

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: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet S Parts I-III Date/Time Prepared: 4/24/2012 11:02 am
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 4/24/2012	Time: 11:02 am
	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: 05 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 GIBSON AREA HOSPITAL AND HEALTH SVCS for the cost reporting period beginning 10/01/2010 and ending 09/30/2011 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 XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	351,800	-133,049	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	10,647	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	221,087	0	0	10.00
10.01 RURAL HEALTH CLINIC II II	0	0	6,251	0	0	10.01
10.02 RURAL HEALTH CLINIC III II	0	0	13,507	0	0	10.02
10.03 RURAL HEALTH CLINIC IV IV	0	0	11,091	0	0	10.03
10.04 RURAL HEALTH CLINIC V V	0	0	0	0	0	10.04
10.05 RURAL HEALTH CLINIC VI V	0	0	0	0	0	10.05
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	362,447	118,887	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.



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet S-2 Part I Date/Time Prepared: 4/24/2012 11:01 am		
				1.00		
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
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
				V	XVIII	XIX
				1.00	2.00	3.00
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)			N	N	N
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
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
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.			N	N	N
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.			N		
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.					
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
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site		Unweighted FTEs in Hospital		Ratio (col. 1/ (col. 1 + col. 2))
		1.00		2.00		3.00
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00		0.00		0.000000
		Program Name		Program Code		Unweighted FTEs Nonprovider Site
		1.00		2.00		3.00
				Unweighted FTEs in Hospital		Ratio (col. 3/ (col. 3 + col. 4))
				4.00		5.00

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

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			1.00	2.00	3.00
<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		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00
			1.00		
<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	80.00
<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	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.			N	86.00
			V	XIX	
			1.00	2.00	
<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	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
<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.		N		108.00
			Physical	Occupational	Speech
			1.00	2.00	3.00
			Respiratory		4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	109.00
			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.		2,000,000	8,000,000	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.		Y		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

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			1.00	2.00					
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.								134.00
All Providers									
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)					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
			1.00	2.00					
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.							N	146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
					Part A	Part B			
					1.00	2.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital					N	N	155.00	
156.00	Subprovider - IPF					N	N	156.00	
157.00	Subprovider - IRF					N	N	157.00	
158.00	SUBPROVIDER					N	N	158.00	
159.00	SNF					N	N	159.00	
160.00	HOME HEALTH AGENCY					N	N	160.00	
161.00	CMHC					N	N	161.00	
							1.00		
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	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	166.00
							1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.							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	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet S-2 Part II Date/Time Prepared: 4/24/2012 11:01 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N	Legal Oper.		
		1.00	2.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		03/01/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet S-2 Part II Date/Time Prepared: 4/24/2012 11:01 am
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		Part A			
		Description	Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	N	2.00	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/01/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
4/24/2012 11:01 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	23	8,395	58,368.00		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)		23	8,395	58,368.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	2	730	1,872.00		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		25	9,125	60,240.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	5	1,825			19.00
20.00 NURSING FACILITY	45.00	0	0			20.00
21.00 OTHER LONG TERM CARE	46.00	37	13,505			21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC	99.00					25.00
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.01 RURAL HEALTH CLINIC II	88.01					26.01
26.02 RURAL HEALTH CLINIC III	88.02					26.02
26.03 RURAL HEALTH CLINIC IV	88.03					26.03
26.04 RURAL HEALTH CLINIC V	88.04					26.04
26.05 RURAL HEALTH CLINIC VI	88.05					26.05
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		67				27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
4/24/2012 11:01 am

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	1,363	304	2,432		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	1,049	0	1,073		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	156		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	2,412	304	3,661		7.00
8.00 INTENSIVE CARE UNIT	0	65	0	78		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		0	262		13.00
14.00 Total (see instructions)	0	2,477	304	4,001		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	586	0	1,498		19.00
20.00 NURSING FACILITY	0		0	0		20.00
21.00 OTHER LONG TERM CARE				12,488		21.00
22.00 HOME HEALTH AGENCY	0	0	0	0		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC	0	0	0	0		25.00
26.00 RURAL HEALTH CLINIC	0	4,084	0	14,342		26.00
26.01 RURAL HEALTH CLINIC II	0	275	0	2,522		26.01
26.02 RURAL HEALTH CLINIC III	0	1,354	0	8,580		26.02
26.03 RURAL HEALTH CLINIC IV	0	132	0	370		26.03
26.04 RURAL HEALTH CLINIC V	0	0	0	104		26.04
26.05 RURAL HEALTH CLINIC VI	0	0	0	0		26.05
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		0	315		28.00
29.00 Ambulance Trips		1,150				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
4/24/2012 11:01 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	411	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	330.95	0.00	0	411	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00	3.46	0.00			19.00
20.00 NURSING FACILITY	0.00	0.00	0.00			20.00
21.00 OTHER LONG TERM CARE	0.00	28.81	0.00			21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC	0.00	0.00	0.00			25.00
26.00 RURAL HEALTH CLINIC	0.00	24.30	0.00			26.00
26.01 RURAL HEALTH CLINIC II	0.00	5.21	0.00			26.01
26.02 RURAL HEALTH CLINIC III	0.00	14.60	0.00			26.02
26.03 RURAL HEALTH CLINIC IV	0.00	5.12	0.00			26.03
26.04 RURAL HEALTH CLINIC V	0.00	3.95	0.00			26.04
26.05 RURAL HEALTH CLINIC VI	0.00	0.00	0.00			26.05
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	416.40	0.00			27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
4/24/2012 11:01 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)	127	807		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)	127	807		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF				17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE		61		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
26.00 RURAL HEALTH CLINIC				26.00
26.01 RURAL HEALTH CLINIC II				26.01
26.02 RURAL HEALTH CLINIC III				26.02
26.03 RURAL HEALTH CLINIC IV				26.03
26.04 RURAL HEALTH CLINIC V				26.04
26.05 RURAL HEALTH CLINIC VI				26.05
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet S-7

Date/Time Prepared:  
4/24/2012 11:01 am

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

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	0	0	0	6.00
7.00	RHX	6	0	6	7.00
8.00	RHL	13	0	13	8.00
9.00	RMX	16	0	16	9.00
10.00	RML	19	0	19	10.00
11.00	RLX	14	0	14	11.00
12.00	RUC	0	0	0	12.00
13.00	RUB	0	0	0	13.00
14.00	RUA	0	0	0	14.00
15.00	RVC	0	0	0	15.00
16.00	RVB	0	0	0	16.00
17.00	RVA	51	0	51	17.00
18.00	RHC	46	0	46	18.00
19.00	RHB	9	0	9	19.00
20.00	RHA	41	0	41	20.00
21.00	RMC	109	0	109	21.00
22.00	RMB	66	0	66	22.00
23.00	RMA	83	0	83	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	5	0	5	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	0	0	0	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	7	0	7	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	0	0	0	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	0	0	0	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	0	0	0	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	0	0	0	44.00
45.00	CE2	6	0	6	45.00
46.00	CE1	11	0	11	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	33	0	33	48.00
49.00	CC2	11	0	11	49.00
50.00	CC1	0	0	0	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	0	0	0	52.00
53.00	CA2	8	0	8	53.00
54.00	CA1	11	0	11	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet S-7

Date/Time Prepared:  
4/24/2012 11:01 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	21	0	21	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		586	0	586	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	

201.00 SNF SERVICES  
Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).  
16580 16580 201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

202.00	Staffing	151,810	100.00		202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	275,597			207.00



HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 141317 Component CCN: 143408	Period: From 10/01/2010 To 09/30/2011	Worksheet S-8 Date/Time Prepared: 4/24/2012 11:01 am		
			Rural Health Clinic (RHC) I	Cost		
		County				
		4.00				
2.00	City, State, Zip Code, County	FORD		2.00		
		Tuesday				
		from	to			
		5.00	6.00			
		Wednesday				
		from	to			
		7.00	8.00			
11.00	Facility hours of operations (1) Clinic	0700	1700	0700	1700	11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 141317 Component CCN: 143408	Period: From 10/01/2010 To 09/30/2011	Worksheet S-8 Date/Time Prepared: 4/24/2012 11:01 am		
			Rural Health Clinic (RHC) I	Cost		
		Thursday		Friday		
		from	to	from	to	
		9.00	10.00	11.00	12.00	
11.00	Facility hours of operations (1) Clinic	0700	1700	0700	1700	11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 141317 Component CCN: 143408	Period: From 10/01/2010 To 09/30/2011	Worksheet S-8 Date/Time Prepared: 4/24/2012 11:01 am
			Rural Health Clinic (RHC) I	Cost
		Saturday		
		from	to	
		13.00	14.00	
11.00	Facility hours of operations (1) Clinic			11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 141317 Component CCN: 143440	Period: From 10/01/2010 To 09/30/2011	Worksheet S-8 Date/Time Prepared: 4/24/2012 11:01 am
			Rural Health Clinic (RHC) II	Cost
				1.00
1.00	Clinic Address and Identification		109 NORTH CHESNUT	
	Street	City	State	Zip Code
		1.00	2.00	3.00
2.00	City, State, Zip Code, County		ONARGA	IL60955
				1.00
3.00	FOHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0
			Grant Award	Date
			1.00	2.00
Source of Federal Funds				
4.00	Community Health Center (Section 330(d), PHS Act)			0
5.00	Migrant Health Center (Section 329(d), PHS Act)			0
6.00	Health Services for the Homeless (Section 340(d), PHS Act)			0
7.00	Appalachian Regional Commission			0
8.00	Look-Alikes			0
9.00	OTHER (SPECIFY)			0
			1.00	2.00
10.00	Does this facility operate as other than an RHC or FOHC? Enter "Y" for yes and "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)		N	0
		Sunday	Monday	
		from to	from to	
		1.00 2.00	3.00 4.00	
11.00	Facility hours of operations (1)		0800	1600
12.00	Have you received an approval for an exception to the productivity standard?		N	
13.00	Is this a consolidated cost report as defined in CMS Pub. 27, section 508(D)? If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.		N	0
			Provider name	CCN number
			1.00	2.00
14.00	Provider name, CCN number		ONARGA CLINIC	143440
		Y/N	V	XVIII
		1.00	2.00	3.00
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes and "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. (see instructions)		N	0

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 141317 Component CCN: 143440	Period: From 10/01/2010 To 09/30/2011	Worksheet S-8 Date/Time Prepared: 4/24/2012 11:01 am		
			Rural Health Clinic (RHC) II	Cost		
		County				
		4.00				
2.00	City, State, Zip Code, County	ILROGUOIS		2.00		
		Tuesday				
		from	to			
		5.00	6.00			
		Wednesday				
		from	to			
		7.00	8.00			
11.00	Facility hours of operations (1) Clinic	0700	1900	0700	1900	11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 141317 Component CCN: 143440	Period: From 10/01/2010 To 09/30/2011	Worksheet S-8 Date/Time Prepared: 4/24/2012 11:01 am		
			Rural Health Clinic (RHC) II	Cost		
		Thursday		Friday		
		from	to	from	to	
		9.00	10.00	11.00	12.00	
11.00	Facility hours of operations (1) Clinic	0700	1900	0800	1600	11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 141317 Component CCN: 143440	Period: From 10/01/2010 To 09/30/2011	Worksheet S-8 Date/Time Prepared: 4/24/2012 11:01 am
			Rural Health Clinic (RHC) II	Cost
		Saturday		
		from	to	
		13.00	14.00	
11.00	Facility hours of operations (1) Clinic			11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 141317 Component CCN: 148505		Period: From 10/01/2010 To 09/30/2011		Worksheet S-8 Date/Time Prepared: 4/24/2012 11:01 am			
				Rural Health Clinic (RHC) III		Cost			
1.00									
1.00	Clinic Address and Identification			122 EAST WABASH AVENUE				1.00	
				City		State	Zip Code		
				1.00		2.00	3.00		
2.00	City, State, Zip Code, County			FORREST		IL	61741-0058	2.00	
1.00									
3.00	FOHCs ONLY: Designation - Enter "R" for rural or "U" for urban							0	3.00
				Grant Award		Date			
				1.00		2.00			
Source of Federal Funds									
4.00	Community Health Center (Section 330(d), PHS Act)					0		4.00	
5.00	Migrant Health Center (Section 329(d), PHS Act)					0		5.00	
6.00	Health Services for the Homeless (Section 340(d), PHS Act)					0		6.00	
7.00	Appalachian Regional Commission					0		7.00	
8.00	Look-Alikes					0		8.00	
9.00	OTHER (SPECIFY)					0		9.00	
1.00									
2.00									
10.00	Does this facility operate as other than an RHC or FOHC? Enter "Y" for yes and "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)			N			0	10.00	
				Sunday		Monday			
				from	to	from	to		
				1.00	2.00	3.00	4.00		
11.00	Facility hours of operations (1)			0730		1700		11.00	
1.00									
2.00									
12.00	Have you received an approval for an exception to the productivity standard?			N				12.00	
13.00	Is this a consolidated cost report as defined in CMS Pub. 27, section 508(D)? If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.			N			0	13.00	
				Provider name		CCN number			
				1.00		2.00			
14.00	Provider name, CCN number			FORREST CLINIC		148505		14.00	
				Y/N	V	XVIII	XIX		
				1.00	2.00	3.00	4.00		
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes and "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. (see instructions)			N		0	0	0	15.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 141317 Component CCN: 148505	Period: From 10/01/2010 To 09/30/2011	Worksheet S-8 Date/Time Prepared: 4/24/2012 11:01 am		
			Rural Health Clinic (RHC) III	Cost		
		County				
		4.00				
2.00	City, State, Zip Code, County	LIVINGSTON		2.00		
		Tuesday				
		from	to			
		5.00	6.00			
		Wednesday				
		from	to			
		7.00	8.00			
11.00	Facility hours of operations (1) Clinic	0730	1700	0730	1700	11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 141317 Component CCN: 148505		Period: From 10/01/2010 To 09/30/2011		Worksheet S-8 Date/Time Prepared: 4/24/2012 11:01 am	
				Rural Health Clinic (RHC) III		Cost	
		Thursday		Friday			
		from	to	from	to		
		9.00	10.00	11.00	12.00		
11.00	Facility hours of operations (1) Clinic	0730	1700	0730	1700		11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 141317 Component CCN: 148505	Period: From 10/01/2010 To 09/30/2011	Worksheet S-8 Date/Time Prepared: 4/24/2012 11:01 am
		Rural Health Clinic (RHC) III	Cost

		Saturday		
		from	to	
11.00	Facility hours of operations (1) Clinic	13.00	14.00	11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 141317 Component CCN: 148515	Period: From 10/01/2010 To 09/30/2011	Worksheet S-8 Date/Time Prepared: 4/24/2012 11:01 am
			Rural Health Clinic (RHC) IV	Cost
				1.00
1.00	Clinic Address and Identification		837 E ORANGE STREET	
	Street	City	State	Zip Code
		1.00	2.00	3.00
2.00	City, State, Zip Code, County		HOOPESTON	IL60942
				1.00
3.00	FOHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0
			Grant Award	Date
			1.00	2.00
	Source of Federal Funds			
4.00	Community Health Center (Section 330(d), PHS Act)			0
5.00	Migrant Health Center (Section 329(d), PHS Act)			0
6.00	Health Services for the Homeless (Section 340(d), PHS Act)			0
7.00	Appalachian Regional Commission			0
8.00	Look-Alikes			0
9.00	OTHER (SPECIFY)			0
				1.00
10.00	Does this facility operate as other than an RHC or FOHC? Enter "Y" for yes and "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)		N	0
			1.00	2.00
			Sunday	Monday
	from	to	from	to
	1.00	2.00	3.00	4.00
11.00	Facility hours of operations (1)		0830	1800
	Clinic			
				1.00
12.00	Have you received an approval for an exception to the productivity standard?			N
13.00	Is this a consolidated cost report as defined in CMS Pub. 27, section 508(D)? If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.			N
				0
			Provider name	CCN number
			1.00	2.00
14.00	Provider name, CCN number		HOOPESTON CLINIC	148515
		Y/N	V	XVIII
		1.00	2.00	3.00
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes and "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. (see instructions)		N	0
				0
				0
				0
				0

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 141317 Component CCN: 148515	Period: From 10/01/2010 To 09/30/2011	Worksheet S-8 Date/Time Prepared: 4/24/2012 11:01 am		
			Rural Health Clinic (RHC) IV	Cost		
		County 4.00				
2.00	City, State, Zip Code, County	VERMILLION		2.00		
		Tuesday				
		from	to			
		5.00	6.00			
		Wednesday				
		from	to			
		7.00	8.00			
11.00	Facility hours of operations (1) Clinic	0830	1700	0830	1300	11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 141317 Component CCN: 148515		Period: From 10/01/2010 To 09/30/2011		Worksheet S-8 Date/Time Prepared: 4/24/2012 11:01 am	
				Rural Health Clinic (RHC) IV		Cost	
		Thursday		Friday			
		from	to	from	to		
		9.00	10.00	11.00	12.00		
11.00	Facility hours of operations (1) Clinic	0830	1500	0830	1500	11.00	

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 141317 Component CCN: 148515	Period: From 10/01/2010 To 09/30/2011	Worksheet S-8 Date/Time Prepared: 4/24/2012 11:01 am
			Rural Health Clinic (RHC) IV	Cost
		Saturday		
		from	to	
		13.00	14.00	
11.00	Facility hours of operations (1) Clinic			11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 141317 Component CCN: 148517	Period: From 10/01/2010 To 09/30/2011	Worksheet S-8 Date/Time Prepared: 4/24/2012 11:01 am
			Rural Health Clinic (RHC) V	Cost
				1.00
1.00	Clinic Address and Identification		1230 GEORGE ROCK DR	
	Street	City	State	Zip Code
		1.00	2.00	3.00
2.00	City, State, Zip Code, County		FARMER CITY	IL61842
				1.00
3.00	FOHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0
			Grant Award	Date
			1.00	2.00
Source of Federal Funds				
4.00	Community Health Center (Section 330(d), PHS Act)			0
5.00	Migrant Health Center (Section 329(d), PHS Act)			0
6.00	Health Services for the Homeless (Section 340(d), PHS Act)			0
7.00	Appalachian Regional Commission			0
8.00	Look-Alikes			0
9.00	OTHER (SPECIFY)			0
				1.00
10.00	Does this facility operate as other than an RHC or FOHC? Enter "Y" for yes and "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)		N	0
		Sunday	Monday	
		from to	from to	
		1.00 2.00	3.00 4.00	
11.00	Facility hours of operations (1)		0830	1700
				1.00
12.00	Have you received an approval for an exception to the productivity standard?			N
13.00	Is this a consolidated cost report as defined in CMS Pub. 27, section 508(D)? If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.			N
				0
			Provider name	CCN number
			1.00	2.00
14.00	Provider name, CCN number		FAMILY HEALTH CLINIC OF FARMER CITY	148517
		Y/N	V	XVII
		1.00	2.00	3.00
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes and "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVII, and XIX, as applicable. (see instructions)		N	0
				0
				0
				0
15.00				

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 141317 Component CCN: 148517	Period: From 10/01/2010 To 09/30/2011	Worksheet S-8 Date/Time Prepared: 4/24/2012 11:01 am
			Rural Health Clinic (RHC) V	Cost
		County		
		4.00		
2.00	City, State, Zip Code, County			2.00
		Tuesday		
		from	to	
		5.00	6.00	
		Wednesday		
		from	to	
		7.00	8.00	
11.00	Facility hours of operations (1) Clinic	0830	1700	0830
				1200
				11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 141317 Component CCN: 148517		Period: From 10/01/2010 To 09/30/2011		Worksheet S-8 Date/Time Prepared: 4/24/2012 11:01 am	
				Rural Health Clinic (RHC) V		Cost	
		Thursday		Friday			
		from	to	from	to		
		9.00	10.00	11.00	12.00		
11.00	Facility hours of operations (1) Clinic	0830	1500	0830	1500		11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 141317 Component CCN: 148517	Period: From 10/01/2010 To 09/30/2011	Worksheet S-8 Date/Time Prepared: 4/24/2012 11:01 am
			Rural Health Clinic (RHC) V	Cost
		Saturday		
		from	to	
		13.00	14.00	
11.00	Facility hours of operations (1) Clinic			11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet S-10 Date/Time Prepared: 4/24/2012 11:01 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)		0.474011	1.00	
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		1,306,680	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		550,091	5.00	
6.00	Medicaid charges		13,076,849	6.00	
7.00	Medicaid cost (line 1 times line 6)		6,198,570	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)		4,341,799	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)		4,341,799	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	1,603,556	220,848	1,824,404	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	760,103	104,684	864,787	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	760,103	104,684	864,787	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		1,842,389	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		291,431	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		1,550,958	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		735,171	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		1,599,958	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		5,941,757	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 141317		Period: From 10/01/2010 To 09/30/2011		Worksheet A	
Date/Time Prepared: 4/24/2012 11:01 am							
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 CAP REL COSTS-BLDG & FIXT		2,115,740	2,115,740	-369,960	1,745,780	1.00	
2.00 CAP REL COSTS-MVBLE EQUIP		0	0	658,853	658,853	2.00	
4.00 EMPLOYEE BENEFITS	185,392	6,633,251	6,818,643	317,047	7,135,690	4.00	
5.01 PATIENT ACCOUNTING & REGIST	801,724	568,148	1,369,872	0	1,369,872	5.01	
5.02 OTHER ADMIN STRATIVE AND GENERAL	1,717,402	5,200,910	6,918,312	-674,863	6,243,449	5.02	
7.00 OPERATION OF PLANT	442,593	1,066,621	1,509,214	8,230	1,517,444	7.00	
8.00 LAUNDRY & LINEN SERVICE	100,617	45,772	146,389	0	146,389	8.00	
9.00 HOUSEKEEPING	244,370	48,337	292,707	0	292,707	9.00	
10.00 DIETARY	371,005	262,453	633,458	-311,761	321,697	10.00	
11.00 CAFETERIA	0	0	0	311,761	311,761	11.00	
13.00 NURSING ADMINISTRATION	557,800	85,371	643,171	0	643,171	13.00	
14.00 CENTRAL SERVICES & SUPPLY	0	27,458	27,458	0	27,458	14.00	
15.00 PHARMACY	351,410	87,287	438,697	0	438,697	15.00	
16.00 MEDICAL RECORDS & LIBRARY	322,301	51,410	373,711	0	373,711	16.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 ADULTS & PEDIATRICS	2,495,219	318,541	2,813,760	-686,804	2,126,956	30.00	
31.00 INTENSIVE CARE UNIT	183,086	12,003	195,089	0	195,089	31.00	
43.00 NURSERY	0	0	0	152,338	152,338	43.00	
44.00 SKILLED NURSING FACILITY	0	0	0	171,994	171,994	44.00	
45.00 NURSING FACILITY	0	0	0	0	0	45.00	
46.00 OTHER LONG TERM CARE	1,417,367	211,442	1,628,809	-194,989	1,433,820	46.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	970,024	734,229	1,704,253	0	1,704,253	50.00	
51.00 RECOVERY ROOM	256,573	20,489	277,062	0	277,062	51.00	
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	544,516	544,516	52.00	
53.00 ANESTHESIOLOGY	999,436	44,149	1,043,585	0	1,043,585	53.00	
54.00 RADIOLOGY-DIAGNOSTIC	1,493,110	2,112,469	3,605,579	-88,887	3,516,692	54.00	
56.00 RADIOISOTOPE	0	106,711	106,711	90,482	197,193	56.00	
60.00 LABORATORY	726,704	733,833	1,460,537	0	1,460,537	60.00	
63.00 BLOOD STORING, PROCESSING & TRANS.	0	120,011	120,011	0	120,011	63.00	
65.00 RESPIRATORY THERAPY	372,631	73,458	446,089	0	446,089	65.00	
66.00 PHYSICAL THERAPY	1,200,008	213,556	1,413,564	13,044	1,426,608	66.00	
67.00 OCCUPATIONAL THERAPY	116,844	5,067	121,911	0	121,911	67.00	
68.00 SPEECH PATHOLOGY	379	58,071	58,450	0	58,450	68.00	
69.00 ELECTROCARDIOLOGY	0	23,575	23,575	0	23,575	69.00	
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	417,528	417,528	0	417,528	71.00	
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	1,765,024	1,765,024	0	1,765,024	72.00	
73.00 DRUGS CHARGED TO PATIENTS	0	1,061,938	1,061,938	0	1,061,938	73.00	
73.01 CARDIAC REHAB	82,612	15,356	97,968	0	97,968	73.01	
73.02 WOUND CARE	179,926	9,650	189,576	0	189,576	73.02	
73.03 SLEEP LAB	83,557	69,299	152,856	0	152,856	73.03	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 RURAL HEALTH CLINIC	1,863,221	873,592	2,736,813	55,216	2,792,029	88.00	
88.01 RURAL HEALTH CLINIC II	273,420	122,725	396,145	8,252	404,397	88.01	
88.02 RURAL HEALTH CLINIC III	1,206,855	508,854	1,715,709	-2,649	1,713,060	88.02	
88.03 RURAL HEALTH CLINIC IV	296,681	123,269	419,950	-372,748	47,202	88.03	
88.04 RURAL HEALTH CLINIC V	263,045	139,284	402,329	-361,854	40,475	88.04	
88.05 RURAL HEALTH CLINIC VI	0	0	0	0	0	88.05	
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 CLINIC	193,653	39,569	233,222	0	233,222	90.00	
91.00 EMERGENCY	1,068,728	1,643,468	2,712,196	0	2,712,196	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART						92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 AMBULANCE SERVICES	1,598,790	241,808	1,840,598	66,130	1,906,728	95.00	
99.00 CMHC	0	0	0	0	0	99.00	
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00 SUBTOTALS (SUM OF LINES 1-117)	22,436,483	28,011,726	50,448,209	-666,652	49,781,557	118.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
192.01 GAH - MSO	202,569	129,703	332,272	0	332,272	192.01	
192.02 GAH FOUNDATION	35,211	188,575	223,786	0	223,786	192.02	
194.00 HOSPITAL ASSOC SRVCS	0	0	0	0	0	194.00	
194.01 PHYSICIAN OFFICE	1,544,621	445,383	1,990,004	-58,956	1,931,048	194.01	
194.02 PHYSICIAN CLINICS	244,758	158,595	403,353	-21,459	381,894	194.02	
194.03 WELLNESS CENTER	3,241	13,341	16,582	0	16,582	194.03	
194.04 NON CLINIC TIME - HOOPESTON	0	0	0	361,272	361,272	194.04	
194.05 NON CLINIC TIME - FARMER CITY	0	0	0	385,795	385,795	194.05	
200.00 TOTAL (SUM OF LINES 118-199)	24,466,883	28,947,323	53,414,206	0	53,414,206	200.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet A  
Date/Time Prepared:  
4/24/2012 11:01 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT	-112,108	1,633,672	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-5,547	653,306	2.00
4.00	EMPLOYEE BENEFITS	-182,937	6,952,753	4.00
5.01	PATIENT ACCOUNTING & REGIST	0	1,369,872	5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	-1,407,120	4,836,329	5.02
7.00	OPERATION OF PLANT	0	1,517,444	7.00
8.00	LAUNDRY & LINEN SERVICE	0	146,389	8.00
9.00	HOUSEKEEPING	0	292,707	9.00
10.00	DIETARY	0	321,697	10.00
11.00	CAFETERIA	-69,239	242,522	11.00
13.00	NURSING ADMINISTRATION	-72,000	571,171	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	27,458	14.00
15.00	PHARMACY	0	438,697	15.00
16.00	MEDICAL RECORDS & LIBRARY	-34	373,677	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	0	2,126,956	30.00
31.00	INTENSIVE CARE UNIT	0	195,089	31.00
43.00	NURSERY	0	152,338	43.00
44.00	SKILLED NURSING FACILITY	0	171,994	44.00
45.00	NURSING FACILITY	0	0	45.00
46.00	OTHER LONG TERM CARE	0	1,433,820	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0	1,704,253	50.00
51.00	RECOVERY ROOM	0	277,062	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	544,516	52.00
53.00	ANESTHESIOLOGY	-1,000,406	43,179	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-794,021	2,722,671	54.00
56.00	RADIOISOTOPE	0	197,193	56.00
60.00	LABORATORY	-2,200	1,458,337	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	120,011	63.00
65.00	RESPIRATORY THERAPY	0	446,089	65.00
66.00	PHYSICAL THERAPY	-105,322	1,321,286	66.00
67.00	OCCUPATIONAL THERAPY	0	121,911	67.00
68.00	SPEECH PATHOLOGY	0	58,450	68.00
69.00	ELECTROCARDIOLOGY	-18,950	4,625	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	417,528	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	1,765,024	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,061,938	73.00
73.01	CARDIAC REHAB	0	97,968	73.01
73.02	WOUND CARE	0	189,576	73.02
73.03	SLEEP LAB	0	152,856	73.03
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	-445,605	2,346,424	88.00
88.01	RURAL HEALTH CLINIC II	-1,146	403,251	88.01
88.02	RURAL HEALTH CLINIC III	-137,827	1,575,233	88.02
88.03	RURAL HEALTH CLINIC IV	0	47,202	88.03
88.04	RURAL HEALTH CLINIC V	-33,307	7,168	88.04
88.05	RURAL HEALTH CLINIC VI	0	0	88.05
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	233,222	90.00
91.00	EMERGENCY	-1,069,128	1,643,068	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	AMBULANCE SERVICES	-6,681	1,900,047	95.00
99.00	CMHC	0	0	99.00
101.00	HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
118.00	SUBTOTALS (SUM OF LINES 1-117)	-5,463,578	44,317,979	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.01	GAH - MSO	0	332,272	192.01
192.02	GAH FOUNDATION	0	223,786	192.02
194.00	HOSPITAL ASSOC SRVCS	0	0	194.00
194.01	PHYSICIAN OFFICE	-28,654	1,902,394	194.01
194.02	PHYSICIAN CLINICS	-36,228	345,666	194.02
194.03	WELLNESS CENTER	0	16,582	194.03
194.04	NON CLINIC TIME - HOOPESTON	0	361,272	194.04
194.05	NON CLINIC TIME - FARMER CITY	0	385,795	194.05
200.00	TOTAL (SUM OF LINES 118-199)	-5,528,460	47,885,746	200.00

RECLASSIFICATIONS

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet A-6  
Date/Time Prepared:  
4/24/2012 11:01 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - INTEREST RECLASS</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	246,301	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	41,380	2.00
3.00	RURAL HEALTH CLINIC	88.00	0	100,177	3.00
4.00	RURAL HEALTH CLINIC II	88.01	0	8,252	4.00
5.00	RURAL HEALTH CLINIC III	88.02	0	43,041	5.00
6.00	AMBULANCE SERVICES	95.00	0	9,557	6.00
7.00	RURAL HEALTH CLINIC V	88.04	0	18,699	7.00
TOTALS			0	467,407	
<b>B - CAFETERIA</b>					
1.00	CAFETERIA	11.00	182,593	129,168	1.00
TOTALS			182,593	129,168	
<b>C - OBSTETRICS</b>					
1.00	NURSERY	43.00	135,138	17,200	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	483,035	61,481	2.00
TOTALS			618,173	78,681	
<b>D - CLINIC BENEFITS</b>					
1.00	EMPLOYEE BENEFITS	4.00	0	317,047	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
TOTALS			0	317,047	
<b>E - ADM LONG TERM CARE FEES</b>					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	22,995	1.00
TOTALS			0	22,995	
<b>F - SNF DIRECT CARE COST</b>					
1.00	SKILLED NURSING FACILITY	44.00	151,810	20,184	1.00
TOTALS			151,810	20,184	
<b>G - BOND AMORT COST</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,184	1.00
TOTALS			0	2,184	
<b>H - MME PAXTON DEPR</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	584,363	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,595	2.00
3.00	PHYSICAL THERAPY	66.00	0	13,044	3.00
4.00	RURAL HEALTH CLINIC	88.00	0	87,709	4.00
5.00	RURAL HEALTH CLINIC V	88.04	0	12,643	5.00
6.00	RURAL HEALTH CLINIC III	88.02	0	23,493	6.00
7.00	AMBULANCE SERVICES	95.00	0	29,622	7.00
8.00	RURAL HEALTH CLINIC V	88.04	0	16,862	8.00
TOTALS			0	769,331	
<b>I - CAPITAL INSURANCE EXP</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	99,832	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	35,294	2.00
TOTALS			0	135,126	
<b>J - NUCLEAR MED TECH SALARY</b>					
1.00	RADIOISOTOPE	56.00	90,482	0	1.00
TOTALS			90,482	0	
<b>K - AMBULANCE BILLING &amp; UTILITIES COST</b>					
1.00	AMBULANCE SERVICES	95.00	35,181	0	1.00
2.00	OPERATION OF PLANT	7.00	0	8,230	2.00
TOTALS			35,181	8,230	
<b>L - PHYSICIAN COSTS</b>					
1.00	ADULTS & PEDIATRICS	30.00	0	10,050	1.00
TOTALS			0	10,050	
<b>N - RHC IV - HOOPESTON TIME RECLASS</b>					
1.00	NON CLINIC TIME - HOOPESTON	194.04	255,227	106,045	1.00
TOTALS			255,227	106,045	
<b>O - RHC V - FARMER CITY TIME RECLASS</b>					
1.00	NON CLINIC TIME - FARMER CITY	194.05	252,235	133,560	1.00
TOTALS			252,235	133,560	
500.00	Grand Total: Increases		1,585,701	2,200,008	500.00

RECLASSIFICATIONS

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet A-6  
Date/Time Prepared:  
4/24/2012 11:01 am

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>A - INTEREST RECLASS</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	467,407		11	1.00
2.00		0.00	0	0		11	2.00
3.00		0.00	0	0		0	3.00
4.00		0.00	0	0		0	4.00
5.00		0.00	0	0		0	5.00
6.00		0.00	0	0		0	6.00
7.00		0.00	0	0		0	7.00
	<b>TOTALS</b>		0	467,407			
<b>B - CAFETERIA</b>							
1.00	DIETARY	10.00	182,593	129,168		0	1.00
	<b>TOTALS</b>		182,593	129,168			
<b>C - OBSTETRICS</b>							
1.00	ADULTS & PEDIATRICS	30.00	618,173	78,681		0	1.00
2.00		0.00	0	0		0	2.00
	<b>TOTALS</b>		618,173	78,681			
<b>D - CLINIC BENEFITS</b>							
1.00	RURAL HEALTH CLINIC	88.00	0	131,710		0	1.00
2.00	RURAL HEALTH CLINIC III	88.02	0	69,183		0	2.00
3.00	RURAL HEALTH CLINIC IV	88.03	0	11,476		0	3.00
4.00	RURAL HEALTH CLINIC V	88.04	0	24,263		0	4.00
5.00	PHYSICIAN OFFICE	194.01	0	58,956		0	5.00
6.00	PHYSICIAN CLINICS	194.02	0	21,459		0	6.00
	<b>TOTALS</b>		0	317,047			
<b>E - ADM LONG TERM CARE FEES</b>							
1.00	OTHER LONG TERM CARE	46.00	0	22,995		0	1.00
	<b>TOTALS</b>		0	22,995			
<b>F - SNF DIRECT CARE COST</b>							
1.00	OTHER LONG TERM CARE	46.00	151,810	20,184		0	1.00
	<b>TOTALS</b>		151,810	20,184			
<b>G - BOND AMORT COST</b>							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,184		14	1.00
	<b>TOTALS</b>		0	2,184			
<b>H - MME PAXTON DEPR</b>							
1.00	RURAL HEALTH CLINIC	88.00	0	960		9	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	50,094		0	2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	533,309		11	3.00
4.00	CAP REL COSTS-BLDG & FIXT	1.00	0	184,968		11	4.00
5.00		0.00	0	0		0	5.00
6.00		0.00	0	0		0	6.00
7.00		0.00	0	0		0	7.00
8.00		0.00	0	0		0	8.00
	<b>TOTALS</b>		0	769,331			
<b>I - CAPITAL INSURANCE EXP</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	135,126		12	1.00
2.00		0.00	0	0		12	2.00
	<b>TOTALS</b>		0	135,126			
<b>J - NUCLEAR MED TECH SALARY</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	90,482	0		0	1.00
	<b>TOTALS</b>		90,482	0			
<b>K - AMBULANCE BILLING &amp; UTILITIES COST</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	35,181	0		0	1.00
2.00	AMBULANCE SERVICES	95.00	0	8,230		0	2.00
	<b>TOTALS</b>		35,181	8,230			
<b>L - PHYSICIAN COSTS</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	10,050		0	1.00
	<b>TOTALS</b>		0	10,050			
<b>N - RHC IV - HOOPESTON TIME RECLASS</b>							
1.00	RURAL HEALTH CLINIC IV	88.03	255,227	106,045		0	1.00
	<b>TOTALS</b>		255,227	106,045			
<b>O - RHC V - FARMER CITY TIME RECLASS</b>							
1.00	RURAL HEALTH CLINIC V	88.04	252,235	133,560		0	1.00
	<b>TOTALS</b>		252,235	133,560			
500.00	<b>Grand Total: Decreases</b>		1,585,701	2,200,008			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
4/24/2012 11:01 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	344,036	0	0	0	0	1.00
2.00	Land Improvements	1,003,201	0	0	0	0	2.00
3.00	Buildings and Fixtures	23,632,065	174,710	0	174,710	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	17,172,569	676,542	0	676,542	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	42,151,871	851,252	0	851,252	0	8.00
9.00	Reconciling Items	-21,719	-333,989	0	-333,989	0	9.00
10.00	Total (line 8 minus line 9)	42,173,590	1,185,241	0	1,185,241	0	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	CAP REL COSTS-BLDG & FIXT	2,115,740	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,115,740	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	CAP REL COSTS-BLDG & FIXT	25,154,012	0	25,154,012	0.584935	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	17,849,111	0	17,849,111	0.415065	0	2.00
3.00	Total (sum of lines 1-2)	43,003,123	0	43,003,123	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
4/24/2012 11:01 am

		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	344,036	0		1.00	
2.00	Land Improvements	1,003,201	0		2.00	
3.00	Buildings and Fixtures	23,806,775	0		3.00	
4.00	Building Improvements	0	0		4.00	
5.00	Fixed Equipment	0	0		5.00	
6.00	Movable Equipment	17,849,111	0		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	43,003,123	0		8.00	
9.00	Reconciling Items	-355,708	0		9.00	
10.00	Total (line 8 minus line 9)	43,358,831	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	CAP REL COSTS-BLDG & FIXT	0	2,115,740		1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00	
3.00	Total (sum of lines 1-2)	0	2,115,740		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	CAP REL COSTS-BLDG & FIXT	0	0	0	2,036,649	0
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	584,363	0
3.00	Total (sum of lines 1-2)	0	0	0	2,621,012	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
4/24/2012 11:01 am

Cost Center Description		SUMMARY OF CAPITAL					
		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	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-504,993	99,832	0	2,184	1,633,672	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	35,833	35,294	0	-2,184	653,306	2.00
3.00	Total (sum of lines 1-2)	-469,160	135,126	0	0	2,286,978	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet A-8  
Date/Time Prepared:  
4/24/2012 11:01 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT		1.00	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP REL COSTS-MVBLE EQUIP		2.00	2.00
3.00 Investment income - other (chapter 2)		0			0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	7.00
8.00 Television and radio service (chapter 21)		0			0.00	8.00
9.00 Parking lot (chapter 21)		0			0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,919,650				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		0			0.00	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		0			0.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	19.00
20.00 Vending machines		0			0.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT		1.00	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP		2.00	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant			0		0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	32.00
33.00 NGS PART A PYMT INT EXP	B	-19,282	OTHER ADMINSTRATIVE AND GENERAL		5.02	33.00
33.01 LI FELINE INCOME	B	-10,000	OTHER ADMINSTRATIVE AND GENERAL		5.02	33.01
33.02 A&G MISC REV	B	-13,212	OTHER ADMINSTRATIVE AND GENERAL		5.02	33.02
33.04 CAFE MISC REV	B	-69,239	CAFETERIA		11.00	33.04
33.06 MED RECORDS MISC REV	B	-34	MEDICAL RECORDS & LIBRARY		16.00	33.06
33.07 RENTAL INC - OPC	B	-38,123	CAP REL COSTS-BLDG & FIXT		1.00	33.07
33.08 INVEST INCOME - B&F	B	-33,017	CAP REL COSTS-BLDG & FIXT		1.00	33.08
33.09 INVEST INCOME - MME	B	-5,547	CAP REL COSTS-MVBLE EQUIP		2.00	33.09
33.10 INVEST INCOME - PAXTON	B	-13,429	RURAL HEALTH CLINIC		88.00	33.10
34.00 INVEST INCOME - ONARGA	B	-1,106	RURAL HEALTH CLINIC II		88.01	34.00
35.00 INVEST INCOME - FORREST	B	-5,770	RURAL HEALTH CLINIC III		88.02	35.00
36.00 INVEST INCOME - AMBULANCE	B	-1,281	AMBULANCE SERVICES		95.00	36.00
37.00 INVEST INCOME - FARMER CITY	B	-2,507	RURAL HEALTH CLINIC V		88.04	37.00
38.00 RENTAL REV - DR'S	B	-40,968	CAP REL COSTS-BLDG & FIXT		1.00	38.00
43.00 SCHOOL NURSING INCOME	B	-72,000	NURSING ADMINISTRATION		13.00	43.00
44.00 LOBBYING DUES	A	-12,605	OTHER ADMINSTRATIVE AND GENERAL		5.02	44.00
45.00 CRNA SALARIES	A	-999,436	ANESTHESIOLOGY		53.00	45.00
45.01 CRNA NONSALARY EXPEN	A	-970	ANESTHESIOLOGY		53.00	45.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet A-8

Date/Time Prepared:  
4/24/2012 11:01 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center			Line #
			1.00	2.00		3.00
45.02 CRNA BENEFITS	A	-182,937	EMPLOYEE BENEFITS	4.00	45.02	
45.03 PHYSICIAN RECRUITMENT	A	-121,868	OTHER ADMINISTRATIVE AND GENERAL	5.02	45.03	
45.04 PUBLIC RELATIONS OFFSET	A	-408,089	OTHER ADMINISTRATIVE AND GENERAL	5.02	45.04	
45.05 GIBSON PHO EXP	A	-451,465	OTHER ADMINISTRATIVE AND GENERAL	5.02	45.05	
45.06 NON-ALLOW RENT EXP - RHC	A	-87,200	RURAL HEALTH CLINIC	88.00	45.06	
45.07 ONARGA LAB SRVCS COST	A	-40	RURAL HEALTH CLINIC II	88.01	45.07	
45.08 PAXTON LAB SRVC COST	A	-67,231	RURAL HEALTH CLINIC	88.00	45.08	
45.09 FORREST LAB SERVICE COST	A	-18,494	RURAL HEALTH CLINIC III	88.02	45.09	
45.10 FORREST RHC RENT EXP	A	-29,454	RURAL HEALTH CLINIC III	88.02	45.10	
45.13 AMBULANCE RENT EXPENSE	A	-5,400	AMBULANCE SERVICES	95.00	45.13	
45.14 MISC DONATIONS (COMM ED)	A	-112,479	OTHER ADMINISTRATIVE AND GENERAL	5.02	45.14	
45.15 STATE PROVIDER TAX EXP	A	-258,120	OTHER ADMINISTRATIVE AND GENERAL	5.02	45.15	
45.16 EXCESS PHYSICIAN COMP ADJ	A	-277,745	RURAL HEALTH CLINIC	88.00	45.16	
45.17 PT B PHYSICIAN BENEFITS	A	-69,971	RADIOLOGY-DIAGNOSTIC	54.00	45.17	
45.18 HOOPESTON CLINIC & FARMER CITY RENT	A	-36,228	PHYSICIAN CLINICS	194.02	45.18	
45.19 DR MEDRANO & DR ROWE RENT	A	-28,654	PHYSICIAN OFFICE	194.01	45.19	
45.20 FORREST DRS HOSP VISIT	A	-65,615	RURAL HEALTH CLINIC III	88.02	45.20	
45.21 FORREST RHC PHYS HOSPITAL COSTS	A	-18,494	RURAL HEALTH CLINIC III	88.02	45.21	
45.22 DR B RAY	A	-30,800	RURAL HEALTH CLINIC V	88.04	45.22	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-5,528,460			50.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet A-8

Date/Time Prepared:  
4/24/2012 11:01 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	NGS PART A PYMT INT EXP	0	33.00
33.01	LIFELINE INCOME	0	33.01
33.02	A&G MISC REV	0	33.02
33.04	CAFE MISC REV	0	33.04
33.06	MED RECORDS MISC REV	0	33.06
33.07	RENTAL INC - OPC	9	33.07
33.08	INVEST INCOME - B&F	11	33.08
33.09	INVEST INCOME - MME	11	33.09
33.10	INVEST INCOME - PAXTON	0	33.10
34.00	INVEST INCOME - ONARGA	0	34.00
35.00	INVEST INCOME - FORREST	0	35.00
36.00	INVEST INCOME - AMBULANCE	0	36.00
37.00	INVEST INCOME - FARMER CITY	0	37.00
38.00	RENTAL REV - DR'S	9	38.00
43.00	SCHOOL NURSING INCOME	0	43.00
44.00	LOBBYING DUES	0	44.00
45.00	CRNA SALARIES	0	45.00
45.01	CRNA NONSALARY EXPEN	0	45.01
45.02	CRNA BENEFITS	0	45.02
45.03	PHYSICIAN RECRUITMENT	0	45.03
45.04	PUBLIC RELATIONS OFFSET	0	45.04
45.05	GIBSON PHO EXP	0	45.05
45.06	NON-ALLOW RENT EXP - RHC	0	45.06
45.07	ONARGA LAB SRVCS COST	0	45.07
45.08	PAXTON LAB SRVC COST	0	45.08
45.09	FORREST LAB SERVICE COST	0	45.09
45.10	FORREST RHC RENT EXP	0	45.10
45.13	AMBULANCE RENT EXPENSE	0	45.13

ADJUSTMENTS TO EXPENSES

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet A-8

Date/Time Prepared:  
4/24/2012 11:01 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
45.14	MISC DONATIONS (COMM ED)	0	45.14
45.15	STATE PROVIDER TAX EXP	0	45.15
45.16	EXCESS PHYSICIAN COMP ADJ	0	45.16
45.17	PT B PHYSICIAN BENEFITS	0	45.17
45.18	HOOPESTON CLINIC & FARMER CITY RENT	0	45.18
45.19	DR MEDRANO & DR ROWE RENT	0	45.19
45.20	FORREST DRS HOSP VISIT	0	45.20
45.21	FORREST RHC PHYS HOSPITAL COSTS	0	45.21
45.22	DR B RAY	0	45.22
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: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet A-8-2

Date/Time Prepared:  
4/24/2012 11:01 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	44.00	SKILLED NURSING FACILITY	19,200	0	1.00
2.00	69.00	ELECTROCARDIOLOGY	18,950	18,950	2.00
3.00	73.01	CARDIAC REHAB	9,000	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	167,050	167,050	4.00
5.00	91.00	EMERGENCY	1,547,464	1,069,128	5.00
6.00	60.00	LABORATORY	2,200	2,200	6.00
7.00	53.00	ANESTHESIOLOGY	30,000	0	7.00
8.00	66.00	PHYSICAL THERAPY	105,322	105,322	8.00
9.00	73.03	SLEEP LAB	6,800	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	10.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	382,269	382,269	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	174,731	174,731	13.00
200.00			2,462,986	1,919,650	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet A-8-2

Date/Time Prepared:  
4/24/2012 11:01 am

	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	19,200	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	9,000	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	478,336	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	30,000	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	6,800	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
200.00	543,336					200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet A-8-2

Date/Time Prepared:  
4/24/2012 11:01 am

	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
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet A-8-2

Date/Time Prepared:  
4/24/2012 11:01 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	0	1.00
2.00	0	18,950	2.00
3.00	0	0	3.00
4.00	0	167,050	4.00
5.00	0	1,069,128	5.00
6.00	0	2,200	6.00
7.00	0	0	7.00
8.00	0	105,322	8.00
9.00	0	0	9.00
10.00	0	0	10.00
12.00	0	382,269	12.00
13.00	0	174,731	13.00
200.00	0	1,919,650	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet B  
Part I  
Date/Time Prepared:  
4/24/2012 11:01 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1,633,672	1,633,672			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	653,306		653,306		2.00
4.00	EMPLOYEE BENEFITS	6,952,753	8,318	0	6,961,071	4.00
5.01	PATIENT ACCOUNTING & REGIST	1,369,872	6,734	921	239,707	5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	4,836,329	184,744	142,514	502,966	5.02
7.00	OPERATION OF PLANT	1,517,444	429,914	31,516	132,330	7.00
8.00	LAUNDRY & LINEN SERVICE	146,389	22,134	558	30,083	8.00
9.00	HOUSEKEEPING	292,707	7,056	0	73,064	9.00
10.00	DIETARY	321,697	32,331	6,855	56,333	10.00
11.00	CAFETERIA	242,522	10,262	0	54,593	11.00
13.00	NURSING ADMINISTRATION	571,171	3,837	0	166,776	13.00
14.00	CENTRAL SERVICES & SUPPLY	27,458	9,065	0	0	14.00
15.00	PHARMACY	438,697	17,061	0	105,068	15.00
16.00	MEDICAL RECORDS & LIBRARY	373,677	13,275	84	96,364	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	2,126,956	170,529	79,942	561,207	30.00
31.00	INTENSIVE CARE UNIT	195,089	12,490	1,110	54,741	31.00
43.00	NURSERY	152,338	4,107	0	40,405	43.00
44.00	SKILLED NURSING FACILITY	171,994	14,743	0	45,390	44.00
45.00	NURSING FACILITY	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	1,433,820	157,511	11,532	378,388	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	1,704,253	78,942	105,468	290,027	50.00
51.00	RECOVERY ROOM	277,062	16,262	344	76,713	51.00
52.00	DELIVERY ROOM & LABOR ROOM	544,516	13,906	0	144,422	52.00
53.00	ANESTHESIOLOGY	43,179	1,262	14,889	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,722,671	93,054	48,609	419,370	54.00
56.00	RADIOISOTOPE	197,193	8,485	0	27,053	56.00
60.00	LABORATORY	1,458,337	24,168	18,939	217,277	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	120,011	1,983	0	0	63.00
65.00	RESPIRATORY THERAPY	446,089	5,807	7,506	111,413	65.00
66.00	PHYSICAL THERAPY	1,321,286	137,116	50,667	358,789	66.00
67.00	OCCUPATIONAL THERAPY	121,911	2,897	53	34,935	67.00
68.00	SPEECH PATHOLOGY	58,450	2,897	0	113	68.00
69.00	ELECTROCARDIOLOGY	4,625	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	417,528	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	1,765,024	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,061,938	0	0	0	73.00
73.01	CARDIAC REHAB	97,968	13,018	7,171	24,700	73.01
73.02	WOUND CARE	189,576	8,614	3,958	53,796	73.02
73.03	SLEEP LAB	152,856	0	12,392	24,983	73.03
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	2,346,424	0	4,422	557,083	88.00
88.01	RURAL HEALTH CLINIC II	403,251	0	0	81,750	88.01
88.02	RURAL HEALTH CLINIC III	1,575,233	0	0	360,836	88.02
88.03	RURAL HEALTH CLINIC IV	47,202	0	0	12,394	88.03
88.04	RURAL HEALTH CLINIC V	7,168	0	4,116	3,232	88.04
88.05	RURAL HEALTH CLINIC VI	0	0	0	0	88.05
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	CLINIC	233,222	30,529	3,162	57,900	90.00
91.00	EMERGENCY	1,643,068	86,256	7,457	319,538	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES	1,900,047	0	89,121	488,539	95.00
99.00	CMHC	0	0	0	0	99.00
101.00	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	44,317,979	1,629,307	653,306	6,202,278	43,554,821
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,365	0	4,365	190.00
192.01	GAH - MSO	332,272	0	0	60,566	192.01
192.02	GAH FOUNDATION	223,786	0	0	10,528	192.02
194.00	HOSPITAL ASSOC SRVCS	0	0	0	0	194.00
194.01	PHYSICIAN OFFICE	1,902,394	0	0	461,825	194.01
194.02	PHYSICIAN CLINICS	345,666	0	0	73,180	194.02
194.03	WELLNESS CENTER	16,582	0	0	969	194.03
194.04	NON CLINIC TIME - HOOPESTON	361,272	0	0	76,310	194.04
194.05	NON CLINIC TIME - FARMER CITY	385,795	0	0	75,415	194.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
200.00 Cross Foot Adjustments						0 200.00
201.00 Negative Cost Centers		0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	47,885,746	1,633,672	653,306	6,961,071	47,885,746	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

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Part I  
Date/Time Prepared:  
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Cost Center Description		PATIENT ACCOUNTING & REGIST	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.01	5A.01	5.02	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	PATIENT ACCOUNTING & REGIST	1,617,234					5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	287,791	5,954,344	5,954,344			5.02
7.00	OPERATION OF PLANT	107,222	2,218,426	315,021	2,533,447		7.00
8.00	LAUNDRY & LINEN SERVICE	10,115	209,279	29,718	41,419	280,416	8.00
9.00	HOUSEKEEPING	18,935	391,762	55,631	13,204	19,517	9.00
10.00	DIETARY	21,189	438,405	62,254	60,503	1,923	10.00
11.00	CAFETERIA	15,611	322,988	45,865	19,204	5,665	11.00
13.00	NURSING ADMINISTRATION	37,673	779,457	110,684	7,180	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	1,855	38,378	5,450	16,963	0	14.00
15.00	PHARMACY	28,483	589,309	83,683	31,926	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	24,550	507,950	72,130	24,842	0	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	149,244	3,087,878	438,485	319,113	57,602	30.00
31.00	INTENSIVE CARE UNIT	13,379	276,809	39,307	23,372	0	31.00
43.00	NURSERY	9,997	206,847	29,373	7,686	1,946	43.00
44.00	SKILLED NURSING FACILITY	0	232,127	32,962	27,589	13,512	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	1,981,251	281,342	294,754	105,809	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	110,649	2,289,339	325,091	147,727	29,217	50.00
51.00	RECOVERY ROOM	18,811	389,192	55,266	30,432	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	35,695	738,539	104,874	26,023	6,957	52.00
53.00	ANESTHESIOLOGY	3,013	62,343	8,853	2,361	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	166,769	3,450,473	489,974	174,135	10,297	54.00
56.00	RADIOISOTOPE	11,820	244,551	34,727	15,879	0	56.00
60.00	LABORATORY	87,289	1,806,010	256,457	45,226	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	6,196	128,190	18,203	3,711	0	63.00
65.00	RESPIRATORY THERAPY	28,990	599,805	85,174	10,867	0	65.00
66.00	PHYSICAL THERAPY	94,863	1,962,721	278,710	256,588	10,358	66.00
67.00	OCCUPATIONAL THERAPY	8,116	167,912	23,844	5,421	0	67.00
68.00	SPEECH PATHOLOGY	3,121	64,581	9,171	5,421	0	68.00
69.00	ELECTROCARDIOLOGY	235	4,860	690	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	21,205	438,733	62,301	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	89,640	1,854,664	263,366	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	53,933	1,115,871	158,456	0	0	73.00
73.01	CARDIAC REHAB	7,255	150,112	21,316	24,360	0	73.01
73.02	WOUND CARE	12,999	268,943	38,190	16,120	0	73.02
73.03	SLEEP LAB	9,661	199,892	28,385	0	0	73.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	2,907,929	412,932	268,949	0	88.00
88.01	RURAL HEALTH CLINIC II	0	485,001	68,871	28,649	0	88.01
88.02	RURAL HEALTH CLINIC III	0	1,936,069	274,926	72,671	0	88.02
88.03	RURAL HEALTH CLINIC IV	0	59,596	8,463	6,891	0	88.03
88.04	RURAL HEALTH CLINIC V	0	14,516	2,061	2,144	0	88.04
88.05	RURAL HEALTH CLINIC VI	0	0	0	0	0	88.05
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	16,496	341,309	48,467	57,129	0	90.00
91.00	EMERGENCY	104,434	2,160,753	306,831	161,413	17,613	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	0	2,477,707	351,839	183,026	0	95.00
99.00	CMHC	0	0	0	0	0	99.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,617,234	43,554,821	5,339,343	2,432,898	280,416	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,365	620	8,168	0	190.00
192.01	GAH - MSO	0	392,838	55,784	0	0	192.01
192.02	GAH FOUNDATION	0	234,314	33,273	0	0	192.02
194.00	HOSPITAL ASSOC SRVCS	0	0	0	0	0	194.00
194.01	PHYSICIAN OFFICE	0	2,364,219	335,724	0	0	194.01
194.02	PHYSICIAN CLINICS	0	418,846	59,477	0	0	194.02
194.03	WELLNESS CENTER	0	17,551	2,492	0	0	194.03
194.04	NON CLINIC TIME - HOOPESTON	0	437,582	62,138	42,480	0	194.04
194.05	NON CLINIC TIME - FARMER CITY	0	461,210	65,493	49,901	0	194.05
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,617,234	47,885,746	5,954,344	2,533,447	280,416	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet B  
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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 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 PATIENT ACCOUNTING & REGIST						5.01
5.02 OTHER ADMINISTRATIVE AND GENERAL						5.02
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING	480,114					9.00
10.00 DIETARY	15,925	579,010				10.00
11.00 CAFETERIA	5,054	0	398,776			11.00
13.00 NURSING ADMINISTRATION	1,890	0	9,641	908,852		13.00
14.00 CENTRAL SERVICES & SUPPLY	4,465	0	0	0	65,256	14.00
15.00 PHARMACY	8,403	0	3,540	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	6,539	0	14,128	0	45	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	83,990	132,225	55,549	245,128	2,283	30.00
31.00 INTENSIVE CARE UNIT	6,152	1,242	3,083	13,626	1	31.00
43.00 NURSERY	2,023	0	4,160	18,370	0	43.00
44.00 SKILLED NURSING FACILITY	7,261	47,721	5,645	24,873	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	77,581	397,822	47,000	207,360	782	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	38,882	0	28,109	124,011	7,578	50.00
51.00 RECOVERY ROOM	8,010	0	6,982	30,799	284	51.00
52.00 DELIVERY ROOM & LABOR ROOM	6,849	0	10,865	47,971	0	52.00
53.00 ANESTHESIOLOGY	622	0	8,190	0	796	53.00
54.00 RADIOLOGY-DIAGNOSTIC	45,833	0	20,539	0	219	54.00
56.00 RADIOISOTOPE	4,179	0	7,586	0	16	56.00
60.00 LABORATORY	11,904	0	24,242	0	682	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	977	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	2,860	0	11,795	52,059	42	65.00
66.00 PHYSICAL THERAPY	67,535	0	29,805	0	51	66.00
67.00 OCCUPATIONAL THERAPY	1,427	0	2,839	0	0	67.00
68.00 SPEECH PATHOLOGY	1,427	0	16	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	13	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	10,334	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	40,301	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01 CARDIAC REHAB	6,412	0	2,382	10,521	15	73.01
73.02 WOUND CARE	4,243	0	1,142	5,018	34	73.02
73.03 SLEEP LAB	0	0	2,072	9,151	2	73.03
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	79	88.00
88.01 RURAL HEALTH CLINIC II	0	0	0	0	36	88.01
88.02 RURAL HEALTH CLINIC III	0	0	0	0	109	88.02
88.03 RURAL HEALTH CLINIC IV	0	0	0	0	4	88.03
88.04 RURAL HEALTH CLINIC V	0	0	0	0	1	88.04
88.05 RURAL HEALTH CLINIC VI	0	0	0	0	0	88.05
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	15,037	0	7,048	31,131	185	90.00
91.00 EMERGENCY	42,484	0	20,131	88,834	905	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	0	72,287	0	161	95.00
99.00 CMHC	0	0	0	0	0	99.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00 SUBTOTALS (SUM OF LINES 1-117)	477,964	579,010	398,776	908,852	65,026	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,150	0	0	0	0	190.00
192.01 GAH - MSO	0	0	0	0	20	192.01
192.02 GAH FOUNDATION	0	0	0	0	0	192.02
194.00 HOSPITAL ASSOC SRVCS	0	0	0	0	0	194.00
194.01 PHYSICIAN OFFICE	0	0	0	0	89	194.01
194.02 PHYSICIAN CLINICS	0	0	0	0	71	194.02
194.03 WELLNESS CENTER	0	0	0	0	6	194.03
194.04 NON CLINIC TIME - HOOPESTON	0	0	0	0	24	194.04
194.05 NON CLINIC TIME - FARMER CITY	0	0	0	0	20	194.05
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)	480,114	579,010	398,776	908,852	65,256	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet B  
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	15.00	16.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 PATIENT ACCOUNTING & REGIST						5.01
5.02 OTHER ADMINISTRATIVE AND GENERAL						5.02
7.00 OPERATION OF PLANT						7.00
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	716,929					15.00
16.00 MEDICAL RECORDS & LIBRARY	54	625,688				16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	1,297	281,191	4,704,741	0	4,704,741	30.00
31.00 INTENSIVE CARE UNIT	0	22,905	386,497	0	386,497	31.00
43.00 NURSERY	0	0	270,405	0	270,405	43.00
44.00 SKILLED NURSING FACILITY	0	0	391,690	0	391,690	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	131	0	3,393,832	0	3,393,832	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	5,137	109,346	3,104,437	0	3,104,437	50.00
51.00 RECOVERY ROOM	0	0	520,965	0	520,965	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	942,078	0	942,078	52.00
53.00 ANESTHESIOLOGY	9,779	0	92,944	0	92,944	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,012	183,471	4,375,953	0	4,375,953	54.00
56.00 RADIOISOTOPE	1	0	306,939	0	306,939	56.00
60.00 LABORATORY	51	0	2,144,572	0	2,144,572	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	151,081	0	151,081	63.00
65.00 RESPIRATORY THERAPY	0	5,755	768,357	0	768,357	65.00
66.00 PHYSICAL THERAPY	417	0	2,606,185	0	2,606,185	66.00
67.00 OCCUPATIONAL THERAPY	0	0	201,443	0	201,443	67.00
68.00 SPEECH PATHOLOGY	0	0	80,616	0	80,616	68.00
69.00 ELECTROCARDIOLOGY	0	0	5,563	0	5,563	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	511,368	0	511,368	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	2,158,331	0	2,158,331	72.00
73.00 DRUGS CHARGED TO PATIENTS	641,356	0	1,915,683	0	1,915,683	73.00
73.01 CARDIAC REHAB	0	0	215,118	0	215,118	73.01
73.02 WOUND CARE	48	0	333,738	0	333,738	73.02
73.03 SLEEP LAB	0	0	239,502	0	239,502	73.03
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	12,394	0	3,602,283	0	3,602,283	88.00
88.01 RURAL HEALTH CLINIC II	3,128	0	585,685	0	585,685	88.01
88.02 RURAL HEALTH CLINIC III	5,211	0	2,288,986	0	2,288,986	88.02
88.03 RURAL HEALTH CLINIC IV	428	0	75,382	0	75,382	88.03
88.04 RURAL HEALTH CLINIC V	74	0	18,796	0	18,796	88.04
88.05 RURAL HEALTH CLINIC VI	0	0	0	0	0	88.05
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	753	0	501,059	0	501,059	90.00
91.00 EMERGENCY	331	23,020	2,822,315	0	2,822,315	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	3,299	0	3,088,319	0	3,088,319	95.00
99.00 CMHC	0	0	0	0	0	99.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00 SUBTOTALS (SUM OF LINES 1-117)	684,901	625,688	42,804,863	0	42,804,863	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	15,303	0	15,303	190.00
192.01 GAH - MSO	0	0	448,642	0	448,642	192.01
192.02 GAH FOUNDATION	0	0	267,587	0	267,587	192.02
194.00 HOSPITAL ASSOC SRVCS	0	0	0	0	0	194.00
194.01 PHYSICIAN OFFICE	27,482	0	2,727,514	0	2,727,514	194.01
194.02 PHYSICIAN CLINICS	184	0	478,578	0	478,578	194.02
194.03 WELLNESS CENTER	0	0	20,049	0	20,049	194.03
194.04 NON CLINIC TIME - HOOPESTON	2,633	0	544,857	0	544,857	194.04
194.05 NON CLINIC TIME - FARMER CITY	1,729	0	578,353	0	578,353	194.05
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
202.00 TOTAL (sum lines 118-201)	716,929	625,688	47,885,746	25.00	47,885,746	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet B  
Part II  
Date/Time Prepared:  
4/24/2012 11:01 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	8,318	0	8,318	4.00
5.01	PATIENT ACCOUNTING & REGIST	0	6,734	921	7,655	5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	0	184,744	142,514	327,258	5.02
7.00	OPERATION OF PLANT	0	429,914	31,516	461,430	7.00
8.00	LAUNDRY & LINEN SERVICE	0	22,134	558	22,692	8.00
9.00	HOUSEKEEPING	0	7,056	0	7,056	9.00
10.00	DIETARY	0	32,331	6,855	39,186	10.00
11.00	CAFETERIA	0	10,262	0	10,262	11.00
13.00	NURSING ADMINISTRATION	0	3,837	0	3,837	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	9,065	0	9,065	14.00
15.00	PHARMACY	0	17,061	0	17,061	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	13,275	84	13,359	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	0	170,529	79,942	250,471	30.00
31.00	INTENSIVE CARE UNIT	0	12,490	1,110	13,600	31.00
43.00	NURSERY	0	4,107	0	4,107	43.00
44.00	SKILLED NURSING FACILITY	0	14,743	0	14,743	44.00
45.00	NURSING FACILITY	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	157,511	11,532	169,043	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0	78,942	105,468	184,410	50.00
51.00	RECOVERY ROOM	0	16,262	344	16,606	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	13,906	0	13,906	52.00
53.00	ANESTHESIOLOGY	0	1,262	14,889	16,151	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	93,054	48,609	141,663	54.00
56.00	RADIOISOTOPE	0	8,485	0	8,485	56.00
60.00	LABORATORY	0	24,168	18,939	43,107	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	1,983	0	1,983	63.00
65.00	RESPIRATORY THERAPY	0	5,807	7,506	13,313	65.00
66.00	PHYSICAL THERAPY	0	137,116	50,667	187,783	66.00
67.00	OCCUPATIONAL THERAPY	0	2,897	53	2,950	67.00
68.00	SPEECH PATHOLOGY	0	2,897	0	2,897	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	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	0	0	0	0	73.00
73.01	CARDIAC REHAB	0	13,018	7,171	20,189	73.01
73.02	WOUND CARE	0	8,614	3,958	12,572	73.02
73.03	SLEEP LAB	0	0	12,392	12,392	73.03
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	4,422	4,422	88.00
88.01	RURAL HEALTH CLINIC II	0	0	0	0	88.01
88.02	RURAL HEALTH CLINIC III	0	0	0	0	88.02
88.03	RURAL HEALTH CLINIC IV	0	0	0	0	88.03
88.04	RURAL HEALTH CLINIC V	0	0	4,116	4,116	88.04
88.05	RURAL HEALTH CLINIC VI	0	0	0	0	88.05
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	CLINIC	0	30,529	3,162	33,691	90.00
91.00	EMERGENCY	0	86,256	7,457	93,713	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES	0	0	89,121	89,121	95.00
99.00	CMHC	0	0	0	0	99.00
101.00	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,629,307	653,306	2,282,613	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,365	0	4,365	190.00
192.01	GAH - MSO	0	0	0	0	192.01
192.02	GAH FOUNDATION	0	0	0	0	192.02
194.00	HOSPITAL ASSOC SRVCS	0	0	0	0	194.00
194.01	PHYSICIAN OFFICE	0	0	0	0	194.01
194.02	PHYSICIAN CLINICS	0	0	0	0	194.02
194.03	WELLNESS CENTER	0	0	0	0	194.03
194.04	NON CLINIC TIME - HOOPESTON	0	0	0	0	194.04
194.05	NON CLINIC TIME - FARMER CITY	0	0	0	0	194.05
200.00	Cross Foot Adjustments				0	200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet B Part II Date/Time Prepared: 4/24/2012 11:01 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	1,633,672	653,306	2,286,978	8,318	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141317		Period: From 10/01/2010 To 09/30/2011		Worksheet B Part II Date/Time Prepared: 4/24/2012 11:01 am	
Cost Center Description	PATIENT ACCOUNTING & REGIST 5.01	OTHER ADMINISTRATIVE AND GENERAL 5.02	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	PATIENT ACCOUNTING & REGIST	7,941					5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	1,422	329,281				5.02
7.00	OPERATION OF PLANT	526	17,421	479,535			7.00
8.00	LAUNDRY & LINEN SERVICE	50	1,643	7,840	32,261		8.00
9.00	HOUSEKEEPING	93	3,077	2,499	2,245	15,057	9.00
10.00	DIETARY	104	3,443	11,452	221	499	10.00
11.00	CAFETERIA	77	2,536	3,635	652	159	11.00
13.00	NURSING ADMINISTRATION	185	6,121	1,359	0	59	13.00
14.00	CENTRAL SERVICES & SUPPLY	9	301	3,211	0	140	14.00
15.00	PHARMACY	140	4,628	6,043	0	264	15.00
16.00	MEDICAL RECORDS & LIBRARY	120	3,989	4,702	0	205	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	732	24,249	60,402	6,627	2,635	30.00
31.00	INTENSIVE CARE UNIT	66	2,174	4,424	0	193	31.00
43.00	NURSERY	49	1,624	1,455	224	63	43.00
44.00	SKILLED NURSING FACILITY	0	1,823	5,222	1,555	228	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	15,559	55,792	12,173	2,433	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	542	17,978	27,962	3,361	1,219	50.00
51.00	RECOVERY ROOM	92	3,056	5,760	0	251	51.00
52.00	DELIVERY ROOM & LABOR ROOM	175	5,800	4,926	800	215	52.00
53.00	ANESTHESIOLOGY	15	490	447	0	19	53.00
54.00	RADIOLOGY-DIAGNOSTIC	818	27,092	32,961	1,185	1,437	54.00
56.00	RADIOISOTOPE	58	1,920	3,006	0	131	56.00
60.00	LABORATORY	428	14,183	8,561	0	373	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	30	1,007	702	0	31	63.00
65.00	RESPIRATORY THERAPY	142	4,710	2,057	0	90	65.00
66.00	PHYSICAL THERAPY	465	15,413	48,567	1,192	2,118	66.00
67.00	OCCUPATIONAL THERAPY	40	1,319	1,026	0	45	67.00
68.00	SPEECH PATHOLOGY	15	507	1,026	0	45	68.00
69.00	ELECTROCARDIOLOGY	1	38	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	104	3,445	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	439	14,565	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	264	8,763	0	0	0	73.00
73.01	CARDIAC REHAB	36	1,179	4,611	0	201	73.01
73.02	WOUND CARE	64	2,112	3,051	0	133	73.02
73.03	SLEEP LAB	47	1,570	0	0	0	73.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	22,836	50,907	0	0	88.00
88.01	RURAL HEALTH CLINIC II	0	3,809	5,423	0	0	88.01
88.02	RURAL HEALTH CLINIC III	0	15,204	13,755	0	0	88.02
88.03	RURAL HEALTH CLINIC IV	0	468	1,304	0	0	88.03
88.04	RURAL HEALTH CLINIC V	0	114	406	0	0	88.04
88.05	RURAL HEALTH CLINIC VI	0	0	0	0	0	88.05
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	81	2,680	10,814	0	472	90.00
91.00	EMERGENCY	512	16,968	30,552	2,026	1,332	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	0	19,457	34,643	0	0	95.00
99.00	CMHC	0	0	0	0	0	99.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	7,941	295,271	460,503	32,261	14,990	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	34	1,546	0	67	190.00
192.01	GAH - MSO	0	3,085	0	0	0	192.01
192.02	GAH FOUNDATION	0	1,840	0	0	0	192.02
194.00	HOSPITAL ASSOC SRVCS	0	0	0	0	0	194.00
194.01	PHYSICIAN OFFICE	0	18,566	0	0	0	194.01
194.02	PHYSICIAN CLINICS	0	3,289	0	0	0	194.02
194.03	WELLNESS CENTER	0	138	0	0	0	194.03
194.04	NON CLINIC TIME - HOOPESTON	0	3,436	8,041	0	0	194.04
194.05	NON CLINIC TIME - FARMER CITY	0	3,622	9,445	0	0	194.05
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)	7,941	329,281	479,535	32,261	15,057	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141317

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To 09/30/2011

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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 PATIENT ACCOUNTING & REGIST						5.01
5.02 OTHER ADMINISTRATIVE AND GENERAL						5.02
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	54,972					10.00
11.00 CAFETERIA	0	17,386				11.00
13.00 NURSING ADMINISTRATION	0	420	12,180			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	12,726		14.00
15.00 PHARMACY	0	154	0	13	28,428	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	616	0	9	2	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	12,554	2,422	3,284	445	51	30.00
31.00 INTENSIVE CARE UNIT	118	134	183	0	0	31.00
43.00 NURSERY	0	181	246	0	0	43.00
44.00 SKILLED NURSING FACILITY	4,531	246	333	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	37,769	2,049	2,779	152	5	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	1,225	1,662	1,478	204	50.00
51.00 RECOVERY ROOM	0	304	413	55	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	474	643	0	0	52.00
53.00 ANESTHESIOLOGY	0	357	0	155	388	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	895	0	43	40	54.00
56.00 RADIOISOTOPE	0	331	0	3	0	56.00
60.00 LABORATORY	0	1,057	0	133	2	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	514	698	8	0	65.00
66.00 PHYSICAL THERAPY	0	1,299	0	10	17	66.00
67.00 OCCUPATIONAL THERAPY	0	124	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	1	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	2	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,015	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,862	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	25,431	73.00
73.01 CARDIAC REHAB	0	104	141	3	0	73.01
73.02 WOUND CARE	0	50	67	7	2	73.02
73.03 SLEEP LAB	0	90	123	0	0	73.03
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	15	491	88.00
88.01 RURAL HEALTH CLINIC II	0	0	0	7	124	88.01
88.02 RURAL HEALTH CLINIC III	0	0	0	21	207	88.02
88.03 RURAL HEALTH CLINIC IV	0	0	0	1	17	88.03
88.04 RURAL HEALTH CLINIC V	0	0	0	0	3	88.04
88.05 RURAL HEALTH CLINIC VI	0	0	0	0	0	88.05
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	307	417	36	30	90.00
91.00 EMERGENCY	0	878	1,191	177	13	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	3,154	0	31	131	95.00
99.00 CMHC	0	0	0	0	0	99.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00 SUBTOTALS (SUM OF LINES 1-117)	54,972	17,386	12,180	12,681	27,158	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01 GAH - MSO	0	0	0	4	0	192.01
192.02 GAH FOUNDATION	0	0	0	0	0	192.02
194.00 HOSPITAL ASSOC SRVCS	0	0	0	0	0	194.00
194.01 PHYSICIAN OFFICE	0	0	0	17	1,090	194.01
194.02 PHYSICIAN CLINICS	0	0	0	14	7	194.02
194.03 WELLNESS CENTER	0	0	0	1	0	194.03
194.04 NON CLINIC TIME - HOOPESTON	0	0	0	5	104	194.04
194.05 NON CLINIC TIME - FARMER CITY	0	0	0	4	69	194.05
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)	54,972	17,386	12,180	12,726	28,428	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141317

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Cost Center Description		MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.01	PATIENT ACCOUNTING & REGIST					5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL					5.02
7.00	OPERATION OF PLANT					7.00
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	23,117				16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	10,388	374,940	0	374,940	30.00
31.00	INTENSIVE CARE UNIT	846	21,803	0	21,803	31.00
43.00	NURSERY	0	7,997	0	7,997	43.00
44.00	SKILLED NURSING FACILITY	0	28,735	0	28,735	44.00
45.00	NURSING FACILITY	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	298,206	0	298,206	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	4,040	244,427	0	244,427	50.00
51.00	RECOVERY ROOM	0	26,629	0	26,629	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	27,111	0	27,111	52.00
53.00	ANESTHESIOLOGY	0	18,022	0	18,022	53.00
54.00	RADIOLOGY-DIAGNOSTIC	6,779	213,414	0	213,414	54.00
56.00	RADIOISOTOPE	0	13,966	0	13,966	56.00
60.00	LABORATORY	0	68,103	0	68,103	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	3,753	0	3,753	63.00
65.00	RESPIRATORY THERAPY	213	21,878	0	21,878	65.00
66.00	PHYSICAL THERAPY	0	257,292	0	257,292	66.00
67.00	OCCUPATIONAL THERAPY	0	5,546	0	5,546	67.00
68.00	SPEECH PATHOLOGY	0	4,491	0	4,491	68.00
69.00	ELECTROCARDIOLOGY	0	41	0	41	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,564	0	5,564	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	22,866	0	22,866	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	34,458	0	34,458	73.00
73.01	CARDIAC REHAB	0	26,493	0	26,493	73.01
73.02	WOUND CARE	0	18,122	0	18,122	73.02
73.03	SLEEP LAB	0	14,252	0	14,252	73.03
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	79,336	0	79,336	88.00
88.01	RURAL HEALTH CLINIC II	0	9,461	0	9,461	88.01
88.02	RURAL HEALTH CLINIC III	0	29,618	0	29,618	88.02
88.03	RURAL HEALTH CLINIC IV	0	1,805	0	1,805	88.03
88.04	RURAL HEALTH CLINIC V	0	4,643	0	4,643	88.04
88.05	RURAL HEALTH CLINIC VI	0	0	0	0	88.05
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	CLINIC	0	48,597	0	48,597	90.00
91.00	EMERGENCY	851	148,595	0	148,595	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES	0	147,120	0	147,120	95.00
99.00	CMHC	0	0	0	0	99.00
101.00	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	23,117	2,227,284	0	2,227,284	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,012	0	6,012	190.00
192.01	GAH - MSO	0	3,161	0	3,161	192.01
192.02	GAH FOUNDATION	0	1,853	0	1,853	192.02
194.00	HOSPITAL ASSOC SRVCS	0	0	0	0	194.00
194.01	PHYSICIAN OFFICE	0	20,224	0	20,224	194.01
194.02	PHYSICIAN CLINICS	0	3,397	0	3,397	194.02
194.03	WELLNESS CENTER	0	140	0	140	194.03
194.04	NON CLINIC TIME - HOOPESTON	0	11,677	0	11,677	194.04
194.05	NON CLINIC TIME - FARMER CITY	0	13,230	0	13,230	194.05
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141317

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Cost Center Description	MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
202.00 TOTAL (sum lines 118-201)	23,117	2,286,978	25.00	26.00	2,286,978	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	PATIENT ACCOUNTING & REGIST (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT	126,878				1.00
2.00	CAP REL COSTS-MVBLE EQUIP		584,362			2.00
4.00	EMPLOYEE BENEFITS	646	0	23,282,055		4.00
5.01	PATIENT ACCOUNTING & REGIST	523	824	801,724	-1,617,234	5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	14,348	127,475	1,682,221	0	5.02
7.00	OPERATION OF PLANT	33,389	28,190	442,593	0	7.00
8.00	LAUNDRY & LINEN SERVICE	1,719	499	100,617	0	8.00
9.00	HOUSEKEEPING	548	0	244,370	0	9.00
10.00	DIETARY	2,511	6,132	188,412	0	10.00
11.00	CAFETERIA	797	0	182,593	0	11.00
13.00	NURSING ADMINISTRATION	298	0	557,800	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	704	0	0	0	14.00
15.00	PHARMACY	1,325	0	351,410	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,031	75	322,301	0	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	13,244	71,506	1,877,046	0	30.00
31.00	INTENSIVE CARE UNIT	970	993	183,086	0	31.00
43.00	NURSERY	319	0	135,138	0	43.00
44.00	SKILLED NURSING FACILITY	1,145	0	151,810	-232,127	44.00
45.00	NURSING FACILITY	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	12,233	10,315	1,265,557	-1,981,251	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	6,131	94,338	970,024	0	50.00
51.00	RECOVERY ROOM	1,263	308	256,573	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,080	0	483,035	0	52.00
53.00	ANESTHESIOLOGY	98	13,318	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	7,227	43,479	1,402,628	0	54.00
56.00	RADIOISOTOPE	659	0	90,482	0	56.00
60.00	LABORATORY	1,877	16,940	726,704	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	154	0	0	0	63.00
65.00	RESPIRATORY THERAPY	451	6,714	372,631	0	65.00
66.00	PHYSICAL THERAPY	10,649	45,320	1,200,008	0	66.00
67.00	OCCUPATIONAL THERAPY	225	47	116,844	0	67.00
68.00	SPEECH PATHOLOGY	225	0	379	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	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	0	0	0	0	73.00
73.01	CARDIAC REHAB	1,011	6,414	82,612	0	73.01
73.02	WOUND CARE	669	3,540	179,926	0	73.02
73.03	SLEEP LAB	0	11,084	83,557	0	73.03
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	3,955	1,863,221	-2,907,929	88.00
88.01	RURAL HEALTH CLINIC II	0	0	273,420	-485,001	88.01
88.02	RURAL HEALTH CLINIC III	0	0	1,206,855	-1,936,069	88.02
88.03	RURAL HEALTH CLINIC IV	0	0	41,454	-59,596	88.03
88.04	RURAL HEALTH CLINIC V	0	3,682	10,810	-14,516	88.04
88.05	RURAL HEALTH CLINIC VI	0	0	0	0	88.05
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	CLINIC	2,371	2,828	193,653	0	90.00
91.00	EMERGENCY	6,699	6,670	1,068,728	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES	0	79,716	1,633,971	-2,477,707	95.00
99.00	CMHC	0	0	0	0	99.00
101.00	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	126,539	584,362	20,744,193	-11,711,430	31,843,391
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	339	0	0	-4,365	190.00
192.01	GAH - MSO	0	0	202,569	-392,838	192.01
192.02	GAH FOUNDATION	0	0	35,211	-234,314	192.02
194.00	HOSPITAL ASSOC SRVCS	0	0	0	0	194.00
194.01	PHYSICIAN OFFICE	0	0	1,544,621	-2,364,219	194.01
194.02	PHYSICIAN CLINICS	0	0	244,758	-418,846	194.02
194.03	WELLNESS CENTER	0	0	3,241	-17,551	194.03
194.04	NON CLINIC TIME - HOOPESTON	0	0	255,227	-437,582	194.04
194.05	NON CLINIC TIME - FARMER CITY	0	0	252,235	-461,210	194.05
200.00	Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet B-1  
Date/Time Prepared:  
4/24/2012 11:01 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	PATIENT ACCOUNTING & REGIST (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,633,672	653,306	6,961,071		1,617,234	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	12.875928	1.117982	0.298989		0.050787	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			8,318		7,941	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000357		0.000249	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 141317		Period: From 10/01/2010 To 09/30/2011		Worksheet B-1	
Date/Time Prepared: 4/24/2012 11:01 am							
Cost Center Description	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)		
	5A.02	5.02	7.00	8.00	9.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00							1.00
2.00							2.00
4.00							4.00
5.01							5.01
5.02	-5,954,344	41,931,402					5.02
7.00	0	2,218,426	105,144				7.00
8.00	0	209,279	1,719	298,432			8.00
9.00	0	391,762	548	20,771	75,705		9.00
10.00	0	438,405	2,511	2,047	2,511		10.00
11.00	0	322,988	797	6,029	797		11.00
13.00	0	779,457	298	0	298		13.00
14.00	0	38,378	704	0	704		14.00
15.00	0	589,309	1,325	0	1,325		15.00
16.00	0	507,950	1,031	0	1,031		16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	0	3,087,878	13,244	61,303	13,244		30.00
31.00	0	276,809	970	0	970		31.00
43.00	0	206,847	319	2,071	319		43.00
44.00	0	232,127	1,145	14,380	1,145		44.00
45.00	0	0	0	0	0		45.00
46.00	0	1,981,251	12,233	112,606	12,233		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	0	2,289,339	6,131	31,094	6,131		50.00
51.00	0	389,192	1,263	0	1,263		51.00
52.00	0	738,539	1,080	7,404	1,080		52.00
53.00	0	62,343	98	0	98		53.00
54.00	0	3,450,473	7,227	10,959	7,227		54.00
56.00	0	244,551	659	0	659		56.00
60.00	0	1,806,010	1,877	0	1,877		60.00
63.00	0	128,190	154	0	154		63.00
65.00	0	599,805	451	0	451		65.00
66.00	0	1,962,721	10,649	11,023	10,649		66.00
67.00	0	167,912	225	0	225		67.00
68.00	0	64,581	225	0	225		68.00
69.00	0	4,860	0	0	0		69.00
71.00	0	438,733	0	0	0		71.00
72.00	0	1,854,664	0	0	0		72.00
73.00	0	1,115,871	0	0	0		73.00
73.01	0	150,112	1,011	0	1,011		73.01
73.02	0	268,943	669	0	669		73.02
73.03	0	199,892	0	0	0		73.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	0	2,907,929	11,162	0	0		88.00
88.01	0	485,001	1,189	0	0		88.01
88.02	0	1,936,069	3,016	0	0		88.02
88.03	0	59,596	286	0	0		88.03
88.04	0	14,516	89	0	0		88.04
88.05	0	0	0	0	0		88.05
89.00	0	0	0	0	0		89.00
90.00	0	341,309	2,371	0	2,371		90.00
91.00	0	2,160,753	6,699	18,745	6,699		91.00
92.00	0	0	0	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	0	2,477,707	7,596	0	0		95.00
99.00	0	0	0	0	0		99.00
101.00	0	0	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	-5,954,344	37,600,477	100,971	298,432	75,366		118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	0	4,365	339	0	339		190.00
192.01	0	392,838	0	0	0		192.01
192.02	0	234,314	0	0	0		192.02
194.00	0	0	0	0	0		194.00
194.01	0	2,364,219	0	0	0		194.01
194.02	0	418,846	0	0	0		194.02
194.03	0	17,551	0	0	0		194.03
194.04	0	437,582	1,763	0	0		194.04
194.05	0	461,210	2,071	0	0		194.05
200.00							200.00
201.00							201.00
202.00		5,954,344	2,533,447	280,416	480,114		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet B-1

Date/Time Prepared:  
4/24/2012 11:01 am

Cost Center Description	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
	5A.02	5.02	7.00	8.00	9.00	
203.00 Unit cost multiplier (Wkst. B, Part I)		0.142002	24.095022	0.939631	6.341906	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)		329,281	479,535	32,261	15,057	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)		0.007853	4.560745	0.108102	0.198890	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet B-1

Date/Time Prepared:  
4/24/2012 11:01 am

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING)	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	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	PATIENT ACCOUNTING & REGIST						5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL						5.02
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY	54,527					10.00
11.00	CAFETERIA	0	24,444				11.00
13.00	NURSING ADMINISTRATION	0	591	262,606			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	2,857,887		14.00
15.00	PHARMACY	0	217	0	2,981	1,187,067	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	866	0	1,972	89	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	12,452	3,405	70,828	99,978	2,147	30.00
31.00	INTENSIVE CARE UNIT	117	189	3,937	53	0	31.00
43.00	NURSERY	0	255	5,308	0	0	43.00
44.00	SKILLED NURSING FACILITY	4,494	346	7,187	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	37,464	2,881	59,915	34,231	217	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	1,723	35,832	331,881	8,505	50.00
51.00	RECOVERY ROOM	0	428	8,899	12,419	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	666	13,861	0	0	52.00
53.00	ANESTHESIOLOGY	0	502	0	34,847	16,191	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	1,259	0	9,587	1,675	54.00
56.00	RADIOISOTOPE	0	465	0	692	2	56.00
60.00	LABORATORY	0	1,486	0	29,889	84	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	723	15,042	1,828	0	65.00
66.00	PHYSICAL THERAPY	0	1,827	0	2,232	691	66.00
67.00	OCCUPATIONAL THERAPY	0	174	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	1	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	549	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	452,591	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,765,024	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,061,938	73.00
73.01	CARDIAC REHAB	0	146	3,040	653	0	73.01
73.02	WOUND CARE	0	70	1,450	1,497	79	73.02
73.03	SLEEP LAB	0	127	2,644	89	0	73.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	3,476	20,522	88.00
88.01	RURAL HEALTH CLINIC II	0	0	0	1,573	5,180	88.01
88.02	RURAL HEALTH CLINIC III	0	0	0	4,768	8,629	88.02
88.03	RURAL HEALTH CLINIC IV	0	0	0	167	708	88.03
88.04	RURAL HEALTH CLINIC V	0	0	0	38	123	88.04
88.05	RURAL HEALTH CLINIC VI	0	0	0	0	0	88.05
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	432	8,995	8,110	1,247	90.00
91.00	EMERGENCY	0	1,234	25,668	39,644	548	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	0	4,431	0	7,067	5,463	95.00
99.00	CMHC	0	0	0	0	0	99.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	54,527	24,444	262,606	2,847,836	1,134,038	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	GAH - MSO	0	0	0	885	0	192.01
192.02	GAH FOUNDATION	0	0	0	0	0	192.02
194.00	HOSPITAL ASSOC SRVCS	0	0	0	0	0	194.00
194.01	PHYSICIAN OFFICE	0	0	0	3,915	45,503	194.01
194.02	PHYSICIAN CLINICS	0	0	0	3,096	305	194.02
194.03	WELLNESS CENTER	0	0	0	243	0	194.03
194.04	NON CLINIC TIME - HOOPESTON	0	0	0	1,032	4,359	194.04
194.05	NON CLINIC TIME - FARMER CITY	0	0	0	880	2,862	194.05
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet B-1

Date/Time Prepared:  
4/24/2012 11:01 am

Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING)	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)	579,010	398,776	908,852	65,256	716,929	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	10.618776	16.313860	3.460896	0.022834	0.603950	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	54,972	17,386	12,180	12,726	28,428	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	1.008161	0.711258	0.046381	0.004453	0.023948	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet B-1  
Date/Time Prepared:  
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Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		16.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	CAP REL COSTS-BLDG & FIXT		1.00
2.00	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.01	PATIENT ACCOUNTING & REGIST		5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL		5.02
7.00	OPERATION OF PLANT		7.00
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	27,180	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	ADULTS & PEDIATRICS	12,215	30.00
31.00	INTENSIVE CARE UNIT	995	31.00
43.00	NURSERY	0	43.00
44.00	SKILLED NURSING FACILITY	0	44.00
45.00	NURSING FACILITY	0	45.00
46.00	OTHER LONG TERM CARE	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	OPERATING ROOM	4,750	50.00
51.00	RECOVERY ROOM	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	ANESTHESIOLOGY	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	7,970	54.00
56.00	RADIOISOTOPE	0	56.00
60.00	LABORATORY	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	63.00
65.00	RESPIRATORY THERAPY	250	65.00
66.00	PHYSICAL THERAPY	0	66.00
67.00	OCCUPATIONAL THERAPY	0	67.00
68.00	SPEECH PATHOLOGY	0	68.00
69.00	ELECTROCARDIOLOGY	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	73.00
73.01	CARDIAC REHAB	0	73.01
73.02	WOUND CARE	0	73.02
73.03	SLEEP LAB	0	73.03
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	RURAL HEALTH CLINIC	0	88.00
88.01	RURAL HEALTH CLINIC II	0	88.01
88.02	RURAL HEALTH CLINIC III	0	88.02
88.03	RURAL HEALTH CLINIC IV	0	88.03
88.04	RURAL HEALTH CLINIC V	0	88.04
88.05	RURAL HEALTH CLINIC VI	0	88.05
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	CLINIC	0	90.00
91.00	EMERGENCY	1,000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	AMBULANCE SERVICES	0	95.00
99.00	CMHC	0	99.00
101.00	HOME HEALTH AGENCY	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
118.00	SUBTOTALS (SUM OF LINES 1-117)	27,180	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.01	GAH - MSO	0	192.01
192.02	GAH FOUNDATION	0	192.02
194.00	HOSPITAL ASSOC SRVCS	0	194.00
194.01	PHYSICIAN OFFICE	0	194.01
194.02	PHYSICIAN CLINICS	0	194.02
194.03	WELLNESS CENTER	0	194.03
194.04	NON CLINIC TIME - HOOPESTON	0	194.04
194.05	NON CLINIC TIME - FARMER CITY	0	194.05
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	625,688	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet B-1

Date/Time Prepared:  
4/24/2012 11:01 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		16.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	23.020162	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	23,117	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.850515	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141317		Period: From 10/01/2010 To 09/30/2011		Worksheet C Part I Date/Time Prepared: 4/24/2012 11:01 am	
		Title XVIII		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS		4,704,741	0	4,704,741	30.00	
31.00	INTENSIVE CARE UNIT		386,497	0	386,497	31.00	
43.00	NURSERY		270,405	0	270,405	43.00	
44.00	SKILLED NURSING FACILITY		391,690	0	391,690	44.00	
45.00	NURSING FACILITY		0	0	0	45.00	
46.00	OTHER LONG TERM CARE		3,393,832	0	3,393,832	46.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM		3,104,437	0	3,104,437	50.00	
51.00	RECOVERY ROOM		520,965	0	520,965	51.00	
52.00	DELIVERY ROOM & LABOR ROOM		942,078	0	942,078	52.00	
53.00	ANESTHESIOLOGY		92,944	0	92,944	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		4,375,953	0	4,375,953	54.00	
56.00	RADIOISOTOPE		306,939	0	306,939	56.00	
60.00	LABORATORY		2,144,572	0	2,144,572	60.00	
63.00	BLOOD STORING, PROCESSING & TRANS.		151,081	0	151,081	63.00	
65.00	RESPIRATORY THERAPY	0	768,357	0	768,357	65.00	
66.00	PHYSICAL THERAPY	0	2,606,185	0	2,606,185	66.00	
67.00	OCCUPATIONAL THERAPY	0	201,443	0	201,443	67.00	
68.00	SPEECH PATHOLOGY	0	80,616	0	80,616	68.00	
69.00	ELECTROCARDIOLOGY		5,563	0	5,563	69.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT		511,368	0	511,368	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENTS		2,158,331	0	2,158,331	72.00	
73.00	DRUGS CHARGED TO PATIENTS		1,915,683	0	1,915,683	73.00	
73.01	CARDIAC REHAB		215,118	0	215,118	73.01	
73.02	WOUND CARE		333,738	0	333,738	73.02	
73.03	SLEEP LAB		239,502	0	239,502	73.03	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC		3,602,283	0	3,602,283	88.00	
88.01	RURAL HEALTH CLINIC II		585,685	0	585,685	88.01	
88.02	RURAL HEALTH CLINIC III		2,288,986	0	2,288,986	88.02	
88.03	RURAL HEALTH CLINIC IV		75,382	0	75,382	88.03	
88.04	RURAL HEALTH CLINIC V		18,796	0	18,796	88.04	
88.05	RURAL HEALTH CLINIC VI		0	0	0	88.05	
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
90.00	CLINIC		501,059	0	501,059	90.00	
91.00	EMERGENCY		2,822,315	0	2,822,315	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART		386,461	0	386,461	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES		3,088,319	0	3,088,319	95.00	
99.00	CMHC		0	0	0	99.00	
101.00	HOME HEALTH AGENCY		0	0	0	101.00	
200.00	Subtotal (see instructions)	0	43,191,324	0	43,191,324	200.00	
201.00	Less Observation Beds		386,461	0	386,461	201.00	
202.00	Total (see instructions)	0	42,804,863	0	42,804,863	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet C Part I Date/Time Prepared: 4/24/2012 11:01 am	
			Title XVIII	Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	4,327,791		4,327,791		30.00
31.00	INTENSIVE CARE UNIT	142,210		142,210		31.00
43.00	NURSERY	348,111		348,111		43.00
44.00	SKILLED NURSING FACILITY	275,597		275,597		44.00
45.00	NURSING FACILITY	0		0		45.00
46.00	OTHER LONG TERM CARE	2,100,610		2,100,610		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	3,553,419	7,671,271	11,224,690	0.276572	50.00
51.00	RECOVERY ROOM	413,811	1,508,883	1,922,694	0.270956	51.00
52.00	DELIVERY ROOM & LABOR ROOM	988,104	256,185	1,244,289	0.757122	52.00
53.00	ANESTHESIOLOGY	64,514	56,008	120,522	0.771179	53.00
54.00	RADIOLOGY-DIAGNOSTIC	934,953	13,566,648	14,501,601	0.301757	54.00
56.00	RADIOISOTOPE	36,060	853,966	890,026	0.344865	56.00
60.00	LABORATORY	1,062,310	8,803,921	9,866,231	0.217365	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	71,181	36,543	107,724	1.402482	63.00
65.00	RESPIRATORY THERAPY	2,758,705	728,427	3,487,132	0.220341	65.00
66.00	PHYSICAL THERAPY	586,226	3,896,520	4,482,746	0.581381	66.00
67.00	OCCUPATIONAL THERAPY	217,201	272,784	489,985	0.411121	67.00
68.00	SPEECH PATHOLOGY	18,054	68,496	86,550	0.931438	68.00
69.00	ELECTROCARDIOLOGY	72,327	631,884	704,211	0.007900	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	1,627,366	2,178,323	3,805,689	0.134369	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	4,050,009	790,927	4,840,936	0.445850	72.00
73.00	DRUGS CHARGED TO PATIENTS	4,132,324	6,370,817	10,503,141	0.182391	73.00
73.01	CARDIAC REHAB	0	176,491	176,491	1.218861	73.01
73.02	WOUND CARE	353	87,616	87,969	3.793814	73.02
73.03	SLEEP LAB	0	565,723	565,723	0.423356	73.03
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	3,039,449	3,039,449		88.00
88.01	RURAL HEALTH CLINIC II	0	507,734	507,734		88.01
88.02	RURAL HEALTH CLINIC III	0	2,158,465	2,158,465		88.02
88.03	RURAL HEALTH CLINIC IV	0	65,851	65,851		88.03
88.04	RURAL HEALTH CLINIC V	0	15,430	15,430		88.04
88.05	RURAL HEALTH CLINIC VI	0	0	0		88.05
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	385,167	385,167	1.300888	90.00
91.00	EMERGENCY	206,460	3,904,606	4,111,066	0.686517	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	2,737	801,766	804,503	0.480372	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES	0	3,728,447	3,728,447	0.828312	95.00
99.00	CMHC	0	0	0		99.00
101.00	HOME HEALTH AGENCY	0	0	0		101.00
200.00	Subtotal (see instructions)	27,990,433	63,128,348	91,118,781		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	27,990,433	63,128,348	91,118,781		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet C Part I Date/Time Prepared: 4/24/2012 11:01 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital Cost
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
46.00	OTHER LONG TERM CARE			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	RADIOISOTOPE	0.000000		56.00
60.00	LABORATORY	0.000000		60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	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
73.01	CARDIAC REHAB	0.000000		73.01
73.02	WOUND CARE	0.000000		73.02
73.03	SLEEP LAB	0.000000		73.03
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC			88.00
88.01	RURAL HEALTH CLINIC II			88.01
88.02	RURAL HEALTH CLINIC III			88.02
88.03	RURAL HEALTH CLINIC IV			88.03
88.04	RURAL HEALTH CLINIC V			88.04
88.05	RURAL HEALTH CLINIC VI			88.05
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>				
95.00	AMBULANCE SERVICES	0.000000		95.00
99.00	CMHC			99.00
101.00	HOME HEALTH AGENCY			101.00
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: 141317		Period: From 10/01/2010 To 09/30/2011		Worksheet C Part I Date/Time Prepared: 4/24/2012 11:01 am	
		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS		4,704,741	0	0	30.00	
31.00	INTENSIVE CARE UNIT		386,497	0	0	31.00	
43.00	NURSERY		270,405	0	0	43.00	
44.00	SKILLED NURSING FACILITY		391,690	0	0	44.00	
45.00	NURSING FACILITY		0	0	0	45.00	
46.00	OTHER LONG TERM CARE		3,393,832	0	0	46.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM		3,104,437	0	0	50.00	
51.00	RECOVERY ROOM		520,965	0	0	51.00	
52.00	DELIVERY ROOM & LABOR ROOM		942,078	0	0	52.00	
53.00	ANESTHESIOLOGY		92,944	0	0	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		4,375,953	0	0	54.00	
56.00	RADIOISOTOPE		306,939	0	0	56.00	
60.00	LABORATORY		2,144,572	0	0	60.00	
63.00	BLOOD STORING, PROCESSING & TRANS.		151,081	0	0	63.00	
65.00	RESPIRATORY THERAPY	0	768,357	0	0	65.00	
66.00	PHYSICAL THERAPY	0	2,606,185	0	0	66.00	
67.00	OCCUPATIONAL THERAPY	0	201,443	0	0	67.00	
68.00	SPEECH PATHOLOGY	0	80,616	0	0	68.00	
69.00	ELECTROCARDIOLOGY		5,563	0	0	69.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT		511,368	0	0	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENTS		2,158,331	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS		1,915,683	0	0	73.00	
73.01	CARDIAC REHAB		215,118	0	0	73.01	
73.02	WOUND CARE		333,738	0	0	73.02	
73.03	SLEEP LAB		239,502	0	0	73.03	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC		3,602,283	0	0	88.00	
88.01	RURAL HEALTH CLINIC II		585,685	0	0	88.01	
88.02	RURAL HEALTH CLINIC III		2,288,986	0	0	88.02	
88.03	RURAL HEALTH CLINIC IV		75,382	0	0	88.03	
88.04	RURAL HEALTH CLINIC V		18,796	0	0	88.04	
88.05	RURAL HEALTH CLINIC VI		0	0	0	88.05	
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
90.00	CLINIC		501,059	0	0	90.00	
91.00	EMERGENCY		2,822,315	0	0	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART		386,461	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES		3,088,319	0	0	95.00	
99.00	CMHC		0	0	0	99.00	
101.00	HOME HEALTH AGENCY		0	0	0	101.00	
200.00	Subtotal (see instructions)	0	43,191,324	0	0	200.00	
201.00	Less Observation Beds		386,461			201.00	
202.00	Total (see instructions)	0	42,804,863	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet C Part I Date/Time Prepared: 4/24/2012 11:01 am	
			Title XIX	Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	4,327,791		4,327,791		30.00
31.00	INTENSIVE CARE UNIT	142,210		142,210		31.00
43.00	NURSERY	348,111		348,111		43.00
44.00	SKILLED NURSING FACILITY	275,597		275,597		44.00
45.00	NURSING FACILITY	0		0		45.00
46.00	OTHER LONG TERM CARE	2,100,610		2,100,610		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	3,553,419	7,671,271	11,224,690	0.276572	50.00
51.00	RECOVERY ROOM	413,811	1,508,883	1,922,694	0.270956	51.00
52.00	DELIVERY ROOM & LABOR ROOM	988,104	256,185	1,244,289	0.757122	52.00
53.00	ANESTHESIOLOGY	64,514	56,008	120,522	0.771179	53.00
54.00	RADIOLOGY-DIAGNOSTIC	934,953	13,566,648	14,501,601	0.301757	54.00
56.00	RADIOISOTOPE	36,060	853,966	890,026	0.344865	56.00
60.00	LABORATORY	1,062,310	8,803,921	9,866,231	0.217365	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	71,181	36,543	107,724	1.402482	63.00
65.00	RESPIRATORY THERAPY	2,758,705	728,427	3,487,132	0.220341	65.00
66.00	PHYSICAL THERAPY	586,226	3,896,520	4,482,746	0.581381	66.00
67.00	OCCUPATIONAL THERAPY	217,201	272,784	489,985	0.411121	67.00
68.00	SPEECH PATHOLOGY	18,054	68,496	86,550	0.931438	68.00
69.00	ELECTROCARDIOLOGY	72,327	631,884	704,211	0.007900	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	1,627,366	2,178,323	3,805,689	0.134369	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	4,050,009	790,927	4,840,936	0.445850	72.00
73.00	DRUGS CHARGED TO PATIENTS	4,132,324	6,370,817	10,503,141	0.182391	73.00
73.01	CARDIAC REHAB	0	176,491	176,491	1.218861	73.01
73.02	WOUND CARE	353	87,616	87,969	3.793814	73.02
73.03	SLEEP LAB	0	565,723	565,723	0.423356	73.03
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	3,039,449	3,039,449	1.185176	88.00
88.01	RURAL HEALTH CLINIC II	0	507,734	507,734	1.153527	88.01
88.02	RURAL HEALTH CLINIC III	0	2,158,465	2,158,465	1.060469	88.02
88.03	RURAL HEALTH CLINIC IV	0	65,851	65,851	1.144736	88.03
88.04	RURAL HEALTH CLINIC V	0	15,430	15,430	1.218146	88.04
88.05	RURAL HEALTH CLINIC VI	0	0	0	0.000000	88.05
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	CLINIC	0	385,167	385,167	1.300888	90.00
91.00	EMERGENCY	206,460	3,904,606	4,111,066	0.686517	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	2,737	801,766	804,503	0.480372	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES	0	3,728,447	3,728,447	0.828312	95.00
99.00	CMHC	0	0	0		99.00
101.00	HOME HEALTH AGENCY	0	0	0		101.00
200.00	Subtotal (see instructions)	27,990,433	63,128,348	91,118,781		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	27,990,433	63,128,348	91,118,781		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet C Part I Date/Time Prepared: 4/24/2012 11:01 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
46.00	OTHER LONG TERM CARE			46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	RADIOISOTOPE	0.000000		56.00
60.00	LABORATORY	0.000000		60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	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
73.01	CARDIAC REHAB	0.000000		73.01
73.02	WOUND CARE	0.000000		73.02
73.03	SLEEP LAB	0.000000		73.03
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0.000000		88.00
88.01	RURAL HEALTH CLINIC II	0.000000		88.01
88.02	RURAL HEALTH CLINIC III	0.000000		88.02
88.03	RURAL HEALTH CLINIC IV	0.000000		88.03
88.04	RURAL HEALTH CLINIC V	0.000000		88.04
88.05	RURAL HEALTH CLINIC VI	0.000000		88.05
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
	OTHER REIMBURSABLE COST CENTERS			
95.00	AMBULANCE SERVICES	0.000000		95.00
99.00	CMHC			99.00
101.00	HOME HEALTH AGENCY			101.00
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: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part II Date/Time Prepared: 4/24/2012 11:01 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	244,427	11,224,690	0.021776	1,751,970	38,151	50.00
51.00	RECOVERY ROOM	26,629	1,922,694	0.013850	210,230	2,912	51.00
52.00	DELIVERY ROOM & LABOR ROOM	27,111	1,244,289	0.021788	0	0	52.00
53.00	ANESTHESIOLOGY	18,022	120,522	0.149533	32,417	4,847	53.00
54.00	RADIOLOGY-DIAGNOSTIC	213,414	14,501,601	0.014717	572,037	8,419	54.00
56.00	RADIOISOTOPE	13,966	890,026	0.015692	15,494	243	56.00
60.00	LABORATORY	68,103	9,866,231	0.006903	630,381	4,352	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	3,753	107,724	0.034839	45,830	1,597	63.00
65.00	RESPIRATORY THERAPY	21,878	3,487,132	0.006274	1,953,201	12,254	65.00
66.00	PHYSICAL THERAPY	257,292	4,482,746	0.057396	152,261	8,739	66.00
67.00	OCCUPATIONAL THERAPY	5,546	489,985	0.011319	29,539	334	67.00
68.00	SPEECH PATHOLOGY	4,491	86,550	0.051889	6,251	324	68.00
69.00	ELECTROCARDIOLOGY	41	704,211	0.000058	47,929	3	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	5,564	3,805,689	0.001462	522,304	764	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	22,866	4,840,936	0.004723	2,409,861	11,382	72.00
73.00	DRUGS CHARGED TO PATIENTS	34,458	10,503,141	0.003281	1,986,686	6,518	73.00
73.01	CARDIAC REHAB	26,493	176,491	0.150110	0	0	73.01
73.02	WOUND CARE	18,122	87,969	0.206004	0	0	73.02
73.03	SLEEP LAB	14,252	565,723	0.025193	0	0	73.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	79,336	3,039,449	0.026102	0	0	88.00
88.01	RURAL HEALTH CLINIC II	9,461	507,734	0.018634	0	0	88.01
88.02	RURAL HEALTH CLINIC III	29,618	2,158,465	0.013722	0	0	88.02
88.03	RURAL HEALTH CLINIC IV	1,805	65,851	0.027410	0	0	88.03
88.04	RURAL HEALTH CLINIC V	4,643	15,430	0.300907	0	0	88.04
88.05	RURAL HEALTH CLINIC VI	0	0	0.000000	0	0	88.05
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	48,597	385,167	0.126171	0	0	90.00
91.00	EMERGENCY	148,595	4,111,066	0.036145	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	0	804,503	0.000000	1,357	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	1,348,483	80,196,015		10,367,748	100,839	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet D  
Part IV  
Date/Time Prepared:  
4/24/2012 11:01 am

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	50.00	
51.00	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
56.00	RADIOISOTOPE	0	0	0	0	0	56.00	
60.00	LABORATORY	0	0	0	0	0	60.00	
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	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	
73.01	CARDIAC REHAB	0	0	0	0	0	73.01	
73.02	WOUND CARE	0	0	0	0	0	73.02	
73.03	SLEEP LAB	0	0	0	0	0	73.03	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
88.01	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01	
88.02	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02	
88.03	RURAL HEALTH CLINIC IV	0	0	0	0	0	88.03	
88.04	RURAL HEALTH CLINIC V	0	0	0	0	0	88.04	
88.05	RURAL HEALTH CLINIC VI	0	0	0	0	0	88.05	
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	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	AMBULANCE SERVICES						95.00	
200.00	Total (lines 50-199)	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 4/24/2012 11:01 am
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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	Cost
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	11,224,690	0.000000	0.000000	1,751,970	50.00
51.00	RECOVERY ROOM	0	1,922,694	0.000000	0.000000	210,230	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,244,289	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	120,522	0.000000	0.000000	32,417	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	14,501,601	0.000000	0.000000	572,037	54.00
56.00	RADIOISOTOPE	0	890,026	0.000000	0.000000	15,494	56.00
60.00	LABORATORY	0	9,866,231	0.000000	0.000000	630,381	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	107,724	0.000000	0.000000	45,830	63.00
65.00	RESPIRATORY THERAPY	0	3,487,132	0.000000	0.000000	1,953,201	65.00
66.00	PHYSICAL THERAPY	0	4,482,746	0.000000	0.000000	152,261	66.00
67.00	OCCUPATIONAL THERAPY	0	489,985	0.000000	0.000000	29,539	67.00
68.00	SPEECH PATHOLOGY	0	86,550	0.000000	0.000000	6,251	68.00
69.00	ELECTROCARDIOLOGY	0	704,211	0.000000	0.000000	47,929	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,805,689	0.000000	0.000000	522,304	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	4,840,936	0.000000	0.000000	2,409,861	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	10,503,141	0.000000	0.000000	1,986,686	73.00
73.01	CARDIAC REHAB	0	176,491	0.000000	0.000000	0	73.01
73.02	WOUND CARE	0	87,969	0.000000	0.000000	0	73.02
73.03	SLEEP LAB	0	565,723	0.000000	0.000000	0	73.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	3,039,449	0.000000	0.000000	0	88.00
88.01	RURAL HEALTH CLINIC II	0	507,734	0.000000	0.000000	0	88.01
88.02	RURAL HEALTH CLINIC III	0	2,158,465	0.000000	0.000000	0	88.02
88.03	RURAL HEALTH CLINIC IV	0	65,851	0.000000	0.000000	0	88.03
88.04	RURAL HEALTH CLINIC V	0	15,430	0.000000	0.000000	0	88.04
88.05	RURAL HEALTH CLINIC VI	0	0	0.000000	0.000000	0	88.05
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	385,167	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	4,111,066	0.000000	0.000000	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	0	804,503	0.000000	0.000000	1,357	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	0	80,196,015			10,367,748	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 4/24/2012 11:01 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	Cost
		11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0	0	0		50.00
51.00	RECOVERY ROOM	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	ANESTHESIOLOGY	0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
56.00	RADIOISOTOPE	0	0	0		56.00
60.00	LABORATORY	0	0	0		60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	RESPIRATORY THERAPY	0	0	0		65.00
66.00	PHYSICAL THERAPY	0	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0	0		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	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
73.01	CARDIAC REHAB	0	0	0		73.01
73.02	WOUND CARE	0	0	0		73.02
73.03	SLEEP LAB	0	0	0		73.03
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
88.01	RURAL HEALTH CLINIC II	0	0	0		88.01
88.02	RURAL HEALTH CLINIC III	0	0	0		88.02
88.03	RURAL HEALTH CLINIC IV	0	0	0		88.03
88.04	RURAL HEALTH CLINIC V	0	0	0		88.04
88.05	RURAL HEALTH CLINIC VI	0	0	0		88.05
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
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part V Date/Time Prepared: 4/24/2012 11:01 am
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Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Cost
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
			1.00	2.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0.276572	0	2,427,855	0	50.00
51.00 RECOVERY ROOM	0.270956	0	503,436	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.757122	0	0	0	52.00
53.00 ANESTHESIOLOGY	0.771179	0	13,371	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.301757	0	4,392,274	0	54.00
56.00 RADIOISOTOPE	0.344865	0	366,570	0	56.00
60.00 LABORATORY	0.217365	0	4,131,016	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	1.402482	0	31,333	0	63.00
65.00 RESPIRATORY THERAPY	0.220341	0	304,025	0	65.00
66.00 PHYSICAL THERAPY	0.581381	0	1,169,296	0	66.00
67.00 OCCUPATIONAL THERAPY	0.411121	0	76,757	0	67.00
68.00 SPEECH PATHOLOGY	0.931438	0	20,436	0	68.00
69.00 ELECTROCARDIOLOGY	0.007900	0	312,649	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0.134369	0	452,428	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.445850	0	241,823	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.182391	0	3,474,247	4,123	73.00
73.01 CARDIAC REHAB	1.218861	0	109,931	0	73.01
73.02 WOUND CARE	3.793814	0	38,145	0	73.02
73.03 SLEEP LAB	0.423356	0	154,755	0	73.03
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0.000000				88.00
88.01 RURAL HEALTH CLINIC II	0.000000				88.01
88.02 RURAL HEALTH CLINIC III	0.000000				88.02
88.03 RURAL HEALTH CLINIC IV	0.000000				88.03
88.04 RURAL HEALTH CLINIC V	0.000000				88.04
88.05 RURAL HEALTH CLINIC VI	0.000000				88.05
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00 CLINIC	1.300888	0	222,577	0	90.00
91.00 EMERGENCY	0.686517	0	1,141,483	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART	0.480372	0	140,658	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 AMBULANCE SERVICES	0.828312		0		95.00
200.00 Subtotal (see instructions)		0	19,725,065	4,123	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	19,725,065	4,123	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part V Date/Time Prepared: 4/24/2012 11:01 am
	Title XVIII	Hospital	Cost

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0	671,477	0		50.00
51.00 RECOVERY ROOM	0	136,409	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	10,311	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	1,325,399	0		54.00
56.00 RADIOISOTOPE	0	126,417	0		56.00
60.00 LABORATORY	0	897,938	0		60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	43,944	0		63.00
65.00 RESPIRATORY THERAPY	0	66,989	0		65.00
66.00 PHYSICAL THERAPY	0	679,806	0		66.00
67.00 OCCUPATIONAL THERAPY	0	31,556	0		67.00
68.00 SPEECH PATHOLOGY	0	19,035	0		68.00
69.00 ELECTROCARDIOLOGY	0	2,470	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	60,792	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	107,817	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	633,671	752		73.00
73.01 CARDIAC REHAB	0	133,991	0		73.01
73.02 WOUND CARE	0	144,715	0		73.02
73.03 SLEEP LAB	0	65,516	0		73.03
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
88.01 RURAL HEALTH CLINIC II	0	0	0		88.01
88.02 RURAL HEALTH CLINIC III	0	0	0		88.02
88.03 RURAL HEALTH CLINIC IV	0	0	0		88.03
88.04 RURAL HEALTH CLINIC V	0	0	0		88.04
88.05 RURAL HEALTH CLINIC VI	0	0	0		88.05
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	289,548	0		90.00
91.00 EMERGENCY	0	783,647	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART	0	67,568	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 AMBULANCE SERVICES		0			95.00
200.00 Subtotal (see instructions)	0	6,299,016	752		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	6,299,016	752		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part V Date/Time Prepared: 4/24/2012 11:01 am		
		Component CCN: 14Z317	Title XVIII		Swing Beds - SNF	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Cost	
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0.276572	0	0	0	50.00
51.00	RECOVERY ROOM	0.270956	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.757122	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.771179	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.301757	0	0	0	54.00
56.00	RADIOISOTOPE	0.344865	0	0	0	56.00
60.00	LABORATORY	0.217365	0	0	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	1.402482	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0.220341	0	0	0	65.00
66.00	PHYSICAL THERAPY	0.581381	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.411121	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.931438	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.007900	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0.134369	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.445850	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.182391	0	0	0	73.00
73.01	CARDIAC REHAB	1.218861	0	0	0	73.01
73.02	WOUND CARE	3.793814	0	0	0	73.02
73.03	SLEEP LAB	0.423356	0	0	0	73.03
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
88.01	RURAL HEALTH CLINIC II	0.000000				88.01
88.02	RURAL HEALTH CLINIC III	0.000000				88.02
88.03	RURAL HEALTH CLINIC IV	0.000000				88.03
88.04	RURAL HEALTH CLINIC V	0.000000				88.04
88.05	RURAL HEALTH CLINIC VI	0.000000				88.05
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	1.300888	0	0	0	90.00
91.00	EMERGENCY	0.686517	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	0.480372	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES	0.828312		0		95.00
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: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part V Date/Time Prepared: 4/24/2012 11:01 am
		Component CCN: 14Z317	Title XVIII	Swing Beds - SNF Cost

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0	0	0		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
56.00 RADIOISOTOPE	0	0	0		56.00
60.00 LABORATORY	0	0	0		60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00 RESPIRATORY THERAPY	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	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
73.01 CARDIAC REHAB	0	0	0		73.01
73.02 WOUND CARE	0	0	0		73.02
73.03 SLEEP LAB	0	0	0		73.03
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
88.01 RURAL HEALTH CLINIC II	0	0	0		88.01
88.02 RURAL HEALTH CLINIC III	0	0	0		88.02
88.03 RURAL HEALTH CLINIC IV	0	0	0		88.03
88.04 RURAL HEALTH CLINIC V	0	0	0		88.04
88.05 RURAL HEALTH CLINIC VI	0	0	0		88.05
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
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 AMBULANCE SERVICES		0			95.00
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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 141317 Component CCN: 145979	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 4/24/2012 11:01 am
		Title XVIII	Skilled Nursing Facility PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
60.00 LABORATORY	0	0	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	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
73.01 CARDIAC REHAB	0	0	0	0	0	73.01
73.02 WOUND CARE	0	0	0	0	0	73.02
73.03 SLEEP LAB	0	0	0	0	0	73.03
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01 RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02 RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
88.03 RURAL HEALTH CLINIC IV	0	0	0	0	0	88.03
88.04 RURAL HEALTH CLINIC V	0	0	0	0	0	88.04
88.05 RURAL HEALTH CLINIC VI	0	0	0	0	0	88.05
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
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 141317 Component CCN: 145979	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 4/24/2012 11:01 am
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	11,224,690	0.000000	0.000000	0	50.00
51.00 RECOVERY ROOM	0	1,922,694	0.000000	0.000000	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	1,244,289	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	120,522	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	14,501,601	0.000000	0.000000	4,943	54.00
56.00 RADIOISOTOPE	0	890,026	0.000000	0.000000	0	56.00
60.00 LABORATORY	0	9,866,231	0.000000	0.000000	11,088	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	107,724	0.000000	0.000000	0	63.00
65.00 RESPIRATORY THERAPY	0	3,487,132	0.000000	0.000000	0	65.00
66.00 PHYSICAL THERAPY	0	4,482,746	0.000000	0.000000	168,904	66.00
67.00 OCCUPATIONAL THERAPY	0	489,985	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	86,550	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	704,211	0.000000	0.000000	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,805,689	0.000000	0.000000	5,990	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	4,840,936	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	10,503,141	0.000000	0.000000	26,890	73.00
73.01 CARDIAC REHAB	0	176,491	0.000000	0.000000	0	73.01
73.02 WOUND CARE	0	87,969	0.000000	0.000000	0	73.02
73.03 SLEEP LAB	0	565,723	0.000000	0.000000	0	73.03
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	3,039,449	0.000000	0.000000	0	88.00
88.01 RURAL HEALTH CLINIC II	0	507,734	0.000000	0.000000	0	88.01
88.02 RURAL HEALTH CLINIC III	0	2,158,465	0.000000	0.000000	0	88.02
88.03 RURAL HEALTH CLINIC IV	0	65,851	0.000000	0.000000	0	88.03
88.04 RURAL HEALTH CLINIC V	0	15,430	0.000000	0.000000	0	88.04
88.05 RURAL HEALTH CLINIC VI	0	0	0.000000	0.000000	0	88.05
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	385,167	0.000000	0.000000	0	90.00
91.00 EMERGENCY	0	4,111,066	0.000000	0.000000	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART	0	804,503	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (Lines 50-199)	0	80,196,015			217,815	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 4/24/2012 11:01 am
	Component CCN: 145979	Title XVIII	Skilled Nursing Facility PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
56.00 RADIOISOTOPE	0	0	0	56.00
60.00 LABORATORY	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	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
73.01 CARDIAC REHAB	0	0	0	73.01
73.02 WOUND CARE	0	0	0	73.02
73.03 SLEEP LAB	0	0	0	73.03
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
88.01 RURAL HEALTH CLINIC II	0	0	0	88.01
88.02 RURAL HEALTH CLINIC III	0	0	0	88.02
88.03 RURAL HEALTH CLINIC IV	0	0	0	88.03
88.04 RURAL HEALTH CLINIC V	0	0	0	88.04
88.05 RURAL HEALTH CLINIC VI	0	0	0	88.05
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
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 AMBULANCE SERVICES				95.00
200.00 Total (Lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 4/24/2012 11:01 am
Cost Center Description			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)		3,976	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,747	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,747	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		268	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)		805	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		39	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)		117	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,363	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)		262	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)		787	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			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			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)		4,704,741	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)		4,534	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)		13,602	25.00
26.00	Total swing-bed cost (see instructions)		1,334,557	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,370,184	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		4,327,791	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,327,791	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.778731	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)		1,575.46	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)		3,370,184	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)		1,226.86	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,672,210	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)		1,672,210	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet D-1 Date/Time Prepared: 4/24/2012 11:01 am		
Cost Center Description			Title XVIII		Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	386,497	78	4,955.09	65	322,081	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,990,627	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,984,918	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					321,437	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					965,539	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					1,286,976	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					315	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,226.86	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					386,461	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141317		Period: From 10/01/2010 To 09/30/2011		Worksheet D-1 Date/Time Prepared: 4/24/2012 11:01 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet D-1
		Component CCN: 145979		Date/Time Prepared: 4/24/2012 11:01 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				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)		1,498	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,498	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)		1,498	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		586	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<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			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		391,690	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		391,690	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	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)		0.00	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)		391,690	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet D-1	
		Component CCN: 145979		Date/Time Prepared: 4/24/2012 11:01 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
	Intensive Care Type Inpatient Hospital Units				
43.00	INTENSIVE CARE UNIT				43.00
44.00	CORONARY CARE UNIT				44.00
45.00	BURN INTENSIVE CARE UNIT				45.00
46.00	SURGICAL INTENSIVE CARE UNIT				46.00
47.00	OTHER SPECIAL CARE (SPECIFY)				47.00
	Cost Center Description				
					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				49.00
	PASS THROUGH COST ADJUSTMENTS				
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				53.00
	TARGET AMOUNT AND LIMIT COMPUTATION				
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST				
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY				
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)				391,690 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				261.48 71.00
72.00	Program routine service cost (line 9 x line 71)				153,227 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				153,227 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)				0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0 80.00
81.00	Inpatient routine service cost per diem limitation				0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)				153,227 83.00
84.00	Program inpatient ancillary services (see instructions)				107,809 84.00
85.00	Utilization review - physician compensation (see instructions)				0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				261,036 86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST				
87.00	Total observation bed days (see instructions)				0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0 89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet D-1
		Component CCN: 145979		Date/Time Prepared: 4/24/2012 11:01 am
		Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	0	0	0.000000	0	0	90.00
91.00 Nursing School cost	0	0	0.000000	0	0	91.00
92.00 Allied health cost	0	0	0.000000	0	0	92.00
93.00 All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet D-3 Date/Time Prepared: 4/24/2012 11:01 am	
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		2,026,585		30.00
31.00	INTENSIVE CARE UNIT		139,541		31.00
43.00	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.276572	1,751,970	484,546	50.00
51.00	RECOVERY ROOM	0.270956	210,230	56,963	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.757122	0	0	52.00
53.00	ANESTHESIOLOGY	0.771179	32,417	24,999	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.301757	572,037	172,616	54.00
56.00	RADIOISOTOPE	0.344865	15,494	5,343	56.00
60.00	LABORATORY	0.217365	630,381	137,023	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	1.402482	45,830	64,276	63.00
65.00	RESPIRATORY THERAPY	0.220341	1,953,201	430,370	65.00
66.00	PHYSICAL THERAPY	0.581381	152,261	88,522	66.00
67.00	OCCUPATIONAL THERAPY	0.411121	29,539	12,144	67.00
68.00	SPEECH PATHOLOGY	0.931438	6,251	5,822	68.00
69.00	ELECTROCARDIOLOGY	0.007900	47,929	379	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0.134369	522,304	70,181	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.445850	2,409,861	1,074,437	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.182391	1,986,686	362,354	73.00
73.01	CARDIAC REHAB	1.218861	0	0	73.01
73.02	WOUND CARE	3.793814	0	0	73.02
73.03	SLEEP LAB	0.423356	0	0	73.03
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
88.01	RURAL HEALTH CLINIC II	0.000000		0	88.01
88.02	RURAL HEALTH CLINIC III	0.000000		0	88.02
88.03	RURAL HEALTH CLINIC IV	0.000000		0	88.03
88.04	RURAL HEALTH CLINIC V	0.000000		0	88.04
88.05	RURAL HEALTH CLINIC VI	0.000000		0	88.05
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	1.300888	0	0	90.00
91.00	EMERGENCY	0.686517	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	0.480372	1,357	652	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		10,367,748	2,990,627	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)		10,367,748		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet D-3	
		Component CCN: 14Z317	Date/Time Prepared: 4/24/2012 11:01 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		576,950		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
43.00	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.276572	0	0	50.00
51.00	RECOVERY ROOM	0.270956	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.757122	0	0	52.00
53.00	ANESTHESIOLOGY	0.771179	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.301757	56,674	17,102	54.00
56.00	RADIOISOTOPE	0.344865	0	0	56.00
60.00	LABORATORY	0.217365	100,830	21,917	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	1.402482	4,185	5,869	63.00
65.00	RESPIRATORY THERAPY	0.220341	102,497	22,584	65.00
66.00	PHYSICAL THERAPY	0.581381	222,460	129,334	66.00
67.00	OCCUPATIONAL THERAPY	0.411121	90,002	37,002	67.00
68.00	SPEECH PATHOLOGY	0.931438	2,329	2,169	68.00
69.00	ELECTROCARDIOLOGY	0.007900	5,014	40	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0.134369	366,010	49,180	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.445850	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.182391	761,490	138,889	73.00
73.01	CARDIAC REHAB	1.218861	0	0	73.01
73.02	WOUND CARE	3.793814	0	0	73.02
73.03	SLEEP LAB	0.423356	0	0	73.03
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
88.01	RURAL HEALTH CLINIC II	0.000000		0	88.01
88.02	RURAL HEALTH CLINIC III	0.000000		0	88.02
88.03	RURAL HEALTH CLINIC IV	0.000000		0	88.03
88.04	RURAL HEALTH CLINIC V	0.000000		0	88.04
88.05	RURAL HEALTH CLINIC VI	0.000000		0	88.05
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	1.300888	0	0	90.00
91.00	EMERGENCY	0.686517	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	0.480372	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		1,711,491	424,086	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		1,711,491		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet D-3	
		Component CCN: 145979		Date/Time Prepared: 4/24/2012 11:01 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		96,837		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
43.00	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.276572	0	0	50.00
51.00	RECOVERY ROOM	0.270956	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.757122	0	0	52.00
53.00	ANESTHESIOLOGY	0.771179	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.301757	4,943	1,492	54.00
56.00	RADIOISOTOPE	0.344865	0	0	56.00
60.00	LABORATORY	0.217365	11,088	2,410	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	1.402482	0	0	63.00
65.00	RESPIRATORY THERAPY	0.220341	0	0	65.00
66.00	PHYSICAL THERAPY	0.581381	168,904	98,198	66.00
67.00	OCCUPATIONAL THERAPY	0.411121	0	0	67.00
68.00	SPEECH PATHOLOGY	0.931438	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.007900	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0.134369	5,990	805	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.445850	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.182391	26,890	4,904	73.00
73.01	CARDIAC REHAB	1.218861	0	0	73.01
73.02	WOUND CARE	3.793814	0	0	73.02
73.03	SLEEP LAB	0.423356	0	0	73.03
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
88.01	RURAL HEALTH CLINIC II	0.000000		0	88.01
88.02	RURAL HEALTH CLINIC III	0.000000		0	88.02
88.03	RURAL HEALTH CLINIC IV	0.000000		0	88.03
88.04	RURAL HEALTH CLINIC V	0.000000		0	88.04
88.05	RURAL HEALTH CLINIC VI	0.000000		0	88.05
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	1.300888	0	0	90.00
91.00	EMERGENCY	0.686517	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	0.480372	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		217,815	107,809	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)		217,815		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet E Part B Date/Time Prepared: 4/24/2012 11:01 am
		Title XVIII	Hospital	Cost
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		6,299,768	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)		6,299,768	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)		6,362,766	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)		55,738	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,106,107	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)		3,200,921	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)		3,200,921	30.00
31.00	Primary payer payments		723	31.00
32.00	Subtotal (line 30 minus line 31)		3,200,198	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)		260,539	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		260,539	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		260,539	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		3,460,737	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)		3,460,737	40.00
41.00	Interim payments		3,593,786	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)		-133,049	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		33,559	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet E Part B Date/Time Prepared: 4/24/2012 11:01 am
		Component CCN: 145979	Title XVIII	Skilled Nursing Facility
		PPS		
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<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)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
<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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R			38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet E-1  
Part I  
Date/Time Prepared:  
4/24/2012 11:01 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		3,608,235		4,158,104	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	04/29/2011	235,696		0	3.01	
3.02		09/09/2011	502,068		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0	04/29/2011	104,943	3.50	
3.51			0	09/09/2011	459,375	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)		737,764		-564,318	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)		4,345,999		3,593,786	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		351,800		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		133,049	6.02	
7.00	Total Medicare program liability (see instructions)		4,697,799		3,460,737	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 141317

Period: From 10/01/2010

Worksheet E-1

Component CCN: 14Z317

To 09/30/2011

Part I  
Date/Time Prepared:  
4/24/2012 11:01 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		1,670,238		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02		09/09/2011	22,537		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	04/29/2011	3,744		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)		18,793		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,689,031		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		10,647		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,699,678		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 141317  
Component CCN: 145979

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet E-1  
Part I  
Date/Time Prepared:  
4/24/2012 11:01 am  
PPS

Title XVIII

Skilled Nursing  
Facility

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		211,223		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)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		211,223		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		211,223		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

Provider CCN: 141317

Period:

Worksheet E-2

Component CCN: 14Z317

From 10/01/2010  
To 09/30/2011

Date/Time Prepared:  
4/24/2012 11:01 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)	1,299,846		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)	428,327		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	1,049		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)	1,728,173		0			8.00
9.00	Primary payer payments (see instructions)	0		0			9.00
10.00	Subtotal (line 8 minus line 9)	1,728,173		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)	1,728,173		0			12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	28,495		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)	1,699,678		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)	1,699,678		0			19.00
20.00	Interim payments	1,689,031		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)	10,647		0			22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2	9,202		0			23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet E-3 Part V Date/Time Prepared: 4/24/2012 11:01 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		4,984,918	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)		4,984,918	4.00
5.00	Primary payer payments		0	5.00
6.00	Total cost (line 4 less line 5) . For CAH (see instructions)		5,034,767	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)		5,034,767	19.00
20.00	Deductibles (exclude professional component)		367,860	20.00
21.00	Excess reasonable cost (from line 16)		0	21.00
22.00	Subtotal (line 19 minus line 20)		4,666,907	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (line 22 minus line 23)		4,666,907	24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		30,892	25.00
26.00	Adjusted reimbursable bad debts (see instructions)		30,892	26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		30,892	27.00
28.00	Subtotal (sum of lines 24 and 25 or 26)		4,697,799	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)		4,697,799	30.00
31.00	Interim payments		4,345,999	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)		351,800	33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		26,536	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141317 Component CCN: 145979	Period: From 10/01/2010 To 09/30/2011	Worksheet E-3 Part VI Date/Time Prepared: 4/24/2012 11:01 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		246,647	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		246,647	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		35,424	6.00
7.00	Coinsurance		0	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Allowable reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		211,223	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		211,223	15.00
16.00	Interim payments		211,223	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet E-3 Part VII Date/Time Prepared: 4/24/2012 11:01 am
		Title XIX	Hospital	Cost
				1.00
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services		0	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		0	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	12.00
<b>CUSTOMARY CHRGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	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	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT</b>				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	31.00
32.00	Deductibles		0	32.00
33.00	Coinsurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet E-3 Part VII Date/Time Prepared: 4/24/2012 11:01 am
		Title XIX	Skilled Nursing Facility	Cost
				1.00
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services		0	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		0	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	12.00
<b>CUSTOMARY CHRGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	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	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT</b>				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

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

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet G

Date/Time Prepared:  
4/24/2012 11:01 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	325,507	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	8,051,186	0	0	0	4.00
5.00	Other receivable	1,012,888	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	655,914	0	0	0	7.00
8.00	Prepaid expenses	637,336	0	0	0	8.00
9.00	Other current assets	967,196	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	11,650,027	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	19,271,638	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	19,271,638	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	7,910,665	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	7,910,665	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	38,832,330	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	3,082,702	0	0	0	37.00
38.00	Salaries, wages, and fees payable	2,393,096	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	386,434	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	59,500	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	5,921,732	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	11,048,479	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	11,048,479	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	16,970,211	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	21,862,119	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	21,862,119	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	38,832,330	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet G-1

Date/Time Prepared:  
4/24/2012 11:01 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		20,697,967	
2.00	Net income (loss) (From Wkst. G-3, line 29)		1,164,152			2.00
3.00	Total (sum of line 1 and line 2)		21,862,119		0	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)		21,862,119		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	ROUNDING	2		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)		2		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		21,862,117		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet G-1

Date/Time Prepared:  
4/24/2012 11:01 am

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet G-2 Parts

Date/Time Prepared:  
4/24/2012 11:01 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	6,936,786		6,936,786	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	275,597		275,597	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	2,297,499		2,297,499	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	9,509,882		9,509,882	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>					
11.00	INTENSIVE CARE UNIT	142,210		142,210	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)	142,210		142,210	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	9,652,092		9,652,092	17.00
18.00	Ancillary services	0	0	0	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	3,547,183	3,547,183	20.00
20.01	RURAL HEALTH CLINIC II	0	358,216	358,216	20.01
20.02	RURAL HEALTH CLINIC III	0	2,158,465	2,158,465	20.02
20.03	RURAL HEALTH CLINIC IV	0	471,287	471,287	20.03
20.04	RURAL HEALTH CLINIC V	0	375,463	375,463	20.04
20.05	RURAL HEALTH CLINIC VI	0	0	0	20.05
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	3,728,447	3,728,447	23.00
24.00	CMHC	0	0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OPERATING ROOM	3,553,419	7,671,271	11,224,690	27.00
27.01	RECOVERY ROOM	413,811	1,508,883	1,922,694	27.01
27.03	ANESTHESIOLOGY	1,597,087	3,523,221	5,120,308	27.03
27.04	RADIOLOGY-DIAGNOSTIC	977,628	15,280,401	16,258,029	27.04
27.05	RADIOISOTOPE	36,060	853,966	890,026	27.05
27.06	LABORATORY	1,052,895	8,803,921	9,856,816	27.06
27.07	BLOOD STORING, PROCESSING & TRANS.	71,181	36,543	107,724	27.07
27.08	RESPIRATORY THERAPY	2,758,705	728,427	3,487,132	27.08
27.09	PHYSICAL THERAPY	512,165	3,896,520	4,408,685	27.09
27.10	OCCUPATIONAL THERAPY	146,489	272,784	419,273	27.10
27.11	SPEECH PATHOLOGY	12,169	68,496	80,665	27.11
27.12	ELECTROCARDIOLOGY	76,878	674,529	751,407	27.12
27.13	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,666,804	2,969,250	8,636,054	27.13
27.15	DRUGS CHARGED TO PATIENTS	4,106,080	6,370,817	10,476,897	27.15
27.16	CARDIAC REHAB	0	176,491	176,491	27.16
27.17	WOUND CARE	353	87,616	87,969	27.17
27.18	SLEEP LAB	0	565,723	565,723	27.18
27.19	CLINIC	0	531,666	531,666	27.19
27.20	EMERGENCY	0	6,176,592	6,176,592	27.20
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	30,633,816	70,836,178	101,469,994	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		53,414,206		29.00
30.00	BAD DEBTS	1,842,389			30.00
31.00	PROVIDER TAXES	22,995			31.00
32.00	SMALL WRITE OFFS	3,150			32.00
33.00	VARIANCE	7,282			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		1,875,816		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)		55,290,022		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet G-3

Date/Time Prepared:  
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	101,469,994	1.00
2.00	Less contractual allowances and discounts on patients' accounts	47,755,839	2.00
3.00	Net patient revenues (line 1 minus line 2)	53,714,155	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	55,290,022	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,575,867	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	345,637	6.00
7.00	Income from investments	127,296	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	1,901,333	24.00
24.01	GRANT INCOME	13,304	24.01
24.02	GAIN ON SALE OF LAND	572,400	24.02
25.00	Total other income (sum of lines 6-24)	2,959,970	25.00
26.00	Total (line 5 plus line 25)	1,384,103	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
27.01	LOSS FROM EARLY EXTINGUISHMENT DEBT	219,951	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	219,951	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	1,164,152	29.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 141317 Component CCN: 143408	Period: From 10/01/2010 To 09/30/2011	Worksheet M-1 Date/Time Prepared: 4/24/2012 11:01 am
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		Title XVIII		Rural Health Clinic (RHC) I	Cost		
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassified	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>							
1.00	Physician	1,095,499	0	1,095,499	0	1,095,499	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	158,662	0	158,662	0	158,662	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	213,278	0	213,278	0	213,278	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	0	0	0	0	9.00
10.00	Subtotal (sum of lines 1-9)	1,467,439	0	1,467,439	0	1,467,439	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	188,126	188,126	0	188,126	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	0	0	0	0	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	188,126	188,126	0	188,126	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	1,467,439	188,126	1,655,565	0	1,655,565	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	395,782	685,466	1,081,248	55,216	1,136,464	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	395,782	685,466	1,081,248	55,216	1,136,464	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	1,863,221	873,592	2,736,813	55,216	2,792,029	32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 141317 Component CCN: 143408	Period: From 10/01/2010 To 09/30/2011	Worksheet M-1 Date/Time Prepared: 4/24/2012 11:01 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	-277,745	817,754	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	0	158,662	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	213,278	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	0	9.00
10.00	Subtotal (sum of lines 1-9)	-277,745	1,189,694	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	188,126	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	0	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	188,126	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-277,745	1,377,820	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	-167,860	968,604	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-167,860	968,604	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-445,605	2,346,424	32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 141317 Component CCN: 143440	Period: From 10/01/2010 To 09/30/2011	Worksheet M-1 Date/Time Prepared: 4/24/2012 11:01 am
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		Title XVIII		Rural Health Clinic (RHC) II	Cost		
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassified	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>							
1.00	Physician	0	0	0	0	0	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	159,249	0	159,249	0	159,249	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	28,806	0	28,806	0	28,806	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	0	0	0	0	9.00
10.00	Subtotal (sum of lines 1-9)	188,055	0	188,055	0	188,055	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	34,028	34,028	0	34,028	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	0	0	0	0	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	34,028	34,028	0	34,028	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	188,055	34,028	222,083	0	222,083	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	85,364	88,698	174,062	8,252	182,314	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	85,364	88,698	174,062	8,252	182,314	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	273,419	122,726	396,145	8,252	404,397	32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 141317 Component CCN: 143440	Period: From 10/01/2010 To 09/30/2011	Worksheet M-1 Date/Time Prepared: 4/24/2012 11:01 am
	Title XVIII	Rural Health Clinic (RHC) II	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	0	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	0	159,249	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	28,806	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	0	9.00
10.00	Subtotal (sum of lines 1-9)	0	188,055	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	34,028	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	0	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	34,028	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	222,083	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	-1,146	181,168	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-1,146	181,168	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-1,146	403,251	32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet M-1
	Component CCN: 148505		Date/Time Prepared: 4/24/2012 11:01 am

		Title XVIII		Rural Health Clinic (RHC) III	Cost	
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassified	Reclassified Trial Balance (col. 3 + col. 4)
		1.00	2.00	3.00	4.00	5.00
<b>FACILITY HEALTH CARE STAFF COSTS</b>						
1.00	Physician	783,700	0	783,700	0	783,700
2.00	Physician Assistant	104,891	0	104,891	0	104,891
3.00	Nurse Practitioner	0	0	0	0	0
4.00	Visiting Nurse	0	0	0	0	0
5.00	Other Nurse	150,879	0	150,879	0	150,879
6.00	Clinical Psychologist	0	0	0	0	0
7.00	Clinical Social Worker	0	0	0	0	0
8.00	Laboratory Technician	0	0	0	0	0
9.00	Other Facility Health Care Staff Costs	0	0	0	0	0
10.00	Subtotal (sum of lines 1-9)	1,039,470	0	1,039,470	0	1,039,470
11.00	Physician Services Under Agreement	0	0	0	0	0
12.00	Physician Supervision Under Agreement	0	0	0	0	0
13.00	Other Costs Under Agreement	0	0	0	0	0
14.00	Subtotal (sum of lines 11-13)	0	0	0	0	0
15.00	Medical Supplies	0	101,216	101,216	0	101,216
16.00	Transportation (Health Care Staff)	0	0	0	0	0
17.00	Depreciation-Medical Equipment	0	0	0	0	0
18.00	Professional Liability Insurance	0	0	0	0	0
19.00	Other Health Care Costs	0	0	0	0	0
20.00	Allowable GME Costs	0	0	0	0	0
21.00	Subtotal (sum of lines 15-20)	0	101,216	101,216	0	101,216
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	1,039,470	101,216	1,140,686	0	1,140,686
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>						
23.00	Pharmacy	0	0	0	0	0
24.00	Dental	0	0	0	0	0
25.00	Optometry	0	0	0	0	0
26.00	All other nonreimbursable costs	0	0	0	0	0
27.00	Nonallowable GME costs	0	0	0	0	0
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0	0	0	0
<b>FACILITY OVERHEAD</b>						
29.00	Facility Costs	0	0	0	0	0
30.00	Administrative Costs	167,385	407,638	575,023	-2,649	572,374
31.00	Total Facility Overhead (sum of lines 29 and 30)	167,385	407,638	575,023	-2,649	572,374
32.00	Total facility costs (sum of lines 22, 28 and 31)	1,206,855	508,854	1,715,709	-2,649	1,713,060

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 141317 Component CCN: 148505	Period: From 10/01/2010 To 09/30/2011	Worksheet M-1 Date/Time Prepared: 4/24/2012 11:01 am
	Title XVIII	Rural Health Clinic (RHC) III	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	783,700
2.00	Physician Assistant	0	104,891
3.00	Nurse Practitioner	0	0
4.00	Visiting Nurse	0	0
5.00	Other Nurse	0	150,879
6.00	Clinical Psychologist	0	0
7.00	Clinical Social Worker	0	0
8.00	Laboratory Technician	0	0
9.00	Other Facility Health Care Staff Costs	0	0
10.00	Subtotal (sum of lines 1-9)	0	1,039,470
11.00	Physician Services Under Agreement	0	0
12.00	Physician Supervision Under Agreement	0	0
13.00	Other Costs Under Agreement	0	0
14.00	Subtotal (sum of lines 11-13)	0	0
15.00	Medical Supplies	0	101,216
16.00	Transportation (Health Care Staff)	0	0
17.00	Depreciation-Medical Equipment	0	0
18.00	Professional Liability Insurance	0	0
19.00	Other Health Care Costs	0	0
20.00	Allowable GME Costs	0	0
21.00	Subtotal (sum of lines 15-20)	0	101,216
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	1,140,686
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>			
23.00	Pharmacy	0	0
24.00	Dental	0	0
25.00	Optometry	0	0
26.00	All other nonreimbursable costs	0	0
27.00	Nonallowable GME costs	0	0
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0
<b>FACILITY OVERHEAD</b>			
29.00	Facility Costs	0	0
30.00	Administrative Costs	-137,827	434,547
31.00	Total Facility Overhead (sum of lines 29 and 30)	-137,827	434,547
32.00	Total facility costs (sum of lines 22, 28 and 31)	-137,827	1,575,233

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 141317 Component CCN: 148515	Period: From 10/01/2010 To 09/30/2011	Worksheet M-1 Date/Time Prepared: 4/24/2012 11:01 am
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		Title XVIII		Rural Health Clinic (RHC) IV	Cost		
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassified	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>							
1.00	Physician	182,552	0	182,552	-156,995	25,557	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	36,276	0	36,276	-31,197	5,079	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	0	0	0	0	9.00
10.00	Subtotal (sum of lines 1-9)	218,828	0	218,828	-188,192	30,636	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	20,578	20,578	-17,697	2,881	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	0	0	0	0	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	20,578	20,578	-17,697	2,881	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	218,828	20,578	239,406	-205,889	33,517	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	77,853	102,692	180,545	-166,860	13,685	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	77,853	102,692	180,545	-166,860	13,685	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	296,681	123,270	419,951	-372,749	47,202	32.00

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

Provider CCN: 141317

Period:  
From 10/01/2010  
To 09/30/2011

Worksheet M-1

Component CCN: 148515

Date/Time Prepared:  
4/24/2012 11:01 am

Title XVIII

Rural Health  
Clinic (RHC) IV

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	25,557	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	5,079	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	0	9.00
10.00	Subtotal (sum of lines 1-9)	0	30,636	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	2,881	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	0	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	2,881	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	33,517	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	0	13,685	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	13,685	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	47,202	32.00

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

Provider CCN: 141317

Period: From 10/01/2010

Worksheet M-1

Component CCN: 148517

To 09/30/2011

Date/Time Prepared: 4/24/2012 11:01 am

Title XVIII

Rural Health Clinic (RHC) V

Cost

		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassification	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	155,121	0	155,121	-148,916	6,205	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	21,669	0	21,669	-20,802	867	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	39,814	0	39,814	-38,221	1,593	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	0	0	0	0	9.00
10.00	Subtotal (sum of lines 1-9)	216,604	0	216,604	-207,939	8,665	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	20,310	20,310	-19,498	812	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	0	0	0	0	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	20,310	20,310	-19,498	812	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	216,604	20,310	236,914	-227,437	9,477	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	46,441	118,974	165,415	-134,417	30,998	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	46,441	118,974	165,415	-134,417	30,998	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	263,045	139,284	402,329	-361,854	40,475	32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 141317 Component CCN: 148517	Period: From 10/01/2010 To 09/30/2011	Worksheet M-1 Date/Time Prepared: 4/24/2012 11:01 am
	Title XVIII	Rural Health Clinic (RHC) V	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	6,205	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	0	867	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	-3,000	-1,407	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	0	9.00
10.00	Subtotal (sum of lines 1-9)	-3,000	5,665	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	812	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	0	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	812	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-3,000	6,477	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	-30,307	691	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-30,307	691	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-33,307	7,168	32.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES			Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet M-2	
			Component CCN: 143408		Date/Time Prepared: 4/24/2012 11:01 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	2.59	11,003	4,200	10,878	1.00
2.00	Physician Assistant	0.00	0	2,100	0	2.00
3.00	Nurse Practitioner	1.51	3,339	2,100	3,171	3.00
4.00	Subtotal (sum of lines 1-3)	4.10	14,342		14,049	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)	4.10	14,342			8.00
9.00	Physician Services Under Agreements		0		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)				1,377,820	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)				1,377,820	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)				968,604	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				1,255,859	15.00
16.00	Total overhead (sum of lines 14 and 15)				2,224,463	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Subtract line 17 from line 16				2,224,463	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)				2,224,463	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)				3,602,283	20.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet M-2		
		Component CCN: 143440		Date/Time Prepared: 4/24/2012 11:01 am		
		Title XVIII	Rural Health Clinic (RHC) II	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	0.03	139	4,200	126	1.00
2.00	Physician Assistant	0.00	0	2,100	0	2.00
3.00	Nurse Practitioner	0.90	2,383	2,100	1,890	3.00
4.00	Subtotal (sum of lines 1-3)	0.93	2,522		2,016	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)	0.93	2,522			8.00
9.00	Physician Services Under Agreements		0		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)				222,083	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)				222,083	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)				181,168	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				182,434	15.00
16.00	Total overhead (sum of lines 14 and 15)				363,602	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Subtract line 17 from line 16				363,602	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)				363,602	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)				585,685	20.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet M-2		
		Component CCN: 148505		Date/Time Prepared: 4/24/2012 11:01 am		
		Title XVIII	Rural Health Clinic (RHC) III	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	2.28	6,738	4,200	9,576	1.00
2.00	Physician Assistant	0.00	0	2,100	0	2.00
3.00	Nurse Practitioner	0.80	1,842	2,100	1,680	3.00
4.00	Subtotal (sum of lines 1-3)	3.08	8,580		11,256	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)	3.08	8,580		11,256	8.00
9.00	Physician Services Under Agreements		0		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)				1,140,686	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)				1,140,686	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)				434,547	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				713,753	15.00
16.00	Total overhead (sum of lines 14 and 15)				1,148,300	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Subtract line 17 from line 16				1,148,300	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)				1,148,300	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)				2,288,986	20.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 141317 Component CCN: 148515		Period: From 10/01/2010 To 09/30/2011		Worksheet M-2 Date/Time Prepared: 4/24/2012 11:01 am	
		Title XVIII		Rural Health Clinic (RHC) IV		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	0.00	0	4,200	0		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	0.12	133	2,100	252		3.00
4.00	Subtotal (sum of lines 1-3)	0.12	133		252	252	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)	0.12	133			252	8.00
9.00	Physician Services Under Agreements		237			237	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)					33,517	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)					33,517	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)					13,685	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					28,180	15.00
16.00	Total overhead (sum of lines 14 and 15)					41,865	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Subtract line 17 from line 16					41,865	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)					41,865	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)					75,382	20.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet M-2		
		Component CCN: 148517		Date/Time Prepared: 4/24/2012 11:01 am		
		Title XVIII	Rural Health Clinic (RHC) V	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	0.03	104	4,200	126	1.00
2.00	Physician Assistant	0.00	0	2,100	0	2.00
3.00	Nurse Practitioner	0.00	0	2,100	0	3.00
4.00	Subtotal (sum of lines 1-3)	0.03	104		126	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)	0.03	104		126	8.00
9.00	Physician Services Under Agreements		0		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)				6,477	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)				6,477	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)				691	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				11,628	15.00
16.00	Total overhead (sum of lines 14 and 15)				12,319	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Subtract line 17 from line 16				12,319	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)				12,319	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)				18,796	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet M-3
		Component CCN: 143408		Date/Time Prepared: 4/24/2012 11:01 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)		3,602,283	1.00
2.00	Cost of vaccines and their administration (from Worksheet M-4, line 15)		48,254	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		3,554,029	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		14,342	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)		14,342	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		247.81	7.00
		<b>Calculation of Limit (1)</b>		
		<b>Prior to January 1</b>	<b>On or After January 1</b>	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 27, Sec. 505 or your contractor)	0.00	0.00	8.00
9.00	Rate for Program covered visits (see instructions)	247.81	247.81	9.00
<b>CALCULATION OF SETTLEMENT</b>				
10.00	Program covered visits excluding mental health services (from contractor records)	1,021	3,063	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	253,014	759,042	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)	0	0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	253,014	759,042	16.00
16.01	Total program charges (see instructions)(from contractor's records)		556,301	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		7,531	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		10,276	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		564,381	16.04
16.05	Total program cost (see instructions)	202,411	574,657	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		43,290	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		0	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		777,068	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		18,076	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		795,144	22.00
23.00	Reimbursable bad debts (see instructions)		0	23.00
24.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
26.00	Net reimbursable amount (lines 22 plus 23 plus or minus line 25)		795,144	26.00
27.00	Interim payments		574,057	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 27 and 28)		221,087	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, section 115.2		4,620	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet M-3
		Component CCN: 143440		Date/Time Prepared: 4/24/2012 11:01 am
		Title XVIII	Rural Health Clinic (RHC) II	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)		585,685	1.00
2.00	Cost of vaccines and their administration (from Worksheet M-4, line 15)		14,022	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		571,663	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		2,522	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)		2,522	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		226.67	7.00
		<b>Calculation of Limit (1)</b>		
		<b>Prior to January 1</b>	<b>On or After January 1</b>	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 27, Sec. 505 or your contractor)	0.00	0.00	8.00
9.00	Rate for Program covered visits (see instructions)	226.67	226.67	9.00
<b>CALCULATION OF SETTLEMENT</b>				
10.00	Program covered visits excluding mental health services (from contractor records)	0	275	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	62,334	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)	0	0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	62,334	16.00
16.01	Total program charges (see instructions)(from contractor's records)		0	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		47,002	16.04
16.05	Total program cost (see instructions)	0	47,002	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		3,581	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		0	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		47,002	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		1,143	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		48,145	22.00
23.00	Reimbursable bad debts (see instructions)		0	23.00
24.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
26.00	Net reimbursable amount (lines 22 plus 23 plus or minus line 25)		48,145	26.00
27.00	Interim payments		41,894	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 27 and 28)		6,251	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, section 115.2		284	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet M-3
		Component CCN: 148505		Date/Time Prepared: 4/24/2012 11:01 am
		Title XVIII	Rural Health Clinic (RHC) III	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)		2,288,986	1.00
2.00	Cost of vaccines and their administration (from Worksheet M-4, line 15)		0	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		2,288,986	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		11,256	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)		11,256	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		203.36	7.00
		<b>Calculation of Limit (1)</b>		
		<b>Prior to January 1</b>	<b>On or After January 1</b>	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 27, Sec. 505 or your contractor)	0.00	0.00	8.00
9.00	Rate for Program covered visits (see instructions)	203.36	203.36	9.00
<b>CALCULATION OF SETTLEMENT</b>				
10.00	Program covered visits excluding mental health services (from contractor records)	0	1,354	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	275,349	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)	0	0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	275,349	16.00
16.01	Total program charges (see instructions)(from contractor's records)		201,039	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		74,833	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		102,493	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		122,264	16.04
16.05	Total program cost (see instructions)	0	224,757	16.05
17.00	Primary payer amounts		110	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		20,026	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		0	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		224,647	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		0	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		224,647	22.00
23.00	Reimbursable bad debts (see instructions)		0	23.00
24.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
26.00	Net reimbursable amount (lines 22 plus 23 plus or minus line 25)		224,647	26.00
27.00	Interim payments		211,140	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 27 and 28)		13,507	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, section 115.2		1,338	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet M-3
		Component CCN: 148515		Date/Time Prepared: 4/24/2012 11:01 am
		Title XVIII	Rural Health Clinic (RHC) IV	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)		75,382	1.00
2.00	Cost of vaccines and their administration (from Worksheet M-4, line 15)		5,999	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		69,383	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		252	4.00
5.00	Physicians visits under agreement (from Worksheet M-2, column 5, line 9)		237	5.00
6.00	Total adjusted visits (line 4 plus line 5)		489	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		141.89	7.00
		<b>Calculation of Limit (1)</b>		
		<b>Prior to January 1</b>	<b>On or After January 1</b>	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 27, Sec. 505 or your contractor)	0.00	0.00	8.00
9.00	Rate for Program covered visits (see instructions)	141.89	141.89	9.00
<b>CALCULATION OF SETTLEMENT</b>				
10.00	Program covered visits excluding mental health services (from contractor records)	0	132	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	18,729	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)	0	0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	18,729	16.00
16.01	Total program charges (see instructions)(from contractor's records)		0	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		14,762	16.04
16.05	Total program cost (see instructions)	0	14,762	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		277	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		0	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		14,762	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		2,715	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		17,477	22.00
23.00	Reimbursable bad debts (see instructions)		0	23.00
24.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
26.00	Net reimbursable amount (lines 22 plus 23 plus or minus line 25)		17,477	26.00
27.00	Interim payments		6,386	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 27 and 28)		11,091	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, section 115.2		91	30.00

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet M-4
		Component CCN: 143408		Date/Time Prepared: 4/24/2012 11:01 am
		Title XVIII	Rural Health Clinic (RHC) I	Cost
		Pneumococcal	Influenza	
		1.00	2.00	
1.00	Health care staff cost (from Worksheet M-1, column 7, line 10)	1,189,694	1,189,694	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.000448	0.006635	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	533	7,894	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	2,117	7,913	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	2,650	15,807	5.00
6.00	Total direct cost of the facility (from Worksheet M-1, column 7, line 22)	1,377,820	1,377,820	6.00
7.00	Total overhead (from Worksheet M-2, line 16)	2,224,463	2,224,463	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.001923	0.011472	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	4,278	25,519	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	6,928	41,326	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	43	637	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	161.12	64.88	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	24	219	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	3,867	14,209	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)		48,254	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)		18,076	16.00

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet M-4
		Component CCN: 143440		Date/Time Prepared: 4/24/2012 11:01 am
		Title XVIII	Rural Health Clinic (RHC) II	Cost
		Pneumococcal 1.00	Influenza 2.00	
1.00	Health care staff cost (from Worksheet M-1, column 7, line 10)	188,055	188,055	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.000370	0.009776	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	70	1,838	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	443	2,966	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	513	4,804	5.00
6.00	Total direct cost of the facility (from Worksheet M-1, column 7, line 22)	222,083	222,083	6.00
7.00	Total overhead (from Worksheet M-2, line 16)	363,602	363,602	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.002310	0.021632	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	840	7,865	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	1,353	12,669	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	9	238	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	150.33	53.23	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	3	13	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	451	692	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)		14,022	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)		1,143	16.00

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 141317	Period: From 10/01/2010 To 09/30/2011	Worksheet M-4
		Component CCN: 148515		Date/Time Prepared: 4/24/2012 11:01 am
		Title XVIII	Rural Health Clinic (RHC) IV	Cost
		Pneumococcal 1.00	Influenza 2.00	
1.00	Health care staff cost (from Worksheet M-1, column 7, line 10)	30,636	30,636	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.007594	0.000427	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	233	13	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	1,978	443	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	2,211	456	5.00
6.00	Total direct cost of the facility (from Worksheet M-1, column 7, line 22)	33,517	33,517	6.00
7.00	Total overhead (from Worksheet M-2, line 16)	41,865	41,865	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.065967	0.013605	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	2,762	570	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	4,973	1,026	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	160	9	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	31.08	114.00	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	69	5	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	2,145	570	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)		5,999	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)		2,715	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 141317 Component CCN: 143408	Period: From 10/01/2010 To 09/30/2011	Worksheet M-5 Date/Time Prepared: 4/24/2012 11:01 am	
		Title VIII	Rural Health Clinic (RHC) I	Cost	
			Part B		
			mm/dd/yyyy	Amount	
			1.00	2.00	
1.00	Total interim payments paid to provider			557,504	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero			0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				3.00
Program to Provider					
3.01			04/29/2011	16,553	3.01
3.02				0	3.02
3.03				0	3.03
3.04				0	3.04
3.05				0	3.05
Provider to Program					
3.50				0	3.50
3.51				0	3.51
3.52				0	3.52
3.53				0	3.53
3.54				0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)			16,553	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)			574,057	4.00
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				5.00
Program to Provider					
5.01				0	5.01
5.02				0	5.02
5.03				0	5.03
Provider to Program					
5.50				0	5.50
5.51				0	5.51
5.52				0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				6.00
6.01	SETTLEMENT TO PROVIDER			221,087	6.01
6.02	SETTLEMENT TO PROGRAM			0	6.02
7.00	Total Medicare program liability (see instructions)			795,144	7.00
			Contractor Number	Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 141317 Component CCN: 143440	Period: From 10/01/2010 To 09/30/2011	Worksheet M-5 Date/Time Prepared: 4/24/2012 11:01 am	
		Title VIII	Rural Health Clinic (RHC) II	Cost	
			Part B		
			mm/dd/yyyy	Amount	
			1.00	2.00	
1.00	Total interim payments paid to provider			41,235	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero			0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				3.00
Program to Provider					
3.01			04/29/2011	659	3.01
3.02				0	3.02
3.03				0	3.03
3.04				0	3.04
3.05				0	3.05
Provider to Program					
3.50				0	3.50
3.51				0	3.51
3.52				0	3.52
3.53				0	3.53
3.54				0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)			659	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)			41,894	4.00
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				5.00
Program to Provider					
5.01				0	5.01
5.02				0	5.02
5.03				0	5.03
Provider to Program					
5.50				0	5.50
5.51				0	5.51
5.52				0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				6.00
6.01	SETTLEMENT TO PROVIDER			6,251	6.01
6.02	SETTLEMENT TO PROGRAM			0	6.02
7.00	Total Medicare program liability (see instructions)			48,145	7.00
			Contractor Number	Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 141317 Component CCN: 148505	Period: From 10/01/2010 To 09/30/2011	Worksheet M-5 Date/Time Prepared: 4/24/2012 11:01 am
	Title XVIII	Rural Health Clinic (RHC) III	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		183,187	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
Program to Provider				
3.01		04/29/2011	27,953	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		27,953	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		211,140	4.00
TO BE COMPLETED BY CONTRACTOR				
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
Program to Provider				
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		13,507	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		224,647	7.00
		Contractor Number	Date (Mo/Day/Yr)	
		0	1.00	2.00
8.00	Name of Contractor			8.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 141317 Component CCN: 148515	Period: From 10/01/2010 To 09/30/2011	Worksheet M-5 Date/Time Prepared: 4/24/2012 11:01 am
	Title VIII	Rural Health Clinic (RHC) IV	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		6,386	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
Program to Provider				
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		6,386	4.00
TO BE COMPLETED BY CONTRACTOR				
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
Program to Provider				
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		11,091	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		17,477	7.00
		Contractor Number	Date (Mo/Day/Yr)	
		0	1.00 2.00	
8.00	Name of Contractor			8.00