750,335				
56	DRUGS CHARGED TO PATIENTS			44,755,896			71,253	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)			10,392,003				
59	MH ANCILLARY OUTPATIENT							
59	01 INPATIENT RENAL DIALYSIS			584,955				
59	02 ACUPUNCTURE							
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC			192,718				
61	EMERGENCY			17,209,652			63,077	
62	OBSERVATION BEDS (NON-DIS			5,109,136				
62	OTHER REIMBURS COST CNTRS							
66	DURABLE MEDICAL EQUIP-REN			820,257				
101	TOTAL	289,856	289,856	260,701,080			318,903	372

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						
38	RECOVERY ROOM						
38	01 ENDOSCOPY						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 RADIOLOGY-MONROE CITY						
41	02 RADIOLOGY-PETERSBURG						
41	03 RADIOLOGY-BICKNELL						
41	04 RADIOLOGY-MRI						
41	05 RADIOLOGY-ULTRASOUND						
41	06 RADIOLOGY-PETERSBURG AMBE						
41	07 RADIOLOGY-ORTHOPEDIC ASSO						
41	08 RADIOLOGY-GSH BREAST CENT						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
44	01 LABORATORY-SATELLITE						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 NEURODIAGNOSTICS						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	MH ANCILLARY OUTPATIENT						
59	01 INPATIENT RENAL DIALYSIS						
59	02 ACUPUNCTURE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0042
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 15-T042
 PREPARED 5/25/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SUBPROVIDER 2

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	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		435,341	18,501,155	24,875		
38	RECOVERY ROOM		21,225	1,358,250	2,510		
38	01 ENDOSCOPY		491,748	7,444,122	22,759		
39	DELIVERY ROOM & LABOR ROO		10,816	2,933,240			
40	ANESTHESIOLOGY		12,341	2,553,116	3,590		
41	RADIOLOGY-DIAGNOSTIC		759,587	45,148,184	238,104		
41	01 RADIOLOGY-MONROE CITY		5,137	176,984			
41	02 RADIOLOGY-PETERSBURG						
41	03 RADIOLOGY-BICKNELL		737	118,255			
41	04 RADIOLOGY-MRI		20,274	8,845,978	51,731		
41	05 RADIOLOGY-ULTRASOUND		119,664	2,911,155	4,382		
41	06 RADIOLOGY-PETERSBURG AMBE		6,328	213,466			
41	07 RADIOLOGY-ORTHOPEDIC ASSO						
41	08 RADIOLOGY-GSH BREAST CENT		3,031	377,943			
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY		228,887	32,211,224	365,625		
44	01 LABORATORY-SATELLITE		8,038	5,264,221			
47	BLOOD STORING, PROCESSING		5,474	2,150,510			
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		147,541	3,700,830	127,158		
50	PHYSICAL THERAPY		239,455	10,023,491	3,018,414		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		457,058	19,772,525	43,823		
54	ELECTROENCEPHALOGRAPHY						
54	01 NEURODIAGNOSTICS		93,067	2,187,182	5,567		
55	MEDICAL SUPPLIES CHARGED		24,796	5,994,297	116,162		
55	30 IMPL. DEV. CHARGED TO PAT		15,928	9,750,335			
56	DRUGS CHARGED TO PATIENTS		263,718	44,755,896	357,082		
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)		55,390	10,392,003			
59	MH ANCILLARY OUTPATIENT						
59	01 INPATIENT RENAL DIALYSIS		119,193	584,955			
59	02 ACUPUNCTURE						
60	OUTPAT SERVICE COST CNTRS CLINIC		42,443	192,718			
61	EMERGENCY		586,979	17,209,652	33,275		
62	OBSERVATION BEDS (NON-DIS		303,626	5,109,136			
66	OTHER REIMBURS COST CNTRS		3,257	820,257			
101	DURABLE MEDICAL EQUIP-REN TOTAL		4,481,079	260,701,080	4,415,057		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0042
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 15-T042
 PREPARED 5/25/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.023530	585
38	RECOVERY ROOM	.015627	39
38	01 ENDOSCOPY	.066059	1,503
39	DELIVERY ROOM & LABOR ROO	.003687	
40	ANESTHESIOLOGY	.004834	17
41	RADIOLOGY-DIAGNOSTIC	.016824	4,006
41	01 RADIOLOGY-MONROE CITY	.029025	
41	02 RADIOLOGY-PETERSBURG		
41	03 RADIOLOGY-BICKNELL	.006232	
41	04 RADIOLOGY-MRI	.002292	119
41	05 RADIOLOGY-ULTRASOUND	.041105	180
41	06 RADIOLOGY-PETERSBURG AMBE	.029644	
41	07 RADIOLOGY-ORTHOPEDIC ASSO		
41	08 RADIOLOGY-GSH BREAST CENT	.008020	
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE		
44	LABORATORY	.007106	2,598
44	01 LABORATORY-SATELLITE	.001527	
47	BLOOD STORING, PROCESSING	.002545	
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.039867	5,069
50	PHYSICAL THERAPY	.023889	72,107
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.023116	1,013
54	ELECTROENCEPHALOGRAPHY		
54	01 NEURODIAGNOSTICS	.042551	237
55	MEDICAL SUPPLIES CHARGED	.004137	481
55	30 IMPL. DEV. CHARGED TO PAT	.001634	
56	DRUGS CHARGED TO PATIENTS	.005892	2,104
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)	.005330	
59	MH ANCILLARY OUTPATIENT		
59	01 INPATIENT RENAL DIALYSIS	.203764	
59	02 ACUPUNCTURE		
60	OUTPAT SERVICE COST CNTRS		
	CLINIC	.220234	
61	EMERGENCY	.034108	1,135
62	OBSERVATION BEDS (NON-DIS	.059428	
	OTHER REIMBURS COST CNTRS		
66	DURABLE MEDICAL EQUIP-REN	.003971	
101	TOTAL		91,193

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
38	OPERATING ROOM										
38	01 RECOVERY ROOM										
39	01 ENDOSCOPY										
40	DELIVERY ROOM & LABOR ROO										
41	ANESTHESIOLOGY										
41	01 RADIOLOGY-DIAGNOSTIC					245,264					
41	02 RADIOLOGY-MONROE CITY										
41	03 RADIOLOGY-PETERSBURG										
41	04 RADIOLOGY-BICKNELL										
41	05 RADIOLOGY-MRI										
41	06 RADIOLOGY-ULTRASOUND										
41	07 RADIOLOGY-PETERSBURG AMBE										
41	08 RADIOLOGY-ORTHOPEDIC ASSO										
42	08 RADIOLOGY-GSH BREAST CENT										
43	RADIOLOGY-THERAPEUTIC										
44	RADIOISOTOPE										
44	LABORATORY					44,592					
44	01 LABORATORY-SATELLITE										
47	BLOOD STORING, PROCESSING										
48	INTRAVENOUS THERAPY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
54	01 NEURODIAGNOSTICS										
55	MEDICAL SUPPLIES CHARGED										
55	30 IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
58	ASC (NON-DISTINCT PART)										
59	MH ANCILLARY OUTPATIENT										
59	01 INPATIENT RENAL DIALYSIS										
59	02 ACUPUNCTURE										
60	OUTPAT SERVICE COST CNTRS										
61	CLINIC										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
66	OTHER REIMBURS COST CNTRS										
66	DURABLE MEDICAL EQUIP-REN										
101	TOTAL					289,856					

TITLE XVIII, PART A SUBPROVIDER 2 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							
38	OPERATING ROOM			18,501,155			24,875	
38	RECOVERY ROOM			1,358,250			2,510	
38	01 ENDOSCOPY			7,444,122			22,759	
39	DELIVERY ROOM & LABOR ROO			2,933,240				
40	ANESTHESIOLOGY			2,553,116			3,590	
41	RADIOLOGY-DIAGNOSTIC	245,264	245,264	45,148,184	.005432	.005432	238,104	1,293
41	01 RADIOLOGY-MONROE CITY			176,984				
41	02 RADIOLOGY-PETERSBURG							
41	03 RADIOLOGY-BICKNELL			118,255				
41	04 RADIOLOGY-MRI			8,845,978			51,731	
41	05 RADIOLOGY-ULTRASOUND			2,911,155			4,382	
41	06 RADIOLOGY-PETERSBURG AMBE			213,466				
41	07 RADIOLOGY-ORTHOPEDIC ASSO							
41	08 RADIOLOGY-GSH BREAST CENT			377,943				
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY	44,592	44,592	32,211,224	.001384	.001384	365,625	506
44	01 LABORATORY-SATELLITE			5,264,221				
47	BLOOD STORING, PROCESSING			2,150,510				
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			3,700,830			127,158	
50	PHYSICAL THERAPY			10,023,491			3,018,414	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			19,772,525			43,823	
54	ELECTROENCEPHALOGRAPHY							
54	01 NEURODIAGNOSTICS			2,187,182			5,567	
55	MEDICAL SUPPLIES CHARGED			5,994,297			116,162	
55	30 IMPL. DEV. CHARGED TO PAT			9,750,335				
56	DRUGS CHARGED TO PATIENTS			44,755,896			357,082	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)			10,392,003				
59	MH ANCILLARY OUTPATIENT							
59	01 INPATIENT RENAL DIALYSIS			584,955				
59	02 ACUPUNCTURE							
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC			192,718				
61	EMERGENCY			17,209,652			33,275	
62	OBSERVATION BEDS (NON-DIS			5,109,136				
62	OTHER REIMBURS COST CNTRS							
66	DURABLE MEDICAL EQUIP-REN			820,257				
101	TOTAL	289,856	289,856	260,701,080			4,415,057	1,799

TITLE XVIII, PART A SUBPROVIDER 2 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						
38	OPERATING ROOM		200				
38	RECOVERY ROOM						
38	01 ENDOSCOPY						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 RADIOLOGY-MONROE CITY						
41	02 RADIOLOGY-PETERSBURG						
41	03 RADIOLOGY-BICKNELL						
41	04 RADIOLOGY-MRI						
41	05 RADIOLOGY-ULTRASOUND						
41	06 RADIOLOGY-PETERSBURG AMBE						
41	07 RADIOLOGY-ORTHOPEDIC ASSO						
41	08 RADIOLOGY-GSH BREAST CENT						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
44	01 LABORATORY-SATELLITE						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 NEURODIAGNOSTICS						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	MH ANCILLARY OUTPATIENT						
59	01 INPATIENT RENAL DIALYSIS						
59	02 ACUPUNCTURE						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL		200				

TITLE XVIII, PART B SUBPROVIDER 2

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		200			
38 RECOVERY ROOM					
38 01 ENDOSCOPY					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
41 01 RADIOLOGY-MONROE CITY					
41 02 RADIOLOGY-PETERSBURG					
41 03 RADIOLOGY-BICKNELL					
41 04 RADIOLOGY-MRI					
41 05 RADIOLOGY-ULTRASOUND					
41 06 RADIOLOGY-PETERSBURG AMBER MANOR					
41 07 RADIOLOGY-ORTHOPEDIC ASSOCIATES					
41 08 RADIOLOGY-GSH BREAST CENTER					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY					
44 01 LABORATORY-SATELLITE					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
54 01 NEURODIAGNOSTICS					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 MH ANCILLARY OUTPATIENT					
59 01 INPATIENT RENAL DIALYSIS					
59 02 ACUPUNCTURE					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
66 DURABLE MEDICAL EQUIP-RENTED					
101 SUBTOTAL		200			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		200			

TITLE XVIII, PART B SUBPROVIDER 2

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				74	
38 RECOVERY ROOM					
38 01 ENDOSCOPY					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
41 01 RADIOLOGY-MONROE CITY					
41 02 RADIOLOGY-PETERSBURG					
41 03 RADIOLOGY-BICKNELL					
41 04 RADIOLOGY-MRI					
41 05 RADIOLOGY-ULTRASOUND					
41 06 RADIOLOGY-PETERSBURG AMBER MANOR					
41 07 RADIOLOGY-ORTHOPEDIC ASSOCIATES					
41 08 RADIOLOGY-GSH BREAST CENTER					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY					
44 01 LABORATORY-SATELLITE					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
54 01 NEURODIAGNOSTICS					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 MH ANCILLARY OUTPATIENT					
59 01 INPATIENT RENAL DIALYSIS					
59 02 ACUPUNCTURE					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
62 OTHER REIMBURS COST CNTRS					
66 DURABLE MEDICAL EQUIP-RENTED					
101 SUBTOTAL				74	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				74	

TITLE XVIII, PART B SUBPROVIDER 2

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.363180
2	PROGRAM VACCINE CHARGES		309
3	PROGRAM COSTS		112

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	3,415
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	863.66
85	OBSERVATION BED COST	2,949,399

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	21,550,884		2,949,399	
87	NEW CAPITAL-RELATED COST	2,218,559	.102945	2,949,399	303,626
88	NON PHYSICIAN ANESTHETIST	21,550,884		2,949,399	
89	MEDICAL EDUCATION	21,550,884		2,949,399	
89.01	MEDICAL EDUCATION - ALLIED HEA	21,550,884		2,949,399	
89.02	MEDICAL EDUCATION - ALL OTHER	21,550,884		2,949,399	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0042
 COMPONENT NO: 15-0042
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/25/2011
 WORKSHEET D-4

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	RATIO COST TO CHARGES 1	INPATIENT CHARGES	
				2	3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			2,060,038	
26	INTENSIVE CARE UNIT			346,813	
27	CORONARY CARE UNIT				
31	SUBPROVIDER				
31	01 REHAB UNIT				
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM		.368126	743,160	273,577
38	RECOVERY ROOM		.524479	63,263	33,180
38	01 ENDOSCOPY		.347204	85,300	29,617
39	DELIVERY ROOM & LABOR ROOM		.311468	162,297	50,550
40	ANESTHESIOLOGY		.448687	117,152	52,565
41	RADIOLOGY-DIAGNOSTIC		.202937	588,143	119,356
41	01 RADIOLOGY-MONROE CITY		.268154	78	21
41	02 RADIOLOGY-PETERSBURG				
41	03 RADIOLOGY-BICKNELL		.761490	26	20
41	04 RADIOLOGY-MRI		.088551	86,284	7,641
41	05 RADIOLOGY-ULTRASOUND		.238971	27,799	6,643
41	06 RADIOLOGY-PETERSBURG AMBER MANOR		.410595		
41	07 RADIOLOGY-ORTHOPEDIC ASSOCIATES				
41	08 RADIOLOGY-GSH BREAST CENTER		.868652	2,087	1,813
42	RADIOLOGY-THERAPEUTIC				
43	RADIOISOTOPE				
44	LABORATORY		.195893	852,073	166,915
44	01 LABORATORY-SATELLITE		.137079	866	119
47	BLOOD STORING, PROCESSING & TRANS.		.557813		
48	INTRAVENOUS THERAPY				
49	RESPIRATORY THERAPY		.828966	176,565	146,366
50	PHYSICAL THERAPY		.376777	444,590	167,511
51	OCCUPATIONAL THERAPY				
52	SPEECH PATHOLOGY				
53	ELECTROCARDIOLOGY		.193429	464,047	89,760
54	ELECTROENCEPHALOGRAPHY				
54	01 NEURODIAGNOSTICS		.307465	13,257	4,076
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.959583	861,445	826,628
55	30 IMPL. DEV. CHARGED TO PATIENT		.327026		
56	DRUGS CHARGED TO PATIENTS		.363180	964,979	350,461
57	RENAL DIALYSIS				
58	ASC (NON-DISTINCT PART)		.226681	1,086	246
59	MH ANCILLARY OUTPATIENT				
59	01 INPATIENT RENAL DIALYSIS		.838153	38,417	32,199
59	02 ACUPUNCTURE				
	OUTPAT SERVICE COST CNTRS				
60	CLINIC		2.774743		
61	EMERGENCY		.640813	271,083	173,714
62	OBSERVATION BEDS (NON-DISTINCT PART)		.577279	144,748	83,560
	OTHER REIMBURS COST CNTRS				
66	DURABLE MEDICAL EQUIP-RENTED		.750560	2,939	2,206
101	TOTAL			6,111,684	2,618,744
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			6,111,684	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0042
 COMPONENT NO: 15-S042
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/25/2011
 WORKSHEET D-4

TITLE XIX

SUBPROVIDER 1

OTHER

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			
27	CORONARY CARE UNIT			
31	SUBPROVIDER		19,778	
31	01 REHAB UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.368126		
38	RECOVERY ROOM	.524479		
38	01 ENDOSCOPY	.347204	50	17
39	DELIVERY ROOM & LABOR ROOM	.311468		
40	ANESTHESIOLOGY	.448687		
41	RADIOLOGY-DIAGNOSTIC	.202937		
41	01 RADIOLOGY-MONROE CITY	.268154	713	191
41	02 RADIOLOGY-PETERSBURG			
41	03 RADIOLOGY-BICKNELL	.761490		
41	04 RADIOLOGY-MRI	.088551		
41	05 RADIOLOGY-ULTRASOUND	.238971	18	4
41	06 RADIOLOGY-PETERSBURG AMBER MANOR	.410595		
41	07 RADIOLOGY-ORTHOPEDIC ASSOCIATES			
41	08 RADIOLOGY-GSH BREAST CENTER	.868652		
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.195893	1,427	280
44	01 LABORATORY-SATELLITE	.137079		
47	BLOOD STORING, PROCESSING & TRANS.	.557813		
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.828966	121	100
50	PHYSICAL THERAPY	.376777	110	41
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.193429	111	21
54	ELECTROENCEPHALOGRAPHY			
54	01 NEURODIAGNOSTICS	.307465		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.959583	58	56
55	30 IMPL. DEV. CHARGED TO PATIENT	.327026		
56	DRUGS CHARGED TO PATIENTS	.363180	1,150	418
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)	.226681		
59	MH ANCILLARY OUTPATIENT			
59	01 INPATIENT RENAL DIALYSIS	.838153		
59	02 ACUPUNCTURE			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2.774743		
61	EMERGENCY	.640813	599	384
62	OBSERVATION BEDS (NON-DISTINCT PART)	.577279		
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-RENTED	.750560		
101	TOTAL		4,357	1,512
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,357	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0042
 COMPONENT NO: 15-T042
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/25/2011
 WORKSHEET D-4

TITLE XIX

SUBPROVIDER 2

OTHER

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			
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
31	01 REHAB UNIT		867	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.368126	8	3
38	RECOVERY ROOM	.524479		
38	01 ENDOSCOPY	.347204	6	2
39	DELIVERY ROOM & LABOR ROOM	.311468		
40	ANESTHESIOLOGY	.448687		
41	RADIOLOGY-DIAGNOSTIC	.202937	49	10
41	01 RADIOLOGY-MONROE CITY	.268154		
41	02 RADIOLOGY-PETERSBURG			
41	03 RADIOLOGY-BICKNELL	.761490		
41	04 RADIOLOGY-MRI	.088551	14	1
41	05 RADIOLOGY-ULTRASOUND	.238971		
41	06 RADIOLOGY-PETERSBURG AMBER MANOR	.410595		
41	07 RADIOLOGY-ORTHOPEDIC ASSOCIATES			
41	08 RADIOLOGY-GSH BREAST CENTER	.868652		
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.195893	69	14
44	01 LABORATORY-SATELLITE	.137079		
47	BLOOD STORING, PROCESSING & TRANS.	.557813		
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.828966	21	17
50	PHYSICAL THERAPY	.376777	705	266
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.193429		
54	ELECTROENCEPHALOGRAPHY			
54	01 NEURODIAGNOSTICS	.307465	2	1
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.959583	17	16
55	30 IMPL. DEV. CHARGED TO PATIENT	.327026		
56	DRUGS CHARGED TO PATIENTS	.363180	96	35
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)	.226681		
59	MH ANCILLARY OUTPATIENT			
59	01 INPATIENT RENAL DIALYSIS	.838153		
59	02 ACUPUNCTURE			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2.774743		
61	EMERGENCY	.640813		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.577279		
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-RENTED	.750560		
101	TOTAL		987	365
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		987	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	23,506,685	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	487,939	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	842,289	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	182.64	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
		E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		5.90
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		11.18
4.02 SUM OF LINES 4 AND 4.01		17.08
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		3.85
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		905,007
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	25,253,981	
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)	25,253,981	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		1,982,224
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		39,285
16 TOTAL	27,275,490	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	27,275,490	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		2,507,304
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		42,625
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		413,318
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		289,323
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		322,042
22 SUBTOTAL	25,014,884	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1		
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97		
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	25,014,884	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	25,003,393	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		11,491
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		176,300
----- 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 ADJUSTMENT AMOUNT(SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	19,687
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	16,873,656
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	13,733,613
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.799
1.04	LINE 1.01 TIMES LINE 1.03.	13,482,051
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	71,083
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	19,687
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	54,207
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	54,207
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)	54,207
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	34,520
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	19,687
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	13,804,696
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	182
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,237,290
19	SUBTOTAL (SEE INSTRUCTIONS)	10,586,911
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	10,586,911
24	PRIMARY PAYER PAYMENTS	2,017
25	SUBTOTAL	10,584,894
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	359,186
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	251,430
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	284,267
28	SUBTOTAL	10,836,324
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)	-25
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	10,836,349
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	10,585,665
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	250,684
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 ADJUSTMENT 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)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
15-T042		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 2

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	112
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	74
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	117
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	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,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)	112
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	309
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	309
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)	309
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	197
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	112
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	117
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	229
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	229
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	229
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	229
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	229
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	246
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-17
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 ADJUSTMENT 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)	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		24,919,866		10,515,666
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	12/13/2010	65,051	12/13/2010	56,642
ADJUSTMENTS TO PROVIDER .02	9/20/2010	18,476	9/20/2010	13,357
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		83,527		69,999
4 TOTAL INTERIM PAYMENTS		25,003,393		10,585,665
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		11,491		250,684
7 TOTAL MEDICARE PROGRAM LIABILITY		25,014,884		10,836,349

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVII SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	5,533,501	3	246
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	9/20/2010	12,639		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		12,639		NONE
4 TOTAL INTERIM PAYMENTS		5,546,140		246
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		65,515		17
7 TOTAL MEDICARE PROGRAM LIABILITY		5,611,655		229

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	1,195,080
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)	12.452055
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)	1,195,080
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	1,195,080
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
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)	1,195,080
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,195,080
7	DEDUCTIBLES	162,716
8	SUBTOTAL	1,032,364
9	COINSURANCE	6,875
10	SUBTOTAL	1,025,489
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	90,772
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	63,540
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	83,136
12	SUBTOTAL	1,089,029
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	372
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 RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
15-S042		PART I

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

17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,089,401
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,025,489
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	63,912
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

50	----- FI ONLY ----- ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS).	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS).	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		5,580,480
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		.0284
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		140,215
1.05	OUTLIER PAYMENTS		14,171
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		5,734,866
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 $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.		
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)		15.906849
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
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)		5,734,866
5	PRIMARY PAYER PAYMENTS		11,410
6	SUBTOTAL		5,723,456
7	DEDUCTIBLES		114,304
8	SUBTOTAL		5,609,152
9	COINSURANCE		14,025
10	SUBTOTAL		5,595,127
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		21,042
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		14,729
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		18,842
12	SUBTOTAL		5,609,856
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		1,799
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 RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	5,611,655
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	5,546,140
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	65,515
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

50	----- FI ONLY ----- ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS).	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS).	

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	17,622,119			
2	TEMPORARY INVESTMENTS	51,860,516			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	32,007,663			
5	OTHER RECEIVABLES	1,415,277			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-10,319,000			
7	INVENTORY	1,191,108			
8	PREPAID EXPENSES	4,089,968			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	97,867,651			
FIXED ASSETS					
12	LAND	5,728,852			
12.01	LAND IMPROVEMENTS	5,332,828			
13.01	LESS ACCUMULATED DEPRECIATION	-3,099,471			
14	BUILDINGS	76,118,801			
14.01	LESS ACCUMULATED DEPRECIATION	-42,901,053			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	126,024,611			
18.01	LESS ACCUMULATED DEPRECIATION	-91,832,539			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	75,372,029			
OTHER ASSETS					
22	INVESTMENTS	25,600,854			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	2,698,540			
26	TOTAL OTHER ASSETS	28,299,394			
27	TOTAL ASSETS	201,539,074			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,293,736			
29 SALARIES, WAGES & FEES PAYABLE	10,664,748			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	3,151,735			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,428,982			
36 TOTAL CURRENT LIABILITIES	17,539,201			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	22,090,922			
42 TOTAL LONG-TERM LIABILITIES	22,090,922			
43 TOTAL LIABILITIES	39,630,123			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	161,908,951			
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	161,908,951			
52 TOTAL LIABILITIES AND FUND BALANCES	201,539,074			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		151,866,256		
2	NET INCOME (LOSS)		10,042,695		
3	TOTAL		161,908,951		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		161,908,951		
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		161,908,951		

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

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0042
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/25/2011
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	344,404,151
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	190,248,965
3	NET PATIENT REVENUES	154,155,186
4	LESS: TOTAL OPERATING EXPENSES	153,844,009
5	NET INCOME FROM SERVICE TO PATIENTS	311,177
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	2,465,244
7	INCOME FROM INVESTMENTS	4,871,387
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	MISC	2,394,887
25	TOTAL OTHER INCOME	9,731,518
26	TOTAL	10,042,695
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	10,042,695

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2010	5/25/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K
15-1526		

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	222,337	58,906	582	
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	237,410	70,159	39,262	246,521
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	53,317	7,408	7,096	
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER	76,423	37,629	23,434	
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	13,226	7,841	385	
31 VOLUNTEER PROGRAM COSTS	11,667	2,536	37	
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	614,380	184,479	70,796	246,521

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2010	5/25/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K
15-1526		

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				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	184,172	465,997	-298,876	167,121
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	92,477	685,829		685,829
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	67,836		67,836
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER	90	137,576		137,576
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	33	21,485		21,485
31 VOLUNTEER PROGRAM COSTS	5	14,245		14,245
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	276,792	1,392,968	-298,876	1,094,092

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2010	5/25/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K
15-1526		

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		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL		167,121
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		685,829
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		67,836
15 SPIRITUAL COUNSELING		
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		137,576
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		21,485
31 VOLUNTEER PROGRAM COSTS		14,245
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)		1,094,092

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2010	5/25/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-1
15-1526		

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	222,337			
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			53,317	
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				13,226
31 VOLUNTEER PROGRAM COSTS				11,667
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	222,337		53,317	24,893

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2010	5/25/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-1
15-1526		

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	237,410			
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			76,423	
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)	237,410		76,423	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2010	5/25/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-1
15-1526		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	222,337
7	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	237,410
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	53,317
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	76,423
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	13,226
31	VOLUNTEER PROGRAM COSTS	11,667
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	614,380

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2010	5/25/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-2
15-1526		

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	58,906			
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			7,408	
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				7,841
31 VOLUNTEER PROGRAM COSTS				2,536
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	58,906		7,408	10,377

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2010	5/25/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-2
15-1526		

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	70,159			
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 HOME MAKER			37,629	
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				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	70,159		37,629	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2010	5/25/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-2
15-1526		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	58,906
7	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	70,159
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	7,408
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	37,629
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	7,841
31	VOLUNTEER PROGRAM COSTS	2,536
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	184,479

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2010	5/25/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-3
15-1526		

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
15-0042	FROM 1/ 1/2010	5/25/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-3
15-1526		

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				246,521
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)				246,521

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2010	5/25/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-3
15-1526		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	246,521
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	246,521

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2010	5/25/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
15-1526		PART I

HOSPICE 1

NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUI LDINGS & 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			
4 TRANSPORTATION - STAFF			
5 VOLUNTEER SERVICE COORDINATION			
6 ADMINISTRATIVE AND GENERAL	167,121		
INPATIENT CARE SERVICE			
7 INPATIENT - GENERAL CARE	685,829		
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	67,836		
15 SPIRITUAL COUNSELING			
16 DIETARY COUNSELING			
17 COUNSELING - OTHER			
18 HOME HEALTH AIDE AND HOMEMAKER	137,576		
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	21,485		
31 VOLUNTEER PROGRAM COSTS	14,245		
32 FUNDRAISING			
33 OTHER PROGRAM COSTS			
34 TOTAL (SUM OF LINES 1 THRU 33)	1,094,092		

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2010	5/25/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
15-1526		PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	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			167, 121	167, 121
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE			685, 829	123, 647
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE				
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			67, 836	12, 230
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			137, 576	24, 803
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS			21, 485	3, 873
40 VOLUNTEER PROGRAM COSTS			14, 245	2, 568
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			926, 971	167, 121

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2010	5/25/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
15-1526		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	809,476
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	80,066
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	162,379
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	25,358
40	VOLUNTEER PROGRAM COSTS	16,813
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	1,094,092

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2010	5/25/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
15-1526		PART II

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
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
10.20				
11				
12				
13				
14				
15				
16				
17				
18				
18.20				
19				
20				
20.30				
20.31				
20.32				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
GENERAL SERVICE COST CENTERS				
CAPITAL RELATED COSTS-BLDG AND FIXT.				
CAPITAL RELATED COSTS-MOVABLE EQUIP.				
PLANT OPERATION AND MAINTENANCE				
TRANSPORTATION - STAFF				
VOLUNTEER SERVICE COORDINATION				
ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
INPATIENT - GENERAL CARE				
INPATIENT - RESPIRE CARE				
VISITING SERVICES				
PHYSICIAN SERVICES				
NURSING CARE				
NURSING CARE-CONTINUOUS HOME CARE				
PHYSICAL THERAPY				
OCCUPATIONAL THERAPY				
SPEECH/LANGUAGE PATHOLOGY				
MEDICAL SOCIAL SERVICES				
SPIRITUAL COUNSELING				
DIETARY COUNSELING				
COUNSELING - OTHER				
HOME HEALTH AIDE AND HOMEMAKER				
HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
OTHER				
DRUGS BIOLOGICAL AND INFUSION THERAPY				
ANALGESICS				
SEDATIVES / HYPNOTICS				
OTHER - SPECIFY				
DURABLE MEDICAL EQUIPMENT/OXYGEN				
PATIENT TRANSPORTATION				
IMAGING SERVICES				
LABS AND DIAGNOSTICS				
MEDICAL SUPPLIES				
OUTPATIENT SERVICES (INCL. E/R DEPT.)				
RADIATION THERAPY				
CHEMOTHERAPY				
OTHER				
FUNDRAISING				
OTHER PROGRAM COSTS				
COST TO BE ALLOCATED (PER WKST K-4, PART I)				
UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2010	5/25/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
15-1526		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 INPATIENT CARE SERVICE		-167,121	926,971
8 INPATIENT - GENERAL CARE			685,829
9 INPATIENT - RESPIRE CARE			
10 VISITING SERVICES			
11 PHYSICIAN SERVICES			
12 NURSING CARE			
13.20 NURSING CARE-CONTINUOUS HOME CARE			
14 PHYSICAL THERAPY			
15 OCCUPATIONAL THERAPY			
16 SPEECH/LANGUAGE PATHOLOGY			
17 MEDICAL SOCIAL SERVICES			67,836
18 SPIRITUAL COUNSELING			
19 DIETARY COUNSELING			
20 COUNSELING - OTHER			
21 HOME HEALTH AIDE AND HOME MAKER			137,576
22.20 HH AIDE & HOME MAKER-CONT. HOME CARE			
23 OTHER HOSPICE SERVICE COSTS			
24 OTHER			
25 DRUGS BIOLOGICAL AND INFUSION THERAPY			
26.30 ANALGESICS			
27.31 SEDATIVES / HYPNOTICS			
28.32 OTHER - SPECIFY			
29 DURABLE MEDICAL EQUIPMENT/OXYGEN			
30 PATIENT TRANSPORTATION			
31 IMAGING SERVICES			
32 LABS AND DIAGNOSTICS			
33 MEDICAL SUPPLIES			
34 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
35 RADIATION THERAPY			
36 CHEMOTHERAPY			
37 OTHER			
38			21,485
39			14,245
40 FUNDRAISING			
41 OTHER PROGRAM COSTS			
42 COST TO BE ALLOCATED (PER WKST K-4, PART I)			167,121
43 UNIT COST MULTIPLIER	.000000		.180287

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2010	5/25/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-5
15-1526		PART I

HOSPICE 1

TOTAL HOSPICE
COSTS

HOSPICE COST CENTER

29

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

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CRC - CT EAST (SQUARE FEET)	NEW CRC- CT WEST (SQUARE FEET)	NEW CRC-MEMORIAL (SQUARE FEET)
	3	3.01	3.02	3.03
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	NEW CRC - OUTPATIENT (SQUARE FEET)	NEW CRD - HEALTH PAVILION (SQUARE FEET)	NEW CRC - STORAGE (SQUARE FEET)	NEW CRC - DIAGNOSTIC CENTER (SQUARE FEET)
	3.04	3.05	3.06	3.07
1.00 ADMINISTRATIVE AND GENERAL	4,861			
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	NEW CRC - OUTPATIENT	NEW CRD - HEALTH PAVILION	NEW CRC - STORAGE	NEW CRC - DIAGNOSTIC CENTER
HOSPICE COST CENTER	3.04	3.05	3.06	3.07
29.00 TOTAL (SUM OF LINE 1 THRU 28)	4,861			
30.00 TOTAL COST TO BE ALLOCATED	9,435			
31.00 UNIT COST MULTIPLIER	1.940959	.000000	.000000	.000000

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP (SQUARE FEET)	NEW CRC - EQUIPMENT (SQUARE FEET)	NEW CRC - HEALTH PAVILION (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES) 5
HOSPICE COST CENTER	4	4.01	4.02	
1.00 ADMINISTRATIVE AND GENERAL		4,861		222,337
2.00 INPATIENT - GENERAL CARE				237,410
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				53,317
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				76,423
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				13,226
26.00 VOLUNTEER PROGRAM COSTS				11,667
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		4,861		614,380
30.00 TOTAL COST TO BE ALLOCATED		43,057		210,436
31.00 UNIT COST MULTIPLIER	.000000	8.857642	.000000	.342518

HOSPICE 1

HOSPICE COST CENTER	COMMUNICATIONS (NUMBER OF PHONES) 5.01	PURCHASING & RECEIVING (SUPPLIES COST) 5.02	REGISTRATION (GROSS CHARGES) 5.03	PATIENT ACCOUNTS (GROSS CHARGES) 5.04
1.00 ADMINISTRATIVE AND GENERAL		116,662		
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)		116,662		
30.00 TOTAL COST TO BE ALLOCATED		4,582		
31.00 UNIT COST MULTIPLIER	.000000	.039276	.000000	.000000

HOSPICE COST CENTER	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUMULATED COST) 6	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (LBS OF LAUNDRY) 9
1.00 ADMINISTRATIVE AND GENERAL		133,228	4,861	
2.00 INPATIENT - GENERAL CARE		890,794		
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		98,328		
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		188,555		
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		29,888		
26.00 VOLUNTEER PROGRAM COSTS		20,809		
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

HOSPICE 1

HOSPICE COST CENTER	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6A	6	8	9
29.00 TOTAL (SUM OF LINE 1 THRU 28)		1,361,602	4,861	
30.00 TOTAL COST TO BE ALLOCATED		153,099	81,909	
31.00 UNIT COST MULTIPLIER		.112440	16.850237	.000000

HOSPICE COST CENTER	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(TIME SPENT)	(PATIENT DAYS)	(MAN HOURS)	(DIRECT NURSING HO)
	10	11	12	14
1.00 ADMINISTRATIVE AND GENERAL	514		8,687	8,687
2.00 INPATIENT - GENERAL CARE			7,814	7,814
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			2,411	2,411
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER			5,760	5,760
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			710	710
26.00 VOLUNTEER PROGRAM COSTS			725	725
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	514		26,107	26,107
30.00 TOTAL COST TO BE ALLOCATED	25,958		5,368	77,610
31.00 UNIT COST MULTIPLIER	50.501946	.000000	.205615	2.972766

HOSPICE 1

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY (SUPPLIES COST)	PHARMACY (COSTED REQUISITI)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)
	15	16	17	18
1.00 ADMINISTRATIVE AND GENERAL	116,662	92,442		
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)	116,662	92,442		
30.00 TOTAL COST TO BE ALLOCATED	4,008	40,678		
31.00 UNIT COST MULTIPLIER	.034356	.440038	.000000	.000000

HOSPICE COST CENTER	MENTAL HEALTH OVERHEAD (CHARGES)	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED PRGM-LAB (ASSIGNED TIME)
	18.01	24	24.01
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

	MENTAL HEALTH OVERHEAD	PARAMED ED PRGM	PARAMED ED PRGM-LAB
HOSPICE COST CENTER			
	18.01	24	24.01
29.00 TOTAL (SUM OF LINE 1 THRU 28)			
30.00 TOTAL COST TO BE ALLOCATED			
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000

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	.376777	
2	OCCUPATIONAL THERAPY	51		
3	SPEECH PATHOLOGY	52		
4	DRUGS CHARGED TO PATIENTS	56	.363180	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.195893	
6.01	LABORATORY-SATELLITE	44.01	.137079	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.959583	
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.327026	
8	EMERGENCY	61	.640813	
9	RADIOLOGY-DIAGNOSTIC	41	.202937	
9.01	RADIOLOGY-MONROE CITY	41.01	.268154	
9.02	RADIOLOGY-PETERSBURG	41.02		
9.03	RADIOLOGY-BICKNELL	41.03	.761490	
9.04	RADIOLOGY-MRI	41.04	.088551	
9.05	RADIOLOGY-ULTRASOUND	41.05	.238971	
9.06	RADIOLOGY-PETERSBURG AMBER MANOR	41.06	.410595	
9.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	41.07		
9.08	RADIOLOGY-GSH BREAST CENTER	41.08	.868652	
10	MH ANCILLARY OUTPATIENT	59		
10.01	INPATIENT RENAL DIALYSIS	59.01	.838153	
10.02	ACUPUNCTURE	59.02		
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2010	5/25/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-6
15-1526		

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)				1,750,232
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				28,008
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				62.49
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	28,008			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	1,750,220			
6 UNDUPLICATED MEDICAID DAYS				
7 AGGREGATE MEDICAID COST				
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)				
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)				

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

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0042	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET L
15-0042		PARTS I-IV

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,906,847
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	75,377
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	66.98
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,982,224
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)	