

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: 141307	Period: From 05/01/2010 To 04/30/2011	Worksheet 5 Parts I-III Date/Time Prepared: 11/29/2011 1:27 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 11/29/2011	Time: 1:27 pm
	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.		
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: 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 PINCKNEYVILLE COMMUNITY HOSPITAL for the cost reporting period beginning 05/01/2010 and ending 04/30/2011 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.

**Encryption Information**

ECR: Date: 11/29/2011 Time: 1:27 pm  
A1Y2CsFsGsFakOb771kAbu00V:qmoD  
OI0U:0LzgrRCLU5kwIGeAeLh2TgSR1  
8r5NOP:UPy0syexn  
PI: Date: 11/29/2011 Time: 1:27 pm  
116NwqCJD02hFlRthfj.fGQx1Bhno0  
y9xbc08t.CudywfhJ005zQLp2HNk5M  
RwCeNeU3Jv00LT:s

(Signed) *Kara Jo Carson*  
Officer or Administrator of Provider(s)

*CFO*  
Title  
Date: *11/29/11*

	Title XVIII					Total
	Title V 1.00	Part A 2.00	Part B 3.00	HIT 4.00	Title XIX 5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00	Hospital	0	203,920	624,383	0	0
2.00	Subprovider - IPF	0	0	0	0	0
3.00	Subprovider - IRF	0	0	0	0	0
4.00	SUBPROVIDER I	0	0	0	0	0
5.00	Swing bed - SNF	0	97,617	0	0	0
6.00	Swing bed - NF	0	0	0	0	0
7.00	Skilled Nursing Facility	0	0	0	0	0
8.00	Nursing Facility	0	0	0	0	0
9.00	HOME HEALTH AGENCY I	0	0	0	0	0
10.00	RURAL HEALTH CLINIC I	0	0	50,587	0	0
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00	CMHC I	0	0	0	0	0
200.00	Total	0	301,537	674,970	0	0

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete 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.

Health Financial Systems

In Lieu of Form CMS-2552-10

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: 141307	Period: From 05/01/2010 To 04/30/2011	Worksheet S Parts I-III Date/Time Prepared: 11/28/2011 11:46 am
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**PART I - COST REPORT STATUS**

Provider use only	1. <input type="checkbox"/> Electronically filed cost report	Date:	Time:
	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.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status	6. Date Received:	10. NPR Date:
	(1) As Submitted	7. Contractor No.	11. Contractor's Vendor Code:
	(2) Settled without Audit	8. <input type="checkbox"/> Initial Report for this Provider CCN	12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.
	(3) Settled with Audit	9. <input type="checkbox"/> Final Report for this Provider CCN	
	(4) Reopened		
	(5) Amended		

**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 PINCKNEYVILLE COMMUNITY HOSPITAL for the cost reporting period beginning 05/01/2010 and ending 04/30/2011 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 V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
			Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>							
1.00	Hospital	0	203,920	624,383	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVIDER I	0	0	0		0	4.00
5.00	Swing bed - SNF	0	97,617	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	Skilled Nursing Facility	0	0	0		0	7.00
8.00	Nursing Facility	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		50,587		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	301,537	674,970	0	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.

Health Financial Systems

In Lieu of Form CMS-2552-10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 141307		Period: From 05/01/2010 To 04/30/2011		Worksheet S-2 Part I Date/Time Prepared: 11/28/2011 11:46 am				
1.00		2.00		3.00		4.00						
<b>Hospital and Hospital Health Care Complex Address:</b>												
1.00	Street: 101 N. WALNUT ST.			PO Box:				1.00				
2.00	City: PINCKNEYVILLE			State: IL		Zip Code: 62274-1034		County: PERRY			2.00	
				Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
									V	XVIII	XIX	
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
<b>Hospital and Hospital-Based Component Identification:</b>												
3.00	Hospital			PINCKNEYVILLE COMMUNITY HOSPITAL	141307	14	1	11/30/2000	N	O	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF			PINCKNEYVILLE CRITICAL ACC SWING BED	142307	14		02/06/2001	N	O	N	7.00
8.00	Swing Beds - NF								N		N	8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											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			PINCKNEYVILLE HOSPITAL RHC	143412	14		03/27/1995	N	O	N	15.00
16.00	Hospital-Based Health Clinic - FQHC								N	N	N	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)							05/01/2010	04/30/2011		20.00	
21.00	Type of Control (see instructions)							11			21.00	
<b>Inpatient PPS Information</b>												
22.00	Does this facility qualify for and receive disproportionate share hospital payment in accordance with 42 CFR Section §412.106, or low income payment in accordance with 42 CFR Section §412.624(e)(2)? 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.							N		N		22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							2		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.			0	0	0	0	0	0	0	24.00	
25.00	If this provider is an IRF then enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid 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.			0	0	0	0	0	0	0	25.00	
								1.00				
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.									2		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.									2		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141307	Period: From 05/01/2010 To 04/30/2011	Worksheet S-2 Part I Date/Time Prepared: 11/28/2011 11:46 am		
		Beginning: 1.00		Ending: 2.00		
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		
<b>Prospective Payment System (PPS)-Capital</b>						
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
<b>Teaching Hospitals</b>						
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.					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
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
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
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
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		
<b>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.</b>						
64.00	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	64.00
		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
65.00	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141307	Period: From 05/01/2010 To 04/30/2011	Worksheet S-2 Part I Date/Time Prepared: 11/28/2011 11:46 am	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
<b>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</b>					
66.00	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	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	
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	
		1.00	2.00	3.00	
		3.00	4.00	5.00	
		6.00	0.00	0.000000	
		1.00	2.00	3.00	
<b>Inpatient Psychiatric Facility PPS</b>					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N		0	
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)			0	
<b>Inpatient Rehabilitation Facility PPS</b>					
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		0	
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	
				1.00	
<b>Long Term Care Hospital PPS</b>					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.	N		0	
<b>TEFRA Providers</b>					
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		0	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.	N		0	
		V		XIX	
		1.00		2.00	
<b>Title V or XIX Inpatient Services</b>					
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	
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	
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		N	
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	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141307	Period: From 05/01/2010 To 04/30/2011	Worksheet S-2 Part I Date/Time Prepared: 11/28/2011 11:46 am	
			V	XIX	
			1.00	2.00	
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		Y		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)		Y		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.		Y		108.00
			Physical	Occupational	
			1.00	2.00	
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.		N	N	109.00
			Speech	Respiratory	
			3.00	4.00	
			1.00	2.00	
<b>Miscellaneous Cost Reporting Information</b>					
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.		Y		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.		1,000,000	3,000,000	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.		N		121.00
<b>Transplant Center Information</b>					
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
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
<b>All Providers</b>					
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)		N		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141307		Period: From 05/01/2010 To 04/30/2011		Worksheet S-2 Part I Date/Time Prepared: 11/28/2011 11:46 am	
		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 the change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A 1.00		Part B 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 - Other	N		N		158.00	
159.00	SNF	N		N		159.00	
160.00	HHA	N		N		160.00	
161.00	CMHC			N		161.00	
				1.00			
<b>Multicampus</b>							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		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	
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			N		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)					168.00	
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)					0.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA	Provider CCN: 141307	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part I Date/Time Prepared: 11/28/2011 11:46 am
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	Cost Center Description	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	
		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	25	9,125	32,545.00	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)		25	9,125	32,545.00	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					13.00
14.00	Total (see instructions)		25	9,125	32,545.00	14.00
15.00	CAH visits					15.00
16.00	SUBPROVIDER - IPF					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					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	99.10				25.10
26.00	RURAL HEALTH CLINIC	88.00				26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				26.25
27.00	Total (sum of lines 14-26)		25			27.00
28.00	Observation Bed Days					28.00
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

Health Financial Systems

In Lieu of Form CMS-2552-10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/28/2011 11:46 am

		I/P Days / O/P		Visits / Trips			
Cost Center Description		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	1,056	74	1,524		1.00
2.00	HMO		0	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	602	0	602		5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0		0	113		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	0	1,658	74	2,239		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	1,658	74	2,239		14.00
15.00	CAH visits	0	0	0	0		15.00
16.00	SUBPROVIDER - IPF						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						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	0	0	0	0		25.10
26.00	RURAL HEALTH CLINIC	0	5,015	3,427	17,787		26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00	Total (sum of lines 14-26)						27.00
28.00	Observation Bed Days	0		44	286		28.00
28.02	SUBPROVIDER - IRF	0	0	0	0		28.02
28.03	SUBPROVIDER	0	0	0	0		28.03
29.00	Ambulance Trips			0			29.00
30.00	Employee discount days (see instruction)				9		30.00
31.00	Employee discount days - IRF				0		31.00
32.00	Labor & delivery days (see instructions)			0	0		32.00
33.00	LTCH non-covered days		0				33.00

Health Financial Systems

In Lieu of Form CMS-2552-10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/28/2011 11:46 am

	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	311	1.00
2.00	HMO					0	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	150.66	0.00	0	311	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						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						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	0.00	0.00	0.00			25.10
26.00	RURAL HEALTH CLINIC	0.00	25.91	0.00			26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00	Total (sum of lines 14-26)	0.00	176.57	0.00			27.00
28.00	Observation Bed Days						28.00
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

Health Financial Systems

In Lieu of Form CMS-2552-10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/28/2011 11:46 am

	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)	39	486			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)	39	486			14.00
15.00	CAH visits					15.00
16.00	SUBPROVIDER - IPF					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
26.25	FEDERALLY QUALIFIED HEALTH CENTER					26.25
27.00	Total (sum of lines 14-26)					27.00
28.00	Observation Bed Days					28.00
28.02	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



Health Financial Systems

In Lieu of Form CMS-2552-10

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 141307 Component CCN:143412	Period: From 05/01/2010 To 04/30/2011	Worksheet S-8 Date/Time Prepared: 11/28/2011 11:46 am
			Rural Health Clinic (RHC) I	Cost
			County	
2.00	City, State, Zip Code, County		PERRY 4.00	2.00
			Tuesday	wednesday
			from to	from to
			5.00 6.00	7.00 8.00
11.00	Facility hours of operations (1) Clinic	08:30	19:00	08:30 19:00
				11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 141307 Component CCN:143412		Period: From 05/01/2010 To 04/30/2011		worksheet S-8 Date/Time Prepared: 11/28/2011 11:46 am	
				Rural Health Clinic (RHC) I		Cost	
		Thursday		Friday			
		from	to	from	to		
		9.00	10.00	11.00	12.00		
<b>Facility hours of operations (1)</b>							
11.00	Clinic	08:30	19:00	08:30	17:00	11.00	

Health Financial Systems

In Lieu of Form CMS-2552-10

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 141307 Component CCN:143412	Period: From 05/01/2010 To 04/30/2011	Worksheet S-8 Date/Time Prepared: 11/28/2011 11:46 am
			Rural Health Clinic (RHC) I	Cost
		Saturday		
		from	to	
		13.00	14.00	
<b>Facility hours of operations (1)</b>				
11.00	clinic	09:00	12:00	11.00

Health Financial Systems

In Lieu of Form CMS-2552-10

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 141307	Period: From 05/01/2010 To 04/30/2011	Worksheet S-10 Date/Time Prepared: 11/28/2011 11:46 am
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					1.00	
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)				0.617712	1.00
<b>Medicaid (see instructions for each line)</b>						
2.00	Net revenue from Medicaid				580,223	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				610,127	5.00
6.00	Medicaid charges				3,194,460	6.00
7.00	Medicaid cost (line 1 times line 6)				1,973,256	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)				782,906	8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>						
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
<b>Other state or local government indigent care program (see instructions for each line)</b>						
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
<b>Uncompensated care (see instructions for each line)</b>						
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)				782,906	19.00
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				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			537,000	0	537,000
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)			331,711	0	331,711
22.00	Partial payment by patients approved for charity care			0	0	0
23.00	Cost of charity care (line 21 minus line 22)			331,711	0	331,711
						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
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit					0
26.00	Total bad debt expense for the entire hospital complex (see instructions)					730,757
27.00	Medicare bad debts for the entire hospital complex (see instructions)					289,345
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)					441,412
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)					272,665
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)					604,376
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)					1,387,282

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

worksheet A

Date/Time Prepared:  
11/28/2011 11:46 am

	Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT		130,250	130,250	-124,405	5,845	1.00
1.01	NEW CAP REL COSTS-NEW BLDG		0	0	98,417	98,417	1.01
1.02	NEW CAP REL COSTS-PT BLDG		0	0	10,507	10,507	1.02
1.03	NEW CAP REL COSTS-RHC BLDG		0	0	55,701	55,701	1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP		462,760	462,760	8,196	470,956	2.00
3.00	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	EMPLOYEE BENEFITS	53,705	2,485,583	2,539,288	0	2,539,288	4.00
5.06	NONPATIENT TELEPHONES	0	80,586	80,586	0	80,586	5.06
5.08	PURCHASING, RECEIVING AND STORES	35,265	388	35,653	0	35,653	5.08
5.09	ADMITTING	104,773	7,501	112,274	0	112,274	5.09
5.10	CASHIERING/ACCOUNTS RECEIVABLE	344,642	77,161	421,803	0	421,803	5.10
5.11	OTHER ADMINISTRATIVE AND GENERAL	473,387	1,609,682	2,083,069	-28,128	2,054,941	5.11
6.00	MAINTENANCE & REPAIRS	195,254	312,396	507,650	0	507,650	6.00
8.00	LAUNDRY & LINEN SERVICE	49,898	14,038	63,936	0	63,936	8.00
9.00	HOUSEKEEPING	247,221	30,694	277,915	0	277,915	9.00
10.00	DIETARY	278,797	135,605	414,402	-213,873	200,529	10.00
11.00	CAFETERIA	0	0	0	213,873	213,873	11.00
13.00	NURSING ADMINISTRATION	435,734	33,831	469,565	0	469,565	13.00
14.00	CENTRAL SERVICES & SUPPLY	19,367	1,602	20,969	0	20,969	14.00
15.00	PHARMACY	285,661	1,800,826	2,086,487	0	2,086,487	15.00
16.00	MEDICAL RECORDS & LIBRARY	352,574	36,166	388,740	0	388,740	16.00
17.00	SOCIAL SERVICE	56,591	2,955	59,546	0	59,546	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	288,374	288,374	0	288,374	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	983,332	80,745	1,064,077	163,396	1,227,473	30.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	167,696	126,587	294,283	0	294,283	50.00
53.00	ANESTHESIOLOGY	0	6,246	6,246	0	6,246	53.00
54.00	RADIOLOGY-DIAGNOSTIC	445,979	408,528	854,507	0	854,507	54.00
54.01	ONCOLOGY	207,567	332,110	539,677	0	539,677	54.01
56.00	RADIOISOTOPE	64,047	105,261	169,308	0	169,308	56.00
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	429,067	488,419	917,486	5,566	923,052	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	237,082	99,567	336,649	0	336,649	65.00
65.01	CARDIAC REHAB	19,810	1,187	20,997	0	20,997	65.01
66.00	PHYSICAL THERAPY	559,007	39,408	598,415	0	598,415	66.00
69.00	ELECTROCARDIOLOGY	7,614	10,617	18,231	0	18,231	69.00
70.00	ELECTROENCEPHALOGRAPHY	447	2,550	2,997	0	2,997	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	1,552,241	90,180	1,642,421	-168,962	1,473,459	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	31,405	4,967	36,372	0	36,372	90.00
91.00	EMERGENCY	376,031	925,153	1,301,184	0	1,301,184	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
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		39,965	39,965	-24,100	15,865	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	8,014,194	10,271,888	18,286,082	-3,812	18,282,270	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	7,628	0	7,628	0	7,628	192.00
192.01	FITNESS CENTER	61,873	2,308	64,181	0	64,181	192.01
192.02	RETAIL PHARMACY	15,962	1,905	17,867	0	17,867	192.02
192.03	LEASED SPACE	0	0	0	0	0	192.03
192.04	VACANT SPACE	0	0	0	0	0	192.04
192.05	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	15 N MAIN BUILDING	21	1,915	1,936	3,812	5,748	192.06
200.00	TOTAL (SUM OF LINES 118-199)	8,099,678	10,278,016	18,377,694	0	18,377,694	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet A

Date/Time Prepared:  
11/28/2011 11:46 am

	Cost Center Description	Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	-1,530	4,315		1.00
1.01	NEW CAP REL COSTS-NEW BLDG	-22,570	75,847		1.01
1.02	NEW CAP REL COSTS-PT BLDG	0	10,507		1.02
1.03	NEW CAP REL COSTS-RHC BLDG	0	55,701		1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	470,956		2.00
3.00	OTHER CAPITAL RELATED COSTS	0	0		3.00
4.00	EMPLOYEE BENEFITS	-592,526	1,946,762		4.00
5.06	NONPATIENT TELEPHONES	0	80,586		5.06
5.08	PURCHASING, RECEIVING AND STORES	0	35,653		5.08
5.09	ADMITTING	-1,389	110,885		5.09
5.10	CASHIERING/ACCOUNTS RECEIVABLE	0	421,803		5.10
5.11	OTHER ADMINISTRATIVE AND GENERAL	-99,319	1,955,622		5.11
6.00	MAINTENANCE & REPAIRS	-38,395	469,255		6.00
8.00	LAUNDRY & LINEN SERVICE	0	63,936		8.00
9.00	HOUSEKEEPING	-37	277,878		9.00
10.00	DIETARY	-92,530	107,999		10.00
11.00	CAFETERIA	0	213,873		11.00
13.00	NURSING ADMINISTRATION	0	469,565		13.00
14.00	CENTRAL SERVICES & SUPPLY	-512	20,457		14.00
15.00	PHARMACY	-11,014	2,075,473		15.00
16.00	MEDICAL RECORDS & LIBRARY	-1,033	387,707		16.00
17.00	SOCIAL SERVICE	-1,856	57,690		17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	288,374		19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS	-163,396	1,064,077		30.00
41.00	SUBPROVIDER - IRF	0	0		41.00
42.00	SUBPROVIDER	0	0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	-20	294,263		50.00
53.00	ANESTHESIOLOGY	0	6,246		53.00
54.00	RADIOLOGY-DIAGNOSTIC	-4,750	849,757		54.00
54.01	ONCOLOGY	-312,000	227,677		54.01
56.00	RADIOISOTOPE	0	169,308		56.00
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	-44,083	878,969		60.00
60.01	BLOOD LABORATORY	0	0		60.01
65.00	RESPIRATORY THERAPY	-1,779	334,870		65.00
65.01	CARDIAC REHAB	0	20,997		65.01
66.00	PHYSICAL THERAPY	-78,688	519,727		66.00
69.00	ELECTROCARDIOLOGY	-9,837	8,394		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	2,997		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0		73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	-3,052	1,470,407		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	CLINIC	0	36,372		90.00
91.00	EMERGENCY	-464,234	836,950		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	CORF	0	0		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>					
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	-15,865	0		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-1,960,415	16,321,855		118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	7,628		192.00
192.01	FITNESS CENTER	0	64,181		192.01
192.02	RETAIL PHARMACY	0	17,867		192.02
192.03	LEASED SPACE	0	0		192.03
192.04	VACANT SPACE	0	0		192.04
192.05	MEALS ON WHEELS	0	0		192.05
192.06	15 N MAIN BUILDING	0	5,748		192.06
200.00	TOTAL (SUM OF LINES 118-199)	-1,960,415	16,417,279		200.00

RECLASSIFICATIONS

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet A-6

Date/Time Prepared:  
11/28/2011 11:46 am

	Cost Center	Increases Line #	Salary 4.00	Other 5.00		
	<b>2.00</b>	<b>3.00</b>	<b>4.00</b>	<b>5.00</b>		
	<b>A - INTEREST EXPENSE</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,530		1.00
2.00	NEW CAP REL COSTS-NEW BLDG	1.01	0	22,570		2.00
	TOTALS		0	24,100		
	<b>B - CAFETERIA</b>					
1.00	CAFETERIA	11.00	143,887	69,986		1.00
	TOTALS		143,887	69,986		
	<b>C - DEFAULT</b>					
1.00	ADULTS & PEDIATRICS	30.00	160,676	2,720		1.00
	TOTALS		160,676	2,720		
	<b>D - DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-NEW BLDG	1.01	0	63,624		1.00
2.00	NEW CAP REL COSTS-PT BLDG	1.02	0	7,320		2.00
3.00	NEW CAP REL COSTS-RHC BLDG	1.03	0	51,145		3.00
4.00	15 N MAIN BUILDING	192.06	0	2,853		4.00
5.00	NEW CAP REL COSTS-MVBLE	2.00	0	993		5.00
	EQUIP					
	TOTALS		0	125,935		
	<b>E - RHC LAB EXPENSE</b>					
1.00	LABORATORY	60.00	1,334	4,232		1.00
	TOTALS		1,334	4,232		
	<b>F - PROPERTY INSURANCE</b>					
1.00	NEW CAP REL COSTS-NEW BLDG	1.01	0	12,223		1.00
2.00	NEW CAP REL COSTS-PT BLDG	1.02	0	3,187		2.00
3.00	NEW CAP REL COSTS-RHC BLDG	1.03	0	4,556		3.00
4.00	NEW CAP REL COSTS-MVBLE	2.00	0	7,203		4.00
	EQUIP					
5.00	15 N MAIN BUILDING	192.06	0	959		5.00
	TOTALS		0	28,128		
500.00	Grand Total: Increases		305,897	255,101		500.00

RECLASSIFICATIONS

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet A-6

Date/Time Prepared:  
11/28/2011 11:46 am

	Cost Center	Decreases	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	<b>A - INTEREST EXPENSE</b>					
1.00	INTEREST EXPENSE	113.00	0	24,100	11	1.00
2.00		0.00	0	0	11	2.00
	TOTALS		0	24,100		
	<b>B - CAFETERIA</b>					
1.00	DIETARY	10.00	143,887	69,986	0	1.00
	TOTALS		143,887	69,986		
	<b>C - DEFAULT</b>					
1.00	RURAL HEALTH CLINIC	88.00	160,676	2,720	0	1.00
	TOTALS		160,676	2,720		
	<b>D - DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	125,935	9	1.00
2.00		0.00	0	0	9	2.00
3.00		0.00	0	0	9	3.00
4.00		0.00	0	0	9	4.00
5.00		0.00	0	0	9	5.00
	TOTALS		0	125,935		
	<b>E - RHC LAB EXPENSE</b>					
1.00	RURAL HEALTH CLINIC	88.00	1,334	4,232	0	1.00
	TOTALS		1,334	4,232		
	<b>F - PROPERTY INSURANCE</b>					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.11	0	28,128	12	1.00
2.00		0.00	0	0	12	2.00
3.00		0.00	0	0	12	3.00
4.00		0.00	0	0	12	4.00
5.00		0.00	0	0	12	5.00
	TOTALS		0	28,128		
500.00	Grand Total: Decreases		305,897	255,101		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
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	Beginning Balances	Purchases	Acquisitions Donation	Total	Disposals and Retirements	
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	590,385	60,098	0	60,098	0 1.00
2.00	Land Improvements	246,028	0	0	0	0 2.00
3.00	Buildings and Fixtures	5,655,615	0	0	0	0 3.00
4.00	Building Improvements	5,800,996	418,301	0	418,301	254,663 4.00
5.00	Fixed Equipment	0	0	0	0	0 5.00
6.00	Movable Equipment	0	0	0	0	0 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	12,293,024	478,399	0	478,399	254,663 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	12,293,024	478,399	0	478,399	254,663 10.00
<b>SUMMARY OF CAPITAL</b>						
	Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)
		9.00	10.00	11.00	12.00	13.00
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	130,250	0	0	0	0 1.00
1.01	NEW CAP REL COSTS-NEW BLDG	0	0	0	0	0 1.01
1.02	NEW CAP REL COSTS-PT BLDG	0	0	0	0	0 1.02
1.03	NEW CAP REL COSTS-RHC BLDG	0	0	0	0	0 1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP	462,760	0	0	0	0 2.00
3.00	Total (sum of lines 1-2)	593,010	0	0	0	0 3.00
<b>COMPUTATION OF RATIOS</b>						
	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
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	6,552,126	0	6,552,126	0.523468	0 1.00
1.01	NEW CAP REL COSTS-NEW BLDG	0	0	0	0.000000	0 1.01
1.02	NEW CAP REL COSTS-PT BLDG	0	0	0	0.000000	0 1.02
1.03	NEW CAP REL COSTS-RHC BLDG	0	0	0	0.000000	0 1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP	5,964,634	0	5,964,634	0.476532	0 2.00
3.00	Total (sum of lines 1-2)	12,516,760	0	12,516,760	1.000000	0 3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
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		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	650,483	0			1.00
2.00	Land Improvements	246,028	0			2.00
3.00	Buildings and Fixtures	5,655,615	0			3.00
4.00	Building Improvements	5,964,634	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	0	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	12,516,760	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	12,516,760	0			10.00
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	130,250			1.00
1.01	NEW CAP REL COSTS-NEW BLDG	0	0			1.01
1.02	NEW CAP REL COSTS-PT BLDG	0	0			1.02
1.03	NEW CAP REL COSTS-RHC BLDG	0	0			1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	462,760			2.00
3.00	Total (sum of lines 1-2)	0	593,010			3.00
<b>ALLOCATION OF OTHER CAPITAL</b>						
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
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	4,315	0
1.01	NEW CAP REL COSTS-NEW BLDG	0	0	0	63,624	0
1.02	NEW CAP REL COSTS-PT BLDG	0	0	0	7,320	0
1.03	NEW CAP REL COSTS-RHC BLDG	0	0	0	51,145	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	463,753	0
3.00	Total (sum of lines 1-2)	0	0	0	590,157	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
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		SUMMARY OF CAPITAL					
Cost Center Description		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	4,315	1.00
1.01	NEW CAP REL COSTS-NEW BLDG	0	12,223	0	0	75,847	1.01
1.02	NEW CAP REL COSTS-PT BLDG	0	3,187	0	0	10,507	1.02
1.03	NEW CAP REL COSTS-RHC BLDG	0	4,556	0	0	55,701	1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	7,203	0	0	470,956	2.00
3.00	Total (sum of lines 1-2)	0	27,169	0	0	617,326	3.00

				Expense Classification on To/From which the Amount is		Worksheet A to be Adjusted	
		Basis/Code (2)	Amount	Cost Center		Line #	
		1.00	2.00	3.00		4.00	
1.00	Investment income - buildings and fixtures (chapter 2)	B	-1,530	NEW CAP REL COSTS-BLDG & FIXT		1.00	1.00
2.00	Investment income - movable equipment (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP		2.00	2.00
3.00	Investment income - other (chapter 2)	B	-22,570	NEW CAP REL COSTS-NEW BLDG		1.01	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)	B	-11,014	PHARMACY		15.00	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)		0			0.00	7.00
8.00	Television and radio service (chapter 21)	B	-2,742	OTHER ADMINISTRATIVE AND GENERAL		5.11	8.00
9.00	Parking lot (chapter 21)		0			0.00	9.00
10.00	Provider-based physician adjustment	A-8-2	-951,227				10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0			0.00	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0				12.00
13.00	Laundry and linen service		0			0.00	13.00
14.00	Cafeteria-employees and guests	B	-91,581	DIETARY		10.00	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		0			0.00	17.00
18.00	Sale of medical records and abstracts	B	-1,032	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	-744	OTHER ADMINISTRATIVE AND GENERAL		5.11	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	0	RESPIRATORY THERAPY		65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00	25.00
26.00	Depreciation - buildings and fixtures		0	NEW CAP REL COSTS-BLDG & FIXT		1.00	26.00
27.00	Depreciation - movable equipment		0	NEW CAP REL COSTS-MVBLE EQUIP		2.00	27.00
28.00	Non-physician Anesthetist		0	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	0	*** Cost Center Deleted ***		67.00	30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***		68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	32.00
33.00	INTEREST EXPENSE	A	-15,865	INTEREST EXPENSE		113.00	33.00
34.00	MISCELLANEOUS INCOME	B	-600	OTHER ADMINISTRATIVE AND GENERAL		5.11	34.00
35.00	HOUSKEEPING	B	-37	HOUSEKEEPING		9.00	35.00
36.00	RHC RENT	B	-2,220	RURAL HEALTH CLINIC		88.00	36.00
37.00	IMAGING REBATE	B	-41	RADIOLOGY-DIAGNOSTIC		54.00	37.00
38.00	CENTRAL SUPPLY REBATE	B	-512	CENTRAL SERVICES & SUPPLY		14.00	38.00
39.00	DIETARY REBATE	B	-946	DIETARY		10.00	39.00
40.00	MOBILE PET SCAN PAD RENTAL	B	-4,675	RADIOLOGY-DIAGNOSTIC		54.00	40.00
41.00	PATIENT TELEPHONE SALARY EXPENSE	A	-1,389	ADMITTING		5.09	41.00
42.00	PATIENT TELEPHONE BENEFITS EXPENSE	A	-419	EMPLOYEE BENEFITS		4.00	42.00
43.00	LABORATORY REBATE	B	-36	LABORATORY		60.00	43.00
44.00	NON-ALLOW LOBBY DUES	A	-9,149	OTHER ADMINISTRATIVE AND GENERAL		5.11	44.00
45.00	NON-ALLOW LOBBY DUES	A	-3	DIETARY		10.00	45.00
45.01	NON-ALLOW LOBBY DUES	A	-1	MEDICAL RECORDS & LIBRARY		16.00	45.01
45.02	NON-ALLOW LOBBY DUES	A	-20	OPERATING ROOM		50.00	45.02
45.03	NON-ALLOW LOBBY DUES	A	-19	RESPIRATORY THERAPY		65.00	45.03

ADJUSTMENTS TO EXPENSES

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet A-8

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				Expense Classification on		Worksheet A	
				To/From which	the Amount is	to be Adjusted	
		Basis/Code (2)	Amount	Cost Center		Line #	
		1.00	2.00	3.00		4.00	
45.04	NON-ALLOW LOBBY DUES	A	-34	RADIOLOGY-DIAGNOSTIC		54.00	45.04
45.05	NON-ALLOW LOBBY DUES	A	-832	RURAL HEALTH CLINIC		88.00	45.05
45.06	GIFTS & DONATIONS	A	-1,521	OTHER ADMINISTRATIVE AND GENERAL		5.11	45.06
45.07	PROMOTIONAL ITEMS	A	-1,850	OTHER ADMINISTRATIVE AND GENERAL		5.11	45.07
45.08	OTHER ENTERTAINMENT	A	-4,730	OTHER ADMINISTRATIVE AND GENERAL		5.11	45.08
45.09	NON-ALLOW ADVERTISING	A	-53,443	OTHER ADMINISTRATIVE AND GENERAL		5.11	45.09
45.10	NON-ALLOW ADVERTISING SALARIES	A	-4,158	OTHER ADMINISTRATIVE AND GENERAL		5.11	45.10
45.11	NON-ALLOW PROPERTY TAXES	A	-84	OTHER ADMINISTRATIVE AND GENERAL		5.11	45.11
45.12	COMMUNITY EDUCATION SALARY & EXP	A	-9,453	OTHER ADMINISTRATIVE AND GENERAL		5.11	45.12
45.13	OUTSIDE LAB SERVICES	B	-44,047	LABORATORY		60.00	45.13
45.14	CHAMBER OF COMMERCE DUES	A	-200	OTHER ADMINISTRATIVE AND GENERAL		5.11	45.14
45.15	OUTSIDE PT SERVICE SALARIES & EXP	A	-78,688	PHYSICAL THERAPY		66.00	45.15
45.16	RENT	B	-9,645	OTHER ADMINISTRATIVE AND GENERAL		5.11	45.16
45.17	OUTSIDE SOCIAL SERVICE SALARIES	A	-1,856	SOCIAL SERVICE		17.00	45.17
45.18	FINES AND PENALTIES	A	-1,000	OTHER ADMINISTRATIVE AND GENERAL		5.11	45.18
45.19	SELF-INSURANCE (HEALTH)	A	-592,107	EMPLOYEE BENEFITS		4.00	45.19
45.21	VACANT SPACE UTILITY EXPENSES	A	-38,395	MAINTENANCE & REPAIRS		6.00	45.21
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-1,960,415				50.00

Provider CCN: 141307

Period:  
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 To 04/30/2011

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		Wkst. A-7 Ref.			
		5.00			
1.00	Investment income - buildings and fixtures (chapter 2)	11			1.00
2.00	Investment income - movable equipment (chapter 2)	0			2.00
3.00	Investment income - other (chapter 2)	11			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 - buildings and fixtures	0			26.00
27.00	Depreciation - movable equipment	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	INTEREST EXPENSE	0			33.00
34.00	MISCELLANEOUS INCOME	0			34.00
35.00	HOUSKEEPING	0			35.00
36.00	RHC RENT	0			36.00
37.00	IMAGING REBATE	0			37.00
38.00	CENTRAL SUPPLY REBATE	0			38.00
39.00	DIETARY REBATE	0			39.00
40.00	MOBILE PET SCAN PAD RENTAL	0			40.00
41.00	PATIENT TELEPHONE SALARY EXPENSE	0			41.00
42.00	PATIENT TELEPHONE BENEFITS EXPENSE	0			42.00
43.00	LABORATORY REBATE	0			43.00
44.00	NON-ALLOW LOBBY DUES	0			44.00
45.00	NON-ALLOW LOBBY DUES	0			45.00
45.01	NON-ALLOW LOBBY DUES	0			45.01
45.02	NON-ALLOW LOBBY DUES	0			45.02
45.03	NON-ALLOW LOBBY DUES	0			45.03
45.04	NON-ALLOW LOBBY DUES	0			45.04
45.05	NON-ALLOW LOBBY DUES	0			45.05
45.06	GIFTS & DONATIONS	0			45.06
45.07	PROMOTIONAL ITEMS	0			45.07
45.08	OTHER ENTERTAINMENT	0			45.08
45.09	NON-ALLOW ADVERTISING	0			45.09
45.10	NON-ALLOW ADVERTISING SALARIES	0			45.10
45.11	NON-ALLOW PROPERTY TAXES	0			45.11
45.12	COMMUNITY EDUCATION SALARY & EXP	0			45.12
45.13	OUTSIDE LAB SERVICES	0			45.13
45.14	CHAMBER OF COMMERCE DUES	0			45.14
45.15	OUTSIDE PT SERVICE SALARIES & EXP	0			45.15

ADJUSTMENTS TO EXPENSES

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet A-8

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		wkst. A-7 Ref.				
		5.00				
45.16	RENT	0				45.16
45.17	OUTSIDE SOCIAL SERVICE SALARIES	0				45.17
45.18	FINES AND PENALTIES	0				45.18
45.19	SELF-INSURANCE (HEALTH)	0				45.19
45.21	VACANT SPACE UTILITY EXPENSES	0				45.21
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)					50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet A-8-2

Date/Time Prepared:  
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		1.00	2.00	3.00	4.00	
		Cost Center/Physician Identifier	Total Remuneration	Professional Component		
1.00	54.01	ONCOLOGY FEES	312,000	312,000	1.00	
2.00	60.00	LABORATORY FEES	18,633	0	2.00	
3.00	65.00	RESPIRATORY THERAPY FEES	1,760	1,760	3.00	
4.00	69.00	EKG FEES	9,837	9,837	4.00	
5.00	91.00	EMERGENCY ROOM FEES	872,621	464,234	5.00	
6.00	30.00	A&P SALARIES - FOZARD	72,833	72,833	6.00	
7.00	30.00	A&P SALARIES - REYES	53,058	53,058	7.00	
8.00	30.00	A&P SALARIES - BILAL	30,359	30,359	8.00	
9.00	30.00	A&P SALARIES - JERABEK	7,146	7,146	9.00	
10.00	0.00		0	0	10.00	
200.00		TOTAL (lines 1.00 through 199.00)	1,378,247	951,227	200.00	

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet A-8-2

Date/Time Prepared:  
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	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	18,633	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	408,387	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
200.00	427,020		0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet A-8-2

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		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
200.00		0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet A-8-2

Date/Time Prepared:  
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	RCE Disallowance	Adjustment		
	17.00	18.00		
1.00	0	312,000		1.00
2.00	0	0		2.00
3.00	0	1,760		3.00
4.00	0	9,837		4.00
5.00	0	464,234		5.00
6.00	0	72,833		6.00
7.00	0	53,058		7.00
8.00	0	30,359		8.00
9.00	0	7,146		9.00
10.00	0	0		10.00
200.00	0	951,227		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B  
Part I  
Date/Time Prepared:  
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		CAPITAL RELATED COSTS					
	Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	NEW BLDG & FIXT	NEW NEW BLDG	NEW PT BLDG	NEW RHC BLDG	
		0	1.00	1.01	1.02	1.03	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	4,315	4,315				1.00
1.01	NEW CAP REL COSTS-NEW BLDG	75,847	0	75,847			1.01
1.02	NEW CAP REL COSTS-PT BLDG	10,507	0	0	10,507		1.02
1.03	NEW CAP REL COSTS-RHC BLDG	55,701	0	0	0	55,701	1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP	470,956					2.00
4.00	EMPLOYEE BENEFITS	1,946,762	0	0	0	0	4.00
5.06	NONPATIENT TELEPHONES	80,586	0	0	0	0	5.06
5.08	PURCHASING, RECEIVING AND STORES	35,653	88	0	0	0	5.08
5.09	ADMITTING	110,885	45	0	0	0	5.09
5.10	CASHIERING/ACCOUNTS RECEIVABLE	421,803	45	0	0	5,722	5.10
5.11	OTHER ADMINISTRATIVE AND GENERAL	1,955,622	1,303	24,691	0	22,128	5.11
6.00	MAINTENANCE & REPAIRS	469,255	502	6,840	0	0	6.00
8.00	LAUNDRY & LINEN SERVICE	63,936	0	1,553	0	0	8.00
9.00	HOUSEKEEPING	277,878	87	352	0	0	9.00
10.00	DIETARY	107,999	0	7,177	0	0	10.00
11.00	CAFETERIA	213,873	0	5,876	0	0	11.00
13.00	NURSING ADMINISTRATION	469,565	121	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	20,457	97	4,688	0	0	14.00
15.00	PHARMACY	2,075,473	0	2,376	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	387,707	101	0	0	0	16.00
17.00	SOCIAL SERVICE	57,690	44	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	288,374	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	1,064,077	0	12,300	0	0	30.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	294,263	159	0	0	0	50.00
53.00	ANESTHESIOLOGY	6,246	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	849,757	378	0	0	0	54.00
54.01	ONCOLOGY	227,677	0	3,290	0	0	54.01
56.00	RADIOISOTOPE	169,308	55	0	0	0	56.00
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	878,969	194	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	334,870	0	1,606	0	0	65.00
65.01	CARDIAC REHAB	20,997	0	1,789	0	0	65.01
66.00	PHYSICAL THERAPY	519,727	0	1,149	10,507	0	66.00
69.00	ELECTROCARDIOLOGY	8,394	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	2,997	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	1,470,407	0	0	0	27,851	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	36,372	0	0	0	0	90.00
91.00	EMERGENCY	836,950	148	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	16,321,855	3,367	73,687	10,507	55,701	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	7,628	0	2,160	0	0	192.00
192.01	FITNESS CENTER	64,181	0	0	0	0	192.01
192.02	RETAIL PHARMACY	17,867	0	0	0	0	192.02
192.03	LEASED SPACE	0	127	0	0	0	192.03
192.04	VACANT SPACE	0	821	0	0	0	192.04
192.05	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	15 N MAIN BUILDING	5,748	0	0	0	0	192.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B  
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		CAPITAL RELATED COSTS					
	Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	NEW BLDG & FIXT	NEW NEW BLDG	NEW PT BLDG	NEW RHC BLDG	
		0	1.00	1.01	1.02	1.03	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	16,417,279	4,315	75,847	10,507	55,701	202.00

	Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND STORES	ADMITTING	
		NEW MVBLE EQUIP					
		2.00	4.00	5.06	5.08	5.09	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	NEW CAP REL COSTS-PT BLDG						1.02
1.03	NEW CAP REL COSTS-RHC BLDG						1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP	470,956					2.00
4.00	EMPLOYEE BENEFITS	0	1,946,762				4.00
5.06	NONPATIENT TELEPHONES	0	0	80,586			5.06
5.08	PURCHASING, RECEIVING AND STORES	0	8,615	517	44,873		5.08
5.09	ADMITTING	937	25,257	1,550	393	139,067	5.09
5.10	CASHIERING/ACCOUNTS RECEIVABLE	0	84,198	5,166	212	0	5.10
5.11	OTHER ADMINISTRATIVE AND GENERAL	107,502	112,683	10,848	2,105	0	5.11
6.00	MAINTENANCE & REPAIRS	2,759	47,707	1,550	742	0	6.00
8.00	LAUNDRY & LINEN SERVICE	2,045	12,190	0	260	0	8.00
9.00	HOUSEKEEPING	1,468	60,398	2,066	1,648	0	9.00
10.00	DIETARY	807	32,959	2,066	960	0	10.00
11.00	CAFETERIA	1,913	35,153	517	0	0	11.00
13.00	NURSING ADMINISTRATION	0	106,453	2,066	231	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	4,731	517	87	0	14.00
15.00	PHARMACY	45,093	69,789	1,550	551	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	11,387	86,136	3,616	294	0	16.00
17.00	SOCIAL SERVICE	0	13,372	1,033	25	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	36,442	279,489	3,616	3,487	50,188	30.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	19,886	40,969	2,066	3,601	3,972	50.00
53.00	ANESTHESIOLOGY	6,110	0	0	199	1,895	53.00
54.00	RADIOLOGY-DIAGNOSTIC	158,404	108,956	6,199	2,311	16,058	54.00
54.01	ONCOLOGY	2,354	50,710	1,033	1,015	2	54.01
56.00	RADIOISOTOPE	0	15,647	0	3,678	920	56.00
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	49,138	104,824	3,099	16,074	20,120	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	7,871	57,921	4,133	640	5,948	65.00
65.01	CARDIAC REHAB	510	4,840	0	8	0	65.01
66.00	PHYSICAL THERAPY	3,871	121,404	4,649	229	10,395	66.00
69.00	ELECTROCARDIOLOGY	1,885	1,860	0	42	858	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	109	0	61	15	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	28,696	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	7,638	339,973	18,079	3,359	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	7,672	0	250	0	90.00
91.00	EMERGENCY	2,294	91,867	4,133	2,364	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	470,314	1,925,882	80,069	44,826	139,067	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	1,864	0	0	0	192.00
192.01	FITNESS CENTER	642	15,116	517	47	0	192.01
192.02	RETAIL PHARMACY	0	3,900	0	0	0	192.02
192.03	LEASED SPACE	0	0	0	0	0	192.03
192.04	VACANT SPACE	0	0	0	0	0	192.04
192.05	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

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	Cost Center Description	CAPITAL RELATED COSTS					
		NEW MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND STORES	ADMITTING	
202.00	TOTAL (sum lines 118-201)	470,956	1,946,762	80,586	44,873	139,067	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

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	Cost Center Description	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	
		5.10	5A.10	5.11	6.00	8.00	
	<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	NEW CAP REL COSTS-PT BLDG						1.02
1.03	NEW CAP REL COSTS-RHC BLDG						1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.06	NONPATIENT TELEPHONES						5.06
5.08	PURCHASING, RECEIVING AND STORES						5.08
5.09	ADMITTING						5.09
5.10	CASHIERING/ACCOUNTS RECEIVABLE	517,146					5.10
5.11	OTHER ADMINISTRATIVE AND GENERAL	0	2,236,882	2,236,882			5.11
6.00	MAINTENANCE & REPAIRS	0	529,355	83,503	612,858		6.00
8.00	LAUNDRY & LINEN SERVICE	0	79,984	12,617	7,294	99,895	8.00
9.00	HOUSEKEEPING	0	343,897	54,248	11,766	16,022	9.00
10.00	DIETARY	0	151,968	23,972	33,700	4,058	10.00
11.00	CAFETERIA	0	257,332	40,593	27,589	0	11.00
13.00	NURSING ADMINISTRATION	0	578,436	91,245	13,951	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	30,577	4,823	33,284	0	14.00
15.00	PHARMACY	0	2,194,832	346,218	11,155	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	489,241	77,175	11,649	0	16.00
17.00	SOCIAL SERVICE	0	72,164	11,384	5,097	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	288,374	45,490	0	0	19.00
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	29,338	1,478,937	233,295	57,753	55,552	30.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	18,930	383,846	60,550	18,423	2,398	50.00
53.00	ANESTHESIOLOGY	8,698	23,148	3,651	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	104,561	1,246,624	196,649	43,698	6,540	54.00
54.01	ONCOLOGY	4,731	290,812	45,874	15,446	0	54.01
56.00	RADIOISOTOPE	11,660	201,268	31,749	6,371	0	56.00
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	102,522	1,174,940	185,341	22,441	28	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	14,386	427,375	67,416	7,541	251	65.00
65.01	CARDIAC REHAB	1,529	29,673	4,681	8,399	0	65.01
66.00	PHYSICAL THERAPY	30,833	702,764	110,858	107,172	2,831	66.00
69.00	ELECTROCARDIOLOGY	4,103	17,142	2,704	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	98	3,280	517	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	130,046	158,742	25,041	0	0	73.00
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	29,462	1,896,769	299,206	128,082	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	1,593	45,887	7,238	0	0	90.00
91.00	EMERGENCY	24,656	962,412	151,816	17,162	7,837	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0	0	0	99.10
	<b>SPECIAL PURPOSE COST CENTERS</b>						
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)	517,146	16,296,661	2,217,854	587,973	95,517	118.00
	<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	11,652	1,838	10,141	0	192.00
192.01	FITNESS CENTER	0	80,503	12,699	0	4,378	192.01
192.02	RETAIL PHARMACY	0	21,767	3,434	0	0	192.02
192.03	LEASED SPACE	0	127	20	14,744	0	192.03
192.04	VACANT SPACE	0	821	130	0	0	192.04
192.05	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	15 N MAIN BUILDING	0	5,748	907	0	0	192.06
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)	517,146	16,417,279	2,236,882	612,858	99,895	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	NEW CAP REL COSTS-PT BLDG						1.02
1.03	NEW CAP REL COSTS-RHC BLDG						1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.06	NONPATIENT TELEPHONES						5.06
5.08	PURCHASING, RECEIVING AND STORES						5.08
5.09	ADMITTING						5.09
5.10	CASHIERING/ACCOUNTS RECEIVABLE						5.10
5.11	OTHER ADMINISTRATIVE AND GENERAL						5.11
6.00	MAINTENANCE & REPAIRS						6.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING	425,933					9.00
10.00	DIETARY	16,897	230,595				10.00
11.00	CAFETERIA	13,853	178,977	518,344			11.00
13.00	NURSING ADMINISTRATION	19,333	0	34,095	737,060		13.00
14.00	CENTRAL SERVICES & SUPPLY	6,546	0	3,788	0	79,018	14.00
15.00	PHARMACY	8,525	0	17,719	0	2,480	15.00
16.00	MEDICAL RECORDS & LIBRARY	4,415	0	47,333	0	0	16.00
17.00	SOCIAL SERVICE	0	0	5,540	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	111,277	46,956	92,752	444,305	15,691	30.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	21,160	2,006	14,542	69,430	16,205	50.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	16,441	0	34,746	0	10,402	54.00
54.01	ONCOLOGY	15,832	2,656	13,605	68,261	4,568	54.01
56.00	RADIOISOTOPE	0	0	4,807	0	0	56.00
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	12,483	0	40,368	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	11,569	0	17,923	0	2,902	65.00
65.01	CARDIAC REHAB	2,740	0	1,385	0	0	65.01
66.00	PHYSICAL THERAPY	46,125	0	44,034	0	1,011	66.00
69.00	ELECTROCARDIOLOGY	0	0	774	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	41	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	81,137	0	105,543	0	15,116	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	1,752	9,091	10,641	90.00
91.00	EMERGENCY	37,600	0	28,188	145,973	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	425,933	230,595	508,935	737,060	79,016	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	FITNESS CENTER	0	0	8,106	0	2	192.01
192.02	RETAIL PHARMACY	0	0	1,303	0	0	192.02
192.03	LEASED SPACE	0	0	0	0	0	192.03
192.04	VACANT SPACE	0	0	0	0	0	192.04
192.05	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	15 N MAIN BUILDING	0	0	0	0	0	192.06
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)	425,933	230,595	518,344	737,060	79,018	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:  
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	
		15.00	16.00	17.00	19.00	24.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	NEW CAP REL COSTS-PT BLDG						1.02
1.03	NEW CAP REL COSTS-RHC BLDG						1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.06	NONPATIENT TELEPHONES						5.06
5.08	PURCHASING, RECEIVING AND STORES						5.08
5.09	ADMITTING						5.09
5.10	CASHIERING/ACCOUNTS RECEIVABLE						5.10
5.11	OTHER ADMINISTRATIVE AND GENERAL						5.11
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
15.00	PHARMACY	2,580,929					15.00
16.00	MEDICAL RECORDS & LIBRARY	0	629,813				16.00
17.00	SOCIAL SERVICE	0	0	94,185			17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	333,864		19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	0	129,406	79,258	0	2,745,182	30.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	25,680	0	0	614,240	50.00
53.00	ANESTHESIOLOGY	0	0	0	333,864	360,663	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	53,800	0	0	1,608,900	54.00
54.01	ONCOLOGY	0	0	13,223	0	470,277	54.01
56.00	RADIOISOTOPE	0	0	0	0	244,195	56.00
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	1,435,601	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	187,653	0	0	722,630	65.00
65.01	CARDIAC REHAB	0	0	0	0	46,878	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	1,014,795	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	20,620	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	3,838	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,580,929	0	0	0	2,764,712	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	2,525,853	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	74,609	90.00
91.00	EMERGENCY	0	233,274	0	0	1,584,262	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	2,580,929	629,813	92,481	333,864	16,237,255	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	23,631	192.00
192.01	FITNESS CENTER	0	0	0	0	105,688	192.01
192.02	RETAIL PHARMACY	0	0	0	0	26,504	192.02
192.03	LEASED SPACE	0	0	1,704	0	16,595	192.03
192.04	VACANT SPACE	0	0	0	0	951	192.04
192.05	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	15 N MAIN BUILDING	0	0	0	0	6,655	192.06
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)	2,580,929	629,813	94,185	333,864	16,417,279	202.00

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total			
		25.00	26.00			
	<b>GENERAL SERVICE COST CENTERS</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	NEW CAP REL COSTS-NEW BLDG					1.01
1.02	NEW CAP REL COSTS-PT BLDG					1.02
1.03	NEW CAP REL COSTS-RHC BLDG					1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.06	NONPATIENT TELEPHONES					5.06
5.08	PURCHASING, RECEIVING AND STORES					5.08
5.09	ADMITTING					5.09
5.10	CASHIERING/ACCOUNTS RECEIVABLE					5.10
5.11	OTHER ADMINISTRATIVE AND GENERAL					5.11
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
15.00	PHARMACY					15.00
16.00	MEDICAL RECORDS & LIBRARY					16.00
17.00	SOCIAL SERVICE					17.00
19.00	NONPHYSICIAN ANESTHETISTS					19.00
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS	0	2,745,182			30.00
41.00	SUBPROVIDER - IRF	0	0			41.00
42.00	SUBPROVIDER	0	0			42.00
	<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0	614,240			50.00
53.00	ANESTHESIOLOGY	0	360,663			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	1,608,900			54.00
54.01	ONCOLOGY	0	470,277			54.01
56.00	RADIOISOTOPE	0	244,195			56.00
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	0	1,435,601			60.00
60.01	BLOOD LABORATORY	0	0			60.01
65.00	RESPIRATORY THERAPY	0	722,630			65.00
65.01	CARDIAC REHAB	0	46,878			65.01
66.00	PHYSICAL THERAPY	0	1,014,795			66.00
69.00	ELECTROCARDIOLOGY	0	20,620			69.00
70.00	ELECTROENCEPHALOGRAPHY	0	3,838			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	0	2,764,712			73.00
	<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0	2,525,853			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	CLINIC	0	74,609			90.00
91.00	EMERGENCY	0	1,584,262			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
	<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	CORF	0	0			99.10
	<b>SPECIAL PURPOSE COST CENTERS</b>					
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)	0	16,237,255			118.00
	<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	23,631			192.00
192.01	FITNESS CENTER	0	105,688			192.01
192.02	RETAIL PHARMACY	0	26,504			192.02
192.03	LEASED SPACE	0	16,595			192.03
192.04	VACANT SPACE	0	951			192.04
192.05	MEALS ON WHEELS	0	0			192.05
192.06	15 N MAIN BUILDING	0	6,655			192.06
200.00	Cross Foot Adjustments	0	0			200.00
201.00	Negative Cost Centers	0	0			201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B  
Part I  
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	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total				
202.00	TOTAL (sum lines 118-201)	25.00	26.00				202.00
		0	16,417,279				

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B  
Part II  
Date/Time Prepared:  
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		CAPITAL RELATED COSTS					
	Cost Center Description	Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW NEW BLDG	NEW PT BLDG	NEW RHC BLDG	
		0	1.00	1.01	1.02	1.03	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	NEW CAP REL COSTS-PT BLDG						1.02
1.03	NEW CAP REL COSTS-RHC BLDG						1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	0	0	0	0	0	4.00
5.06	NONPATIENT TELEPHONES	0	0	0	0	0	5.06
5.08	PURCHASING, RECEIVING AND STORES	0	88	0	0	0	5.08
5.09	ADMITTING	0	45	0	0	0	5.09
5.10	CASHIERING/ACCOUNTS RECEIVABLE	0	45	0	0	5,722	5.10
5.11	OTHER ADMINISTRATIVE AND GENERAL	0	1,303	24,691	0	22,128	5.11
6.00	MAINTENANCE & REPAIRS	0	502	6,840	0	0	6.00
8.00	LAUNDRY & LINEN SERVICE	0	0	1,553	0	0	8.00
9.00	HOUSEKEEPING	0	87	352	0	0	9.00
10.00	DIETARY	0	0	7,177	0	0	10.00
11.00	CAFETERIA	0	0	5,876	0	0	11.00
13.00	NURSING ADMINISTRATION	0	121	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	97	4,688	0	0	14.00
15.00	PHARMACY	0	0	2,376	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	101	0	0	0	16.00
17.00	SOCIAL SERVICE	0	44	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	0	0	12,300	0	0	30.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	159	0	0	0	50.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	378	0	0	0	54.00
54.01	ONCOLOGY	0	0	3,290	0	0	54.01
56.00	RADIOISOTOPE	0	55	0	0	0	56.00
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	194	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	0	1,606	0	0	65.00
65.01	CARDIAC REHAB	0	0	1,789	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	1,149	10,507	0	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	27,851	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	148	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	0	3,367	73,687	10,507	55,701	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	2,160	0	0	192.00
192.01	FITNESS CENTER	0	0	0	0	0	192.01
192.02	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	LEASED SPACE	0	127	0	0	0	192.03
192.04	VACANT SPACE	0	821	0	0	0	192.04
192.05	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00	Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2011 11:46 am

		CAPITAL RELATED COSTS					
	Cost Center Description	Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW NEW BLDG	NEW PT BLDG	NEW RHC BLDG	
		0	1.00	1.01	1.02	1.03	
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	4,315	75,847	10,507	55,701	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		CAPITAL RELATED COSTS NEW MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND STORES	
		2.00	2A	4.00	5.06	5.08	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	NEW CAP REL COSTS-PT BLDG						1.02
1.03	NEW CAP REL COSTS-RHC BLDG						1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	0	0	0			4.00
5.06	NONPATIENT TELEPHONES	0	0	0	0		5.06
5.08	PURCHASING, RECEIVING AND STORES	0	88	0	0	88	5.08
5.09	ADMITTING	937	982	0	0	1	5.09
5.10	CASHIERING/ACCOUNTS RECEIVABLE	0	5,767	0	0	0	5.10
5.11	OTHER ADMINISTRATIVE AND GENERAL	107,502	155,624	0	0	4	5.11
6.00	MAINTENANCE & REPAIRS	2,759	10,101	0	0	1	6.00
8.00	LAUNDRY & LINEN SERVICE	2,045	3,598	0	0	1	8.00
9.00	HOUSEKEEPING	1,468	1,907	0	0	3	9.00
10.00	DIETARY	807	7,984	0	0	2	10.00
11.00	CAFETERIA	1,913	7,789	0	0	0	11.00
13.00	NURSING ADMINISTRATION	0	121	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	4,785	0	0	0	14.00
15.00	PHARMACY	45,093	47,469	0	0	1	15.00
16.00	MEDICAL RECORDS & LIBRARY	11,387	11,488	0	0	1	16.00
17.00	SOCIAL SERVICE	0	44	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	36,442	48,742	0	0	7	30.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	19,886	20,045	0	0	7	50.00
53.00	ANESTHESIOLOGY	6,110	6,110	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	158,404	158,782	0	0	5	54.00
54.01	ONCOLOGY	2,354	5,644	0	0	2	54.01
56.00	RADIOISOTOPE	0	55	0	0	7	56.00
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	49,138	49,332	0	0	33	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	7,871	9,477	0	0	1	65.00
65.01	CARDIAC REHAB	510	2,299	0	0	0	65.01
66.00	PHYSICAL THERAPY	3,871	15,527	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	1,885	1,885	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	7,638	35,489	0	0	7	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	2,294	2,442	0	0	5	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	470,314	613,576	0	0	88	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	2,160	0	0	0	192.00
192.01	FITNESS CENTER	642	642	0	0	0	192.01
192.02	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	LEASED SPACE	0	127	0	0	0	192.03
192.04	VACANT SPACE	0	821	0	0	0	192.04
192.05	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B  
Part II  
Date/Time Prepared:  
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	Cost Center Description	CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND STORES	
		NEW MVBLE EQUIP					
202.00	TOTAL (sum lines 118-201)	470,956	617,326	0	0	88	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B  
Part II  
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	Cost Center Description	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	
		5.09	5.10	5.11	6.00	8.00	
	<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	NEW CAP REL COSTS-PT BLDG						1.02
1.03	NEW CAP REL COSTS-RHC BLDG						1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.06	NONPATIENT TELEPHONES						5.06
5.08	PURCHASING, RECEIVING AND STORES						5.08
5.09	ADMITTING	983					5.09
5.10	CASHIERING/ACCOUNTS RECEIVABLE	0	5,767				5.10
5.11	OTHER ADMINISTRATIVE AND GENERAL	0	0	155,628			5.11
6.00	MAINTENANCE & REPAIRS	0	0	5,810	15,912		6.00
8.00	LAUNDRY & LINEN SERVICE	0	0	878	189	4,666	8.00
9.00	HOUSEKEEPING	0	0	3,774	305	748	9.00
10.00	DIETARY	0	0	1,668	875	190	10.00
11.00	CAFETERIA	0	0	2,824	716	0	11.00
13.00	NURSING ADMINISTRATION	0	0	6,348	362	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	336	864	0	14.00
15.00	PHARMACY	0	0	24,086	290	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	5,369	302	0	16.00
17.00	SOCIAL SERVICE	0	0	792	132	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	3,165	0	0	19.00
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	356	328	16,231	1,499	2,595	30.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	28	212	4,213	478	112	50.00
53.00	ANESTHESIOLOGY	13	97	254	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	113	1,169	13,682	1,135	305	54.00
54.01	ONCOLOGY	0	53	3,192	401	0	54.01
56.00	RADIOISOTOPE	7	130	2,209	165	0	56.00
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	142	1,146	12,895	583	1	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	42	161	4,690	196	12	65.00
65.01	CARDIAC REHAB	0	17	326	218	0	65.01
66.00	PHYSICAL THERAPY	73	345	7,713	2,783	132	66.00
69.00	ELECTROCARDIOLOGY	6	46	188	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1	36	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	203	1,439	1,742	0	0	73.00
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	329	20,817	3,327	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	18	504	0	0	90.00
91.00	EMERGENCY	0	276	10,562	446	366	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0	0	0	99.10
	<b>SPECIAL PURPOSE COST CENTERS</b>						
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)	983	5,767	154,304	15,266	4,461	118.00
	<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	128	263	0	192.00
192.01	FITNESS CENTER	0	0	884	0	205	192.01
192.02	RETAIL PHARMACY	0	0	239	0	0	192.02
192.03	LEASED SPACE	0	0	1	383	0	192.03
192.04	VACANT SPACE	0	0	9	0	0	192.04
192.05	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	15 N MAIN BUILDING	0	0	63	0	0	192.06
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)	983	5,767	155,628	15,912	4,666	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2011 11:46 am

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	NEW CAP REL COSTS-PT BLDG						1.02
1.03	NEW CAP REL COSTS-RHC BLDG						1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.06	NONPATIENT TELEPHONES						5.06
5.08	PURCHASING, RECEIVING AND STORES						5.08
5.09	ADMITTING						5.09
5.10	CASHIERING/ACCOUNTS RECEIVABLE						5.10
5.11	OTHER ADMINISTRATIVE AND GENERAL						5.11
6.00	MAINTENANCE & REPAIRS						6.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING	6,737					9.00
10.00	DIETARY	267	10,986				10.00
11.00	CAFETERIA	219	8,526	20,074			11.00
13.00	NURSING ADMINISTRATION	306	0	1,320	8,457		13.00
14.00	CENTRAL SERVICES & SUPPLY	104	0	147	0	6,236	14.00
15.00	PHARMACY	135	0	686	0	196	15.00
16.00	MEDICAL RECORDS & LIBRARY	70	0	1,833	0	0	16.00
17.00	SOCIAL SERVICE	0	0	215	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	1,760	2,237	3,592	5,098	1,238	30.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	335	96	563	797	1,279	50.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	260	0	1,346	0	821	54.00
54.01	ONCOLOGY	250	127	527	783	360	54.01
56.00	RADIOISOTOPE	0	0	186	0	0	56.00
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	197	0	1,563	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	183	0	694	0	229	65.00
65.01	CARDIAC REHAB	43	0	54	0	0	65.01
66.00	PHYSICAL THERAPY	730	0	1,705	0	80	66.00
69.00	ELECTROCARDIOLOGY	0	0	30	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	2	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	1,283	0	4,087	0	1,193	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	68	104	840	90.00
91.00	EMERGENCY	595	0	1,092	1,675	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	6,737	10,986	19,710	8,457	6,236	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	FITNESS CENTER	0	0	314	0	0	192.01
192.02	RETAIL PHARMACY	0	0	50	0	0	192.02
192.03	LEASED SPACE	0	0	0	0	0	192.03
192.04	VACANT SPACE	0	0	0	0	0	192.04
192.05	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	15 N MAIN BUILDING	0	0	0	0	0	192.06
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)	6,737	10,986	20,074	8,457	6,236	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2011 11:46 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	
		15.00	16.00	17.00	19.00	24.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	NEW CAP REL COSTS-PT BLDG						1.02
1.03	NEW CAP REL COSTS-RHC BLDG						1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.06	NONPATIENT TELEPHONES						5.06
5.08	PURCHASING, RECEIVING AND STORES						5.08
5.09	ADMITTING						5.09
5.10	CASHIERING/ACCOUNTS RECEIVABLE						5.10
5.11	OTHER ADMINISTRATIVE AND GENERAL						5.11
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
15.00	PHARMACY	72,863					15.00
16.00	MEDICAL RECORDS & LIBRARY	0	19,063				16.00
17.00	SOCIAL SERVICE	0	0	1,183			17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	3,165		19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	0	3,917	996		88,596	30.00
41.00	SUBPROVIDER - IRF	0	0	0		0	41.00
42.00	SUBPROVIDER	0	0	0		0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	777	0		28,942	50.00
53.00	ANESTHESIOLOGY	0	0	0		6,474	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	1,628	0		179,246	54.00
54.01	ONCOLOGY	0	0	166		11,505	54.01
56.00	RADIOISOTOPE	0	0	0		2,759	56.00
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	0	0	0		65,892	60.00
60.01	BLOOD LABORATORY	0	0	0		0	60.01
65.00	RESPIRATORY THERAPY	0	5,680	0		21,365	65.00
65.01	CARDIAC REHAB	0	0	0		2,957	65.01
66.00	PHYSICAL THERAPY	0	0	0		29,088	66.00
69.00	ELECTROCARDIOLOGY	0	0	0		2,155	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0		39	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		0	72.00
73.00	DRUGS CHARGED TO PATIENTS	72,863	0	0		76,247	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0		66,532	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		0	89.00
90.00	CLINIC	0	0	0		1,534	90.00
91.00	EMERGENCY	0	7,061	0		24,520	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0		0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
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		0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	72,863	19,063	1,162	0	607,851	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0		2,551	192.00
192.01	FITNESS CENTER	0	0	0		2,045	192.01
192.02	RETAIL PHARMACY	0	0	0		289	192.02
192.03	LEASED SPACE	0	0	21		532	192.03
192.04	VACANT SPACE	0	0	0		830	192.04
192.05	MEALS ON WHEELS	0	0	0		0	192.05
192.06	15 N MAIN BUILDING	0	0	0		63	192.06
200.00	Cross Foot Adjustments				3,165	3,165	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	72,863	19,063	1,183	3,165	617,326	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2011 11:46 am

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total			
		25.00	26.00			
	<b>GENERAL SERVICE COST CENTERS</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	NEW CAP REL COSTS-NEW BLDG					1.01
1.02	NEW CAP REL COSTS-PT BLDG					1.02
1.03	NEW CAP REL COSTS-RHC BLDG					1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.06	NONPATIENT TELEPHONES					5.06
5.08	PURCHASING, RECEIVING AND STORES					5.08
5.09	ADMITTING					5.09
5.10	CASHIERING/ACCOUNTS RECEIVABLE					5.10
5.11	OTHER ADMINISTRATIVE AND GENERAL					5.11
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
15.00	PHARMACY					15.00
16.00	MEDICAL RECORDS & LIBRARY					16.00
17.00	SOCIAL SERVICE					17.00
19.00	NONPHYSICIAN ANESTHETISTS					19.00
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS	0	88,596			30.00
41.00	SUBPROVIDER - IRF	0	0			41.00
42.00	SUBPROVIDER	0	0			42.00
	<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0	28,942			50.00
53.00	ANESTHESIOLOGY	0	6,474			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	179,246			54.00
54.01	ONCOLOGY	0	11,505			54.01
56.00	RADIOISOTOPE	0	2,759			56.00
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	0	65,892			60.00
60.01	BLOOD LABORATORY	0	0			60.01
65.00	RESPIRATORY THERAPY	0	21,365			65.00
65.01	CARDIAC REHAB	0	2,957			65.01
66.00	PHYSICAL THERAPY	0	29,088			66.00
69.00	ELECTROCARDIOLOGY	0	2,155			69.00
70.00	ELECTROENCEPHALOGRAPHY	0	39			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	0	76,247			73.00
	<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0	66,532			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	CLINIC	0	1,534			90.00
91.00	EMERGENCY	0	24,520			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0				92.00
	<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	CORF	0	0			99.10
	<b>SPECIAL PURPOSE COST CENTERS</b>					
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)	0	607,851			118.00
	<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	2,551			192.00
192.01	FITNESS CENTER	0	2,045			192.01
192.02	RETAIL PHARMACY	0	289			192.02
192.03	LEASED SPACE	0	532			192.03
192.04	VACANT SPACE	0	830			192.04
192.05	MEALS ON WHEELS	0	0			192.05
192.06	15 N MAIN BUILDING	0	63			192.06
200.00	Cross Foot Adjustments	0	3,165			200.00
201.00	Negative Cost Centers	0	0			201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2011 11:46 am

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total				
202.00	TOTAL (sum lines 118-201)	25.00	26.00				202.00

		CAPITAL RELATED COSTS					
Cost Center Description		NEW BLDG & FIXT (SQUARE FEET)	NEW NEW BLDG (SQUARE FEET)	NEW PT BLDG (SQUARE FEET)	NEW RHC BLDG (SQUARE FEET)	NEW MVBLE EQUIP (DEPRECIATION V)	
		1.00	1.01	1.02	1.03	2.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	38,413					1.00
1.01	NEW CAP REL COSTS-NEW BLDG	0	27,391				1.01
1.02	NEW CAP REL COSTS-PT BLDG	0	0	7,828			1.02
1.03	NEW CAP REL COSTS-RHC BLDG	0	0	0	19,702		1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP					463,753	2.00
4.00	EMPLOYEE BENEFITS	0	0	0	0	0	4.00
5.06	NONPATIENT TELEPHONES	0	0	0	0	0	5.06
5.08	PURCHASING, RECEIVING AND STORES	787	0	0	0	0	5.08
5.09	ADMITTING	400	0	0	0	923	5.09
5.10	CASHIERING/ACCOUNTS RECEIVABLE	400	0	0	2,024	0	5.10
5.11	OTHER ADMINISTRATIVE AND GENERAL	11,597	8,917	0	7,827	105,858	5.11
6.00	MAINTENANCE & REPAIRS	4,468	2,470	0	0	2,717	6.00
8.00	LAUNDRY & LINEN SERVICE	0	561	0	0	2,014	8.00
9.00	HOUSEKEEPING	778	127	0	0	1,446	9.00
10.00	DIETARY	0	2,592	0	0	795	10.00
11.00	CAFETERIA	0	2,122	0	0	1,884	11.00
13.00	NURSING ADMINISTRATION	1,073	0	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	867	1,693	0	0	0	14.00
15.00	PHARMACY	0	858	0	0	44,403	15.00
16.00	MEDICAL RECORDS & LIBRARY	896	0	0	0	11,213	16.00
17.00	SOCIAL SERVICE	392	0	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	0	4,442	0	0	35,885	30.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	1,417	0	0	0	19,582	50.00
53.00	ANESTHESIOLOGY	0	0	0	0	6,017	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,361	0	0	0	155,979	54.00
54.01	ONCOLOGY	0	1,188	0	0	2,318	54.01
56.00	RADIOISOTOPE	490	0	0	0	0	56.00
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	1,726	0	0	0	48,386	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	580	0	0	7,751	65.00
65.01	CARDIAC REHAB	0	646	0	0	502	65.01
66.00	PHYSICAL THERAPY	0	415	7,828	0	3,812	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	1,856	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	9,851	7,521	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	1,320	0	0	0	2,259	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	29,972	26,611	7,828	19,702	463,121	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	780	0	0	0	192.00
192.01	FITNESS CENTER	0	0	0	0	632	192.01
192.02	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	LEASED SPACE	1,134	0	0	0	0	192.03
192.04	VACANT SPACE	7,307	0	0	0	0	192.04
192.05	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00	Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B-1

Date/Time Prepared:  
11/28/2011 11:46 am

		CAPITAL RELATED COSTS					
	Cost Center Description	NEW BLDG & FIXT (SQUARE FEET)	NEW NEW BLDG (SQUARE FEET)	NEW PT BLDG (SQUARE FEET)	NEW RHC BLDG (SQUARE FEET)	NEW MVBLE EQUIP (DEPRECIATION V)	
		1.00	1.01	1.02	1.03	2.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per wkst. B, Part I)	4,315	75,847	10,507	55,701	470,956	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	0.112332	2.769048	1.342233	2.827175	1.015532	203.00
204.00	Cost to be allocated (per wkst. B, Part II)						204.00
205.00	Unit cost multiplier (wkst. B, Part II)						205.00

	Cost Center Description	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	PURCHASING, RECEIVING AND STORES (COST OF SUPPLIES)	ADMITTING (GROSS I/P CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	
		4.00	5.06	5.08	5.09	5.10	
	<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	NEW CAP REL COSTS-PT BLDG						1.02
1.03	NEW CAP REL COSTS-RHC BLDG						1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	7,968,502					4.00
5.06	NONPATIENT TELEPHONES	0	156				5.06
5.08	PURCHASING, RECEIVING AND STORES	35,265	1	825,850			5.08
5.09	ADMITTING	103,384	3	7,235	4,112,153		5.09
5.10	CASHIERING/ACCOUNTS RECEIVABLE	344,642	10	3,903	0	27,653,037	5.10
5.11	OTHER ADMINISTRATIVE AND GENERAL	461,236	21	38,734	0	0	5.11
6.00	MAINTENANCE & REPAIRS	195,275	3	13,647	0	0	6.00
8.00	LAUNDRY & LINEN SERVICE	49,898	0	4,790	0	0	8.00
9.00	HOUSEKEEPING	247,221	4	30,334	0	0	9.00
10.00	DIETARY	134,910	4	17,677	0	0	10.00
11.00	CAFETERIA	143,887	1	0	0	0	11.00
13.00	NURSING ADMINISTRATION	435,734	4	4,259	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	19,367	1	1,602	0	0	14.00
15.00	PHARMACY	285,661	3	10,140	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	352,574	7	5,410	0	0	16.00
17.00	SOCIAL SERVICE	54,735	2	455	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	1,144,008	7	64,169	1,484,067	1,568,767	30.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	167,696	4	66,269	117,435	1,012,247	50.00
53.00	ANESTHESIOLOGY	0	0	3,655	56,040	465,094	53.00
54.00	RADIOLOGY-DIAGNOSTIC	445,979	12	42,540	474,824	5,591,183	54.00
54.01	ONCOLOGY	207,567	2	18,679	60	252,983	54.01
56.00	RADIOISOTOPE	64,047	0	67,696	27,211	623,491	56.00
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	429,067	6	295,821	594,935	5,482,181	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	237,082	8	11,780	175,876	769,260	65.00
65.01	CARDIAC REHAB	19,810	0	140	0	81,775	65.01
66.00	PHYSICAL THERAPY	496,932	9	4,220	307,372	1,648,714	66.00
69.00	ELECTROCARDIOLOGY	7,614	0	780	25,359	219,404	69.00
70.00	ELECTROENCEPHALOGRAPHY	447	0	1,122	454	5,216	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	848,510	6,953,686	73.00
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	1,391,565	35	61,818	0	1,575,408	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	31,405	0	4,601	0	85,186	90.00
91.00	EMERGENCY	376,031	8	43,516	10	1,318,442	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0	0	0	99.10
	<b>SPECIAL PURPOSE COST CENTERS</b>						
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)	7,883,039	155	824,992	4,112,153	27,653,037	118.00
	<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	7,628	0	0	0	0	192.00
192.01	FITNESS CENTER	61,873	1	858	0	0	192.01
192.02	RETAIL PHARMACY	15,962	0	0	0	0	192.02
192.03	LEASED SPACE	0	0	0	0	0	192.03
192.04	VACANT SPACE	0	0	0	0	0	192.04
192.05	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B-1

Date/Time Prepared:  
11/28/2011 11:46 am

	Cost Center Description	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	PURCHASING, RECEIVING AND STORES (COST OF SUPPLIES)	ADMITTING (GROSS I/P CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	
		4.00	5.06	5.08	5.09	5.10	
202.00	Cost to be allocated (per wkst. B, Part I)	1,946,762	80,586	44,873	139,067	517,146	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	0.244307	516.576923	0.054336	0.033819	0.018701	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	0	0	88	983	5,767	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.000000	0.000000	0.000107	0.000239	0.000209	205.00

	Cost Center Description	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (HOURS OF SERVICE)	HOUSEKEEPING (HOURS OF SERVICE)	
		5A.11	5.11	6.00	8.00	9.00	
	<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	NEW CAP REL COSTS-PT BLDG						1.02
1.03	NEW CAP REL COSTS-RHC BLDG						1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.06	NONPATIENT TELEPHONES						5.06
5.08	PURCHASING, RECEIVING AND STORES						5.08
5.09	ADMITTING						5.09
5.10	CASHIERING/ACCOUNTS RECEIVABLE						5.10
5.11	OTHER ADMINISTRATIVE AND GENERAL	-2,236,882	14,180,397				5.11
6.00	MAINTENANCE & REPAIRS	0	529,355	47,137			6.00
8.00	LAUNDRY & LINEN SERVICE	0	79,984	561	35,820		8.00
9.00	HOUSEKEEPING	0	343,897	905	5,745	2,798	9.00
10.00	DIETARY	0	151,968	2,592	1,455	111	10.00
11.00	CAFETERIA	0	257,332	2,122	0	91	11.00
13.00	NURSING ADMINISTRATION	0	578,436	1,073	0	127	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	30,577	2,560	0	43	14.00
15.00	PHARMACY	0	2,194,832	858	0	56	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	489,241	896	0	29	16.00
17.00	SOCIAL SERVICE	0	72,164	392	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	288,374	0	0	0	19.00
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	0	1,478,937	4,442	19,920	731	30.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0	383,846	1,417	860	139	50.00
53.00	ANESTHESIOLOGY	0	23,148	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	1,246,624	3,361	2,345	108	54.00
54.01	ONCOLOGY	0	290,812	1,188	0	104	54.01
56.00	RADIOISOTOPE	0	201,268	490	0	0	56.00
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	1,174,940	1,726	10	82	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	427,375	580	90	76	65.00
65.01	CARDIAC REHAB	0	29,673	646	0	18	65.01
66.00	PHYSICAL THERAPY	0	702,764	8,243	1,015	303	66.00
69.00	ELECTROCARDIOLOGY	0	17,142	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	3,280	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	158,742	0	0	0	73.00
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	1,896,769	9,851	0	533	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	45,887	0	0	0	90.00
91.00	EMERGENCY	0	962,412	1,320	2,810	247	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0	0	0	99.10
	<b>SPECIAL PURPOSE COST CENTERS</b>						
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)	-2,236,882	14,059,779	45,223	34,250	2,798	118.00
	<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	11,652	780	0	0	192.00
192.01	FITNESS CENTER	0	80,503	0	1,570	0	192.01
192.02	RETAIL PHARMACY	0	21,767	0	0	0	192.02
192.03	LEASED SPACE	0	127	1,134	0	0	192.03
192.04	VACANT SPACE	0	821	0	0	0	192.04
192.05	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	15 N MAIN BUILDING	0	5,748	0	0	0	192.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B-1

Date/Time Prepared:  
11/28/2011 11:46 am

	Cost Center Description	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (HOURS OF SERVICE)	HOUSEKEEPING (HOURS OF SERVICE)	
		5A.11	5.11	6.00	8.00	9.00	
202.00	Cost to be allocated (per wkst. B, Part I)		2,236,882	612,858	99,895	425,933	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.157745	13.001634	2.788805	152.227663	203.00
204.00	Cost to be allocated (per wkst. B, Part II)		155,628	15,912	4,666	6,737	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.010975	0.337569	0.130262	2.407791	205.00

	Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION  (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	NEW CAP REL COSTS-PT BLDG						1.02
1.03	NEW CAP REL COSTS-RHC BLDG						1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.06	NONPATIENT TELEPHONES						5.06
5.08	PURCHASING, RECEIVING AND STORES						5.08
5.09	ADMITTING						5.09
5.10	CASHIERING/ACCOUNTS RECEIVABLE						5.10
5.11	OTHER ADMINISTRATIVE AND GENERAL						5.11
6.00	MAINTENANCE & REPAIRS						6.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY	40,112					10.00
11.00	CAFETERIA	31,133	12,725				11.00
13.00	NURSING ADMINISTRATION	0	837	71,912			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	93	0	323,140		14.00
15.00	PHARMACY	0	435	0	10,140	1,777,872	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	1,162	0	0	0	16.00
17.00	SOCIAL SERVICE	0	136	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	8,168	2,277	43,349	64,169	0	30.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	349	357	6,774	66,269	0	50.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	853	0	42,540	0	54.00
54.01	ONCOLOGY	462	334	6,660	18,679	0	54.01
56.00	RADIOISOTOPE	0	118	0	0	0	56.00
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	991	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	440	0	11,867	0	65.00
65.01	CARDIAC REHAB	0	34	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	1,081	0	4,134	0	66.00
69.00	ELECTROCARDIOLOGY	0	19	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,777,872	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	2,591	0	61,818	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	43	887	43,516	0	90.00
91.00	EMERGENCY	0	692	14,242	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	40,112	12,494	71,912	323,132	1,777,872	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	FITNESS CENTER	0	199	0	8	0	192.01
192.02	RETAIL PHARMACY	0	32	0	0	0	192.02
192.03	LEASED SPACE	0	0	0	0	0	192.03
192.04	VACANT SPACE	0	0	0	0	0	192.04
192.05	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B-1

Date/Time Prepared:  
11/28/2011 11:46 am

	Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION  (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
202.00	Cost to be allocated (per wkst. B, Part I)	230,595	518,344	737,060	79,018	2,580,929	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	5.748778	40.734303	10.249472	0.244532	1.451696	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	10,986	20,074	8,457	6,236	72,863	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.273883	1.577525	0.117602	0.019298	0.040983	205.00

	Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
		16.00	17.00	19.00		
	<b>GENERAL SERVICE COST CENTERS</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	NEW CAP REL COSTS-NEW BLDG					1.01
1.02	NEW CAP REL COSTS-PT BLDG					1.02
1.03	NEW CAP REL COSTS-RHC BLDG					1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.06	NONPATIENT TELEPHONES					5.06
5.08	PURCHASING, RECEIVING AND STORES					5.08
5.09	ADMITTING					5.09
5.10	CASHIERING/ACCOUNTS RECEIVABLE					5.10
5.11	OTHER ADMINISTRATIVE AND GENERAL					5.11
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
15.00	PHARMACY					15.00
16.00	MEDICAL RECORDS & LIBRARY	4,390				16.00
17.00	SOCIAL SERVICE	0	2,322			17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	100		19.00
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS	902	1,954			30.00
41.00	SUBPROVIDER - IRF	0	0			41.00
42.00	SUBPROVIDER	0	0			42.00
	<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	179	0	0		50.00
53.00	ANESTHESIOLOGY	0	0	100		53.00
54.00	RADIOLOGY-DIAGNOSTIC	375	0	0		54.00
54.01	ONCOLOGY	0	326	0		54.01
56.00	RADIOISOTOPE	0	0	0		56.00
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	1,308	0	0		65.00
65.01	CARDIAC REHAB	0	0	0		65.01
66.00	PHYSICAL THERAPY	0	0	0		66.00
69.00	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
	<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0		90.00
91.00	EMERGENCY	1,626	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
	<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	CORF	0	0	0		99.10
	<b>SPECIAL PURPOSE COST CENTERS</b>					
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)	4,390	2,280	100		118.00
	<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
192.01	FITNESS CENTER	0	0	0		192.01
192.02	RETAIL PHARMACY	0	0	0		192.02
192.03	LEASED SPACE	0	42	0		192.03
192.04	VACANT SPACE	0	0	0		192.04
192.05	MEALS ON WHEELS	0	0	0		192.05
192.06	15 N MAIN BUILDING	0	0	0		192.06
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet B-1

Date/Time Prepared:  
11/28/2011 11:46 am

	Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)			
		16.00	17.00	19.00			
202.00	Cost to be allocated (per Wkst. B, Part I)	629,813	94,185	333,864			202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	143.465376	40.562016	3,338.640000			203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	19,063	1,183	3,165			204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	4.342369	0.509475	31.650000			205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet C  
Part I  
Date/Time Prepared:  
11/28/2011 11:46 am

		Title XVIII		Hospital		Cost
Cost Center Description	Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	2,745,182		2,745,182	0	30.00
41.00	SUBPROVIDER - IRF	0		0	0	41.00
42.00	SUBPROVIDER	0		0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	614,240		614,240	0	50.00
53.00	ANESTHESIOLOGY	360,663		360,663	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,608,900		1,608,900	0	54.00
54.01	ONCOLOGY	470,277		470,277	0	54.01
56.00	RADIOISOTOPE	244,195		244,195	0	56.00
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	1,435,601		1,435,601	0	60.00
60.01	BLOOD LABORATORY	0		0	0	60.01
65.00	RESPIRATORY THERAPY	722,630	0	722,630	0	65.00
65.01	CARDIAC REHAB	46,878	0	46,878	0	65.01
66.00	PHYSICAL THERAPY	1,014,795	0	1,014,795	0	66.00
69.00	ELECTROCARDIOLOGY	20,620		20,620	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	3,838		3,838	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,764,712		2,764,712	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	2,525,853		2,525,853	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	89.00
90.00	CLINIC	74,609		74,609	0	90.00
91.00	EMERGENCY	1,584,262		1,584,262	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	323,949		323,949	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0		0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
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)	16,561,204	0	16,561,204	0	200.00
201.00	Less Observation Beds	323,949		323,949	0	201.00
202.00	Total (see instructions)	16,237,255	0	16,237,255	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet C  
Part I  
Date/Time Prepared:  
11/28/2011 11:46 am

		Title XVIII			Hospital	Cost	
Cost Center Description		Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	1,477,134		1,477,134			30.00
41.00	SUBPROVIDER - IRF	0		0			41.00
42.00	SUBPROVIDER	0		0			42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	106,738	862,645	969,383	0.633640	0.000000	50.00
53.00	ANESTHESIOLOGY	51,086	255,607	306,693	1.175974	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	462,496	4,962,912	5,425,408	0.296549	0.000000	54.00
54.01	ONCOLOGY	60	249,953	250,013	1.881010	0.000000	54.01
56.00	RADIOISOTOPE	26,133	579,307	605,440	0.403335	0.000000	56.00
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	586,257	4,745,405	5,331,662	0.269260	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	RESPIRATORY THERAPY	175,713	573,269	748,982	0.964816	0.000000	65.00
65.01	CARDIAC REHAB	0	81,775	81,775	0.573256	0.000000	65.01
66.00	PHYSICAL THERAPY	306,997	1,304,662	1,611,659	0.629659	0.000000	66.00
69.00	ELECTROCARDIOLOGY	24,805	187,397	212,202	0.097172	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	454	4,535	4,989	0.769292	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	844,403	5,924,342	6,768,745	0.408453	0.000000	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	1,575,408	1,575,408			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	0	80,576	80,576	0.925946	0.000000	90.00
91.00	EMERGENCY	10	1,282,308	1,282,318	1.235467	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	78,162	78,162	4.144584	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0			99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	4,062,286	22,748,263	26,810,549			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	4,062,286	22,748,263	26,810,549			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet C  
Part I  
Date/Time Prepared:  
11/28/2011 11:46 am

		Title XVIII		Hospital		Cost
	Cost Center Description	PPS Inpatient Ratio				
		11.00				
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS					30.00
41.00	SUBPROVIDER - IRF					41.00
42.00	SUBPROVIDER					42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0.000000				50.00
53.00	ANESTHESIOLOGY	0.000000				53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000				54.00
54.01	ONCOLOGY	0.000000				54.01
56.00	RADIOISOTOPE	0.000000				56.00
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	0.000000				60.00
60.01	BLOOD LABORATORY	0.000000				60.01
65.00	RESPIRATORY THERAPY	0.000000				65.00
65.01	CARDIAC REHAB	0.000000				65.01
66.00	PHYSICAL THERAPY	0.000000				66.00
69.00	ELECTROCARDIOLOGY	0.000000				69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000				70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000				71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000				72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000				73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC					88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00	CLINIC	0.000000				90.00
91.00	EMERGENCY	0.000000				91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000				92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF					99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
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

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 141307	Period: From 05/01/2010 To 04/30/2011	Worksheet C Part I Date/Time Prepared: 11/28/2011 11:46 am
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		Title XIX		Hospital		Cost
	Cost Center Description	Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs RCE Disallowance	Total Costs
		1.00	2.00	3.00	4.00	5.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	2,745,182		2,745,182	0	0
41.00	SUBPROVIDER - IRF	0		0	0	0
42.00	SUBPROVIDER	0		0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	614,240		614,240	0	0
53.00	ANESTHESIOLOGY	360,663		360,663	0	0
54.00	RADIOLOGY-DIAGNOSTIC	1,608,900		1,608,900	0	0
54.01	ONCOLOGY	470,277		470,277	0	0
56.00	RADIOISOTOPE	244,195		244,195	0	0
57.00	CT SCAN	0		0	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0
59.00	CARDIAC CATHETERIZATION	0		0	0	0
60.00	LABORATORY	1,435,601		1,435,601	0	0
60.01	BLOOD LABORATORY	0		0	0	0
65.00	RESPIRATORY THERAPY	722,630	0	722,630	0	0
65.01	CARDIAC REHAB	46,878	0	46,878	0	0
66.00	PHYSICAL THERAPY	1,014,795	0	1,014,795	0	0
69.00	ELECTROCARDIOLOGY	20,620		20,620	0	0
70.00	ELECTROENCEPHALOGRAPHY	3,838		3,838	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0
73.00	DRUGS CHARGED TO PATIENTS	2,764,712		2,764,712	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	2,525,853		2,525,853	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	CLINIC	74,609		74,609	0	0
91.00	EMERGENCY	1,584,262		1,584,262	0	0
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0		0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0		0	0	0
110.00	INTESTINAL ACQUISITION	0		0	0	0
111.00	ISLET ACQUISITION	0		0	0	0
113.00	INTEREST EXPENSE	0		0	0	0
200.00	Subtotal (see instructions)	16,237,255	0	16,237,255	0	0
201.00	Less Observation Beds	0		0	0	0
202.00	Total (see instructions)	16,237,255	0	16,237,255	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet C  
Part I  
Date/Time Prepared:  
11/28/2011 11:46 am

		Title XIX			Hospital	Cost	
	Cost Center Description	Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	1,484,067		1,484,067			30.00
41.00	SUBPROVIDER - IRF	0		0			41.00
42.00	SUBPROVIDER	0		0			42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	117,435	894,992	1,012,427	0.606701	0.000000	50.00
53.00	ANESTHESIOLOGY	56,040	409,054	465,094	0.775463	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	474,824	5,116,359	5,591,183	0.287757	0.000000	54.00
54.01	ONCOLOGY	60	252,923	252,983	1.858927	0.000000	54.01
56.00	RADIOISOTOPE	27,211	596,280	623,491	0.391658	0.000000	56.00
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	594,935	4,887,246	5,482,181	0.261867	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	RESPIRATORY THERAPY	175,876	593,384	769,260	0.939383	0.000000	65.00
65.01	CARDIAC REHAB	0	81,775	81,775	0.573256	0.000000	65.01
66.00	PHYSICAL THERAPY	307,372	1,341,342	1,648,714	0.615507	0.000000	66.00
69.00	ELECTROCARDIOLOGY	25,359	194,045	219,404	0.093982	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	454	4,762	5,216	0.735813	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	848,510	6,105,176	6,953,686	0.397589	0.000000	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	1,575,408	1,575,408	1.603301	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	CLINIC	0	85,186	85,186	0.875836	0.000000	90.00
91.00	EMERGENCY	10	1,318,432	1,318,442	1.201617	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	84,700	84,700	0.000000	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0			99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	4,112,153	23,541,064	27,653,217			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	4,112,153	23,541,064	27,653,217			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet C  
Part I  
Date/Time Prepared:  
11/28/2011 11:46 am

		Title XIX		Hospital		Cost	
	Cost Center Description	PPS Inpatient Ratio					
		11.00					
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS						30.00
41.00	SUBPROVIDER - IRF						41.00
42.00	SUBPROVIDER						42.00
<b>ANCLLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0.000000					50.00
53.00	ANESTHESIOLOGY	0.000000					53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000					54.00
54.01	ONCOLOGY	0.000000					54.01
56.00	RADIOISOTOPE	0.000000					56.00
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	0.000000					60.00
60.01	BLOOD LABORATORY	0.000000					60.01
65.00	RESPIRATORY THERAPY	0.000000					65.00
65.01	CARDIAC REHAB	0.000000					65.01
66.00	PHYSICAL THERAPY	0.000000					66.00
69.00	ELECTROCARDIOLOGY	0.000000					69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000					70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000					71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000					72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000					73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0.000000					88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	CLINIC	0.000000					90.00
91.00	EMERGENCY	0.000000					91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF						99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 141307	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part II Date/Time Prepared: 11/28/2011 11:46 am
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		Title XVIII			Hospital	Cost	
	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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	28,942	969,383	0.029856	36,567	1,092	50.00
53.00	ANESTHESIOLOGY	6,474	306,693	0.021109	15,452	326	53.00
54.00	RADIOLOGY-DIAGNOSTIC	179,246	5,425,408	0.033038	264,526	8,739	54.00
54.01	ONCOLOGY	11,505	250,013	0.046018	5	0	54.01
56.00	RADIOISOTOPE	2,759	605,440	0.004557	19,103	87	56.00
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	65,892	5,331,662	0.012359	347,308	4,292	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	21,365	748,982	0.028525	96,313	2,747	65.00
65.01	CARDIAC REHAB	2,957	81,775	0.036160	0	0	65.01
66.00	PHYSICAL THERAPY	29,088	1,611,659	0.018048	95,512	1,724	66.00
69.00	ELECTROCARDIOLOGY	2,155	212,202	0.010155	18,975	193	69.00
70.00	ELECTROENCEPHALOGRAPHY	39	4,989	0.007817	453	4	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	76,247	6,768,745	0.011265	387,833	4,369	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	66,532	1,575,408	0.042232	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	1,534	80,576	0.019038	0	0	90.00
91.00	EMERGENCY	24,520	1,282,318	0.019122	6	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	78,162	0.000000	0	0	92.00
200.00	Total (lines 50-199)	519,255	25,333,415		1,282,053	23,573	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet D  
Part IV  
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	Cost Center Description	Title XVIII				Hospital	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All other Medical Education Cost	Cost		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	OPERATING ROOM	0	0	0	0	0	0	50.00
53.00	ANESTHESIOLOGY	333,864	0	0	0	333,864	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	ONCOLOGY	0	0	0	0	0	0	54.01
56.00	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01	CARDIAC REHAB	0	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	333,864	0	0	0	333,864	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet D  
Part IV  
Date/Time Prepared:  
11/28/2011 11:46 am

		Title XVIII			Hospital		Cost
	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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	969,383	0.000000	0.000000	36,567	50.00
53.00	ANESTHESIOLOGY	0	306,693	1.088593	0.000000	15,452	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	5,425,408	0.000000	0.000000	264,526	54.00
54.01	ONCOLOGY	0	250,013	0.000000	0.000000	5	54.01
56.00	RADIOISOTOPE	0	605,440	0.000000	0.000000	19,103	56.00
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	5,331,662	0.000000	0.000000	347,308	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	RESPIRATORY THERAPY	0	748,982	0.000000	0.000000	96,313	65.00
65.01	CARDIAC REHAB	0	81,775	0.000000	0.000000	0	65.01
66.00	PHYSICAL THERAPY	0	1,611,659	0.000000	0.000000	95,512	66.00
69.00	ELECTROCARDIOLOGY	0	212,202	0.000000	0.000000	18,975	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	4,989	0.000000	0.000000	453	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	6,768,745	0.000000	0.000000	387,833	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	1,575,408	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	80,576	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	1,282,318	0.000000	0.000000	6	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	78,162	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	25,333,415			1,282,053	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet D  
Part IV  
Date/Time Prepared:  
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		Title XVIII			Hospital		Cost
	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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
53.00	ANESTHESIOLOGY	16,821	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	ONCOLOGY	0	0	0	0	0	54.01
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
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
65.01	CARDIAC REHAB	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	16,821	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 141307	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/28/2011 11:46 am
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Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	Cost
		23.00	24.00			
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0	0			50.00
53.00	ANESTHESIOLOGY	0	0			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0			54.00
54.01	ONCOLOGY	0	0			54.01
56.00	RADIOISOTOPE	0	0			56.00
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	0	0			60.00
60.01	BLOOD LABORATORY	0	0			60.01
65.00	RESPIRATORY THERAPY	0	0			65.00
65.01	CARDIAC REHAB	0	0			65.01
66.00	PHYSICAL THERAPY	0	0			66.00
69.00	ELECTROCARDIOLOGY	0	0			69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0			73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	CLINIC	0	0			90.00
91.00	EMERGENCY	0	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
200.00	Total (lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 141307		Period: From 05/01/2010 To 04/30/2011		worksheet D Part V Date/Time Prepared: 11/28/2011 11:46 am	
		Title XVIII		Hospital		Cost	
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see instructions)	Charges 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		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0.633640	0	391,089	0		50.00
53.00	ANESTHESIOLOGY	1.175974	0	160,367	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.296549	0	2,093,325	0		54.00
54.01	ONCOLOGY	1.881010	0	169,111	0		54.01
56.00	RADIOISOTOPE	0.403335	0	345,866	0		56.00
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	0.269260	0	2,455,190	0		60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0		60.01
65.00	RESPIRATORY THERAPY	0.964816	0	262,355	0		65.00
65.01	CARDIAC REHAB	0.573256	0	42,632	0		65.01
66.00	PHYSICAL THERAPY	0.629659	0	441,110	0		66.00
69.00	ELECTROCARDIOLOGY	0.097172	0	111,354	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.769292	0	680	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.408453	0	3,573,933	420		73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0.000000					88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	CLINIC	0.925946	0	64,406	0		90.00
91.00	EMERGENCY	1.235467	0	438,364	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	4.144584	0	78,162	0		92.00
200.00	Subtotal (see instructions)		0	10,627,944	420		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		0	10,627,944	420		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 141307	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part V Date/Time Prepared: 11/28/2011 11:46 am
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		Title XVIII			Hospital	Cost
	Cost Center Description	PPS Services (see instructions)	Costs Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
		5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0	247,810	0		50.00
53.00	ANESTHESIOLOGY	0	188,587	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	620,773	0		54.00
54.01	ONCOLOGY	0	318,099	0		54.01
56.00	RADIOISOTOPE	0	139,500	0		56.00
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	661,084	0		60.00
60.01	BLOOD LABORATORY	0	0	0		60.01
65.00	RESPIRATORY THERAPY	0	253,124	0		65.00
65.01	CARDIAC REHAB	0	24,439	0		65.01
66.00	PHYSICAL THERAPY	0	277,749	0		66.00
69.00	ELECTROCARDIOLOGY	0	10,820	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	523	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,459,784	172		73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	59,636	0		90.00
91.00	EMERGENCY	0	541,584	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	323,949	0		92.00
200.00	Subtotal (see instructions)	0	5,127,461	172		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00	Net Charges (line 200 +/- line 201)	0	5,127,461	172		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 141307 Component CCN: 14Z307	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part V Date/Time Prepared: 11/28/2011 11:46 am
Title XVIII		Swing Beds - SNF	Cost

	Cost Center Description	Cost to Charge Ratio From worksheet C, Part I, col. 9	PPS Reimbursed Services (see instructions)	Charges 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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0.633640	0	0	0	50.00
53.00	ANESTHESIOLOGY	1.175974	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.296549	0	0	0	54.00
54.01	ONCOLOGY	1.881010	0	0	0	54.01
56.00	RADIOISOTOPE	0.403335	0	0	0	56.00
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	0.269260	0	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0.964816	0	0	0	65.00
65.01	CARDIAC REHAB	0.573256	0	0	0	65.01
66.00	PHYSICAL THERAPY	0.629659	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0.097172	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.769292	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.408453	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	0.925946	0	0	0	90.00
91.00	EMERGENCY	1.235467	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	4.144584	0	0	0	92.00
200.00	Subtotal (see instructions)		0	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 141307

Period:

Worksheet D

Component CCN: 142307

From 05/01/2010

Part V

To 04/30/2011

Date/Time Prepared:

11/28/2011 11:46 am

		Title XVIII			Swing Beds - SNF	Cost
Cost Center Description		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		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0	0	0		50.00
53.00	ANESTHESIOLOGY	0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	ONCOLOGY	0	0	0		54.01
56.00	RADIOISOTOPE	0	0	0		56.00
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
65.01	CARDIAC REHAB	0	0	0		65.01
66.00	PHYSICAL THERAPY	0	0	0		66.00
69.00	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0		90.00
91.00	EMERGENCY	0	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00	Subtotal (see instructions)	0	0	0		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00	Net Charges (line 200 +/- line 201)	0	0	0		202.00

		Title XVIII	Hospital	Cost		
				1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>						
<b>INPATIENT DAYS</b>						
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			2,525	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			1,810	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)			1,810	4.00	
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			602	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)			113	8.00	
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			1,056	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)			602	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	
<b>SWING BED ADJUSTMENT</b>						
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			116.26	19.00	
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			116.26	20.00	
21.00	Total general inpatient routine service cost (see instructions)			2,745,182	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)			13,137	25.00	
26.00	Total swing-bed cost (see instructions)			695,016	26.00	
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			2,050,166	27.00	
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>						
28.00	General inpatient routine service charges (excluding swing-bed charges)			1,313,819	28.00	
29.00	Private room charges (excluding swing-bed charges)			0	29.00	
30.00	Semi-private room charges (excluding swing-bed charges)			1,313,819	30.00	
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			1.560463	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)			725.87	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)			2,050,166	37.00	
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>						
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>						
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,132.69	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,196,121	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)			1,196,121	41.00	
	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	<b>NURSERY (title V &amp; XIX only)</b>					
<b>Intensive Care Type Inpatient Hospital Units</b>						
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

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet D-1

Date/Time Prepared:  
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Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	Program Cost (col. 3 x col. 4)	Cost
47.00	OTHER SPECIAL CARE (SPECIFY)	1.00	2.00	3.00	4.00	5.00	47.00
Cost Center Description							1.00
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					534,691	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,730,812	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0
52.00	Total Program excludable cost (sum of lines 50 and 51)						0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00	Program discharges						0
55.00	Target amount per discharge					0.00	54.00
56.00	Target amount (line 54 x line 55)						0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0
58.00	Bonus payment (see instructions)						0
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
62.00	Relief payment (see instructions)						0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					681,879	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					681,879	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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00	Total observation bed days (see instructions)					286	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,132.69	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					323,949	89.00
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	
<b>COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet D-1

Date/Time Prepared:  
11/28/2011 11:46 am

		Title XVIII			Hospital		Cost	
	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)		
93.00	All other Medical Education	1.00	2.00	3.00	4.00	5.00	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 141307	Period: From 05/01/2010 To 04/30/2011	Worksheet D-3 Date/Time Prepared: 11/28/2011 11:46 am
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Cost Center Description		Title XVIII	Hospital	Cost
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS		783,331	30.00
41.00	SUBPROVIDER - IRF		0	41.00
42.00	SUBPROVIDER		0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.633640	36,567	23,170 50.00
53.00	ANESTHESIOLOGY	1.175974	15,452	18,171 53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.296549	264,526	78,445 54.00
54.01	ONCOLOGY	1.881010	5	9 54.01
56.00	RADIOISOTOPE	0.403335	19,103	7,705 56.00
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	0.269260	347,308	93,516 60.00
60.01	BLOOD LABORATORY	0.000000	0	0 60.01
65.00	RESPIRATORY THERAPY	0.964816	96,313	92,924 65.00
65.01	CARDIAC REHAB	0.573256	0	0 65.01
66.00	PHYSICAL THERAPY	0.629659	95,512	60,140 66.00
69.00	ELECTROCARDIOLOGY	0.097172	18,975	1,844 69.00
70.00	ELECTROENCEPHALOGRAPHY	0.769292	453	348 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0 71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	0.408453	387,833	158,412 73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	CLINIC	0.925946	0	0 90.00
91.00	EMERGENCY	1.235467	6	7 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	4.144584	0	0 92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,282,053	534,691 200.00
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)		1,282,053	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141307 Component CCN: 14Z307	Period: From 05/01/2010 To 04/30/2011	worksheet D-3 Date/Time Prepared: 11/28/2011 11:46 am
		Title XVIII	Swing Beds - SNF	Cost

	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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.633640	6,187	3,920	50.00
53.00	ANESTHESIOLOGY	1.175974	2,414	2,839	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.296549	32,491	9,635	54.00
54.01	ONCOLOGY	1.881010	0	0	54.01
56.00	RADIOISOTOPE	0.403335	0	0	56.00
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	0.269260	77,095	20,759	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	0.964816	43,459	41,930	65.00
65.01	CARDIAC REHAB	0.573256	0	0	65.01
66.00	PHYSICAL THERAPY	0.629659	161,345	101,592	66.00
69.00	ELECTROCARDIOLOGY	0.097172	693	67	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.769292	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.408453	216,705	88,514	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.925946	0	0	90.00
91.00	EMERGENCY	1.235467	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	4.144584	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		540,389	269,256	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)		540,389		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141307	Period: From 05/01/2010 To 04/30/2011	Worksheet E Part B Date/Time Prepared: 11/28/2011 11:46 am
		Title XVIII	Hospital	Cost
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			5,127,633 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)			5,127,633 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
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
<b>Customary charges</b>				
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)			5,178,909 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
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)			33,643 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			1,641,415 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)			3,503,851 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)			3,503,851 30.00
31.00	Primary payer payments			359 31.00
32.00	Subtotal (line 30 minus line 31)			3,503,492 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			255,229 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			255,229 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			215,592 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			3,758,721 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)			3,758,721 40.00
41.00	Interim payments			3,134,338 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)			624,383 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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
				Overrides
				1.00
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)			0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/28/2011 11:46 am

		Title XVIII		Hospital		Cost	
		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		1,375,851		3,066,098		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
<b>Program to Provider</b>							
3.01	ADJUSTMENTS TO PROVIDER		0	10/29/2010	83,590		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
<b>Provider to Program</b>							
3.50	ADJUSTMENTS TO PROGRAM	04/22/2011	8,873	04/22/2011	15,350		3.50
3.51		10/29/2010	5,606		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)		-14,479		68,240		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)		1,361,372		3,134,338		4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>							
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
<b>Program to Provider</b>							
5.01	TENTATIVE TO PROVIDER		0		0		5.01
5.02			0		0		5.02
5.03			0		0		5.03
<b>Provider to Program</b>							
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		203,920		624,383		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		1,565,292		3,758,721		7.00
			0	Contractor Number	Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 141307

Period:

Worksheet E-1

Component CCN: 142307

From 05/01/2010  
To 04/30/2011

Part I  
Date/Time Prepared:  
11/28/2011 11:46 am

		Title XVIII		Swing Beds - SNF		Cost	
		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		815,876		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
<b>Program to Provider</b>							
3.01	ADJUSTMENTS TO PROVIDER	04/22/2011	32,356		0		3.01
3.02		10/29/2010	5,278		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
<b>Provider to Program</b>							
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)		37,634		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)		853,510		0		4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>							
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
<b>Program to Provider</b>							
5.01	TENTATIVE TO PROVIDER		0		0		5.01
5.02			0		0		5.02
5.03			0		0		5.03
<b>Provider to Program</b>							
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		97,617		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		951,127		0		7.00
			0			Contractor Number 1.00	Date (Mo/Day/Yr) 2.00
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 141307	Period: From 05/01/2010 To 04/30/2011	worksheet E-2
		Component CCN: 14Z307		Date/Time Prepared: 11/28/2011 11:46 am
		Title XVIII	Swing Beds - SNF	Cost

		Part A	Part B	
		1.00	2.00	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	688,698	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)	271,949	0	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	602	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)	960,647	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	960,647	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)	960,647	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	9,520	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)	951,127	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)	951,127	0	19.00
20.00	Interim payments	853,510	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)	97,617	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: 141307	Period: From 05/01/2010 To 04/30/2011	Worksheet E-3 Part V Date/Time Prepared: 11/28/2011 11:46 am
		Title XVIII	Hospital	Cost

				1.00
<b>PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT (CAHs)</b>				
1.00	Inpatient services		1,730,812	1.00
2.00	Nursing and Allied Health Managed Care payment (see instruction)		0	2.00
3.00	Organ acquisition		0	3.00
4.00	Subtotal (sum of lines 1 thru 3)		1,730,812	4.00
5.00	Primary payer payments		0	5.00
6.00	Total cost (line 5 less line 6) . For CAH (see instructions)		1,748,120	6.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
7.00	Routine service charges		0	7.00
8.00	Ancillary service charges		0	8.00
9.00	Organ acquisition charges, net of revenue		0	9.00
10.00	Total reasonable charges		0	10.00
<b>Customary charges</b>				
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	11.00
12.00	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	12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)		0.000000	13.00
14.00	Total customary charges (see instructions)		0	14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)		0	15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)		0	16.00
17.00	Cost of teaching physicians (from worksheet D-5, Part II, column 3, line 20) (see instructions)		0	17.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
18.00	Direct graduate medical education payments (from worksheet E-4, line 49)		0	18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)		1,748,120	19.00
20.00	Deductibles (exclude professional component)		211,444	20.00
21.00	Excess reasonable cost (from line 16)		0	21.00
22.00	Subtotal (line 19 minus sum of lines 20 and 21)		1,536,676	22.00
23.00	Coinurance		5,500	23.00
24.00	Subtotal (line 22 minus line 23)		1,531,176	24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		34,116	25.00
26.00	Adjusted reimbursable bad debts (see instructions)		34,116	26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	27.00
28.00	Subtotal (sum of lines 24 and 25 or 26(line 26 hospital and subprovider only))		1,565,292	28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	29.00
29.99	Recovery of Accelerated Depreciation		0	29.99
30.00	Subtotal (line 28, plus or minus lines 29)		1,565,292	30.00
31.00	Interim payments		1,361,372	31.00
32.00	Tentative settlement (for contractor use only)		0	32.00
33.00	Balance due provider/program (line 30 minus the sum of lines 31, and 32)		203,920	33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	34.00

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

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet G

Date/Time Prepared:  
11/28/2011 11:46 am

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>					
1.00	Cash on hand in banks	783,486	0	0	0
2.00	Temporary investments	2,814,960	0	0	139,451
3.00	Notes receivable	0	0	0	0
4.00	Accounts receivable	1,826,909	0	0	0
5.00	Other receivable	0	0	0	0
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0
7.00	Inventory	189,881	0	0	0
8.00	Prepaid expenses	388,766	0	0	0
9.00	Other current assets	1,247,693	0	0	0
10.00	Due from other funds	0	0	0	0
11.00	Total current assets (sum of lines 1-10)	7,251,695	0	0	139,451
<b>FIXED ASSETS</b>					
12.00	Land	650,483	0	0	0
13.00	Land improvements	246,028	0	0	0
14.00	Accumulated depreciation	-220,802	0	0	0
15.00	Buildings	7,331,584	0	0	0
16.00	Accumulated depreciation	-4,849,219	0	0	0
17.00	Leasehold improvements	0	0	0	0
18.00	Accumulated depreciation	0	0	0	0
19.00	Fixed equipment	0	0	0	0
20.00	Accumulated depreciation	0	0	0	0
21.00	Automobiles and trucks	0	0	0	0
22.00	Accumulated depreciation	0	0	0	0
23.00	Major movable equipment	5,964,633	0	0	0
24.00	Accumulated depreciation	-4,765,033	0	0	0
25.00	Minor equipment depreciable	0	0	0	0
26.00	Accumulated depreciation	0	0	0	0
27.00	HIT designated Assets	0	0	0	0
28.00	Accumulated depreciation	0	0	0	0
29.00	Minor equipment-nondepreciable	0	0	0	0
30.00	Total fixed assets (sum of lines 12-29)	4,357,674	0	0	0
<b>OTHER ASSETS</b>					
31.00	Investments	0	0	0	0
32.00	Deposits on leases	0	0	0	0
33.00	Due from owners/officers	0	0	0	0
34.00	Other assets	3,564,162	0	0	0
35.00	Total other assets (sum of lines 31-34)	3,564,162	0	0	0
36.00	Total assets (sum of lines 11, 30, and 35)	15,173,531	0	0	139,451
<b>CURRENT LIABILITIES</b>					
37.00	Accounts payable	161,927	0	0	0
38.00	Salaries, wages, and fees payable	697,520	0	0	0
39.00	Payroll taxes payable	0	0	0	0
40.00	Notes and loans payable (short term)	175,000	0	0	0
41.00	Deferred income	0	0	0	0
42.00	Accelerated payments	0	0	0	0
43.00	Due to other funds	0	0	0	0
44.00	Other current liabilities	534,151	0	0	0
45.00	Total current liabilities (sum of lines 37 thru 44)	1,568,598	0	0	0
<b>LONG TERM LIABILITIES</b>					
46.00	Mortgage payable	0	0	0	0
47.00	Notes payable	608,000	0	0	0
48.00	Unsecured loans	0	0	0	0
49.00	Other long term liabilities	0	0	0	0
50.00	Total long term liabilities (sum of lines 46 thru 49)	608,000	0	0	0
51.00	Total liabilities (sum of lines 45 and 50)	2,176,598	0	0	0
<b>CAPITAL ACCOUNTS</b>					
52.00	General fund balance	12,996,933			
53.00	Specific purpose fund		0		
54.00	Donor created - endowment fund balance - restricted			0	
55.00	Donor created - endowment fund balance - unrestricted			0	
56.00	Governing body created - endowment fund balance			0	
57.00	Plant fund balance - invested in plant				139,451
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0
59.00	Total fund balances (sum of lines 52 thru 58)	12,996,933	0	0	139,451
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	15,173,531	0	0	139,451

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet G-1

Date/Time Prepared:  
11/28/2011 11:46 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		13,183,132		0	1.00
2.00	Net income (loss) (from wkst. G-3, line 29)		-197,623			2.00
3.00	Total (sum of line 1 and line 2)		12,985,509		0	3.00
4.00	Additions (credit adjustments) (specify)	11,425		0		4.00
5.00		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)		11,425		0	10.00
11.00	Subtotal (line 3 plus line 10)		12,996,934		0	11.00
12.00	Deductions (debit adjustments) (specify)	1		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)		1		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		12,996,933		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet G-1

Date/Time Prepared:  
11/28/2011 11:46 am

		Endowment Fund		Plant Fund		
		5.00	6.00	7.00	8.00	
1.00	Fund balances at beginning of period		0		150,876	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		150,876	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		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		150,876	11.00
12.00	Deductions (debit adjustments) (specify)	0		11,425		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		11,425	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		0		139,451	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 141307

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet G-2 Parts

Date/Time Prepared:  
11/28/2011 11:46 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
<b>General Inpatient Routine Services</b>					
1.00	Hospital	1,313,819		1,313,819	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	170,248		170,248	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	1,484,067		1,484,067	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>					
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)	1,484,067		1,484,067	17.00
18.00	Ancillary services	2,628,086	0	2,628,086	18.00
19.00	Outpatient services	0	21,965,656	21,965,656	19.00
20.00	RURAL HEALTH CLINIC	0	1,575,408	1,575,408	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				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 CLINIC	9,698	1,228,919	1,238,617	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	4,121,851	24,769,983	28,891,834	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per wkst. A, column 3, line 200)		18,377,694		29.00
30.00	ADD (SPECIFY)	0			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)		0		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)		18,377,694		43.00



Health Financial Systems

In Lieu of Form CMS-2552-10

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS

Provider CCN: 141307  
Component CCN: 143412

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet M-1  
Date/Time Prepared:  
11/28/2011 11:46 am

		Title XVIII		Rural Health Clinic (RHC) I	Cost		
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>							
1.00	Physician	1,069,216	1,872	1,071,088	-163,396	907,692	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	0	0	0	0	0	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	0	0	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	16,287	16,287	0	16,287	9.00
10.00	Subtotal (sum of lines 1-9)	1,069,216	18,159	1,087,375	-163,396	923,979	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11-13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	61,769	61,769	0	61,769	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	4,283	4,283	0	4,283	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	66,052	66,052	0	66,052	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	1,069,216	84,211	1,153,427	-163,396	990,031	22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0	0	0	0	28.00
<b>FACILITY OVERHEAD</b>							
29.00	Facility Costs	0	0	0	0	0	29.00
30.00	Administrative Costs	483,025	5,969	488,994	-5,566	483,428	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	483,025	5,969	488,994	-5,566	483,428	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	1,552,241	90,180	1,642,421	-168,962	1,473,459	32.00

Health Financial Systems

In Lieu of Form CMS-2552-10

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS

Provider CCN: 141307  
Component CCN: 143412

Period:  
From 05/01/2010  
To 04/30/2011

Worksheet M-1  
Date/Time Prepared:  
11/28/2011 11:46 am

		Title XVIII		Rural Health Clinic (RHC) I		Cost	
		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)				
		6.00	7.00				
<b>FACILITY HEALTH CARE STAFF COSTS</b>							
1.00	Physician	0	907,692				1.00
2.00	Physician Assistant	0	0				2.00
3.00	Nurse Practitioner	0	0				3.00
4.00	Visiting Nurse	0	0				4.00
5.00	Other Nurse	0	0				5.00
6.00	Clinical Psychologist	0	0				6.00
7.00	Clinical Social Worker	0	0				7.00
8.00	Laboratory Technician	0	0				8.00
9.00	Other Facility Health Care Staff Costs	0	16,287				9.00
10.00	Subtotal (sum of lines 1-9)	0	923,979				10.00
11.00	Physician Services Under Agreement	0	0				11.00
12.00	Physician Supervision Under Agreement	0	0				12.00
13.00	Other Costs Under Agreement	0	0				13.00
14.00	Subtotal (sum of lines 11-13)	0	0				14.00
15.00	Medical Supplies	0	61,769				15.00
16.00	Transportation (Health Care Staff)	0	0				16.00
17.00	Depreciation-Medical Equipment	0	0				17.00
18.00	Professional Liability Insurance	0	0				18.00
19.00	Other Health Care Costs	0	4,283				19.00
20.00	Allowable GME Costs	0	0				20.00
21.00	Subtotal (sum of lines 15-20)	0	66,052				21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	990,031				22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>							
23.00	Pharmacy	0	0				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	0				28.00
<b>FACILITY OVERHEAD</b>							
29.00	Facility Costs	0	0				29.00
30.00	Administrative Costs	-3,052	480,376				30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-3,052	480,376				31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-3,052	1,470,407				32.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 141307	Period: From 05/01/2010 To 04/30/2011	Worksheet M-2
		Component CCN: 143412		Date/Time Prepared: 11/28/2011 11:46 am
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	
<b>VISITS AND PRODUCTIVITY</b>						
<b>Positions</b>						
1.00	Physician	2.31	12,277	4,200	9,702	1.00
2.00	Physician Assistant	1.68	5,510	2,100	3,528	2.00
3.00	Nurse Practitioner	0.00	0	2,100	0	3.00
4.00	Subtotal (sum of lines 1-3)	3.99	17,787		13,230	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	0.00	0		0	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)	3.99	17,787			8.00
9.00	Physician Services Under Agreements		0			9.00
					1.00	
<b>DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES</b>						
10.00	Total costs of health care services (from worksheet M-1, column 7, line 22)				990,031	10.00
11.00	Total nonreimbursable costs (from worksheet M-1, column 7, line 28)				0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				990,031	12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)				1.000000	13.00
14.00	Total facility overhead - (from worksheet M-1, column 7, line 31)				480,376	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				1,055,446	15.00
16.00	Total overhead (sum of lines 14 and 15)				1,535,822	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Subtract line 17 from line 16				1,535,822	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)				1,535,822	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)				2,525,853	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 141307 Component CCN:143412	Period: From 05/01/2010 To 04/30/2011	Worksheet M-3 Date/Time Prepared: 11/28/2011 11:46 am
		Title XVIII	Rural Health Clinic (RHC) I	Cost
				1.00
<b>DETERMINATION OF RATE FOR RHC/FQHC SERVICES</b>				
1.00	Total Allowable Cost of RHC/FQHC Services (from worksheet M-2, line 20)		2,525,853	1.00
2.00	Cost of vaccines and their administration (from worksheet M-4, line 15)		35,838	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		2,490,015	3.00
4.00	Total visits (from worksheet M-2, column 5, line 8)		17,787	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)		17,787	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		139.99	7.00
			Calculation of Limit (1)	
			Prior to January 1	On on After January 1
			1.00	2.00
8.00	Per visit payment limit (from CMS Pub. 27,Sec. 505 or your contractor)		77.76	78.07
9.00	Rate for Program covered visits (see instructions)		139.99	139.99
<b>CALCULATION OF SETTLEMENT</b>				
10.00	Program covered visits excluding mental health services (from contractor records)		0	5,015
11.00	Program cost excluding costs for mental health services (line 9 x line 10)		0	702,050
12.00	Program covered visits for mental health services (from contractor records)		0	0
13.00	Program covered cost from mental health services (line 9 x line 12)		0	0
14.00	Limit adjustment for mental health services (see instructions)		0	0
15.00	Graduate Medical Education Pass Through Cost (see instructions)		0	0
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *		0	702,050
16.01	Total program charges (see instructions)(from contractor's records)		0	0
16.02	Total program preventive charges (see instructions)(from provider's records)		0	0
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	0
16.04	Total program non-preventive costs ((line 16 minus line 16.03) times 80%)		0	517,194
16.05	Total program cost (see instructions)		0	517,194
17.00	Primary payer amounts		0	16
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		0	55,557
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		0	0
20.00	Net Medicare cost excluding vaccines (see instructions)		0	517,178
21.00	Program cost of vaccines and their administration (from wkst. M-4, line 16)		0	9,993
22.00	Total reimbursable Program cost (line 20 plus line 21)		0	527,171
23.00	Reimbursable bad debts (see instructions)		0	0
24.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
26.00	Net reimbursable amount (lines 22 plus 23 plus or minus line 25)		0	527,171
27.00	Interim payments		0	476,584
28.00	Tentative settlement (for contractor use only)		0	0
29.00	Balance due component/program (line 26 minus lines 27 and 28)		0	50,587
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, section 115.2		0	0

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 141307 Component CCN:143412	Period: From 05/01/2010 To 04/30/2011	worksheet M-4 Date/Time Prepared: 11/28/2011 11:46 am	
		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)		923,979	923,979	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.000478	0.003111	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		442	2,874	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		3,315	7,416	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		3,757	10,290	5.00
6.00	Total direct cost of the facility (from worksheet M-1, column 7, line 22)		990,031	990,031	6.00
7.00	Total overhead (from worksheet M-2, line 16)		1,535,822	1,535,822	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.003795	0.010394	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		5,828	15,963	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		9,585	26,253	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		58	1,545	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		165.26	16.99	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		36	238	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		5,949	4,044	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)			35,838	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)			9,993	16.00

