

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 reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/21/2012 7:54 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/21/2012 Time: 7:54 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - 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 IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by GREENVILLE REGIONAL HOSPITAL for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and 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 identified in this cost report were provided in compliance with such laws and regulations.

(Signed) _____
Officer or Administrator of Provider(s)

Title

Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-10,824	-28,794	1,025,582	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	1,431	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	28,516	0	0	10.00
10.01 RURAL HEALTH CLINIC (RHC) II	0	0	0	0	0	10.01
10.02 RURAL HEALTH CLINIC (RHC) III	0	0	0	0	0	10.02
10.03 RURAL HEALTH CLINIC (RHC) IV	0	0	0	0	0	10.03
10.04 RURAL HEALTH CLINIC (RHC) V	0	0	0	0	0	10.04
10.05 RURAL HEALTH CLINIC (RHC) VI	0	0	0	0	0	10.05
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	-9,393	-278	1,025,582	0	200.00

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 and review the information collection is estimated 673 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 the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 140137		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/21/2012 7:47 pm		
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1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 Zip Code: 62246-1156		4.00 County: BOND			
1.00	Street: 200 HEALTHCARE DRIVE	2.00		State: IL					
2.00	City: GREENVILLE								

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
						6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	GREENVILLE REGIONAL HOSPITAL	140137	41180	1	07/01/1966	N	P	N	3.00
4.00	Subprovider - IPF	GREENVILLE I/P PSYCH UNIT	14S137	41180	4	01/01/2005	N	P	N	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF	GREENVILLE REGIONAL HOSP- SWING BED	14U137	41180		10/03/2001	N	P	N	7.00
8.00	Swing Beds - NF						N		N	8.00
9.00	Hospital-Based SNF	FAIR OAKS	146022	41180		05/20/2002	N	P	N	9.00
10.00	Hospital-Based NF	FAIR OAKS	146022	41180		05/20/2002	N		O	10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC	GREENVILLE FAMILY WELLNESS	143491	41180		07/24/2007	N	O	N	15.00
15.01	Hospital-Based Health Clinic - RHC 1	GREENVILLE FAMILY WELLNESS	143498	41180		07/22/2007	N	O	N	15.01
15.02	Hospital-Based Health Clinic - RHC 2	GREENVILLE MEDICAL ASSOCIATES	148512	41180		12/01/2010	N	O	N	15.02
15.03	Hospital-Based Health Clinic - RHC 3	GREENVILLE MEDICAL ASSOCIATES	148513	41180		12/01/2010	N	O	N	15.03
15.04	Hospital-Based Health Clinic - RHC 4	MCCRACKEN DAWDY HALL FAMILY PRACTICE	148519	41180		09/01/2011	N	O	N	15.04
15.05	Hospital-Based Health Clinic - RHC 5	MCCRACKEN DAWDY HALL FAMILY PRACTICE	148520	41180		09/01/2011	N	O	N	15.05
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) 1									17.00
17.10	Hospital-Based (CORF) 1						N	N	N	17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:		To:	
						1.00		2.00	

20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2011		12/31/2011		20.00
21.00	Type of Control (see instructions)			2		21.00

Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y		N		22.00
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.					3		N		23.00

	In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	937	0	0	0	0	0	24.00
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	0	0	0	0	0	0	25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/21/2012 7:47 pm		
		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.	1				26.00
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N		45.00
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet S-2
Part I
Date/Time Prepared:
5/21/2012 7:47 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4.			0.00	0.00	0.000000	65.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00	
						1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y		70.00	
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				N	0	71.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/21/2012 7:47 pm	
			1.00	2.00	3.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N		75.00
76.00	If line 75 yes: Column 1: Did 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. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N	80.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.			N	86.00
			V	XIX	
			1.00	2.00	
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
			Physical	Occupational	
			1.00	2.00	
			Speech	Respiratory	
			3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
			1.00	2.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		5,000,000	0	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00

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				1.00			2.00		
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00	
All Providers									
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			Y				140.00	
				1.00	2.00		3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name:			Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:			PO Box:				142.00	
143.00	City:			State:		Zip Code:		143.00	
						1.00			
144.00	Are provider based physicians' costs included in Worksheet A?			Y				144.00	
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			N				145.00	
				1.00		2.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N				146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N				149.00	
				Part A		Part B			
				1.00		2.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			N		N		155.00	
156.00	Subprovider - IPF			N		N		156.00	
157.00	Subprovider - IRF			N		N		157.00	
158.00	SUBPROVIDER			N		N		158.00	
159.00	SNF			N		N		159.00	
160.00	HOME HEALTH AGENCY			N		N		160.00	
161.00	CMHC					N		161.00	
161.10	CORF					N		161.10	
						1.00			
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N				165.00	
				Name		County		State	
				0		1.00		2.00	
						3.00		4.00	
								5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00	
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							1.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/21/2012 7:47 pm
		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/04/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

		Part A			
		Description	Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		Y		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		Y		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/04/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2012 7:47 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	32	11,680	0.00		1.00
2.00 HMO						2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		32	11,680	0.00		7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		32	11,680	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	10	3,650			16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY	44.00	10	3,650			19.00
20.00 NURSING FACILITY	45.00	98	35,770			20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.01 RURAL HEALTH CLINIC (RHC)	88.01					26.01
26.02 RURAL HEALTH CLINIC (RHC)	88.02					26.02
26.03 RURAL HEALTH CLINIC (RHC)	88.03					26.03
26.04 RURAL HEALTH CLINIC (RHC)	88.04					26.04
26.05 RURAL HEALTH CLINIC (RHC)	88.05					26.05
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		150				27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF	40.00					28.01
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2012 7:47 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	1,312	695	2,627		1.00
2.00 HMO		11	0			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	1,169	0	1,170		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		3	100		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	2,481	698	3,897		7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		242	387		13.00
14.00 Total (see instructions)	0	2,481	940	4,284		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	2,208	0	2,311		16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	1,875	0	1,892		19.00
20.00 NURSING FACILITY	0		17,162	20,961		20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	6,885	8,745	26,893		26.00
26.01 RURAL HEALTH CLINIC (RHC)	0	0	0	0		26.01
26.02 RURAL HEALTH CLINIC (RHC)	0	0	0	0		26.02
26.03 RURAL HEALTH CLINIC (RHC)	0	0	0	0		26.03
26.04 RURAL HEALTH CLINIC (RHC)	0	0	0	0		26.04
26.05 RURAL HEALTH CLINIC (RHC)	0	0	0	0		26.05
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	628		28.00
28.01 SUBPROVIDER - IPF				0		28.01
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	120		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2012 7:47 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	390	1.00
2.00 HMO					3	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	206.92	0.00	0	390	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	13.55	0.00	0	240	16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	6.27	0.00			19.00
20.00 NURSING FACILITY	0.00	69.44	0.00			20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	35.42	0.00			26.00
26.01 RURAL HEALTH CLINIC (RHC)	0.00	0.00	0.00			26.01
26.02 RURAL HEALTH CLINIC (RHC)	0.00	0.00	0.00			26.02
26.03 RURAL HEALTH CLINIC (RHC)	0.00	0.00	0.00			26.03
26.04 RURAL HEALTH CLINIC (RHC)	0.00	0.00	0.00			26.04
26.05 RURAL HEALTH CLINIC (RHC)	0.00	0.00	0.00			26.05
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00	331.60	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2012 7:47 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	273	941		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	273	941		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	258		16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.01 RURAL HEALTH CLINIC (RHC)				26.01
26.02 RURAL HEALTH CLINIC (RHC)				26.02
26.03 RURAL HEALTH CLINIC (RHC)				26.03
26.04 RURAL HEALTH CLINIC (RHC)				26.04
26.05 RURAL HEALTH CLINIC (RHC)				26.05
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140137		Period: From 01/01/2011 To 12/31/2011		Worksheet S-3 Part II Date/Time Prepared: 5/21/2012 7:47 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4		
	1.00	2.00	3.00	4.00	5.00		
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	16,442,407	0	16,442,407	689,708.00	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		0	388,381	388,381	4,400.00	3.00
4.00	Physician-Part A		0	0	0	0.00	4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00	4.01
5.00	Physician-Part B		1,806,764	0	1,806,764	11,668.00	5.00
6.00	Non-physician-Part B		328,606	0	328,606	6,010.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	2,337	124,426	126,763	13,053.09	9.00
10.00	Excluded area salaries (see instructions)		3,463,363	-124,426	3,338,937	220,442.91	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		1,360,193	0	1,360,193	24,008.00	11.00
12.00	Management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: physician-Part A		0	0	0	0.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	14.00
15.00	Home office: physician Part A		0	0	0	0.00	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		2,453,750	0	2,453,750		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		1,209,337	0	1,209,337		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		24,138	0	24,138		21.00
22.00	Physician Part A		0	0	0		22.00
23.00	Physician Part B		63,427	0	63,427		23.00
24.00	Wage-related costs (RHC/FQHC)		33,046	0	33,046		24.00
25.00	Interns & residents (in an approved program)		0	0	0		25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	163,662	0	163,662	5,506.00	26.00
27.00	Administrative & General	5.00	1,938,199	0	1,938,199	56,810.00	27.00
28.00	Administrative & General under contract (see inst.)		128,339	0	128,339	972.15	28.00
29.00	Maintenance & Repairs	6.00	308,620	0	308,620	13,921.00	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	30.00
31.00	Laundry & Linen Service	8.00	141,530	0	141,530	13,101.00	31.00
32.00	Housekeeping	9.00	354,406	0	354,406	32,264.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	501,935	-148,600	353,335	31,632.56	34.00
35.00	Dietary under contract (see instructions)		29,065	0	29,065	687.00	35.00
36.00	Cafeteria	11.00	0	148,600	148,600	13,306.44	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	714,414	0	714,414	38,774.00	38.00
39.00	Central Services and Supply	14.00	80,816	0	80,816	4,307.00	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	361,119	0	361,119	21,597.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet S-3
Part II
Date/Time Prepared:
5/21/2012 7:47 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	23.84	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	88.27	3.00
4.00	Physician-Part A	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	154.85	5.00
6.00	Non-physician-Part B	54.68	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	9.71	9.00
10.00	Excluded area salaries (see instructions)	15.15	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	56.66	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	0.00	13.00
14.00	Home office salaries & wage-related costs	0.00	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	29.72	26.00
27.00	Administrative & General	34.12	27.00
28.00	Administrative & General under contract (see inst.)	132.02	28.00
29.00	Maintenance & Repairs	22.17	29.00
30.00	Operation of Plant	0.00	30.00
31.00	Laundry & Linen Service	10.80	31.00
32.00	Housekeeping	10.98	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	11.17	34.00
35.00	Dietary under contract (see instructions)	42.31	35.00
36.00	Cafeteria	11.17	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	18.43	38.00
39.00	Central Services and Supply	18.76	39.00
40.00	Pharmacy	0.00	40.00
41.00	Medical Records & Medical Records Library	16.72	41.00
42.00	Social Service	0.00	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet S-3
Part III
Date/Time Prepared:
5/21/2012 7:47 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	14,464,441	-388,381	14,076,060	669,289.15	1.00
2.00	Excluded area salaries (see instructions)	3,465,700	0	3,465,700	233,496.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	10,998,741	-388,381	10,610,360	435,793.15	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,360,193	0	1,360,193	24,008.00	4.00
5.00	Subtotal wage-related costs (see inst.)	2,453,750	0	2,453,750	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	14,812,684	-388,381	14,424,303	459,801.15	6.00
7.00	Total overhead cost (see instructions)	4,722,105	0	4,722,105	232,878.15	7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part III Date/Time Prepared: 5/21/2012 7:47 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	21.03	1.00
2.00	Excluded area salaries (see instructions)	14.84	2.00
3.00	Subtotal salaries (line 1 minus line 2)	24.35	3.00
4.00	Subtotal other wages & related costs (see inst.)	56.66	4.00
5.00	Subtotal wage-related costs (see inst.)	23.13	5.00
6.00	Total (sum of lines 3 thru 5)	31.37	6.00
7.00	Total overhead cost (see instructions)	20.28	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet S-3
Part IV
Date/Time Prepared:
5/21/2012 7:47 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	132,252	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	2,157,518	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	64,359	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	47,630	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	242,068	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	1,106,958	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	32,913	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	3,783,698	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet S-3
Part V
Date/Time Prepared:
5/21/2012 7:47 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,360,193	3,783,698	1.00
2.00	Hospital	1,360,193	3,783,698	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
14.01	Hospital-Based Health Clinic RHC 1	0	0	14.01
14.02	Hospital-Based Health Clinic RHC 2	0	0	14.02
14.03	Hospital-Based Health Clinic RHC 3	0	0	14.03
14.04	Hospital-Based Health Clinic RHC 4	0	0	14.04
14.05	Hospital-Based Health Clinic RHC 5	0	0	14.05
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00		0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet S-7

Date/Time Prepared:
5/21/2012 7:47 pm

		1.00	2.00	1.00
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.			1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.			2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
3.00	RUX	14	0	14	3.00
4.00	RUL	40	7	47	4.00
5.00	RVX	11	0	11	5.00
6.00	RVL	29	63	92	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	15	5	20	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	4	4	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	49	64	113	12.00
13.00	RUB	241	142	383	13.00
14.00	RUA	353	252	605	14.00
15.00	RVC	164	25	189	15.00
16.00	RVB	78	48	126	16.00
17.00	RVA	680	354	1,034	17.00
18.00	RHC	32	0	32	18.00
19.00	RHB	14	6	20	19.00
20.00	RHA	29	55	84	20.00
21.00	RMC	59	10	69	21.00
22.00	RMB	0	9	9	22.00
23.00	RMA	51	15	66	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	0	23	23	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	2	2	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	0	3	3	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	0	17	17	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	1	0	1	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	0	8	8	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	2	7	9	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	0	0	0	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	2	0	2	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	8	0	8	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	2	7	9	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	0	43	43	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	1	0	1	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet S-7

Date/Time Prepared:
5/21/2012 7:47 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		1,875	1,169	3,044	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).					201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		234,645			207.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 140137 Component CCN: 143491	Period: From 01/01/2011 To 12/31/2011	Worksheet S-8 Date/Time Prepared: 5/21/2012 7:47 pm
			Rural Health Clinic (RHC) I	Cost
				1.00
1.00	Clinic Address and Identification		150 HEALTHCARE DRIVE	
	Street	City	State	Zip Code
		1.00	2.00	3.00
2.00	City, State, Zip Code, County	GREENVILLE	IL	62246
				1.00
3.00	FOHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0
			Grant Award	Date
			1.00	2.00
Source of Federal Funds				
4.00	Community Health Center (Section 330(d), PHS Act)			0
5.00	Migrant Health Center (Section 329(d), PHS Act)			0
6.00	Health Services for the Homeless (Section 340(d), PHS Act)			0
7.00	Appalachian Regional Commission			0
8.00	Look-Alikes			0
9.00	OTHER (SPECIFY)			0
			1.00	2.00
10.00	Does this facility operate as other than an RHC or FOHC? Enter "Y" for yes and "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)		N	0
		Sunday	Monday	
		from to	from to	
		1.00 2.00	3.00 4.00	
11.00	Facility hours of operations (1)		07:00	19:00
Clinic				
			1.00	2.00
12.00	Have you received an approval for an exception to the productivity standard?			N
13.00	Is this a consolidated cost report as defined in CMS Pub. 27, section 508(D)? If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.			Y
				6
			1.00	2.00
			Provider name	CCN number
			1.00	2.00
14.00	Provider name, CCN number		GREENVILLE FAMILY WELLNESS	143491
14.01			GREENVILLE FAMILY WELLNESS	143498
14.02			GREENVILLE MEDICAL ASSOCIATES	148512
14.03			GREENVILLE MEDICAL ASSOCIATES	148513
14.04			MCCRACKEN DAWDY HALL FAMILY PRACTICE	148519
14.05			MCCRACKEN DAWDY HALL FAMILY PRACTICE	148520
14.06				
			Y/N	V
			1.00	2.00
			XVIII	XIX
			3.00	4.00
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes and "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. (see instructions)		0	0
				0

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 140137 Component CCN: 143491	Period: From 01/01/2011 To 12/31/2011	Worksheet S-8 Date/Time Prepared: 5/21/2012 7:47 pm
			Rural Health Clinic (RHC) I	Cost
		County		
		4.00		
2.00	City, State, Zip Code, County	BOND		2.00
		Tuesday		
		from	to	
		5.00	6.00	
		Wednesday		
		from	to	
		7.00	8.00	
11.00	Facility hours of operations (1) Clinic	07:00	17:00	07:00
				17:00
				11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 140137 Component CCN: 143491	Period: From 01/01/2011 To 12/31/2011	Worksheet S-8 Date/Time Prepared: 5/21/2012 7:47 pm		
			Rural Health Clinic (RHC) I	Cost		
		Thursday		Friday		
		from	to	from	to	
		9.00	10.00	11.00	12.00	
11.00	Facility hours of operations (1) Clinic	07:00	17:00	07:00	17:00	11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 140137 Component CCN: 143491	Period: From 01/01/2011 To 12/31/2011	Worksheet S-8 Date/Time Prepared: 5/21/2012 7:47 pm
		Rural Health Clinic (RHC) I	Cost

		Saturday			
		from	to		
11.00	Facility hours of operations (1) Clinic	08:00	12:00		11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/21/2012 7:47 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.429678	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		1,503,097	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		1,008,418	5.00	
6.00	Medicaid charges		12,642,061	6.00	
7.00	Medicaid cost (line 1 times line 6)		5,432,015	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		2,920,500	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		2,920,500	19.00	
			1.00		
			2.00		
			3.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	941,876	276,143	1,218,019	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	404,703	118,653	523,356	21.00
22.00	Partial payment by patients approved for charity care	0	8,723	8,723	22.00
23.00	Cost of charity care (line 21 minus line 22)	404,703	109,930	514,633	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		2,327,766	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		121,877	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		2,205,889	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		947,822	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		1,462,455	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		4,382,955	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet A
Date/Time Prepared:
5/21/2012 7:47 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT		1,804,275	1,804,275	-643,478	1,160,797	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		718,131	718,131	1,160,035	1,878,166	2.00
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	163,662	4,128,976	4,292,638	0	4,292,638	4.00
5.00 ADMINISTRATIVE & GENERAL	1,938,199	2,624,588	4,562,787	-47,864	4,514,923	5.00
6.00 MAINTENANCE & REPAIRS	308,620	939,162	1,247,782	0	1,247,782	6.00
8.00 LAUNDRY & LINEN SERVICE	141,530	40,631	182,161	0	182,161	8.00
9.00 HOUSEKEEPING	354,406	76,065	430,471	0	430,471	9.00
10.00 DIETARY	501,935	525,464	1,027,399	-315,254	712,145	10.00
11.00 CAFETERIA	0	0	0	315,254	315,254	11.00
13.00 NURSING ADMINISTRATION	714,414	49,369	763,783	0	763,783	13.00
14.00 CENTRAL SERVICES & SUPPLY	80,816	41,292	122,108	0	122,108	14.00
16.00 MEDICAL RECORDS & LIBRARY	361,119	48,352	409,471	0	409,471	16.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	469,895	469,895	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	1,882,878	530,147	2,413,025	-369,355	2,043,670	30.00
40.00 SUBPROVIDER - IPF	551,694	189,310	741,004	0	741,004	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	281,790	281,790	43.00
44.00 SKILLED NURSING FACILITY	2,337	0	2,337	143,373	145,710	44.00
45.00 NURSING FACILITY	1,531,138	228,858	1,759,996	-143,373	1,616,623	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	609,752	203,089	812,841	0	812,841	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	87,565	87,565	52.00
53.00 ANESTHESIOLOGY	388,381	122,147	510,528	-469,895	40,633	53.00
54.00 RADIOLOGY-DIAGNOSTIC	528,203	636,958	1,165,161	0	1,165,161	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	537,698	851,705	1,389,403	0	1,389,403	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	236,262	18,061	254,323	-90,932	163,391	65.00
66.00 PHYSICAL THERAPY	0	935,822	935,822	-310,640	625,182	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	211,244	211,244	67.00
68.00 SPEECH PATHOLOGY	0	0	0	99,396	99,396	68.00
69.00 ELECTROCARDIOLOGY	0	57,291	57,291	90,932	148,223	69.00
69.01 CARDIAC REHAB	8,616	734	9,350	0	9,350	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	488,101	488,101	0	488,101	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	33,433	33,433	0	33,433	72.00
73.00 DRUGS CHARGED TO PATIENTS	372,837	1,211,858	1,584,695	0	1,584,695	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 SNR DAY TREATMENT- WHITE OAKS	140,927	78,540	219,467	0	219,467	75.01
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	2,983,837	394,217	3,378,054	0	3,378,054	88.00
88.01 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.01
88.02 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.02
88.03 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.03
88.04 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.04
88.05 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.05
90.00 CLINIC	80,273	28,361	108,634	0	108,634	90.00
90.01 WELLNESS LINK	0	0	0	0	0	90.01
91.00 EMERGENCY	642,342	1,463,383	2,105,725	0	2,105,725	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	580,112	82,238	662,350	0	662,350	95.00
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	468,693	468,693	-468,693	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	15,641,988	19,019,251	34,661,239	0	34,661,239	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	689,452	42,093	731,545	0	731,545	192.00
193.00 NONPAID WORKERS	46,679	184,687	231,366	0	231,366	193.00
194.00 EMERALD POINT	64,288	342,422	406,710	0	406,710	194.00
200.00 TOTAL (SUM OF LINES 118-199)	16,442,407	19,588,453	36,030,860	0	36,030,860	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet A
Date/Time Prepared:
5/21/2012 7:47 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	-256,690	904,107	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-129,557	1,748,609	2.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	-973,196	3,319,442	4.00
5.00	ADMINISTRATIVE & GENERAL	-538,983	3,975,940	5.00
6.00	MAINTENANCE & REPAIRS	-11,260	1,236,522	6.00
8.00	LAUNDRY & LINEN SERVICE	0	182,161	8.00
9.00	HOUSEKEEPING	-15	430,456	9.00
10.00	DIETARY	-51,092	661,053	10.00
11.00	CAFETERIA	-106,074	209,180	11.00
13.00	NURSING ADMINISTRATION	-7,460	756,323	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	122,108	14.00
16.00	MEDICAL RECORDS & LIBRARY	-11,742	397,729	16.00
19.00	NONPHYSICIAN ANESTHETISTS	-469,895	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-588,675	1,454,995	30.00
40.00	SUBPROVIDER - I PF	-126,039	614,965	40.00
41.00	SUBPROVIDER - I RF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	281,790	43.00
44.00	SKILLED NURSING FACILITY	0	145,710	44.00
45.00	NURSING FACILITY	0	1,616,623	45.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-1,500	811,341	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	87,565	52.00
53.00	ANESTHESIOLOGY	0	40,633	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-118,412	1,046,749	54.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	-16,850	1,372,553	60.00
60.01	BLOOD LABORATORY	0	0	60.01
65.00	RESPIRATORY THERAPY	-4,360	159,031	65.00
66.00	PHYSICAL THERAPY	0	625,182	66.00
67.00	OCCUPATIONAL THERAPY	0	211,244	67.00
68.00	SPEECH PATHOLOGY	0	99,396	68.00
69.00	ELECTROCARDIOLOGY	-50,191	98,032	69.00
69.01	CARDIAC REHAB	0	9,350	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	-389	487,712	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	33,433	72.00
73.00	DRUGS CHARGED TO PATIENTS	-199,547	1,385,148	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	SNR DAY TREATMENT- WHITE OAKS	-24,000	195,467	75.01
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	-97,150	3,280,904	88.00
88.01	RURAL HEALTH CLINIC (RHC)	0	0	88.01
88.02	RURAL HEALTH CLINIC (RHC)	0	0	88.02
88.03	RURAL HEALTH CLINIC (RHC)	0	0	88.03
88.04	RURAL HEALTH CLINIC (RHC)	0	0	88.04
88.05	RURAL HEALTH CLINIC (RHC)	0	0	88.05
90.00	CLINIC	-26,430	82,204	90.00
90.01	WELLNESS LINK	0	0	90.01
91.00	EMERGENCY	-1,456,785	648,940	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	-15,206	647,144	95.00
99.10	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-5,281,498	29,379,741	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	731,545	192.00
193.00	NONPAID WORKERS	0	231,366	193.00
194.00	EMERALD POINT	0	406,710	194.00
200.00	TOTAL (SUM OF LINES 118-199)	-5,281,498	30,749,362	200.00

RECLASSIFICATIONS

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-6
Date/Time Prepared:
5/21/2012 7:47 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RECLASS CRNA FEES					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	388,381	81,514	1.00
	TOTALS		388,381	81,514	
C - RECLASS CAFETERIA EXPENSE					
1.00	CAFETERIA	11.00	148,600	166,654	1.00
	TOTALS		148,600	166,654	
I - RECLASS DEPRECIATION EXPENSE					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	702,872	1.00
	TOTALS		0	702,872	
J - RECLASS EKG SALARIES					
1.00	ELECTROCARDIOLOGY	69.00	90,932	0	1.00
	TOTALS		90,932	0	
K - RECLASS OB EXPENSE					
1.00	NURSERY	43.00	240,139	41,651	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	74,622	12,943	2.00
	TOTALS		314,761	54,594	
L - RECLASS CONTRACT THERAPY EXPENSE					
1.00	OCCUPATIONAL THERAPY	67.00	0	211,244	1.00
2.00	SPEECH PATHOLOGY	68.00	0	99,396	2.00
	TOTALS		0	310,640	
M - RECLASS PROPERTY INSURANCE EXPENSE					
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	47,864	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	47,864	
N - RECLASS INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	22,562	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	446,131	2.00
	TOTALS		0	468,693	
W - RECLASS SNF EXPENSES					
1.00	SKILLED NURSING FACILITY	44.00	124,426	18,947	1.00
	TOTALS		124,426	18,947	
500.00	Grand Total: Increases		1,067,100	1,851,778	500.00

RECLASSIFICATIONS

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-6
Date/Time Prepared:
5/21/2012 7:47 pm

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
	6.00	7.00	8.00	9.00	10.00		
A - RECLASS CRNA FEES							
1.00	ANESTHESIOLOGY	53.00	388,381	81,514	0		1.00
	TOTALS		388,381	81,514			
C - RECLASS CAFETERIA EXPENSE							
1.00	DIETARY	10.00	148,600	166,654	0		1.00
	TOTALS		148,600	166,654			
I - RECLASS DEPRECIATION EXPENSE							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	702,872	9		1.00
	TOTALS		0	702,872			
J - RECLASS EKG SALARIES							
1.00	RESPIRATORY THERAPY	65.00	90,932	0	0		1.00
	TOTALS		90,932	0			
K - RECLASS OB EXPENSE							
1.00	ADULTS & PEDIATRICS	30.00	314,761	54,594	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		314,761	54,594			
L - RECLASS CONTRACT THERAPY EXPENSE							
1.00	PHYSICAL THERAPY	66.00	0	310,640	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	310,640			
M - RECLASS PROPERTY INSURANCE EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	36,832	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	11,032	0		2.00
	TOTALS		0	47,864			
N - RECLASS INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	468,693	11		1.00
2.00		0.00	0	0	11		2.00
	TOTALS		0	468,693			
W - RECLASS SNF EXPENSES							
1.00	NURSING FACILITY	45.00	124,426	18,947	0		1.00
	TOTALS		124,426	18,947			
500.00	Grand Total: Decreases		1,067,100	1,851,778			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/21/2012 7:47 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0	0	0	1.00
2.00	Land Improvements	1,205,116	7,076	0	7,076	2.00
3.00	Buildings and Fixtures	30,592,934	159,032	0	159,032	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	8,963,402	1,008,292	0	1,008,292	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	40,761,452	1,174,400	0	1,174,400	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	40,761,452	1,174,400	0	1,174,400	10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,804,275	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	718,131	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,522,406	0	0	0	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	31,919,527	0	31,919,527	0.769521	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	9,560,209	0	9,560,209	0.230479	2.00
3.00	Total (sum of lines 1-2)	41,479,736	0	41,479,736	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/21/2012 7:47 pm

		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0		1.00	
2.00	Land Improvements	1,212,192	0		2.00	
3.00	Buildings and Fixtures	30,707,335	0		3.00	
4.00	Building Improvements	0	0		4.00	
5.00	Fixed Equipment	0	0		5.00	
6.00	Movable Equipment	9,560,209	0		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	41,479,736	0		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	41,479,736	0		10.00	
SUMMARY OF CAPITAL						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	1,804,275		1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	718,131		2.00	
3.00	Total (sum of lines 1-2)	0	2,522,406		3.00	
ALLOCATION OF OTHER CAPITAL						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	36,832	848,281	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	11,032	1,362,759	0
3.00	Total (sum of lines 1-2)	0	0	47,864	2,211,040	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/21/2012 7:47 pm

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	18,994	36,832	0	0	904,107	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	374,818	11,032	0	0	1,748,609	2.00
3.00	Total (sum of lines 1-2)	393,812	47,864	0	0	2,652,716	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-8

Date/Time Prepared:
5/21/2012 7:47 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-3,568	NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-70,541	NEW CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00 Investment income - other (chapter 2)		0		0.00 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-7,110	NURSING ADMINISTRATION	13.00 7.00
8.00 Television and radio service (chapter 21)		0		0.00 8.00
9.00 Parking lot (chapter 21)		0		0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-2,530,530		10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-186	RADIOLOGY-DIAGNOSTIC	54.00 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-118,935		12.00
13.00 Laundry and linen service		0		0.00 13.00
14.00 Cafeteria-employees and guests	B	-106,074	CAFETERIA	11.00 14.00
15.00 Rental of quarters to employee and others		0		0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00 16.00
17.00 Sale of drugs to other than patients	B	-191,594	DRUGS CHARGED TO PATIENTS	73.00 17.00
18.00 Sale of medical records and abstracts	B	-11,742	MEDICAL RECORDS & LIBRARY	16.00 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00 Vending machines	B	-1,432	DIETARY	10.00 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00 25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00 Non-physician Anesthetist	A	-469,895	NONPHYSICIAN ANESTHETISTS	19.00 28.00
29.00 Physicians' assistant		0		0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0		0.00 32.00
33.00 VARIOUS ADMINISTRATIVE	B	-495	ADMINISTRATIVE & GENERAL	5.00 33.00
35.00 CLINIC PROPERTY RENTAL	B	-134,187	NEW CAP REL COSTS-BLDG & FIXT	1.00 35.00
44.00 LOBBYING EXPENSE	A	-13,048	ADMINISTRATIVE & GENERAL	5.00 44.00
45.00 ADVERTISING OFFSET SALARY	A	-44,193	ADMINISTRATIVE & GENERAL	5.00 45.00
45.01 ADVERTISING OFFSET OTHER EXP	A	-194,244	ADMINISTRATIVE & GENERAL	5.00 45.01
45.02 AMBULANCE REIMBURSEMENT	B	-15,106	AMBULANCE SERVICES	95.00 45.02
45.03 HEALTH FAIR TESTS INCOME-LAB	A	-119,363	ADMINISTRATIVE & GENERAL	5.00 45.03
45.04 EHR INTEREST EXPENSE	A	-772	NEW CAP REL COSTS-MVBLE EQUIP	2.00 45.04
45.05 EHR DEPRECIATION EXPENSE	A	-52,650	NEW CAP REL COSTS-MVBLE EQUIP	2.00 45.05
45.06 VENDI NG MACHI NES	B	-15	HOUSEKEEPING	9.00 45.06
45.07 PHYSICIAN RECRUITMENT EXP SALARIES	A	-95,900	ADMINISTRATIVE & GENERAL	5.00 45.07
45.08 PHYSICIAN RECRUITMENT EXP OTH EXP	A	-44,717	ADMINISTRATIVE & GENERAL	5.00 45.08
45.09 COUNTRY CLUB DUES	A	-1,700	ADMINISTRATIVE & GENERAL	5.00 45.09
45.10 CRNA RELATED BENEFITS	A	-95,933	EMPLOYEE BENEFITS	4.00 45.10
45.11 EDUCATION SEMINARS	B	-6,440	RURAL HEALTH CLINIC	88.00 45.11
45.12 ADVERTISING OFFSET-EMPLOYEE BENEFITS	A	-10,916	EMPLOYEE BENEFITS	4.00 45.12
45.13 EDUCATION SEMINARS	B	-100	AMBULANCE SERVICES	95.00 45.13

Provider CCN: 140137

Period:
 From 01/01/2011
 To 12/31/2011

Worksheet A-8

Date/Time Prepared:
 5/21/2012 7:47 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center			Line #
			1.00	2.00		3.00
45.14 GREEN TEAM SAVINGS	B	-143	ADMINISTRATIVE & GENERAL	5.00	45.14	
45.16 TELEPHONE SERVICE	A	-11,260	MAINTENANCE & REPAIRS	6.00	45.16	
45.17 TELEPHONE SERVICE	A	-5,594	NEW CAP REL COSTS-MVBLE EQUIP	2.00	45.17	
45.23 NUTRITION COUNSEL REVENUE	B	-9,608	DIETARY	10.00	45.23	
45.25 BARBER AND BEAUTY EXPENSE	A	-7,180	ADMINISTRATIVE & GENERAL	5.00	45.25	
45.27 EDUCATION SEMINARS	B	-350	NURSING ADMINISTRATION	13.00	45.27	
45.28 EDUCATION SEMINARS	B	-2,500	CLINIC	90.00	45.28	
45.29 CPAP SETUPS NON PATIENT	B	-3,570	RESPIRATORY THERAPY	65.00	45.29	
45.30 CATERING REVENUE	B	-40,052	DIETARY	10.00	45.30	
45.31		0		0.00	45.31	
45.32		0		0.00	45.32	
45.33 MISC SUPPLY REVENUE	B	-7,953	DRUGS CHARGED TO PATIENTS	73.00	45.33	
45.34 MISC SUPPLY REVENUE	B	-389	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	45.34	
45.35 SELF INSURANCE ADJUSTMENT	A	-842,133	EMPLOYEE BENEFITS	4.00	45.35	
45.36 PHYSICIAN RECRUITMENT	A	-1,530	EMPLOYEE BENEFITS	4.00	45.36	
45.37		0		0.00	45.37	
45.38 COMMUNITY HEALTH EVENTS INCOME	B	-7,850	LABORATORY	60.00	45.38	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-5,281,498			50.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-8

Date/Time Prepared:
5/21/2012 7:47 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	11	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	VARIOUS ADMINISTRATIVE	0	33.00
35.00	CLINIC PROPERTY RENTAL	9	35.00
44.00	LOBBYING EXPENSE	0	44.00
45.00	ADVERTISING OFFSET SALARY	0	45.00
45.01	ADVERTISING OFFSET OTHER EXP	0	45.01
45.02	AMBULANCE REIMBURSEMENT	0	45.02
45.03	HEALTH FAIR TESTS INCOME-LAB	0	45.03
45.04	EHR INTEREST EXPENSE	11	45.04
45.05	EHR DEPRECIATION EXPENSE	9	45.05
45.06	VENDING MACHINES	0	45.06
45.07	PHYSICIAN RECRUITMENT EXP SALARIES	0	45.07
45.08	PHYSICIAN RECRUITMENT EXP OTH EXP	0	45.08
45.09	COUNTRY CLUB DUES	0	45.09
45.10	CRNA RELATED BENEFITS	0	45.10
45.11	EDUCATION SEMINARS	0	45.11
45.12	ADVERTISING OFFSET-EMPLOYEE BENEFITS	0	45.12
45.13	EDUCATION SEMINARS	0	45.13
45.14	GREEN TEAM SAVINGS	0	45.14
45.16	TELEPHONE SERVICE	0	45.16
45.17	TELEPHONE SERVICE	9	45.17
45.23	NUTRITION COUNSEL REVENUE	0	45.23
45.25	BARBER AND BEAUTY EXPENSE	0	45.25
45.27	EDUCATION SEMINARS	0	45.27
45.28	EDUCATION SEMINARS	0	45.28
45.29	CPAP SETUPS NON PATIENT	0	45.29
45.30	CATERING REVENUE	0	45.30
45.31		0	45.31
45.32		0	45.32

ADJUSTMENTS TO EXPENSES

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-8

Date/Time Prepared:
5/21/2012 7:47 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
45.33	MISC SUPPLY REVENUE	0	45.33
45.34	MISC SUPPLY REVENUE	0	45.34
45.35	SELF INSURANCE ADJUSTMENT	0	45.35
45.36	PHYSICIAN RECRUITMENT	0	45.36
45.37		0	45.37
45.38	COMMUNITY HEALTH EVENTS INCOME	0	45.38
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-8-1

Date/Time Prepared:
5/21/2012 7:47 pm

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	GFW RHC LEASE EXPENSE	1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	GMA RHC LEASE EXPENSE	2.00
3.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	GFW-MG RHC LEASE EXPENSE	3.00
4.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	GMA-KEYESPORT RHC LEASE	4.00
4.01	1.00	NEW CAP REL COSTS-BLDG & FIXT	MDH RHC LEASE EXPENSE	4.01
4.02	1.00	NEW CAP REL COSTS-BLDG & FIXT	MDH POKEY RHC LEASE EXPENSE	4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

	Symbol (1)	Name	Percentage of Ownership	
	1.00	2.00	3.00	

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

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B	GREENVILLE REGI	100.00	6.00
7.00			0.00	7.00
8.00			0.00	8.00
9.00			0.00	9.00
10.00			0.00	10.00
100.00	G. Other (financial or non-financial) specify:			100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

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

Provider CCN: 140137

Period: From 01/01/2011 To 12/31/2011

Worksheet A-8-1

Date/Time Prepared: 5/21/2012 7:47 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	21,386	59,064	-37,678	9		1.00
2.00	27,820	60,192	-32,372	9		2.00
3.00	10,096	26,004	-15,908	9		3.00
4.00	170	17,160	-16,990	9		4.00
4.01	18,656	28,860	-10,204	9		4.01
4.02	1,689	7,472	-5,783	9		4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	79,817	198,752	-118,935		5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Related Organization(s) and/or Home Office			
Name	Percentage of Ownership	Type of Business	
4.00	5.00	6.00	

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

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00		0.00	6.00
7.00		0.00	7.00
8.00		0.00	8.00
9.00		0.00	9.00
10.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:		100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-8-2

Date/Time Prepared:
5/21/2012 7:47 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	54.00	RADIOLOGY-DIAGNOSTIC	118,226	118,226	1.00
2.00	90.00	CLINIC	23,930	23,930	2.00
3.00	69.00	ELECTROCARDIOLOGY	50,191	50,191	3.00
4.00	91.00	EMERGENCY	1,456,785	1,456,785	4.00
5.00	60.00	LABORATORY	9,000	9,000	5.00
6.00	40.00	SUBPROVIDER - IPF	126,039	126,039	6.00
7.00	65.00	RESPIRATORY THERAPY	790	790	7.00
8.00	4.00	EMPLOYEE BENEFITS	22,684	22,684	8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	18,000	18,000	9.00
10.00	30.00	ADULTS & PEDIATRICS	588,675	588,675	10.00
11.00	50.00	OPERATING ROOM	1,500	1,500	11.00
12.00	75.01	SNR DAY TREATMENT- WHITE OAKS	24,000	24,000	12.00
13.00	88.00	RURAL HEALTH CLINIC	90,710	90,710	13.00
200.00			2,530,530	2,530,530	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-8-2

Date/Time Prepared:
5/21/2012 7:47 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-8-2

Date/Time Prepared:
5/21/2012 7:47 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-8-2
Date/Time Prepared:
5/21/2012 7:47 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	118,226	1.00
2.00	0	23,930	2.00
3.00	0	50,191	3.00
4.00	0	1,456,785	4.00
5.00	0	9,000	5.00
6.00	0	126,039	6.00
7.00	0	790	7.00
8.00	0	22,684	8.00
9.00	0	18,000	9.00
10.00	0	588,675	10.00
11.00	0	1,500	11.00
12.00	0	24,000	12.00
13.00	0	90,710	13.00
200.00	0	2,530,530	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet B
Part I
Date/Time Prepared:
5/21/2012 7:47 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	904,107	904,107				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	1,748,609		1,748,609			2.00
4.00 EMPLOYEE BENEFITS	3,319,442	1,014	1,962	3,322,418		4.00
5.00 ADMINISTRATIVE & GENERAL	3,975,940	61,296	118,552	391,365	4,547,153	5.00
6.00 MAINTENANCE & REPAIRS	1,236,522	58,120	112,408	67,172	1,474,222	6.00
8.00 LAUNDRY & LINEN SERVICE	182,161	7,443	14,395	30,805	234,804	8.00
9.00 HOUSEKEEPING	430,456	10,486	20,280	77,138	538,360	9.00
10.00 DIETARY	661,053	25,657	49,622	76,905	813,237	10.00
11.00 CAFETERIA	209,180	7,896	15,271	32,343	264,690	11.00
13.00 NURSING ADMINISTRATION	756,323	32,454	62,769	155,495	1,007,041	13.00
14.00 CENTRAL SERVICES & SUPPLY	122,108	59,193	114,483	17,590	313,374	14.00
16.00 MEDICAL RECORDS & LIBRARY	397,729	19,697	38,096	78,599	534,121	16.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	1,454,995	79,024	152,838	243,641	1,930,498	30.00
40.00 SUBPROVIDER - I/PF	614,965	33,611	65,006	120,078	833,660	40.00
41.00 SUBPROVIDER - I/RP	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	281,790	2,003	3,874	52,267	339,934	43.00
44.00 SKILLED NURSING FACILITY	145,710	23,042	44,564	27,590	240,906	44.00
45.00 NURSING FACILITY	1,616,623	0	0	333,258	1,949,881	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	811,341	67,155	129,883	132,715	1,141,094	50.00
52.00 DELIVERY ROOM & LABOR ROOM	87,565	8,985	17,378	16,242	130,170	52.00
53.00 ANESTHESIOLOGY	40,633	687	1,329	0	42,649	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,046,749	51,959	100,493	114,965	1,314,166	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	1,372,553	21,273	41,144	117,032	1,552,002	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	159,031	18,323	35,437	31,632	244,423	65.00
66.00 PHYSICAL THERAPY	625,182	14,115	27,299	0	666,596	66.00
67.00 OCCUPATIONAL THERAPY	211,244	4,845	9,370	0	225,459	67.00
68.00 SPEECH PATHOLOGY	99,396	2,280	4,409	0	106,085	68.00
69.00 ELECTROCARDIOLOGY	98,032	2,146	4,150	19,792	124,120	69.00
69.01 CARDIAC REHAB	9,350	3,319	6,420	1,875	20,964	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	487,712	0	0	0	487,712	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	33,433	0	0	0	33,433	72.00
73.00 DRUGS CHARGED TO PATIENTS	1,385,148	15,020	29,050	81,149	1,510,367	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 SNR DAY TREATMENT- WHITE OAKS	195,467	14,920	28,856	30,673	269,916	75.01
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	3,280,904	174,368	337,241	629,698	4,422,211	88.00
88.01 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.01
88.02 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.02
88.03 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.03
88.04 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.04
88.05 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.05
90.00 CLINIC	82,204	33,234	64,277	17,472	197,187	90.00
90.01 WELLNESS LINK	0	0	0	0	0	90.01
91.00 EMERGENCY	648,940	19,437	37,594	124,448	830,419	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	647,144	12,715	24,592	126,264	810,715	95.00
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	29,379,741	885,717	1,713,042	3,148,203	29,151,569	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	731,545	11,190	21,642	150,062	914,439	192.00
193.00 NONPAID WORKERS	231,366	7,200	13,925	10,160	262,651	193.00
194.00 EMERALD POINT	406,710	0	0	13,993	420,703	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
200.00 Cross Foot Adjustments						0 200.00
201.00 Negative Cost Centers		0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	30,749,362	904,107	1,748,609	3,322,418	30,749,362	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

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Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	5.00	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.00	ADMINISTRATIVE & GENERAL	4,547,153				5.00
6.00	MAINTENANCE & REPAIRS	255,838	1,730,060			6.00
8.00	LAUNDRY & LINEN SERVICE	40,748	12,395	287,947		8.00
9.00	HOUSEKEEPING	93,428	17,461	21,743	670,992	9.00
10.00	DIETARY	141,130	42,725	4,505	16,862	1,018,459
11.00	CAFETERIA	45,935	13,148	2,702	5,189	301,519
13.00	NURSING ADMINISTRATION	174,763	54,045	0	21,329	0
14.00	CENTRAL SERVICES & SUPPLY	54,383	98,571	3,453	38,901	0
16.00	MEDICAL RECORDS & LIBRARY	92,692	32,801	0	12,945	0
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	335,021	131,596	36,182	51,935	180,803
40.00	SUBPROVIDER - IPF	144,674	55,971	12,803	22,089	42,626
41.00	SUBPROVIDER - IRF	0	0	0	0	0
42.00	SUBPROVIDER	0	0	0	0	0
43.00	NURSERY	58,992	3,336	1,131	1,317	0
44.00	SKILLED NURSING FACILITY	41,807	38,370	12,918	15,143	34,825
45.00	NURSING FACILITY	338,384	425,036	143,118	167,742	385,801
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	198,027	111,831	10,210	44,135	0
52.00	DELIVERY ROOM & LABOR ROOM	22,590	14,963	9,397	5,905	0
53.00	ANESTHESIOLOGY	7,401	1,145	0	452	0
54.00	RADIOLOGY-DIAGNOSTIC	228,062	86,525	5,488	34,148	0
57.00	CT SCAN	0	0	0	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	LABORATORY	269,336	35,425	3,789	13,981	0
60.01	BLOOD LABORATORY	0	0	0	0	0
65.00	RESPIRATORY THERAPY	42,417	30,512	1,256	12,042	0
66.00	PHYSICAL THERAPY	115,682	23,505	5,786	9,276	0
67.00	OCCUPATIONAL THERAPY	39,126	8,068	0	3,184	0
68.00	SPEECH PATHOLOGY	18,410	3,797	0	1,498	0
69.00	ELECTROCARDIOLOGY	21,540	3,573	0	1,410	0
69.01	CARDIAC REHAB	3,638	5,527	0	2,181	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	84,638	0	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENT	5,802	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	262,111	25,013	0	9,871	0
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	SNR DAY TREATMENT- WHITE OAKS	46,841	24,845	0	9,805	0
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	767,430	290,367	1,335	114,595	0
88.01	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0
88.02	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0
88.03	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0
88.04	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0
88.05	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0
90.00	CLINIC	34,220	55,343	222	21,841	0
90.01	WELLNESS LINK	0	0	0	0	0
91.00	EMERGENCY	144,112	32,368	10,266	12,774	0
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	140,692	21,174	1,643	8,356	0
99.10	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0
110.00	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	ISLET ACQUISITION	0	0	0	0	0
113.00	INTEREST EXPENSE	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,269,870	1,699,436	287,947	658,906	945,574
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	PHYSICIANS' PRIVATE OFFICES	158,693	18,634	0	7,354	0
193.00	NONPAID WORKERS	45,581	11,990	0	4,732	0
194.00	EMERALD POINT	73,009	0	0	0	72,885
200.00	Cross Foot Adjustments	0	0	0	0	0
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118-201)	4,547,153	1,730,060	287,947	670,992	1,018,459

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	
	11.00	13.00	14.00	16.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	633,183					11.00
13.00 NURSING ADMINISTRATION	47,316	1,304,494				13.00
14.00 CENTRAL SERVICES & SUPPLY	5,360	0	514,042			14.00
16.00 MEDICAL RECORDS & LIBRARY	26,003	0	728	699,290		16.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	74,000	217,516	33,437	35,659	0	30.00
40.00 SUBPROVIDER - I PF	0	105,031	3,148	22,710	0	40.00
41.00 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	12,034	35,373	0	2,355	0	43.00
44.00 SKILLED NURSING FACILITY	16,543	33,167	0	2,518	0	44.00
45.00 NURSING FACILITY	183,282	367,446	20,560	27,899	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	30,215	88,814	46,742	51,215	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	3,740	10,994	0	5,631	0	52.00
53.00 ANESTHESIOLOGY	0	0	1,355	10,453	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	25,631	75,339	6,295	155,142	0	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	31,281	91,947	153,401	107,108	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	8,492	39,825	3,736	14,301	0	65.00
66.00 PHYSICAL THERAPY	0	0	3,003	35,700	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	14,504	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	6,547	0	68.00
69.00 ELECTROCARDIOLOGY	5,057	0	0	8,933	0	69.00
69.01 CARDIAC REHAB	420	1,233	144	649	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	177,102	14,339	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	12,131	2,112	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	8,962	26,342	0	63,448	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 SNR DAY TREATMENT- WHITE OAKS	9,639	28,332	171	5,912	0	75.01
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	93,361	0	24,679	0	0	88.00
88.01 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.01
88.02 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.02
88.03 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.03
88.04 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.04
88.05 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.05
90.00 CLINIC	5,675	0	433	1,591	0	90.00
90.01 WELLNESS LINK	0	0	0	0	0	90.01
91.00 EMERGENCY	26,792	78,752	18,611	74,411	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	104,383	5,222	36,153	0	95.00
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	613,803	1,304,494	510,898	699,290	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	17,232	0	1,954	0	0	192.00
193.00 NONPAID WORKERS	2,148	0	593	0	0	193.00
194.00 EMERALD POINT	0	0	597	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	633,183	1,304,494	514,042	699,290	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140137

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To 12/31/2011

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Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00 NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 EMPLOYEE BENEFITS				4.00
5.00 ADMINISTRATIVE & GENERAL				5.00
6.00 MAINTENANCE & REPAIRS				6.00
8.00 LAUNDRY & LINEN SERVICE				8.00
9.00 HOUSEKEEPING				9.00
10.00 DIETARY				10.00
11.00 CAFETERIA				11.00
13.00 NURSING ADMINISTRATION				13.00
14.00 CENTRAL SERVICES & SUPPLY				14.00
16.00 MEDICAL RECORDS & LIBRARY				16.00
19.00 NONPHYSICIAN ANESTHETISTS				19.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	3,026,647	0	3,026,647	30.00
40.00 SUBPROVIDER - IPF	1,242,712	0	1,242,712	40.00
41.00 SUBPROVIDER - IRF	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	42.00
43.00 NURSERY	454,472	0	454,472	43.00
44.00 SKILLED NURSING FACILITY	436,197	0	436,197	44.00
45.00 NURSING FACILITY	4,009,149	0	4,009,149	45.00
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	1,722,283	0	1,722,283	50.00
52.00 DELIVERY ROOM & LABOR ROOM	203,390	0	203,390	52.00
53.00 ANESTHESIOLOGY	63,455	0	63,455	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,930,796	0	1,930,796	54.00
57.00 CT SCAN	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	2,258,270	0	2,258,270	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
65.00 RESPIRATORY THERAPY	397,004	0	397,004	65.00
66.00 PHYSICAL THERAPY	859,548	0	859,548	66.00
67.00 OCCUPATIONAL THERAPY	290,341	0	290,341	67.00
68.00 SPEECH PATHOLOGY	136,337	0	136,337	68.00
69.00 ELECTROCARDIOLOGY	164,633	0	164,633	69.00
69.01 CARDIAC REHAB	34,756	0	34,756	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	763,791	0	763,791	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	53,478	0	53,478	72.00
73.00 DRUGS CHARGED TO PATIENTS	1,906,114	0	1,906,114	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01 SNR DAY TREATMENT- WHITE OAKS	395,461	0	395,461	75.01
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	5,713,978	0	5,713,978	88.00
88.01 RURAL HEALTH CLINIC (RHC)	0	0	0	88.01
88.02 RURAL HEALTH CLINIC (RHC)	0	0	0	88.02
88.03 RURAL HEALTH CLINIC (RHC)	0	0	0	88.03
88.04 RURAL HEALTH CLINIC (RHC)	0	0	0	88.04
88.05 RURAL HEALTH CLINIC (RHC)	0	0	0	88.05
90.00 CLINIC	316,512	0	316,512	90.00
90.01 WELLNESS LINK	0	0	0	90.01
91.00 EMERGENCY	1,228,505	0	1,228,505	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVICES	1,128,338	0	1,128,338	95.00
99.10 CORF	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00 PANCREAS ACQUISITION	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	28,736,167	0	28,736,167	118.00
NONREIMBURSABLE COST CENTERS				
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	1,118,306	0	1,118,306	192.00
193.00 NONPAID WORKERS	327,695	0	327,695	193.00
194.00 EMERALD POINT	567,194	0	567,194	194.00
200.00 Cross Foot Adjustments	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
202.00 TOTAL (sum lines 118-201)	30,749,362	0	30,749,362		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	1,014	1,962	2,976	2,976
5.00	ADMINISTRATIVE & GENERAL	0	61,296	118,552	179,848	351
6.00	MAINTENANCE & REPAIRS	0	58,120	112,408	170,528	60
8.00	LAUNDRY & LINEN SERVICE	0	7,443	14,395	21,838	28
9.00	HOUSEKEEPING	0	10,486	20,280	30,766	69
10.00	DIETARY	0	25,657	49,622	75,279	69
11.00	CAFETERIA	0	7,896	15,271	23,167	29
13.00	NURSING ADMINISTRATION	0	32,454	62,769	95,223	139
14.00	CENTRAL SERVICES & SUPPLY	0	59,193	114,483	173,676	16
16.00	MEDICAL RECORDS & LIBRARY	0	19,697	38,096	57,793	70
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	79,024	152,838	231,862	218
40.00	SUBPROVIDER - IPF	0	33,611	65,006	98,617	108
41.00	SUBPROVIDER - IRF	0	0	0	0	0
42.00	SUBPROVIDER	0	0	0	0	0
43.00	NURSERY	0	2,003	3,874	5,877	47
44.00	SKILLED NURSING FACILITY	0	23,042	44,564	67,606	25
45.00	NURSING FACILITY	0	0	0	0	299
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	67,155	129,883	197,038	119
52.00	DELIVERY ROOM & LABOR ROOM	0	8,985	17,378	26,363	15
53.00	ANESTHESIOLOGY	0	687	1,329	2,016	0
54.00	RADIOLOGY-DIAGNOSTIC	0	51,959	100,493	152,452	103
57.00	CT SCAN	0	0	0	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	LABORATORY	0	21,273	41,144	62,417	105
60.01	BLOOD LABORATORY	0	0	0	0	0
65.00	RESPIRATORY THERAPY	0	18,323	35,437	53,760	28
66.00	PHYSICAL THERAPY	0	14,115	27,299	41,414	0
67.00	OCCUPATIONAL THERAPY	0	4,845	9,370	14,215	0
68.00	SPEECH PATHOLOGY	0	2,280	4,409	6,689	0
69.00	ELECTROCARDIOLOGY	0	2,146	4,150	6,296	18
69.01	CARDIAC REHAB	0	3,319	6,420	9,739	2
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	15,020	29,050	44,070	73
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	SNR DAY TREATMENT- WHITE OAKS	0	14,920	28,856	43,776	27
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	174,368	337,241	511,609	562
88.01	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0
88.02	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0
88.03	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0
88.04	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0
88.05	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0
90.00	CLINIC	0	33,234	64,277	97,511	16
90.01	WELLNESS LINK	0	0	0	0	0
91.00	EMERGENCY	0	19,437	37,594	57,031	111
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	12,715	24,592	37,307	113
99.10	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0
110.00	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	ISLET ACQUISITION	0	0	0	0	0
113.00	INTEREST EXPENSE	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	885,717	1,713,042	2,598,759	2,820
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	PHYSICIANS' PRIVATE OFFICES	0	11,190	21,642	32,832	134
193.00	NONPAID WORKERS	0	7,200	13,925	21,125	9
194.00	EMERALD POINT	0	0	0	0	13
200.00	Cross Foot Adjustments					200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	904,107	1,748,609	2,652,716	2,976	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet B
Part II
Date/Time Prepared:
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Cost Center	Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	180,199					5.00
6.00	MAINTENANCE & REPAIRS	10,138	180,726				6.00
8.00	LAUNDRY & LINEN SERVICE	1,615	1,295	24,776			8.00
9.00	HOUSEKEEPING	3,702	1,824	1,871	38,232		9.00
10.00	DIETARY	5,593	4,463	388	961	86,753	10.00
11.00	CAFETERIA	1,820	1,374	233	296	25,684	11.00
13.00	NURSING ADMINISTRATION	6,925	5,646	0	1,215	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	2,155	10,297	297	2,217	0	14.00
16.00	MEDICAL RECORDS & LIBRARY	3,673	3,426	0	738	0	16.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	13,276	13,747	3,113	2,959	15,401	30.00
40.00	SUBPROVIDER - I/PF	5,733	5,847	1,102	1,259	3,631	40.00
41.00	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	2,338	348	97	75	0	43.00
44.00	SKILLED NURSING FACILITY	1,657	4,008	1,112	863	2,966	44.00
45.00	NURSING FACILITY	13,409	44,401	12,314	9,557	32,863	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	7,847	11,682	878	2,515	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	895	1,563	809	336	0	52.00
53.00	ANESTHESIOLOGY	293	120	0	26	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	9,038	9,039	472	1,946	0	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	10,673	3,701	326	797	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	1,681	3,187	108	686	0	65.00
66.00	PHYSICAL THERAPY	4,584	2,455	498	529	0	66.00
67.00	OCCUPATIONAL THERAPY	1,550	843	0	181	0	67.00
68.00	SPEECH PATHOLOGY	730	397	0	85	0	68.00
69.00	ELECTROCARDIOLOGY	854	373	0	80	0	69.00
69.01	CARDIAC REHAB	144	577	0	124	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,354	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	230	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	10,387	2,613	0	562	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	SNR DAY TREATMENT- WHITE OAKS	1,856	2,595	0	559	0	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	30,419	30,332	115	6,529	0	88.00
88.01	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.01
88.02	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.02
88.03	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.03
88.04	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.04
88.05	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.05
90.00	CLINIC	1,356	5,781	19	1,244	0	90.00
90.01	WELLNESS LINK	0	0	0	0	0	90.01
91.00	EMERGENCY	5,711	3,381	883	728	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	5,575	2,212	141	476	0	95.00
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	169,211	177,527	24,776	37,543	80,545	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	6,289	1,947	0	419	0	192.00
193.00	NONPAID WORKERS	1,806	1,252	0	270	0	193.00
194.00	EMERALD POINT	2,893	0	0	0	6,208	194.00
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	180,199	180,726	24,776	38,232	86,753	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140137		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/21/2012 7:47 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	
		11.00	13.00	14.00	16.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA	52,603					11.00
13.00	NURSING ADMINISTRATION	3,931	113,079				13.00
14.00	CENTRAL SERVICES & SUPPLY	445	0	189,103			14.00
16.00	MEDICAL RECORDS & LIBRARY	2,160	0	268	68,128		16.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,148	18,855	12,301	3,476		30.00
40.00	SUBPROVIDER - I PF	0	9,105	1,158	2,213		40.00
41.00	SUBPROVIDER - I RF	0	0	0	0		41.00
42.00	SUBPROVIDER	0	0	0	0		42.00
43.00	NURSERY	1,000	3,066	0	229		43.00
44.00	SKILLED NURSING FACILITY	1,374	2,875	0	245		44.00
45.00	NURSING FACILITY	15,226	31,852	7,564	2,719		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,510	7,699	17,195	4,992		50.00
52.00	DELIVERY ROOM & LABOR ROOM	311	953	0	549		52.00
53.00	ANESTHESIOLOGY	0	0	498	1,019		53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,129	6,531	2,316	15,092		54.00
57.00	CT SCAN	0	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	LABORATORY	2,599	7,970	56,432	10,439		60.00
60.01	BLOOD LABORATORY	0	0	0	0		60.01
65.00	RESPIRATORY THERAPY	705	3,452	1,374	1,394		65.00
66.00	PHYSICAL THERAPY	0	0	1,105	3,480		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	1,414		67.00
68.00	SPEECH PATHOLOGY	0	0	0	638		68.00
69.00	ELECTROCARDIOLOGY	420	0	0	871		69.00
69.01	CARDIAC REHAB	35	107	53	63		69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	65,151	1,398		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	4,463	206		72.00
73.00	DRUGS CHARGED TO PATIENTS	745	2,283	0	6,184		73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
75.01	SNR DAY TREATMENT- WHITE OAKS	801	2,456	63	576		75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	7,756	0	9,079	0		88.00
88.01	RURAL HEALTH CLINIC (RHC)	0	0	0	0		88.01
88.02	RURAL HEALTH CLINIC (RHC)	0	0	0	0		88.02
88.03	RURAL HEALTH CLINIC (RHC)	0	0	0	0		88.03
88.04	RURAL HEALTH CLINIC (RHC)	0	0	0	0		88.04
88.05	RURAL HEALTH CLINIC (RHC)	0	0	0	0		88.05
90.00	CLINIC	472	0	159	155		90.00
90.01	WELLNESS LINK	0	0	0	0		90.01
91.00	EMERGENCY	2,226	6,827	6,847	7,252		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	9,048	1,921	3,524		95.00
99.10	CORF	0	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0	0		111.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	50,993	113,079	187,947	68,128	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	1,432	0	719	0		192.00
193.00	NONPAID WORKERS	178	0	218	0		193.00
194.00	EMERALD POINT	0	0	219	0		194.00
200.00	Cross Foot Adjustments						0 200.00
201.00	Negative Cost Centers	0	0	0	0		0 201.00
202.00	TOTAL (sum lines 118-201)	52,603	113,079	189,103	68,128	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00 NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 EMPLOYEE BENEFITS				4.00
5.00 ADMINISTRATIVE & GENERAL				5.00
6.00 MAINTENANCE & REPAIRS				6.00
8.00 LAUNDRY & LINEN SERVICE				8.00
9.00 HOUSEKEEPING				9.00
10.00 DIETARY				10.00
11.00 CAFETERIA				11.00
13.00 NURSING ADMINISTRATION				13.00
14.00 CENTRAL SERVICES & SUPPLY				14.00
16.00 MEDICAL RECORDS & LIBRARY				16.00
19.00 NONPHYSICIAN ANESTHETISTS				19.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	321,356	0	321,356	30.00
40.00 SUBPROVIDER - IPF	128,773	0	128,773	40.00
41.00 SUBPROVIDER - IRF	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	42.00
43.00 NURSERY	13,077	0	13,077	43.00
44.00 SKILLED NURSING FACILITY	82,731	0	82,731	44.00
45.00 NURSING FACILITY	170,204	0	170,204	45.00
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	252,475	0	252,475	50.00
52.00 DELIVERY ROOM & LABOR ROOM	31,794	0	31,794	52.00
53.00 ANESTHESIOLOGY	3,972	0	3,972	53.00
54.00 RADIOLOGY-DIAGNOSTIC	199,118	0	199,118	54.00
57.00 CT SCAN	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	155,459	0	155,459	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
65.00 RESPIRATORY THERAPY	66,375	0	66,375	65.00
66.00 PHYSICAL THERAPY	54,065	0	54,065	66.00
67.00 OCCUPATIONAL THERAPY	18,203	0	18,203	67.00
68.00 SPEECH PATHOLOGY	8,539	0	8,539	68.00
69.00 ELECTROCARDIOLOGY	8,912	0	8,912	69.00
69.01 CARDIAC REHAB	10,844	0	10,844	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	69,903	0	69,903	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	4,899	0	4,899	72.00
73.00 DRUGS CHARGED TO PATIENTS	66,917	0	66,917	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01 SNR DAY TREATMENT- WHITE OAKS	52,709	0	52,709	75.01
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	596,401	0	596,401	88.00
88.01 RURAL HEALTH CLINIC (RHC)	0	0	0	88.01
88.02 RURAL HEALTH CLINIC (RHC)	0	0	0	88.02
88.03 RURAL HEALTH CLINIC (RHC)	0	0	0	88.03
88.04 RURAL HEALTH CLINIC (RHC)	0	0	0	88.04
88.05 RURAL HEALTH CLINIC (RHC)	0	0	0	88.05
90.00 CLINIC	106,713	0	106,713	90.00
90.01 WELLNESS LINK	0	0	0	90.01
91.00 EMERGENCY	90,997	0	90,997	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVICES	60,317	0	60,317	95.00
99.10 CORF	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00 PANCREAS ACQUISITION	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,574,753	0	2,574,753	118.00
NONREIMBURSABLE COST CENTERS				
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	43,772	0	43,772	192.00
193.00 NONPAID WORKERS	24,858	0	24,858	193.00
194.00 EMERALD POINT	9,333	0	9,333	194.00
200.00 Cross Foot Adjustments	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet B
Part II
Date/Time Prepared:
5/21/2012 7:47 pm

Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
202.00 TOTAL (sum lines 118-201)	2,652,716	0	2,652,716		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet B-1
Date/Time Prepared:
5/21/2012 7:47 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	107,865					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		107,865				2.00
4.00	EMPLOYEE BENEFITS	121	121	15,264,693			4.00
5.00	ADMINISTRATIVE & GENERAL	7,313	7,313	1,798,106	-4,547,153	26,202,209	5.00
6.00	MAINTENANCE & REPAIRS	6,934	6,934	308,620	0	1,474,222	6.00
8.00	LAUNDRY & LINEN SERVICE	888	888	141,530	0	234,804	8.00
9.00	HOUSEKEEPING	1,251	1,251	354,406	0	538,360	9.00
10.00	DIETARY	3,061	3,061	353,335	0	813,237	10.00
11.00	CAFETERIA	942	942	148,600	0	264,690	11.00
13.00	NURSING ADMINISTRATION	3,872	3,872	714,414	0	1,007,041	13.00
14.00	CENTRAL SERVICES & SUPPLY	7,062	7,062	80,816	0	313,374	14.00
16.00	MEDICAL RECORDS & LIBRARY	2,350	2,350	361,119	0	534,121	16.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,428	9,428	1,119,397	0	1,930,498	30.00
40.00	SUBPROVIDER - IPF	4,010	4,010	551,694	0	833,660	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	239	239	240,139	0	339,934	43.00
44.00	SKILLED NURSING FACILITY	2,749	2,749	126,763	0	240,906	44.00
45.00	NURSING FACILITY	0	0	1,531,138	0	1,949,881	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	8,012	8,012	609,752	0	1,141,094	50.00
52.00	DELIVERY ROOM & LABOR ROOM	1,072	1,072	74,622	0	130,170	52.00
53.00	ANESTHESIOLOGY	82	82	0	0	42,649	53.00
54.00	RADIOLOGY-DIAGNOSTIC	6,199	6,199	528,203	0	1,314,166	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	2,538	2,538	537,698	0	1,552,002	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	2,186	2,186	145,330	0	244,423	65.00
66.00	PHYSICAL THERAPY	1,684	1,684	0	0	666,596	66.00
67.00	OCCUPATIONAL THERAPY	578	578	0	0	225,459	67.00
68.00	SPEECH PATHOLOGY	272	272	0	0	106,085	68.00
69.00	ELECTROCARDIOLOGY	256	256	90,932	0	124,120	69.00
69.01	CARDIAC REHAB	396	396	8,616	0	20,964	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	487,712	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	33,433	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,792	1,792	372,837	0	1,510,367	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	SNR DAY TREATMENT- WHITE OAKS	1,780	1,780	140,927	0	269,916	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	20,803	20,803	2,893,127	0	4,422,211	88.00
88.01	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.01
88.02	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.02
88.03	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.03
88.04	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.04
88.05	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.05
90.00	CLINIC	3,965	3,965	80,273	0	197,187	90.00
90.01	WELLNESS LINK	0	0	0	0	0	90.01
91.00	EMERGENCY	2,319	2,319	571,768	0	830,419	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	1,517	1,517	580,112	0	810,715	95.00
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	105,671	105,671	14,464,274	-4,547,153	24,604,416	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	1,335	1,335	689,452	0	914,439	192.00
193.00	NONPAID WORKERS	859	859	46,679	0	262,651	193.00
194.00	EMERALD POINT	0	0	64,288	0	420,703	194.00
200.00	Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet B-1
Date/Time Prepared:
5/21/2012 7:47 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
201.00 Negative Cost Centers			4.00	5A	5.00	201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	904,107	1,748,609	3,322,418		4,547,153	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	8.381838	16.211088	0.217654		0.173541	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			2,976		180,199	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000195		0.006877	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet B-1

Date/Time Prepared:
5/21/2012 7:47 pm

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	
	6.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS	123,948					6.00
8.00 LAUNDRY & LINEN SERVICE	888	539,096				8.00
9.00 HOUSEKEEPING	1,251	40,707	121,809			9.00
10.00 DIETARY	3,061	8,435	3,061	165,936		10.00
11.00 CAFETERIA	942	5,059	942	49,126	499,589	11.00
13.00 NURSING ADMINISTRATION	3,872	0	3,872	0	37,333	13.00
14.00 CENTRAL SERVICES & SUPPLY	7,062	6,464	7,062	0	4,229	14.00
16.00 MEDICAL RECORDS & LIBRARY	2,350	0	2,350	0	20,517	16.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	9,428	67,740	9,428	29,458	58,387	30.00
40.00 SUBPROVIDER - IPF	4,010	23,969	4,010	6,945	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	239	2,118	239	0	9,495	43.00
44.00 SKILLED NURSING FACILITY	2,749	24,186	2,749	5,674	13,053	44.00
45.00 NURSING FACILITY	30,451	267,946	30,451	62,858	144,612	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	8,012	19,115	8,012	0	23,840	50.00
52.00 DELIVERY ROOM & LABOR ROOM	1,072	17,594	1,072	0	2,951	52.00
53.00 ANESTHESIOLOGY	82	0	82	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	6,199	10,275	6,199	0	20,223	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	2,538	7,093	2,538	0	24,681	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	2,186	2,352	2,186	0	6,700	65.00
66.00 PHYSICAL THERAPY	1,684	10,832	1,684	0	0	66.00
67.00 OCCUPATIONAL THERAPY	578	0	578	0	0	67.00
68.00 SPEECH PATHOLOGY	272	0	272	0	0	68.00
69.00 ELECTROCARDIOLOGY	256	0	256	0	3,990	69.00
69.01 CARDIAC REHAB	396	0	396	0	331	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	1,792	0	1,792	0	7,071	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 SNR DAY TREATMENT- WHITE OAKS	1,780	0	1,780	0	7,605	75.01
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	20,803	2,499	20,803	0	73,663	88.00
88.01 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.01
88.02 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.02
88.03 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.03
88.04 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.04
88.05 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.05
90.00 CLINIC	3,965	415	3,965	0	4,478	90.00
90.01 WELLNESS LINK	0	0	0	0	0	90.01
91.00 EMERGENCY	2,319	19,221	2,319	0	21,139	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	1,517	3,076	1,517	0	0	95.00
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	121,754	539,096	119,615	154,061	484,298	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	1,335	0	1,335	0	13,596	192.00
193.00 NONPAID WORKERS	859	0	859	0	1,695	193.00
194.00 EMERALD POINT	0	0	0	11,875	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,730,060	287,947	670,992	1,018,459	633,183	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet B-1

Date/Time Prepared:
5/21/2012 7:47 pm

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	
	6.00	8.00	9.00	10.00	11.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	13.957950	0.534129	5.508558	6.137662	1.267408	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	180,726	24,776	38,232	86,753	52,603	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	1.458079	0.045958	0.313868	0.522810	0.105293	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet B-1
Date/Time Prepared:
5/21/2012 7:47 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
	(DIRECT NRSNG HRS)					
	13.00	14.00	16.00	19.00		
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION	350,160					13.00
14.00 CENTRAL SERVICES & SUPPLY	0	1,416,712				14.00
16.00 MEDICAL RECORDS & LIBRARY	0	2,007	65,160,305			16.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	100		19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	58,387	92,154	3,322,725			30.00
40.00 SUBPROVIDER - IPF	28,193	8,677	2,116,136			40.00
41.00 SUBPROVIDER - IRF	0	0	0			41.00
42.00 SUBPROVIDER	0	0	0			42.00
43.00 NURSERY	9,495	0	219,402			43.00
44.00 SKILLED NURSING FACILITY	8,903	0	234,645			44.00
45.00 NURSING FACILITY	98,632	56,664	2,599,574			45.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	23,840	128,822	4,772,163	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	2,951	0	524,695	0		52.00
53.00 ANESTHESIOLOGY	0	3,734	974,016	100		53.00
54.00 RADIOLOGY-DIAGNOSTIC	20,223	17,348	14,456,903	0		54.00
57.00 CT SCAN	0	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00 LABORATORY	24,681	422,775	9,980,247	0		60.00
60.01 BLOOD LABORATORY	0	0	0	0		60.01
65.00 RESPIRATORY THERAPY	10,690	10,296	1,332,598	0		65.00
66.00 PHYSICAL THERAPY	0	8,277	3,326,534	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	1,351,437	0		67.00
68.00 SPEECH PATHOLOGY	0	0	610,067	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	832,380	0		69.00
69.01 CARDIAC REHAB	331	398	60,452	0		69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	488,101	1,336,123	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	33,433	196,809	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	7,071	0	5,912,060	0		73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0		75.00
75.01 SNR DAY TREATMENT- WHITE OAKS	7,605	472	550,857	0		75.01
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	68,015	0	0		88.00
88.01 RURAL HEALTH CLINIC (RHC)	0	0	0	0		88.01
88.02 RURAL HEALTH CLINIC (RHC)	0	0	0	0		88.02
88.03 RURAL HEALTH CLINIC (RHC)	0	0	0	0		88.03
88.04 RURAL HEALTH CLINIC (RHC)	0	0	0	0		88.04
88.05 RURAL HEALTH CLINIC (RHC)	0	0	0	0		88.05
90.00 CLINIC	0	1,193	148,229	0		90.00
90.01 WELLNESS LINK	0	0	0	0		90.01
91.00 EMERGENCY	21,139	51,293	6,933,538	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	28,019	14,391	3,368,715	0		95.00
99.10 CORF	0	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0	0		111.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	350,160	1,408,050	65,160,305	100		118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	5,385	0	0		192.00
193.00 NONPAID WORKERS	0	1,633	0	0		193.00
194.00 EMERALD POINT	0	1,644	0	0		194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet B-1

Date/Time Prepared:
5/21/2012 7:47 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
	(DIRECT NURSING HRS)					
	13.00	14.00	16.00	19.00		
202.00 Cost to be allocated (per Wkst. B, Part I)	1,304,494	514,042	699,290	0		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	3.725423	0.362842	0.010732	0.000000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	113,079	189,103	68,128	0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.322935	0.133480	0.001046	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet C
Part I
Date/Time Prepared:
5/21/2012 7:47 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS		3,026,647	0	3,026,647	30.00	
40.00	SUBPROVIDER - IPF		1,242,712	0	1,242,712	40.00	
41.00	SUBPROVIDER - IRF		0	0	0	41.00	
42.00	SUBPROVIDER		0	0	0	42.00	
43.00	NURSERY		454,472	0	454,472	43.00	
44.00	SKILLED NURSING FACILITY		436,197	0	436,197	44.00	
45.00	NURSING FACILITY		4,009,149	0	4,009,149	45.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM		1,722,283	0	1,722,283	50.00	
52.00	DELIVERY ROOM & LABOR ROOM		203,390	0	203,390	52.00	
53.00	ANESTHESIOLOGY		63,455	0	63,455	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		1,930,796	0	1,930,796	54.00	
57.00	CT SCAN		0	0	0	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00	
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00	
60.00	LABORATORY		2,258,270	0	2,258,270	60.00	
60.01	BLOOD LABORATORY		0	0	0	60.01	
65.00	RESPIRATORY THERAPY	0	397,004	0	397,004	65.00	
66.00	PHYSICAL THERAPY	0	859,548	0	859,548	66.00	
67.00	OCCUPATIONAL THERAPY	0	290,341	0	290,341	67.00	
68.00	SPEECH PATHOLOGY	0	136,337	0	136,337	68.00	
69.00	ELECTROCARDIOLOGY		164,633	0	164,633	69.00	
69.01	CARDIAC REHAB		34,756	0	34,756	69.01	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		763,791	0	763,791	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT		53,478	0	53,478	72.00	
73.00	DRUGS CHARGED TO PATIENTS		1,906,114	0	1,906,114	73.00	
75.00	ASC (NON-DISTINCT PART)		0	0	0	75.00	
75.01	SNR DAY TREATMENT- WHITE OAKS		395,461	0	395,461	75.01	
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC		5,713,978	0	5,713,978	88.00	
88.01	RURAL HEALTH CLINIC (RHC)		0	0	0	88.01	
88.02	RURAL HEALTH CLINIC (RHC)		0	0	0	88.02	
88.03	RURAL HEALTH CLINIC (RHC)		0	0	0	88.03	
88.04	RURAL HEALTH CLINIC (RHC)		0	0	0	88.04	
88.05	RURAL HEALTH CLINIC (RHC)		0	0	0	88.05	
90.00	CLINIC		316,512	0	316,512	90.00	
90.01	WELLNESS LINK		0	0	0	90.01	
91.00	EMERGENCY		1,228,505	0	1,228,505	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		540,130	0	540,130	92.00	
93.00	OTHER OUTPATIENT SERVICE COST CENTER		0	0	0	93.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES		1,128,338	0	1,128,338	95.00	
99.10	CORF		0	0	0	99.10	
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	ISLET ACQUISITION	0	0	0	0	111.00	
113.00	INTEREST EXPENSE		0	0	0	113.00	
200.00	Subtotal (see instructions)	0	29,276,297	0	29,276,297	200.00	
201.00	Less Observation Beds		540,130	0	540,130	201.00	
202.00	Total (see instructions)	0	28,736,167	0	28,736,167	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140137		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/21/2012 7:47 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,810,924		2,810,924			30.00
40.00	SUBPROVIDER - IPF	2,116,136		2,116,136			40.00
41.00	SUBPROVIDER - IRF	0		0			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	219,402		219,402			43.00
44.00	SKILLED NURSING FACILITY	234,645		234,645			44.00
45.00	NURSING FACILITY	2,599,574		2,599,574			45.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	532,704	4,239,459	4,772,163	0.360902	0.000000	50.00
52.00	DELIVERY ROOM & LABOR ROOM	288,521	236,174	524,695	0.387635	0.000000	52.00
53.00	ANESTHESIOLOGY	321,912	652,104	974,016	0.065148	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	873,841	13,583,062	14,456,903	0.133555	0.000000	54.00
57.00	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	LABORATORY	1,809,731	8,170,516	9,980,247	0.226274	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	RESPIRATORY THERAPY	393,883	938,715	1,332,598	0.297917	0.000000	65.00
66.00	PHYSICAL THERAPY	741,151	2,585,383	3,326,534	0.258391	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	756,453	594,984	1,351,437	0.214839	0.000000	67.00
68.00	SPEECH PATHOLOGY	385,703	224,364	610,067	0.223479	0.000000	68.00
69.00	ELECTROCARDIOLOGY	70,990	761,390	832,380	0.197786	0.000000	69.00
69.01	CARDIAC REHAB	254	60,198	60,452	0.574935	0.000000	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	456,134	879,989	1,336,123	0.571647	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	50,868	145,941	196,809	0.271725	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,966,800	3,945,260	5,912,060	0.322411	0.000000	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	SNR DAY TREATMENT- WHITE OAKS	1,613	549,244	550,857	0.717901	0.000000	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	2,975,164	2,975,164			88.00
88.01	RURAL HEALTH CLINIC (RHC)	0	0	0			88.01
88.02	RURAL HEALTH CLINIC (RHC)	0	0	0			88.02
88.03	RURAL HEALTH CLINIC (RHC)	0	0	0			88.03
88.04	RURAL HEALTH CLINIC (RHC)	0	0	0			88.04
88.05	RURAL HEALTH CLINIC (RHC)	0	0	0			88.05
90.00	CLINIC	282	147,947	148,229	2.135291	0.000000	90.00
90.01	WELLNESS LINK	0	0	0	0.000000	0.000000	90.01
91.00	EMERGENCY	568,176	6,365,362	6,933,538	0.177183	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	81,456	430,345	511,801	1.055352	0.000000	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	280,522	3,088,193	3,368,715	0.334946	0.000000	95.00
99.10	CORF	0	0	0			99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
113.00	INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	17,561,675	50,573,794	68,135,469			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	17,561,675	50,573,794	68,135,469			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/21/2012 7:47 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	ADULTS & PEDIATRICS			30.00
40.00	SUBPROVIDER - 1PF			40.00
41.00	SUBPROVIDER - 1RF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.360902		50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.387635		52.00
53.00	ANESTHESIOLOGY	0.065148		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.133555		54.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.226274		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
65.00	RESPIRATORY THERAPY	0.297917		65.00
66.00	PHYSICAL THERAPY	0.258391		66.00
67.00	OCCUPATIONAL THERAPY	0.214839		67.00
68.00	SPEECH PATHOLOGY	0.223479		68.00
69.00	ELECTROCARDIOLOGY	0.197786		69.00
69.01	CARDIAC REHAB	0.574935		69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.571647		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.271725		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.322411		73.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	SNR DAY TREATMENT- WHITE OAKS	0.717901		75.01
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC			88.00
88.01	RURAL HEALTH CLINIC (RHC)			88.01
88.02	RURAL HEALTH CLINIC (RHC)			88.02
88.03	RURAL HEALTH CLINIC (RHC)			88.03
88.04	RURAL HEALTH CLINIC (RHC)			88.04
88.05	RURAL HEALTH CLINIC (RHC)			88.05
90.00	CLINIC	2.135291		90.00
90.01	WELLNESS LINK	0.000000		90.01
91.00	EMERGENCY	0.177183		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.055352		92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		93.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	AMBULANCE SERVICES	0.334946		95.00
99.10	CORF			99.10
	SPECIAL PURPOSE COST CENTERS			
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 140137

Period: From 01/01/2011 To 12/31/2011

Worksheet C Part II Date/Time Prepared: 5/21/2012 7:47 pm

Cost Center Description		Title XIX Hospital					
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,722,283	252,475	1,469,808	0	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	203,390	31,794	171,596	0	0	52.00
53.00	ANESTHESIOLOGY	63,455	3,972	59,483	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,930,796	199,118	1,731,678	0	0	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	2,258,270	155,459	2,102,811	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	397,004	66,375	330,629	0	0	65.00
66.00	PHYSICAL THERAPY	859,548	54,065	805,483	0	0	66.00
67.00	OCCUPATIONAL THERAPY	290,341	18,203	272,138	0	0	67.00
68.00	SPEECH PATHOLOGY	136,337	8,539	127,798	0	0	68.00
69.00	ELECTROCARDIOLOGY	164,633	8,912	155,721	0	0	69.00
69.01	CARDIAC REHAB	34,756	10,844	23,912	0	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	763,791	69,903	693,888	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	53,478	4,899	48,579	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,906,114	66,917	1,839,197	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	SNR DAY TREATMENT- WHITE OAKS	395,461	52,709	342,752	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	5,713,978	596,401	5,117,577	0	0	88.00
88.01	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.01
88.02	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.02
88.03	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.03
88.04	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.04
88.05	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.05
90.00	CLINIC	316,512	106,713	209,799	0	0	90.00
90.01	WELLNESS LINK	0	0	0	0	0	90.01
91.00	EMERGENCY	1,228,505	90,997	1,137,508	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	540,130	62,000	478,130	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	1,128,338	60,317	1,068,021	0	0	95.00
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
200.00	Subtotal (sum of lines 50 thru 199)	20,107,120	1,920,612	18,186,508	0	0	200.00
201.00	Less Observation Beds	540,130	62,000	478,130	0	0	201.00
202.00	Total (line 200 minus line 201)	19,566,990	1,858,612	17,708,378	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part II Date/Time Prepared: 5/21/2012 7:47 pm
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
		6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	1,722,283	4,772,163	0.360902	50.00
52.00	DELIVERY ROOM & LABOR ROOM	203,390	524,695	0.387635	52.00
53.00	ANESTHESIOLOGY	63,455	974,016	0.065148	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,930,796	14,456,903	0.133555	54.00
57.00	CT SCAN	0	0	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	59.00
60.00	LABORATORY	2,258,270	9,980,247	0.226274	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	60.01
65.00	RESPIRATORY THERAPY	397,004	1,332,598	0.297917	65.00
66.00	PHYSICAL THERAPY	859,548	3,326,534	0.258391	66.00
67.00	OCCUPATIONAL THERAPY	290,341	1,351,437	0.214839	67.00
68.00	SPEECH PATHOLOGY	136,337	610,067	0.223479	68.00
69.00	ELECTROCARDIOLOGY	164,633	832,380	0.197786	69.00
69.01	CARDIAC REHAB	34,756	60,452	0.574935	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	763,791	1,336,123	0.571647	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	53,478	196,809	0.271725	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,906,114	5,912,060	0.322411	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	75.00
75.01	SNR DAY TREATMENT- WHITE OAKS	395,461	550,857	0.717901	75.01
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	5,713,978	2,975,164	1.920559	88.00
88.01	RURAL HEALTH CLINIC (RHC)	0	0	0.000000	88.01
88.02	RURAL HEALTH CLINIC (RHC)	0	0	0.000000	88.02
88.03	RURAL HEALTH CLINIC (RHC)	0	0	0.000000	88.03
88.04	RURAL HEALTH CLINIC (RHC)	0	0	0.000000	88.04
88.05	RURAL HEALTH CLINIC (RHC)	0	0	0.000000	88.05
90.00	CLINIC	316,512	148,229	2.135291	90.00
90.01	WELLNESS LINK	0	0	0.000000	90.01
91.00	EMERGENCY	1,228,505	6,933,538	0.177183	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	540,130	511,801	1.055352	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES	1,128,338	3,368,715	0.334946	95.00
99.10	CORF	0	0	0.000000	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	PANCREAS ACQUISITION	0	0	0.000000	109.00
110.00	INTESTINAL ACQUISITION	0	0	0.000000	110.00
111.00	ISLET ACQUISITION	0	0	0.000000	111.00
113.00	INTEREST EXPENSE				113.00
200.00	Subtotal (sum of lines 50 thru 199)	20,107,120	0		200.00
201.00	Less Observation Beds	540,130	0		201.00
202.00	Total (line 200 minus line 201)	19,566,990	60,154,788		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/21/2012 7:47 pm
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Cost Center Description	Title XVIII			Hospital	PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	321,356	24,111	297,245	3,255	91.32	30.00
40.00 SUBPROVIDER - IPF	128,773	0	128,773	2,311	55.72	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00 NURSERY	13,077		13,077	387	33.79	43.00
44.00 SKILLED NURSING FACILITY	82,731		82,731	1,892	43.73	44.00
45.00 NURSING FACILITY	170,204		170,204	20,961	8.12	45.00
200.00 Total (Lines 30-199)	716,141		692,030	28,806		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/21/2012 7:47 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	1,312	119,812		30.00
40.00 SUBPROVIDER - IPF	2,208	123,030		40.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	1,875	81,994		44.00
45.00 NURSING FACILITY	0	0		45.00
200.00 Total (Lines 30-199)	5,395	324,836		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/21/2012 7:47 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	252,475	4,772,163	0.052906	173,584	9,184	50.00
52.00	DELIVERY ROOM & LABOR ROOM	31,794	524,695	0.060595	0	0	52.00
53.00	ANESTHESIOLOGY	3,972	974,016	0.004078	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	199,118	14,456,903	0.013773	676,628	9,319	54.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	155,459	9,980,247	0.015577	893,549	13,919	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	66,375	1,332,598	0.049809	208,985	10,409	65.00
66.00	PHYSICAL THERAPY	54,065	3,326,534	0.016253	31,561	513	66.00
67.00	OCCUPATIONAL THERAPY	18,203	1,351,437	0.013469	34,120	460	67.00
68.00	SPEECH PATHOLOGY	8,539	610,067	0.013997	56,853	796	68.00
69.00	ELECTROCARDIOLOGY	8,912	832,380	0.010707	40,162	430	69.00
69.01	CARDIAC REHAB	10,844	60,452	0.179382	254	46	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	69,903	1,336,123	0.052318	171,507	8,973	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	4,899	196,809	0.024892	3,681	92	72.00
73.00	DRUGS CHARGED TO PATIENTS	66,917	5,912,060	0.011319	734,481	8,314	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	SNR DAY TREATMENT- WHITE OAKS	52,709	550,857	0.095685	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	596,401	2,975,164	0.200460	0	0	88.00
88.01	RURAL HEALTH CLINIC (RHC)	0	0	0.000000	0	0	88.01
88.02	RURAL HEALTH CLINIC (RHC)	0	0	0.000000	0	0	88.02
88.03	RURAL HEALTH CLINIC (RHC)	0	0	0.000000	0	0	88.03
88.04	RURAL HEALTH CLINIC (RHC)	0	0	0.000000	0	0	88.04
88.05	RURAL HEALTH CLINIC (RHC)	0	0	0.000000	0	0	88.05
90.00	CLINIC	106,713	148,229	0.719920	183	132	90.00
90.01	WELLNESS LINK	0	0	0.000000	0	0	90.01
91.00	EMERGENCY	90,997	6,933,538	0.013124	382,186	5,016	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	62,000	511,801	0.121141	46,902	5,682	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	1,860,295	56,786,073		3,454,636	73,285	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140137		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/21/2012 7:47 pm	
Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/21/2012 7:47 pm
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Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS
	6.00	7.00	8.00	9.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	3,255	0.00	1,312	0	30.00
40.00 SUBPROVIDER - IPF	2,311	0.00	2,208	0	40.00
41.00 SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00 SUBPROVIDER	0	0.00	0	0	42.00
43.00 NURSERY	387	0.00	0	0	43.00
44.00 SKILLED NURSING FACILITY	1,892	0.00	1,875	0	44.00
45.00 NURSING FACILITY	20,961	0.00	0	0	45.00
200.00 Total (Lines 30-199)	28,806		5,395	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/21/2012 7:47 pm
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS								
50.00 OPERATING ROOM	0	0	0	0	0	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
57.00 CT SCAN	0	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
69.01 CARDIAC REHAB	0	0	0	0	0	0	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	0	75.00
75.01 SNR DAY TREATMENT- WHITE OAKS	0	0	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	0	88.00
88.01 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	0	0	88.01
88.02 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	0	0	88.02
88.03 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	0	0	88.03
88.04 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	0	0	88.04
88.05 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	0	0	88.05
90.00 CLINIC	0	0	0	0	0	0	0	90.00
90.01 WELLNESS LINK	0	0	0	0	0	0	0	90.01
91.00 EMERGENCY	0	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00 AMBULANCE SERVICES								95.00
200.00 Total (Lines 50-199)	0	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/21/2012 7:47 pm
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Cost Center Description	Title XVIII			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	4,772,163	0.000000	0.000000	173,584	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	524,695	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	974,016	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	14,456,903	0.000000	0.000000	676,628	54.00
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	9,980,247	0.000000	0.000000	893,549	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00 RESPIRATORY THERAPY	0	1,332,598	0.000000	0.000000	208,985	65.00
66.00 PHYSICAL THERAPY	0	3,326,534	0.000000	0.000000	31,561	66.00
67.00 OCCUPATIONAL THERAPY	0	1,351,437	0.000000	0.000000	34,120	67.00
68.00 SPEECH PATHOLOGY	0	610,067	0.000000	0.000000	56,853	68.00
69.00 ELECTROCARDIOLOGY	0	832,380	0.000000	0.000000	40,162	69.00
69.01 CARDIAC REHAB	0	60,452	0.000000	0.000000	254	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,336,123	0.000000	0.000000	171,507	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	196,809	0.000000	0.000000	3,681	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	5,912,060	0.000000	0.000000	734,481	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01 SNR DAY TREATMENT- WHITE OAKS	0	550,857	0.000000	0.000000	0	75.01
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	2,975,164	0.000000	0.000000	0	88.00
88.01 RURAL HEALTH CLINIC (RHC)	0	0	0.000000	0.000000	0	88.01
88.02 RURAL HEALTH CLINIC (RHC)	0	0	0.000000	0.000000	0	88.02
88.03 RURAL HEALTH CLINIC (RHC)	0	0	0.000000	0.000000	0	88.03
88.04 RURAL HEALTH CLINIC (RHC)	0	0	0.000000	0.000000	0	88.04
88.05 RURAL HEALTH CLINIC (RHC)	0	0	0.000000	0.000000	0	88.05
90.00 CLINIC	0	148,229	0.000000	0.000000	183	90.00
90.01 WELLNESS LINK	0	0	0.000000	0.000000	0	90.01
91.00 EMERGENCY	0	6,933,538	0.000000	0.000000	382,186	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	511,801	0.000000	0.000000	46,902	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (Lines 50-199)	0	56,786,073			3,454,636	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/21/2012 7:47 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	1,509,275	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	4,815,947	0	54.00
57.00	CT SCAN	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	LABORATORY	0	211,971	0	60.00
60.01	BLOOD LABORATORY	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	343,893	0	65.00
66.00	PHYSICAL THERAPY	0	1,175	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	383,287	0	69.00
69.01	CARDIAC REHAB	0	37,211	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	273,086	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	30,953	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,851,177	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	SNR DAY TREATMENT- WHITE OAKS	0	450,564	0	75.01
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0	88.00
88.01	RURAL HEALTH CLINIC (RHC)	0	0	0	88.01
88.02	RURAL HEALTH CLINIC (RHC)	0	0	0	88.02
88.03	RURAL HEALTH CLINIC (RHC)	0	0	0	88.03
88.04	RURAL HEALTH CLINIC (RHC)	0	0	0	88.04
88.05	RURAL HEALTH CLINIC (RHC)	0	0	0	88.05
90.00	CLINIC	0	39,176	0	90.00
90.01	WELLNESS LINK	0	0	0	90.01
91.00	EMERGENCY	0	1,985,638	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	196,829	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (Lines 50-199)	0	12,130,182	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/21/2012 7:47 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS	
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.360902	1,509,275	0	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.387635	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.065148	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.133555	4,815,947	0	0	54.00
57.00	CT SCAN	0.000000	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	LABORATORY	0.226274	211,971	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0.297917	343,893	0	0	65.00
66.00	PHYSICAL THERAPY	0.258391	1,175	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.214839	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.223479	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.197786	383,287	0	0	69.00
69.01	CARDIAC REHAB	0.574935	37,211	0	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.571647	273,086	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.271725	30,953	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.322411	1,851,177	0	887	73.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
75.01	SNR DAY TREATMENT- WHITE OAKS	0.717901	450,564	0	0	75.01
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
88.01	RURAL HEALTH CLINIC (RHC)	0.000000				88.01
88.02	RURAL HEALTH CLINIC (RHC)	0.000000				88.02
88.03	RURAL HEALTH CLINIC (RHC)	0.000000				88.03
88.04	RURAL HEALTH CLINIC (RHC)	0.000000				88.04
88.05	RURAL HEALTH CLINIC (RHC)	0.000000				88.05
90.00	CLINIC	2.135291	39,176	0	0	90.00
90.01	WELLNESS LINK	0.000000	0	0	0	90.01
91.00	EMERGENCY	0.177183	1,985,638	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.055352	196,829	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0.334946		0		95.00
200.00	Subtotal (see instructions)		12,130,182	0	887	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		12,130,182	0	887	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140137		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part V Date/Time Prepared: 5/21/2012 7:47 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Costs						
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)				
	5.00	6.00	7.00				
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	544,700	0	0			50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	ANESTHESIOLOGY	0	0	0			53.00
54.00	RADIOLOGY-DIAGNOSTIC	643,194	0	0			54.00
57.00	CT SCAN	0	0	0			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0			58.00
59.00	CARDIAC CATHETERIZATION	0	0	0			59.00
60.00	LABORATORY	47,964	0	0			60.00
60.01	BLOOD LABORATORY	0	0	0			60.01
65.00	RESPIRATORY THERAPY	102,452	0	0			65.00
66.00	PHYSICAL THERAPY	304	0	0			66.00
67.00	OCCUPATIONAL THERAPY	0	0	0			67.00
68.00	SPEECH PATHOLOGY	0	0	0			68.00
69.00	ELECTROCARDIOLOGY	75,809	0	0			69.00
69.01	CARDIAC REHAB	21,394	0	0			69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	156,109	0	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	8,411	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	596,840	0	286			73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0			75.00
75.01	SNR DAY TREATMENT- WHITE OAKS	323,460	0	0			75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
88.01	RURAL HEALTH CLINIC (RHC)	0	0	0			88.01
88.02	RURAL HEALTH CLINIC (RHC)	0	0	0			88.02
88.03	RURAL HEALTH CLINIC (RHC)	0	0	0			88.03
88.04	RURAL HEALTH CLINIC (RHC)	0	0	0			88.04
88.05	RURAL HEALTH CLINIC (RHC)	0	0	0			88.05
90.00	CLINIC	83,652	0	0			90.00
90.01	WELLNESS LINK	0	0	0			90.01
91.00	EMERGENCY	351,821	0	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	207,724	0	0			92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0			93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES		0				95.00
200.00	Subtotal (see instructions)	3,163,834	0	286			200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0				201.00
202.00	Net Charges (line 200 +/- line 201)	3,163,834	0	286			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140137		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/21/2012 7:47 pm	
		Component CCN: 14S137		Title XVIII		Subprovider - IPF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	252,475	4,772,163	0.052906	11,822	625	50.00
52.00	DELIVERY ROOM & LABOR ROOM	31,794	524,695	0.060595	0	0	52.00
53.00	ANESTHESIOLOGY	3,972	974,016	0.004078	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	199,118	14,456,903	0.013773	84,246	1,160	54.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	155,459	9,980,247	0.015577	289,958	4,517	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	66,375	1,332,598	0.049809	6,852	341	65.00
66.00	PHYSICAL THERAPY	54,065	3,326,534	0.016253	32,178	523	66.00
67.00	OCCUPATIONAL THERAPY	18,203	1,351,437	0.013469	11,267	152	67.00
68.00	SPEECH PATHOLOGY	8,539	610,067	0.013997	18,288	256	68.00
69.00	ELECTROCARDIOLOGY	8,912	832,380	0.010707	26,420	283	69.00
69.01	CARDIAC REHAB	10,844	60,452	0.179382	0	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	69,903	1,336,123	0.052318	6,982	365	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	4,899	196,809	0.024892	420	10	72.00
73.00	DRUGS CHARGED TO PATIENTS	66,917	5,912,060	0.011319	372,394	4,215	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	SNR DAY TREATMENT- WHITE OAKS	52,709	550,857	0.095685	1,613	154	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	596,401	2,975,164	0.200460	0	0	88.00
88.01	RURAL HEALTH CLINIC (RHC)	0	0	0.000000	0	0	88.01
88.02	RURAL HEALTH CLINIC (RHC)	0	0	0.000000	0	0	88.02
88.03	RURAL HEALTH CLINIC (RHC)	0	0	0.000000	0	0	88.03
88.04	RURAL HEALTH CLINIC (RHC)	0	0	0.000000	0	0	88.04
88.05	RURAL HEALTH CLINIC (RHC)	0	0	0.000000	0	0	88.05
90.00	CLINIC	106,713	148,229	0.719920	11	8	90.00
90.01	WELLNESS LINK	0	0	0.000000	0	0	90.01
91.00	EMERGENCY	90,997	6,933,538	0.013124	113,164	1,485	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	62,000	511,801	0.121141	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	1,860,295	56,786,073		975,615	14,094	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140137 Component CCN: 14S137	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/21/2012 7:47 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 CARDIAC REHAB	0	0	0	0	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 SNR DAY TREATMENT- WHITE OAKS	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.01
88.02 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.02
88.03 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.03
88.04 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.04
88.05 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.05
90.00 CLINIC	0	0	0	0	0	90.00
90.01 WELLNESS LINK	0	0	0	0	0	90.01
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140137 Component CCN: 14S137	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/21/2012 7:47 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 + col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	4,772,163	0.000000	0.000000	11,822	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	524,695	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	974,016	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	14,456,903	0.000000	0.000000	84,246	54.00
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	9,980,247	0.000000	0.000000	289,958	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00 RESPIRATORY THERAPY	0	1,332,598	0.000000	0.000000	6,852	65.00
66.00 PHYSICAL THERAPY	0	3,326,534	0.000000	0.000000	32,178	66.00
67.00 OCCUPATIONAL THERAPY	0	1,351,437	0.000000	0.000000	11,267	67.00
68.00 SPEECH PATHOLOGY	0	610,067	0.000000	0.000000	18,288	68.00
69.00 ELECTROCARDIOLOGY	0	832,380	0.000000	0.000000	26,420	69.00
69.01 CARDIAC REHAB	0	60,452	0.000000	0.000000	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,336,123	0.000000	0.000000	6,982	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	196,809	0.000000	0.000000	420	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	5,912,060	0.000000	0.000000	372,394	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01 SNR DAY TREATMENT- WHITE OAKS	0	550,857	0.000000	0.000000	1,613	75.01
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	2,975,164	0.000000	0.000000	0	88.00
88.01 RURAL HEALTH CLINIC (RHC)	0	0	0.000000	0.000000	0	88.01
88.02 RURAL HEALTH CLINIC (RHC)	0	0	0.000000	0.000000	0	88.02
88.03 RURAL HEALTH CLINIC (RHC)	0	0	0.000000	0.000000	0	88.03
88.04 RURAL HEALTH CLINIC (RHC)	0	0	0.000000	0.000000	0	88.04
88.05 RURAL HEALTH CLINIC (RHC)	0	0	0.000000	0.000000	0	88.05
90.00 CLINIC	0	148,229	0.000000	0.000000	11	90.00
90.01 WELLNESS LINK	0	0	0.000000	0.000000	0	90.01
91.00 EMERGENCY	0	6,933,538	0.000000	0.000000	113,164	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	511,801	0.000000	0.000000	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	0	56,786,073			975,615	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140137 Component CCN: 14S137	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/21/2012 7:47 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
57.00 CT SCAN	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
69.01 CARDIAC REHAB	0	0	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01 SNR DAY TREATMENT- WHITE OAKS	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
88.01 RURAL HEALTH CLINIC (RHC)	0	0	0	88.01
88.02 RURAL HEALTH CLINIC (RHC)	0	0	0	88.02
88.03 RURAL HEALTH CLINIC (RHC)	0	0	0	88.03
88.04 RURAL HEALTH CLINIC (RHC)	0	0	0	88.04
88.05 RURAL HEALTH CLINIC (RHC)	0	0	0	88.05
90.00 CLINIC	0	0	0	90.00
90.01 WELLNESS LINK	0	0	0	90.01
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVICES				95.00
200.00 Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140137 Component CCN: 146022	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/21/2012 7:47 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 CARDIAC REHAB	0	0	0	0	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 SNR DAY TREATMENT- WHITE OAKS	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.01
88.02 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.02
88.03 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.03
88.04 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.04
88.05 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.05
90.00 CLINIC	0	0	0	0	0	90.00
90.01 WELLNESS LINK	0	0	0	0	0	90.01
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140137 Component CCN: 146022	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/21/2012 7:47 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	4,772,163	0.000000	0.000000	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	524,695	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	974,016	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	14,456,903	0.000000	0.000000	21,523	54.00
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	9,980,247	0.000000	0.000000	49,919	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00 RESPIRATORY THERAPY	0	1,332,598	0.000000	0.000000	14,350	65.00
66.00 PHYSICAL THERAPY	0	3,326,534	0.000000	0.000000	371,747	66.00
67.00 OCCUPATIONAL THERAPY	0	1,351,437	0.000000	0.000000	397,669	67.00
68.00 SPEECH PATHOLOGY	0	610,067	0.000000	0.000000	205,850	68.00
69.00 ELECTROCARDIOLOGY	0	832,380	0.000000	0.000000	1,957	69.00
69.01 CARDIAC REHAB	0	60,452	0.000000	0.000000	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,336,123	0.000000	0.000000	2,759	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	196,809	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	5,912,060	0.000000	0.000000	241,418	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01 SNR DAY TREATMENT- WHITE OAKS	0	550,857	0.000000	0.000000	0	75.01
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	2,975,164	0.000000	0.000000	0	88.00
88.01 RURAL HEALTH CLINIC (RHC)	0	0	0.000000	0.000000	0	88.01
88.02 RURAL HEALTH CLINIC (RHC)	0	0	0.000000	0.000000	0	88.02
88.03 RURAL HEALTH CLINIC (RHC)	0	0	0.000000	0.000000	0	88.03
88.04 RURAL HEALTH CLINIC (RHC)	0	0	0.000000	0.000000	0	88.04
88.05 RURAL HEALTH CLINIC (RHC)	0	0	0.000000	0.000000	0	88.05
90.00 CLINIC	0	148,229	0.000000	0.000000	85	90.00
90.01 WELLNESS LINK	0	0	0.000000	0.000000	0	90.01
91.00 EMERGENCY	0	6,933,538	0.000000	0.000000	2,483	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	511,801	0.000000	0.000000	913	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	0	56,786,073			1,310,673	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140137 Component CCN: 146022	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/21/2012 7:47 pm PPS
Title XVIII		Skilled Nursing Facility	

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
57.00 CT SCAN	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
69.01 CARDIAC REHAB	0	0	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01 SNR DAY TREATMENT- WHITE OAKS	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
88.01 RURAL HEALTH CLINIC (RHC)	0	0	0	88.01
88.02 RURAL HEALTH CLINIC (RHC)	0	0	0	88.02
88.03 RURAL HEALTH CLINIC (RHC)	0	0	0	88.03
88.04 RURAL HEALTH CLINIC (RHC)	0	0	0	88.04
88.05 RURAL HEALTH CLINIC (RHC)	0	0	0	88.05
90.00 CLINIC	0	0	0	90.00
90.01 WELLNESS LINK	0	0	0	90.01
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVICES				95.00
200.00 Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/21/2012 7:47 pm
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,525	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,255	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,255	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		1,170	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		100	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,312	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		1,169	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		184.15	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		116.32	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,026,647	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		215,456	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		11,632	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		227,088	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,799,559	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		2,810,924	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,810,924	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.995957	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		863.57	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,799,559	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		860.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,128,425	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,128,425	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140137		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/21/2012 7:47 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT							43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					907,192		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,035,617		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					119,812		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					73,285		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					193,097		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,842,520		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					215,271		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					215,271		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					628		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					860.08		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					540,130		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140137		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/21/2012 7:47 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	321,356	2,799,559	0.114788	540,130	62,000	90.00
91.00	Nursing School cost	0	2,799,559	0.000000	540,130	0	91.00
92.00	Allied health cost	0	2,799,559	0.000000	540,130	0	92.00
93.00	All other Medical Education	0	2,799,559	0.000000	540,130	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 14S137		Date/Time Prepared: 5/21/2012 7:47 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,311	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,311	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,311	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,208	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,242,712	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,242,712	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		2,116,136	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,116,136	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.587255	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		915.68	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,242,712	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		537.74	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,187,330	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,187,330	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140137		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 14S137				Date/Time Prepared: 5/21/2012 7:47 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT							43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					248,619		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,435,949		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					123,030		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					14,094		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					137,124		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,298,825		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140137		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 14S137				Date/Time Prepared: 5/21/2012 7:47 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	128,773	1,242,712	0.103623	0	0	90.00
91.00	Nursing School cost	0	1,242,712	0.000000	0	0	91.00
92.00	Allied health cost	0	1,242,712	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,242,712	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 146022		Date/Time Prepared: 5/21/2012 7:47 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,892	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,892	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,892	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,875	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		436,197	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		436,197	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		234,645	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		234,645	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.858966	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		124.02	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		436,197	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140137		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 146022		Title XVIII		Date/Time Prepared: 5/21/2012 7:47 pm	
				Skilled Nursing Facility		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					436,197	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					230.55	71.00
72.00	Program routine service cost (line 9 x line 71)					432,281	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					432,281	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					432,281	83.00
84.00	Program inpatient ancillary services (see instructions)					327,324	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					759,605	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140137 Component CCN: 146022		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/21/2012 7:47 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/21/2012 7:47 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		1,176,819		30.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.360902	173,584	62,647	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.387635	0	0	52.00
53.00	ANESTHESIOLOGY	0.065148	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.133555	676,628	90,367	54.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.226274	893,549	202,187	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	0.297917	208,985	62,260	65.00
66.00	PHYSICAL THERAPY	0.258391	31,561	8,155	66.00
67.00	OCCUPATIONAL THERAPY	0.214839	34,120	7,330	67.00
68.00	SPEECH PATHOLOGY	0.223479	56,853	12,705	68.00
69.00	ELECTROCARDIOLOGY	0.197786	40,162	7,943	69.00
69.01	CARDIAC REHAB	0.574935	254	146	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.571647	171,507	98,041	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.271725	3,681	1,000	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.322411	734,481	236,805	73.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	SNR DAY TREATMENT- WHITE OAKS	0.717901	0	0	75.01
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
88.01	RURAL HEALTH CLINIC (RHC)	0.000000		0	88.01
88.02	RURAL HEALTH CLINIC (RHC)	0.000000		0	88.02
88.03	RURAL HEALTH CLINIC (RHC)	0.000000		0	88.03
88.04	RURAL HEALTH CLINIC (RHC)	0.000000		0	88.04
88.05	RURAL HEALTH CLINIC (RHC)	0.000000		0	88.05
90.00	CLINIC	2.135291	183	391	90.00
90.01	WELLNESS LINK	0.000000	0	0	90.01
91.00	EMERGENCY	0.177183	382,186	67,717	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.055352	46,902	49,498	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		3,454,636	907,192	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		3,454,636		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140137 Component CCN: 14S137	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/21/2012 7:47 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
40.00	SUBPROVIDER - IPF		2,008,557	40.00
41.00	SUBPROVIDER - IRF		0	41.00
42.00	SUBPROVIDER		0	42.00
43.00	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.360902	11,822	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.387635	0	52.00
53.00	ANESTHESIOLOGY	0.065148	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.133555	84,246	54.00
57.00	CT SCAN	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	LABORATORY	0.226274	289,958	60.00
60.01	BLOOD LABORATORY	0.000000	0	60.01
65.00	RESPIRATORY THERAPY	0.297917	6,852	65.00
66.00	PHYSICAL THERAPY	0.258391	32,178	66.00
67.00	OCCUPATIONAL THERAPY	0.214839	11,267	67.00
68.00	SPEECH PATHOLOGY	0.223479	18,288	68.00
69.00	ELECTROCARDIOLOGY	0.197786	26,420	69.00
69.01	CARDIAC REHAB	0.574935	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.571647	6,982	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.271725	420	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.322411	372,394	73.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	SNR DAY TREATMENT- WHITE OAKS	0.717901	1,613	75.01
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		88.00
88.01	RURAL HEALTH CLINIC (RHC)	0.000000		88.01
88.02	RURAL HEALTH CLINIC (RHC)	0.000000		88.02
88.03	RURAL HEALTH CLINIC (RHC)	0.000000		88.03
88.04	RURAL HEALTH CLINIC (RHC)	0.000000		88.04
88.05	RURAL HEALTH CLINIC (RHC)	0.000000		88.05
90.00	CLINIC	2.135291	11	90.00
90.01	WELLNESS LINK	0.000000	0	90.01
91.00	EMERGENCY	0.177183	113,164	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.055352	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES			95.00
200.00	Total (sum of lines 50-94 and 96-98)		975,615	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net Charges (line 200 minus line 201)		975,615	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 14U137		Date/Time Prepared: 5/21/2012 7:47 pm	
		Title XVIII	Swing Beds - SNF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		505,008		30.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.360902	0	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.387635	0	0	52.00
53.00	ANESTHESIOLOGY	0.065148	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.133555	55,723	7,442	54.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.226274	214,357	48,503	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	0.297917	117,690	35,062	65.00
66.00	PHYSICAL THERAPY	0.258391	288,573	74,565	66.00
67.00	OCCUPATIONAL THERAPY	0.214839	296,409	63,680	67.00
68.00	SPEECH PATHOLOGY	0.223479	100,805	22,528	68.00
69.00	ELECTROCARDIOLOGY	0.197786	2,451	485	69.00
69.01	CARDIAC REHAB	0.574935	0	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.571647	53,957	30,844	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.271725	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.322411	341,215	110,011	73.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	SNR DAY TREATMENT- WHITE OAKS	0.717901	0	0	75.01
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
88.01	RURAL HEALTH CLINIC (RHC)	0.000000		0	88.01
88.02	RURAL HEALTH CLINIC (RHC)	0.000000		0	88.02
88.03	RURAL HEALTH CLINIC (RHC)	0.000000		0	88.03
88.04	RURAL HEALTH CLINIC (RHC)	0.000000		0	88.04
88.05	RURAL HEALTH CLINIC (RHC)	0.000000		0	88.05
90.00	CLINIC	2.135291	3	6	90.00
90.01	WELLNESS LINK	0.000000	0	0	90.01
91.00	EMERGENCY	0.177183	92	16	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.055352	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		1,471,275	393,142	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		1,471,275		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 146022		Date/Time Prepared: 5/21/2012 7:47 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		234,374		30.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.360902	0	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.387635	0	0	52.00
53.00	ANESTHESIOLOGY	0.065148	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.133555	21,523	2,875	54.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.226274	49,919	11,295	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	0.297917	14,350	4,275	65.00
66.00	PHYSICAL THERAPY	0.258391	371,747	96,056	66.00
67.00	OCCUPATIONAL THERAPY	0.214839	397,669	85,435	67.00
68.00	SPEECH PATHOLOGY	0.223479	205,850	46,003	68.00
69.00	ELECTROCARDIOLOGY	0.197786	1,957	387	69.00
69.01	CARDIAC REHAB	0.574935	0	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.571647	2,759	1,577	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.271725	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.322411	241,418	77,836	73.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	SNR DAY TREATMENT- WHITE OAKS	0.717901	0	0	75.01
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
88.01	RURAL HEALTH CLINIC (RHC)	0.000000		0	88.01
88.02	RURAL HEALTH CLINIC (RHC)	0.000000		0	88.02
88.03	RURAL HEALTH CLINIC (RHC)	0.000000		0	88.03
88.04	RURAL HEALTH CLINIC (RHC)	0.000000		0	88.04
88.05	RURAL HEALTH CLINIC (RHC)	0.000000		0	88.05
90.00	CLINIC	2.135291	85	181	90.00
90.01	WELLNESS LINK	0.000000	0	0	90.01
91.00	EMERGENCY	0.177183	2,483	440	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.055352	913	964	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		1,310,673	327,324	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		1,310,673		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/21/2012 7:47 pm
		Title VIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		2,268,736	1.00
2.00	Outlier payments for discharges. (see instructions)		0	2.00
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		26.80	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.54	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		29.90	31.00
32.00	Sum of lines 30 and 31		34.44	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.00	33.00
34.00	Disproportionate share adjustment (see instructions)		272,248	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		2,540,984	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		2,540,984	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		182,807	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/21/2012 7:47 pm
		Title XVIII	Hospital	PPS
				1.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			2,723,791 59.00
60.00	Primary payer payments			5,153 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			2,718,638 61.00
62.00	Deductibles billed to program beneficiaries			311,172 62.00
63.00	Coinsurance billed to program beneficiaries			2,264 63.00
64.00	Allowable bad debts (see instructions)			50,396 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			35,277 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			50,396 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			2,440,479 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			544,577 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			2,985,056 71.00
72.00	Interim payments			2,995,880 72.00
73.00	Tentative settlement (for contractor use only)			0 73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)			-10,824 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/21/2012 7:47 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		286	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,163,834	2.00
3.00	PPS payments		2,937,862	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		286	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		887	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		887	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	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)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		887	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		601	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		286	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		2,937,862	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		740,812	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		2,197,336	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		2,197,336	30.00
31.00	Primary payer payments		701	31.00
32.00	Subtotal (line 30 minus line 31)		2,196,635	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		111,670	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		78,169	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		111,670	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		2,274,804	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		2,274,804	40.00
41.00	Interim payments		2,303,598	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		-28,794	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/21/2012 7:47 pm
		Component CCN: 14S137	Title XVIII	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	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)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/21/2012 7:47 pm
		Component CCN: 146022	Title XVIII	Skilled Nursing Facility PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	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)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R			38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet E-1
Part I
Date/Time Prepared:
5/21/2012 7:47 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,546,380		2,303,598	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	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)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	03/23/2011	52,300		0	3.01
3.02		03/23/2011	200		0	3.02
3.03		10/03/2011	216,700		0	3.03
3.04		03/14/2012	178,900		0	3.04
3.05		03/14/2012	1,400		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		449,500		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,995,880		2,303,598	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		10,824		28,794	6.02
7.00	Total Medicare program liability (see instructions)		2,985,056		2,274,804	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140137
Component CCN: 14S137

Period:
From 01/01/2011
To 12/31/2011

Worksheet E-1
Part I
Date/Time Prepared:
5/21/2012 7:47 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,554,043		0	2.00
3.00	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)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,554,043		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,554,043		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140137

Period: From 01/01/2011

Worksheet E-1

Component CCN: 14U137

To 12/31/2011

Part I
Date/Time Prepared:
5/21/2012 7:47 pm

Title XVIII

Swing Beds - SNF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		519,816		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	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)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		519,816		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		519,816		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet E-1 Part I Date/Time Prepared: 5/21/2012 7:47 pm	
		Component CCN: 146022	Title XVIII	Skilled Nursing Facility	PPS
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider		728,448		0
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0
3.00	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)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		728,448		0
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		1,431		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		729,879		0
				Contractor Number	Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet E-1
Part II
Date/Time Prepared:
5/21/2012 7:47 pm

		Title XVIII	Hospital	PPS
				1.00
DATA COLLECTION NEEDED FOR THE HIT CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			941 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			1,312 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			11 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			2,627 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			68,135,469 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			1,218,019 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,025,582 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment(s)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)			1,025,582 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet E-2
		Component CCN: 14U137		Date/Time Prepared: 5/21/2012 7:47 pm
		Title XVIII	Swing Beds - SNF	PPS
		Part A	Part B	
		1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	535,522	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, column 3, line 200 for Part A, and sum of Wkst. D, Part V, columns 5 and 7, line 202 for Part B) (For CAH, see instructions)			3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	1,169	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	535,522	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	535,522	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	535,522	0	12.00
13.00	Coinurance billed to program patients (from provider records) (exclude coinurance for physician professional services)	15,706	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	519,816	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
17.00	Reimbursable bad debts (see instructions)	0	0	17.00
18.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (sum of lines 15 and 17, plus/minus line 16)	519,816	0	19.00
20.00	Interim payments	519,816	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program (line 19 minus the sum of lines 20 and 21)	0	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	0	23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part II Date/Time Prepared: 5/21/2012 7:47 pm
		Component CCN: 14S137	Title XVII	Subprovider - IPF
				PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,728,960	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		6.331507	9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.		0.000000	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,728,960	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition		0	14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,728,960	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,728,960	18.00
19.00	Deductibles		170,672	19.00
20.00	Subtotal (line 18 minus line 19)		1,558,288	20.00
21.00	Coinurance		4,245	21.00
22.00	Subtotal (line 20 minus line 21)		1,554,043	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,554,043	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,554,043	31.00
32.00	Interim payments		1,554,043	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)		0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140137 Component CCN: 146022	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VI Date/Time Prepared: 5/21/2012 7:47 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		889,550	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		889,550	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		168,102	6.00
7.00	Coinsurance		0	7.00
8.00	Allowable bad debts (see instructions)		8,431	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		8,431	9.00
10.00	Allowable reimbursable bad debts (see instructions)		8,431	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		729,879	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		729,879	15.00
16.00	Interim payments		728,448	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)		1,431	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet G
Date/Time Prepared:
5/21/2012 7:47 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	549,376	0	0	0	1.00
2.00	Temporary investments	484,728	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	6,363,703	0	0	0	4.00
5.00	Other receivable	593,062	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	446,145	0	0	0	7.00
8.00	Prepaid expenses	482,785	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	8,919,799	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	1,212,192	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	30,707,335	0	0	0	15.00
16.00	Accumulated depreciation	-20,381,874	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	9,560,209	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	317,343	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	21,415,205	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	2,286,523	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	203,142	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,489,665	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	32,824,669	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,377,266	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	1,625,664	0	0	0	39.00
40.00	Notes and loans payable (short term)	527,592	0	0	0	40.00
41.00	Deferred income	643,666	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,715,802	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	6,889,990	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	9,618,003	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,928,782	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	11,546,785	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	18,436,775	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	14,387,894	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	14,387,894	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	32,824,669	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet G-1

Date/Time Prepared:
5/21/2012 7:47 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		14,703,333		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-569,392			2.00
3.00	Total (sum of line 1 and line 2)		14,133,941		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	TRANSFERS TO AFFILIATES	253,953		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		253,953		0	10.00
11.00	Subtotal (line 3 plus line 10)		14,387,894		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		14,387,894		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet G-1

Date/Time Prepared:
5/21/2012 7:47 pm

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00 Fund balances at beginning of period		0		0		1.00
2.00 Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00 Total (sum of line 1 and line 2)		0		0		3.00
4.00 Additions (credit adjustments) (specify)	0		0			4.00
5.00 TRANSFERS TO AFFILIATES	0		0			5.00
6.00	0		0			6.00
7.00	0		0			7.00
8.00	0		0			8.00
9.00	0		0			9.00
10.00 Total additions (sum of line 4-9)		0		0		10.00
11.00 Subtotal (line 3 plus line 10)		0		0		11.00
12.00 Deductions (debit adjustments) (specify)	0		0			12.00
13.00	0		0			13.00
14.00	0		0			14.00
15.00	0		0			15.00
16.00	0		0			16.00
17.00	0		0			17.00
18.00 Total deductions (sum of lines 12-17)		0		0		18.00
19.00 Fund balance at end of period per balance sheet (line 11 minus line 18)		0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet G-2 Parts

Date/Time Prepared:
5/21/2012 7:47 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	4,148,169		4,148,169	1.00
2.00	SUBPROVIDER - IPF	2,116,136		2,116,136	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	562,421		562,421	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	234,645		234,645	7.00
8.00	NURSING FACILITY	2,599,574		2,599,574	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	9,660,945		9,660,945	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	9,660,945		9,660,945	17.00
18.00	Ancillary services	9,792,362	48,431,204	58,223,566	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	3,980,819	3,980,819	20.00
20.01	RURAL HEALTH CLINIC (RHC)	0	0	0	20.01
20.02	RURAL HEALTH CLINIC (RHC)	0	0	0	20.02
20.03	RURAL HEALTH CLINIC (RHC)	0	0	0	20.03
20.04	RURAL HEALTH CLINIC (RHC)	0	0	0	20.04
20.05	RURAL HEALTH CLINIC (RHC)	0	0	0	20.05
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	280,522	3,108,422	3,388,944	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN OFFICE	0	638,064	638,064	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	19,733,829	56,158,509	75,892,338	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		36,030,860		29.00
30.00	ALLOWANCE FOR BAD DEBTS	2,327,766			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		2,327,766		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		38,358,626		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140137

Period:
From 01/01/2011
To 12/31/2011

Worksheet G-3

Date/Time Prepared:
5/21/2012 7:47 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	75,892,338	1.00
2.00	Less contractual allowances and discounts on patients' accounts	41,042,018	2.00
3.00	Net patient revenues (line 1 minus line 2)	34,850,320	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	38,358,626	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-3,508,306	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	74,109	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	146,126	14.00
15.00	Revenue from rental of living quarters	413,459	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	191,594	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	420,917	20.00
21.00	Rental of vending machines	3,568	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	1,689,141	24.00
25.00	Total other income (sum of lines 6-24)	2,938,914	25.00
26.00	Total (line 5 plus line 25)	-569,392	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-569,392	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/21/2012 7:47 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		182,807	1.00
2.00	Capital DRG outlier payments		0	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		7.20	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		182,807	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 140137 Component CCN: 143491	Period: From 01/01/2011 To 12/31/2011	Worksheet M-1 Date/Time Prepared: 5/21/2012 7:47 pm
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		Title XVIII		Rural Health Clinic (RHC) I	Cost	
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassified	Reclassified Trial Balance (col. 3 + col. 4)
		1.00	2.00	3.00	4.00	5.00
FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	1,806,764	0	1,806,764	0	1,806,764
2.00	Physician Assistant	122,750	0	122,750	0	122,750
3.00	Nurse Practitioner	205,856	0	205,856	0	205,856
4.00	Visiting Nurse	0	0	0	0	0
5.00	Other Nurse	280,680	0	280,680	0	280,680
6.00	Clinical Psychologist	0	0	0	0	0
7.00	Clinical Social Worker	79,118	0	79,118	0	79,118
8.00	Laboratory Technician	0	0	0	0	0
9.00	Other Facility Health Care Staff Costs	0	0	0	0	0
10.00	Subtotal (sum of lines 1-9)	2,495,168	0	2,495,168	0	2,495,168
11.00	Physician Services Under Agreement	0	66,070	66,070	0	66,070
12.00	Physician Supervision Under Agreement	0	3,600	3,600	0	3,600
13.00	Other Costs Under Agreement	0	0	0	0	0
14.00	Subtotal (sum of lines 11-13)	0	69,670	69,670	0	69,670
15.00	Medical Supplies	0	57,557	57,557	0	57,557
16.00	Transportation (Health Care Staff)	0	7,765	7,765	0	7,765
17.00	Depreciation-Medical Equipment	0	13,709	13,709	0	13,709
18.00	Professional Liability Insurance	0	113,694	113,694	0	113,694
19.00	Other Health Care Costs	0	0	0	0	0
20.00	Allowable GME Costs	0	0	0	0	0
21.00	Subtotal (sum of lines 15-20)	0	192,725	192,725	0	192,725
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	2,495,168	262,395	2,757,563	0	2,757,563
COSTS OTHER THAN RHC/FQHC SERVICES						
23.00	Pharmacy	0	13,100	13,100	0	13,100
24.00	Dental	0	0	0	0	0
25.00	Optometry	0	0	0	0	0
26.00	All other nonreimbursable costs	0	0	0	0	0
27.00	Nonallowable GME costs	0	0	0	0	0
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	13,100	13,100	0	13,100
FACILITY OVERHEAD						
29.00	Facility Costs	0	0	0	0	0
30.00	Administrative Costs	488,671	118,722	607,393	0	607,393
31.00	Total Facility Overhead (sum of lines 29 and 30)	488,671	118,722	607,393	0	607,393
32.00	Total facility costs (sum of lines 22, 28 and 31)	2,983,839	394,217	3,378,056	0	3,378,056

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 140137 Component CCN: 143491	Period: From 01/01/2011 To 12/31/2011	Worksheet M-1 Date/Time Prepared: 5/21/2012 7:47 pm
	Title XVIII	Rural Health Clinic (RHC) I	Cost

	Adjustments	Net Expenses for Allocation (col. 5 + col. 6)		
	6.00	7.00		
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	-90,710	1,716,054	1.00
2.00	Physician Assistant	0	122,750	2.00
3.00	Nurse Practitioner	0	205,856	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	280,680	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social Worker	0	79,118	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	0	9.00
10.00	Subtotal (sum of lines 1-9)	-90,710	2,404,458	10.00
11.00	Physician Services Under Agreement	0	66,070	11.00
12.00	Physician Supervision Under Agreement	0	3,600	12.00
13.00	Other Costs Under Agreement	0	0	13.00
14.00	Subtotal (sum of lines 11-13)	0	69,670	14.00
15.00	Medical Supplies	0	57,557	15.00
16.00	Transportation (Health Care Staff)	0	7,765	16.00
17.00	Depreciation-Medical Equipment	0	13,709	17.00
18.00	Professional Liability Insurance	0	113,694	18.00
19.00	Other Health Care Costs	0	0	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	192,725	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-90,710	2,666,853	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	13,100	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	13,100	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	0	0	29.00
30.00	Administrative Costs	-6,442	600,951	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-6,442	600,951	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-97,152	3,280,904	32.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet M-2
		Component CCN: 143491		Date/Time Prepared: 5/21/2012 7:47 pm
		Title XVIII	Rural Health Clinic (RHC) I	Cost

	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY						
Positions						
1.00	Physician	5.31	17,735	4,200	22,302	1.00
2.00	Physician Assistant	0.00	0	2,100	0	2.00
3.00	Nurse Practitioner	2.70	7,617	2,100	5,670	3.00
4.00	Subtotal (sum of lines 1-3)	8.01	25,352		27,972	4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	0.00	0		0	6.00
7.00	Clinical Social Worker	1.36	1,541		1,541	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4-7)	9.37	26,893		29,513	8.00
9.00	Physician Services Under Agreements		0		0	9.00
					1.00	

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10.00	Total costs of health care services (from Worksheet M-1, column 7, line 22)		2,666,853	10.00
11.00	Total nonreimbursable costs (from Worksheet M-1, column 7, line 28)		13,100	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)		2,679,953	12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)		0.995112	13.00
14.00	Total facility overhead - (from Worksheet M-1, column 7, line 31)		600,951	14.00
15.00	Parent provider overhead allocated to facility (see instructions)		2,433,074	15.00
16.00	Total overhead (sum of lines 14 and 15)		3,034,025	16.00
17.00	Allowable GME overhead (see instructions)		0	17.00
18.00	Subtract line 17 from line 16		3,034,025	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)		3,019,195	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)		5,686,048	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 140137	Period: From 01/01/2011 To 12/31/2011	Worksheet M-3
		Component CCN: 143491		Date/Time Prepared: 5/21/2012 7:47 pm
		Title XVIII	Rural Health Clinic (RHC) I	Cost
				1.00
DETERMINATION OF RATE FOR RHC/FQHC SERVICES				
1.00	Total Allowable Cost of RHC/FQHC Services (from Worksheet M-2, line 20)		5,686,048	1.00
2.00	Cost of vaccines and their administration (from Worksheet M-4, line 15)		46,548	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		5,639,500	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		29,513	4.00
5.00	Physicians visits under agreement (from Worksheet M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		29,513	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		191.09	7.00
		Calculation of Limit (1)		
		Prior to January 1	On or After January 1	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 27, Sec. 505 or your contractor)	0.00	0.00	8.00
9.00	Rate for Program covered visits (see instructions)	191.09	191.09	9.00
CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)	0	5,878	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	1,123,227	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	1,007	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	192,428	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	132,294	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)	0	0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	1,255,521	16.00
16.01	Total program charges (see instructions)(from contractor's records)		0	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		981,509	16.04
16.05	Total program cost (see instructions)		981,509	16.05
17.00	Primary payer amounts		803	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		28,635	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		0	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		980,706	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		22,965	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		1,003,671	22.00
23.00	Reimbursable bad debts (see instructions)		0	23.00
24.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
26.00	Net reimbursable amount (lines 22 plus 23 plus or minus line 25)		1,003,671	26.00
27.00	Interim payments		975,155	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 27 and 28)		28,516	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, section 115.2		0	30.00

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 140137 Component CCN: 143491	Period: From 01/01/2011 To 12/31/2011	Worksheet M-4 Date/Time Prepared: 5/21/2012 7:47 pm
		Title XVIII	Rural Health Clinic (RHC) I	Cost
		Pneumococcal 1.00	Influenza 2.00	
1.00	Health care staff cost (from Worksheet M-1, column 7, line 10)	2,404,458	2,404,458	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.000000	0.004000	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	0	9,618	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	1,296	10,861	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	1,296	20,479	5.00
6.00	Total direct cost of the facility (from Worksheet M-1, column 7, line 22)	2,666,853	2,666,853	6.00
7.00	Total overhead (from Worksheet M-2, line 16)	3,034,025	3,034,025	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.000486	0.007679	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	1,475	23,298	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	2,771	43,777	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	48	724	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	57.73	60.47	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	27	354	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	1,559	21,406	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of columns 1 and 2, line 10) (transfer this amount to Worksheet M-3, line 2)		46,548	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of columns 1 and 2, line 14) (transfer this amount to Worksheet M-3, line 21)		22,965	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140137 Component CCN: 143491	Period: From 01/01/2011 To 12/31/2011	Worksheet M-5 Date/Time Prepared: 5/21/2012 7:47 pm
	Title VIII	Rural Health Clinic (RHC) I	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		816,255	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	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)			3.00
Program to Provider				
3.01		07/28/2011	158,900	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		158,900	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		975,155	4.00
TO BE COMPLETED BY CONTRACTOR				
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
Program to Provider				
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		28,516	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		1,003,671	7.00
		Contractor Number	Date (Mo/Day/Yr)	
		0	1.00 2.00	
8.00	Name of Contractor			8.00