

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: 141342	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/30/2012 3:10 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input type="checkbox"/> Electronically filed cost report	Date: 5/30/2012	Time: 3:10 pm
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 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 UNION COUNTY HOSPITAL DISTRICT for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	159,325	-74,774	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	85,766	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	-7,138	0	0	10.00
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	245,091	-81,912	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.

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OMB NO. 0938-0050

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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.

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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 UNION COUNTY HOSPITAL DISTRICT for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information
 ECR: Date: 5/30/2012 Time: 3:10 pm
 yDHbf4dWP7YkDcmCp2bv: FYI 4UAXKO
 e7BB006: ARGfI R7YLKyfB: fLKYOPwM
 pmng040eWPO0PC48
 PI: Date: 5/30/2012 Time: 3:10 pm
 j: J6UczCVvDNRS5VJ6xQvDi fLzNobO
 27d7Y0b1bYuLA7bKvzw3prWI 38dVyE
 nK7XHNdl k: OdnxeE

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

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	159,325	-74,774	0	0	1.00
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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	85,766	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	-7,138	0	0	10.00
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	245,091	-81,912	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: 141342			Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 4:12 pm			
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 Zip Code: 62906		4.00 County: UNION				
1.00	Street: 517 NORTH MAIN STREET	State: IL		Zip Code: 62906		County: UNION				
2.00	City: ANNA	State: IL		Zip Code: 62906		County: UNION				
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
V		XVIII		XIX						
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	UNION COUNTY HOSPITAL DISTRICT	141342	99914	1	07/01/1966	N	O	N	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF	UNION COUNTY HOSP DIST SWING BEDS	14Z342	99914		08/05/1992	N	O	N	7.00
8.00	Swing Beds - NF						N		N	8.00
9.00	Hospital-Based SNF						N	N	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC	UNION COUNTY HOSP DIST RHC	143975	99914		05/22/1991	N	O	N	15.00
16.00	Hospital-Based Health Clinic - FOHC									16.00
17.00	Hospital-Based (CMHC) 1									17.00
17.10	Hospital-Based (CORF) 1						N	N	N	17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2011	12/31/2011		20.00	
21.00	Type of Control (see instructions)					4				21.00
Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N				22.00
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.					3		N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0		24.00	
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	0	0	0	0	0	0		25.00	
						Urban/Rural S	Date of Geogr			
						1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.					2			26.00	
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).					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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141342	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 4:12 pm		
		Beginning: 1.00	Ending: 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 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 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)		0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	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. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 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	
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N		75.00	
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00	
			1.00			
Long Term Care Hospital PPS						
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N	80.00	
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.			N	86.00	
			V	XIX		
			1.00	2.00		
Title V or XIX Inpatient Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00	
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		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)		N		106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		Y		108.00	
			Physical	Occupational	Speech	Respiratory
			1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		Y	N	N	N
			1.00		2.00	
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00	
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		5,000,000	5,000,000	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	
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 141342	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/29/2012 4:12 pm
		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N		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	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/17/2012	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)	N		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: 141342	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/29/2012 4:12 pm
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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	1.00 N	2.00	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		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
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		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.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141342

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 4:12 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	
	Line Number				
	1.00	2.00	3.00	4.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	25	9,125	62,409.00	1.00
2.00 HMO					2.00
3.00 HMO IPF					3.00
4.00 HMO IRF					4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					5.00
6.00 Hospital Adults & Peds. Swing Bed NF					6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		25	9,125	62,409.00	7.00
8.00 INTENSIVE CARE UNIT					8.00
9.00 CORONARY CARE UNIT					9.00
10.00 BURN INTENSIVE CARE UNIT					10.00
11.00 SURGICAL INTENSIVE CARE UNIT					11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 NURSERY	43.00				13.00
14.00 Total (see instructions)		25	9,125	62,409.00	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	0	0		19.00
20.00 NURSING FACILITY					20.00
21.00 OTHER LONG TERM CARE	46.00	22	8,030		21.00
22.00 HOME HEALTH AGENCY					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00 HOSPICE					24.00
25.00 CMHC - CMHC					25.00
25.10 CMHC - CORF	99.10				25.10
26.00 RURAL HEALTH CLINIC	88.00				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER					26.25
27.00 Total (sum of lines 14-26)		47			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: 141342

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 4:12 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	1,990	277	2,671		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	638	0	674		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	2,628	277	3,345		7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		0	0		13.00
14.00 Total (see instructions)	0	2,628	277	3,345		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	0	0	0		19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE				7,404		21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	612	0	8,146		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	162		28.00
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141342

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 4:12 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	537	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	156.89	0.00	0	537	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	0.00	0.00			19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	0.00	17.82	0.00			21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	6.18	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00	180.89	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: 141342

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 4:12 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	95	764		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)	95	764		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		0		21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
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-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 141342 Component CCN: 143975	Period: From 01/01/2011 To 12/31/2011	Worksheet S-8 Date/Time Prepared: 5/29/2012 4:12 pm	
			Rural Health Clinic (RHC) I	Cost	
				1.00	
1.00	Clinic Address and Identification Street		517 NORTH MAIN STREET	1.00	
		City	State	Zip Code	
		1.00	2.00	3.00	
2.00	City, State, Zip Code, County		ANNA IL	62906 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) Clinic			11.00	
				1.00 2.00	
12.00	Have you received an approval for an exception to the productivity standard?			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.			0 13.00	
			Provider name	CCN number	
			1.00	2.00	
14.00	Provider name, CCN number			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)		0	0	0 15.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 141342 Component CCN: 143975	Period: From 01/01/2011 To 12/31/2011	Worksheet S-8 Date/Time Prepared: 5/29/2012 4:12 pm
			Rural Health Clinic (RHC) I	Cost
		County		
		4.00		
2.00	City, State, Zip Code, County	UNION		2.00
		Tuesday		
		from	to	
		5.00	6.00	
		Wednesday		
		from	to	
		7.00	8.00	
11.00	Facility hours of operations (1) Clinic			11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 141342 Component CCN: 143975	Period: From 01/01/2011 To 12/31/2011	Worksheet S-8 Date/Time Prepared: 5/29/2012 4:12 pm	
			Rural Health Clinic (RHC) I	Cost	
		Thursday		Friday	
		from	to	from	to
		9.00	10.00	11.00	12.00
11.00	Facility hours of operations (1) Clinic				11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 141342 Component CCN: 143975	Period: From 01/01/2011 To 12/31/2011	Worksheet S-8 Date/Time Prepared: 5/29/2012 4:12 pm
		Rural Health Clinic (RHC) I	Cost

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 141342	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/29/2012 4:12 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.278344	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		1,155,812	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		994,798	5.00	
6.00	Medicaid charges		8,093,218	6.00	
7.00	Medicaid cost (line 1 times line 6)		2,252,699	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)		102,089	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		193,290	9.00	
10.00	Stand-alone SCHIP charges		3,648,242	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		1,015,466	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		822,176	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		924,265	19.00	
			1.00		
			2.00		
			3.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	90,715	0	90,715	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	25,250	0	25,250	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)	25,250	0	25,250	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?			24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		50	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		2,472,363	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		562,727	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		1,909,636	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		531,536	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		556,786	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		1,481,051	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141342

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

Worksheet A
Date/Time Prepared:
5/29/2012 4:12 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT		168,732	168,732	79,673	248,405	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		1,005,274	1,005,274	196,426	1,201,700	2.00
3.00 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	81,838	33,511	115,349	1,253,650	1,368,999	4.00
5.00 ADMINISTRATIVE & GENERAL	1,350,395	7,574,279	8,924,674	-1,581,219	7,343,455	5.00
7.00 OPERATION OF PLANT	229,545	509,132	738,677	-900	737,777	7.00
8.00 LAUNDRY & LINEN SERVICE	30,011	4,290	34,301	0	34,301	8.00
9.00 HOUSEKEEPING	201,891	73,826	275,717	0	275,717	9.00
10.00 DIETARY	196,509	228,532	425,041	0	425,041	10.00
13.00 NURSING ADMINISTRATION	415,034	57,542	472,576	0	472,576	13.00
14.00 CENTRAL SERVICES & SUPPLY	91,287	155,269	246,556	-104,586	141,970	14.00
15.00 PHARMACY	289,869	428,233	718,102	-351,272	366,830	15.00
16.00 MEDICAL RECORDS & LIBRARY	86,846	342,064	428,910	-10,016	418,894	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	1,041,370	532,566	1,573,936	-3,806	1,570,130	30.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00 OTHER LONG TERM CARE	588,011	98,891	686,902	-2,735	684,167	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	201,285	109,243	310,528	75,026	385,554	50.00
51.00 RECOVERY ROOM	78,430	18,570	97,000	-97,000	0	51.00
53.00 ANESTHESIOLOGY	0	278,395	278,395	0	278,395	53.00
54.00 RADIOLOGY-DIAGNOSTIC	285,667	203,445	489,112	385,852	874,964	54.00
54.01 ULTRASOUND	53,116	15,527	68,643	-68,643	0	54.01
56.00 RADIOISOTOPE	0	78,201	78,201	-78,201	0	56.00
57.00 CT SCAN	0	122,620	122,620	-122,620	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	116,387	116,387	-116,388	-1	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	373,909	428,223	802,132	-12,824	789,308	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	54,225	26,038	80,263	-19,539	60,724	65.00
66.00 PHYSICAL THERAPY	364,403	62,300	426,703	171,324	598,027	66.00
67.00 OCCUPATIONAL THERAPY	75,746	7,088	82,834	-82,834	0	67.00
68.00 SPEECH PATHOLOGY	83,191	8,194	91,385	-91,385	0	68.00
69.00 ELECTROCARDIOLOGY	61,381	6,505	67,886	-720	67,166	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	142,071	142,071	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	4,028	4,028	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	333,532	333,532	73.00
76.00 SLEEP LAB	0	126,092	126,092	0	126,092	76.00
76.03 WOUND CARE	12,116	3,382	15,498	0	15,498	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	330,571	53,103	383,674	-4,817	378,857	88.00
91.00 EMERGENCY	717,354	771,114	1,488,468	0	1,488,468	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	7,294,000	13,646,568	20,940,568	-107,923	20,832,645	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	2,518	2,518	0	2,518	192.00
193.02 MARKETING	0	0	0	0	0	193.02
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 OTHER NONREIMBURSABLE - MARKETING	0	0	0	107,923	107,923	194.01
194.02 OTHER NONREIMBURSABLE - SENIOR CIRCL	0	523	523	0	523	194.02
194.03 FREESTANDING HHA COSTS	0	0	0	0	0	194.03
194.04 LEASED TO SPECIALTY CLINICS	0	0	0	0	0	194.04
194.05 LEASED TO RURAL HEALTH ASSOCIATES	0	0	0	0	0	194.05
200.00 TOTAL (SUM OF LINES 118-199)	7,294,000	13,649,609	20,943,609	0	20,943,609	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141342

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

Worksheet A
Date/Time Prepared:
5/29/2012 4:12 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	159,153	407,558	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	264,194	1,465,894	2.00
3.00	OTHER CAP REL COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	-680	1,368,319	4.00
5.00	ADMINISTRATIVE & GENERAL	-4,662,151	2,681,304	5.00
7.00	OPERATION OF PLANT	-990	736,787	7.00
8.00	LAUNDRY & LINEN SERVICE	0	34,301	8.00
9.00	HOUSEKEEPING	0	275,717	9.00
10.00	DIETARY	-40,244	384,797	10.00
13.00	NURSING ADMINISTRATION	0	472,576	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	141,970	14.00
15.00	PHARMACY	0	366,830	15.00
16.00	MEDICAL RECORDS & LIBRARY	-444	418,450	16.00
17.00	SOCIAL SERVICE	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-317,627	1,252,503	30.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
46.00	OTHER LONG TERM CARE	-570	683,597	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	385,554	50.00
51.00	RECOVERY ROOM	0	0	51.00
53.00	ANESTHESIOLOGY	0	278,395	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-1,245	873,719	54.00
54.01	ULTRASOUND	0	0	54.01
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	-1	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	789,308	60.00
60.01	BLOOD LABORATORY	0	0	60.01
65.00	RESPIRATORY THERAPY	0	60,724	65.00
66.00	PHYSICAL THERAPY	0	598,027	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	67,166	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	142,071	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	4,028	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	333,532	73.00
76.00	SLEEP LAB	0	126,092	76.00
76.03	WOUND CARE	0	15,498	76.03
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	378,857	88.00
91.00	EMERGENCY	0	1,488,468	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-4,600,604	16,232,041	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	-2,086	432	192.00
193.02	MARKETING	0	0	193.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	OTHER NONREIMBURSABLE - MARKETING	0	107,923	194.01
194.02	OTHER NONREIMBURSABLE - SENIOR CIRCL	0	523	194.02
194.03	FREESTANDING HHA COSTS	0	0	194.03
194.04	LEASED TO SPECIALTY CLINICS	0	0	194.04
194.05	LEASED TO RURAL HEALTH ASSOCIATES	0	0	194.05
200.00	TOTAL (SUM OF LINES 118-199)	-4,602,690	16,340,919	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS	4.00	0	1,253,650	1.00
	TOTALS		0	1,253,650	
B - OXYGEN COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	19,539	1.00
	TOTALS		0	19,539	
C - RENTAL AND LEASE EXPENSES					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	77,074	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
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
	TOTALS		0	77,074	
D - OTHER CAPITAL COSTS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	17,596	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	3,103	2.00
3.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	62,077	3.00
	TOTALS		0	82,776	
E - MARKETING DEPT					
1.00	OTHER NONREIMBURSABLE - MARKETING	194.01	54,480	53,443	1.00
	TOTALS		54,480	53,443	
F - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	122,532	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	4,028	2.00
	TOTALS		0	126,560	
G - COST OF DRUGS/IV SOLUTIONS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	333,532	1.00
	TOTALS		0	333,532	
H - PT, OT, SP COSTS					
1.00	PHYSICAL THERAPY	66.00	158,937	15,282	1.00
2.00		0.00	0	0	2.00
	TOTALS		158,937	15,282	
I - AMORTIZATION EXPENSE					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	116,249	1.00
	TOTALS		0	116,249	
J - OTHER RADIOLOGY COST					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	53,116	332,736	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
	TOTALS		53,116	332,736	
K - RECOVERY ROOM					
1.00	OPERATING ROOM	50.00	78,430	18,570	1.00
	TOTALS		78,430	18,570	
L - TELEPHONE EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,054	1.00
	TOTALS		0	1,054	
500.00	Grand Total: Increases		344,963	2,430,465	500.00

RECLASSIFICATIONS

Provider CCN: 141342

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

Worksheet A-6
Date/Time Prepared:
5/29/2012 4:12 pm

		Decreases				Wkst. A-7 Ref.	
Cost Center		Line #	Salary	Other			
6.00		7.00	8.00	9.00	10.00		
A - EMPLOYEE BENEFITS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,253,650	0		1.00
	TOTALS		0	1,253,650			
B - OXYGEN COSTS							
1.00	RESPIRATORY THERAPY	65.00	0	19,539	0		1.00
	TOTALS		0	19,539			
C - RENTAL AND LEASE EXPENSES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	21,675	10		1.00
2.00	OPERATION OF PLANT	7.00	0	900	0		2.00
3.00	PHARMACY	15.00	0	17,740	0		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	10,016	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	3,806	0		5.00
6.00	OTHER LONG TERM CARE	46.00	0	2,735	0		6.00
7.00	LABORATORY	60.00	0	12,824	0		7.00
8.00	PHYSICAL THERAPY	66.00	0	2,895	0		8.00
9.00	ELECTROCARDIOLOGY	69.00	0	720	0		9.00
10.00	RURAL HEALTH CLINIC	88.00	0	3,763	0		10.00
	TOTALS		0	77,074			
D - OTHER CAPITAL COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	82,776	12		1.00
2.00		0.00	0	0	12		2.00
3.00		0.00	0	0	13		3.00
	TOTALS		0	82,776			
E - MARKETING DEPT							
1.00	ADMINISTRATIVE & GENERAL	5.00	54,480	53,443	0		1.00
	TOTALS		54,480	53,443			
F - MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	104,586	0		1.00
2.00	OPERATING ROOM	50.00	0	21,974	0		2.00
	TOTALS		0	126,560			
G - COST OF DRUGS/IV SOLUTIONS							
1.00	PHARMACY	15.00	0	333,532	0		1.00
	TOTALS		0	333,532			
H - PT, OT, SP COSTS							
1.00	OCCUPATIONAL THERAPY	67.00	75,746	7,088	0		1.00
2.00	SPEECH PATHOLOGY	68.00	83,191	8,194	0		2.00
	TOTALS		158,937	15,282			
I - AMORTIZATION EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	116,249	9		1.00
	TOTALS		0	116,249			
J - OTHER RADIOLOGY COST							
1.00	ULTRASOUND	54.01	53,116	15,527	0		1.00
2.00	RADIOISOTOPE	56.00	0	78,201	0		2.00
3.00	CT SCAN	57.00	0	122,620	0		3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	116,388	0		4.00
	TOTALS		53,116	332,736			
K - RECOVERY ROOM							
1.00	RECOVERY ROOM	51.00	78,430	18,570	0		1.00
	TOTALS		78,430	18,570			
L - TELEPHONE EXPENSE							
1.00	RURAL HEALTH CLINIC	88.00	0	1,054	0		1.00
	TOTALS		0	1,054			
500.00	Grand Total: Decreases		344,963	2,430,465			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141342

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/29/2012 4:12 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0	0	0	0	1.00
2.00	Land Improvements	73,392	0	0	0	-8,423	2.00
3.00	Buildings and Fixtures	6,497,722	196	0	196	-748,990	3.00
4.00	Building Improvements	6,952,383	868,007	0	868,007	0	4.00
5.00	Fixed Equipment	1,480,861	283,048	0	283,048	-109,282	5.00
6.00	Movable Equipment	6,726,528	1,234,215	0	1,234,215	-185,135	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	21,730,886	2,385,466	0	2,385,466	-1,051,830	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	21,730,886	2,385,466	0	2,385,466	-1,051,830	10.00
SUMMARY OF CAPITAL							
Cost Center Description		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	168,732	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1,005,274	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,174,006	0	0	0	0	3.00
COMPUTATION OF RATIOS							
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141342

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/29/2012 4:12 pm

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0		1.00		
2.00	Land Improvements	81,815	0		2.00		
3.00	Buildings and Fixtures	7,246,908	0		3.00		
4.00	Building Improvements	7,820,390	0		4.00		
5.00	Fixed Equipment	1,873,191	0		5.00		
6.00	Movable Equipment	8,145,878	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	25,168,182	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	25,168,182	0		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	168,732		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	1,005,274		2.00		
3.00	Total (sum of lines 1-2)	0	1,174,006		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	327,885	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	1,385,717	77,074	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1,713,602	77,074	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141342

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/29/2012 4:12 pm

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	17,596	62,077	0	407,558	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	3,103	0	0	1,465,894	2.00
3.00	Total (sum of lines 1-2)	0	20,699	62,077	0	1,873,452	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 141342

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

Worksheet A-8

Date/Time Prepared:
5/29/2012 4:12 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT		1.00	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP		2.00	2.00
3.00 Investment income - other (chapter 2)		0			0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-6,320	ADMINISTRATIVE & GENERAL		5.00	7.00
8.00 Television and radio service (chapter 21)	A	-1,328	NEW CAP REL COSTS-MVBLE EQUIP		2.00	8.00
9.00 Parking lot (chapter 21)		0			0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-313,726				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	-669,149				12.00
13.00 Laundry and linen service		0			0.00	13.00
14.00 Cafeteria-employees and guests	B	-40,244	DIETARY		10.00	14.00
15.00 Rental of quarters to employee and others		0			0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	16.00
17.00 Sale of drugs to other than patients		0			0.00	17.00
18.00 Sale of medical records and abstracts	B	-444	MEDICAL RECORDS & LIBRARY		16.00	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		RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	85,055	NEW CAP REL COSTS-BLDG & FIXT		1.00	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	232,384	NEW CAP REL COSTS-MVBLE EQUIP		2.00	27.00
28.00 Non-physician Anesthetist			NONPHYSICIAN ANESTHETISTS		19.00	28.00
29.00 Physicians' assistant		0			0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	32.00
33.00 SILVER RECOVERY	B	-1,245	RADIOLOGY-DIAGNOSTIC		54.00	33.00
34.00 OTHER MISCELLANEOUS INCOME	B	-53,860	ADMINISTRATIVE & GENERAL		5.00	34.00
35.00 DEPRECIATION EXPENSE-ADMIN & GEN	A	-115,761	ADMINISTRATIVE & GENERAL		5.00	35.00
36.00 BAD DEBT EXPENSE	A	-3,463,866	ADMINISTRATIVE & GENERAL		5.00	36.00
37.00 TELEPHONE BENEFIT COST	A	-680	EMPLOYEE BENEFITS		4.00	37.00
38.00 TELEPHONE DEPRECIATION COST	A	-1,375	NEW CAP REL COSTS-MVBLE EQUIP		2.00	38.00
39.00 CABLE TV EXPENSE	A	-990	OPERATION OF PLANT		7.00	39.00
40.00 MARKETING EXPENSE	A	-75,790	ADMINISTRATIVE & GENERAL		5.00	40.00
41.00 PHYSICIAN RECRUITING	A	-7,273	ADULTS & PEDIATRICS		30.00	41.00
41.01 PHYSICIAN RECRUITING A&P	A	-2,063	ADMINISTRATIVE & GENERAL		5.00	41.01
42.00 LOBBYING EXPENSE IN ASSOC DUES	A	-6,932	ADMINISTRATIVE & GENERAL		5.00	42.00
43.00 REMOVE CHARITABLE CONTRIBUTIONS	A	-403	ADMINISTRATIVE & GENERAL		5.00	43.00
44.00 HEALTHY WOMAN PROGRAM COSTS	A	-6,975	ADMINISTRATIVE & GENERAL		5.00	44.00
45.00 ILLINOIS PROVIDER TAX	A	-115,928	ADMINISTRATIVE & GENERAL		5.00	45.00
46.00 MISCELLANEOUS NON-ALLOWABLE	A	-33,691	ADMINISTRATIVE & GENERAL		5.00	46.00
47.00 MISCELLANEOUS NON-ALLOWABLE	A	-2,086	PHYSICIANS' PRIVATE OFFICES		192.00	47.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-4,602,690				50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 141342

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

Worksheet A-8

Date/Time Prepared:
5/29/2012 4:12 pm

Cost Center Description	Wkst. A-7 Ref.	
	5.00	
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00 Investment income - NEW 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)	9	8.00
9.00 Parking lot (chapter 21)	0	9.00
10.00 Provider-based physician adjustment	0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00 Related organization transactions (chapter 10)	0	12.00
13.00 Laundry and linen service	0	13.00
14.00 Cafeteria-employees and guests	0	14.00
15.00 Rental of quarters to employee and others	0	15.00
16.00 Sale of medical and surgical supplies to other than patients	0	16.00
17.00 Sale of drugs to other than patients	0	17.00
18.00 Sale of medical records and abstracts	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)	0	19.00
20.00 Vending machines	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	9	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	9	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 SILVER RECOVERY	0	33.00
34.00 OTHER MISCELLANEOUS INCOME	0	34.00
35.00 DEPRECIATION EXPENSE-ADMIN & GEN	0	35.00
36.00 BAD DEBT EXPENSE	0	36.00
37.00 TELEPHONE BENEFIT COST	0	37.00
38.00 TELEPHONE DEPRECIATION COST	9	38.00
39.00 CABLE TV EXPENSE	0	39.00
40.00 MARKETING EXPENSE	0	40.00
41.00 PHYSICIAN RECRUITING	0	41.00
41.01 PHYSICIAN RECRUITING A&P	0	41.01
42.00 LOBBYING EXPENSE IN ASSOC DUES	0	42.00
43.00 REMOVE CHARITABLE CONTRIBUTIONS	0	43.00
44.00 HEALTHY WOMAN PROGRAM COSTS	0	44.00
45.00 ILLINOIS PROVIDER TAX	9	45.00
46.00 MISCELLANEOUS NON-ALLOWABLE	0	46.00
47.00 MISCELLANEOUS NON-ALLOWABLE	0	47.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 141342

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2012 4:12 pm

	Line No.	Cost Center	Expense Items	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00		1.00 NEW CAP REL COSTS-BLDG & FIXT	CAPITAL RELATED COSTS(INT & BLDG)	1.00
2.00		2.00 NEW CAP REL COSTS-MVBLE EQUIP	CAPITAL RELATED (MOVEABLE)	2.00
3.00		5.00 ADMINISTRATIVE & GENERAL	ALLOCATED COSTS	3.00
4.00		5.00 ADMINISTRATIVE & GENERAL	MALPRACTICE COSTS	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

	Symbol (1)	Name	Percentage of Ownership	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

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

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

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

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

Provider CCN: 141342

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

Worksheet A-8-1

Date/Time Prepared: 5/29/2012 4:12 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	4.00	5.00	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	74,098	0	74,098	9	1.00	
2.00	34,513	0	34,513	9	2.00	
3.00	424,121	1,028,269	-604,148	9	3.00	
4.00	131,717	305,329	-173,612	9	4.00	
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	664,449	1,333,598	-669,149		5.00

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

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

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

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

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

6.00		COMMUNITY HEALTH	100.00	HOSPITAL MANAGE	6.00
7.00		PASI	100.00	COLLECTIONS	7.00
8.00			0.00		8.00
9.00			0.00		9.00
10.00			0.00		10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141342

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 4:12 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	30.00	ADULTS & PEDIATRICS	310,354	310,354	1.00
2.00	46.00	OTHER LONG TERM CARE	570	570	2.00
3.00	0.00		0	0	3.00
4.00	0.00		0	0	4.00
5.00	91.00	EMERGENCY	544,121	0	5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	2,802	2,802	6.00
7.00	0.00		0	0	7.00
8.00	0.00		0	0	8.00
9.00	0.00		0	0	9.00
10.00	0.00		0	0	10.00
200.00			857,847	313,726	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141342

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 4:12 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	544,121	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	544,121			0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141342

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 4:12 pm

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141342

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 4:12 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	310,354	1.00
2.00	0	570	2.00
3.00	0	0	3.00
4.00	0	0	4.00
5.00	0	0	5.00
6.00	0	2,802	6.00
7.00	0	0	7.00
8.00	0	0	8.00
9.00	0	0	9.00
10.00	0	0	10.00
200.00	0	313,726	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141342

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

Worksheet B Part I Date/Time Prepared: 5/29/2012 4:12 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	407,558	407,558				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	1,465,894		1,465,894			2.00
4.00 EMPLOYEE BENEFITS	1,368,319	3,299	11,867	1,383,485		4.00
5.00 ADMINISTRATIVE & GENERAL	2,681,304	38,603	138,845	248,588	3,107,340	5.00
7.00 OPERATION OF PLANT	736,787	111,224	400,046	44,033	1,292,090	7.00
8.00 LAUNDRY & LINEN SERVICE	34,301	7,311	26,295	5,757	73,664	8.00
9.00 HOUSEKEEPING	275,717	5,730	20,611	38,728	340,786	9.00
10.00 DIETARY	384,797	13,927	50,091	37,696	486,511	10.00
13.00 NURSING ADMINISTRATION	472,576	4,962	17,847	79,615	575,000	13.00
14.00 CENTRAL SERVICES & SUPPLY	141,970	8,526	30,667	17,511	198,674	14.00
15.00 PHARMACY	366,830	4,602	16,551	55,605	443,588	15.00
16.00 MEDICAL RECORDS & LIBRARY	418,450	7,085	25,483	16,659	467,677	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	1,252,503	34,995	125,869	199,763	1,613,130	30.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00 OTHER LONG TERM CARE	683,597	24,945	89,721	112,796	911,059	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	385,554	17,886	64,332	53,657	521,429	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 ANESTHESIOLOGY	278,395	0	0	0	278,395	53.00
54.00 RADIOLOGY-DIAGNOSTIC	873,719	23,586	84,834	64,988	1,047,127	54.00
54.01 ULTRASOUND	0	0	0	0	0	54.01
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	-1	0	0	0	-1	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	789,308	10,666	38,365	71,726	910,065	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	60,724	2,952	10,618	10,402	84,696	65.00
66.00 PHYSICAL THERAPY	598,027	13,397	48,187	100,391	760,002	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	67,166	3,026	10,883	11,775	92,850	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	142,071	0	0	0	142,071	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	4,028	0	0	0	4,028	72.00
73.00 DRUGS CHARGED TO PATIENTS	333,532	0	0	0	333,532	73.00
76.00 SLEEP LAB	126,092	0	0	0	126,092	76.00
76.03 WOUND CARE	15,498	2,505	9,010	2,324	29,337	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	378,857	12,073	43,424	63,412	497,766	88.00
91.00 EMERGENCY	1,488,468	21,277	76,527	137,608	1,723,880	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	16,232,041	372,577	1,340,073	1,373,034	16,060,788	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,040	7,339	0	9,379	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	432	22,041	79,275	0	101,748	192.00
193.02 MARKETING	0	0	0	0	0	193.02
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	412	1,483	0	1,895	194.00
194.01 OTHER NONREIMBURSABLE - MARKETING	107,923	2,036	7,323	10,451	127,733	194.01
194.02 OTHER NONREIMBURSABLE - SENIOR CIRCL	523	1,975	7,105	0	9,603	194.02
194.03 FREESTANDING HHA COSTS	0	2,518	9,056	0	11,574	194.03
194.04 LEASED TO SPECIALTY CLINICS	0	3,959	14,240	0	18,199	194.04
194.05 LEASED TO RURAL HEALTH ASSOCIATES	0	0	0	0	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)	16,340,919	407,558	1,465,894	1,383,485	16,340,919	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141342

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 4:12 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	3,107,340					5.00
7.00	OPERATION OF PLANT	303,392	1,595,482				7.00
8.00	LAUNDRY & LINEN SERVICE	17,297	43,964	134,925			8.00
9.00	HOUSEKEEPING	80,019	34,461	4,443	459,709		9.00
10.00	DIETARY	114,236	83,750	522	25,379	710,398	10.00
13.00	NURSING ADMINISTRATION	135,014	29,840	0	9,042	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	46,650	51,273	0	15,537	0	14.00
15.00	PHARMACY	104,158	27,673	0	8,386	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	109,814	42,606	0	12,911	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	378,774	210,446	28,209	63,770	220,461	30.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	OTHER LONG TERM CARE	213,923	150,009	75,805	45,457	445,419	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	122,435	107,559	4,214	32,593	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	ANESTHESIOLOGY	65,369	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	245,873	141,837	3,613	42,981	0	54.00
54.01	ULTRASOUND	0	0	0	0	0	54.01
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	213,690	64,144	0	19,437	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	19,887	17,753	0	5,379	0	65.00
66.00	PHYSICAL THERAPY	178,454	80,565	9,295	24,413	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	21,802	18,196	0	5,514	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	33,359	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	946	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	78,316	0	0	0	0	73.00
76.00	SLEEP LAB	29,607	0	0	0	0	76.00
76.03	WOUND CARE	6,889	15,064	0	4,565	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	116,879	72,603	962	22,001	0	88.00
91.00	EMERGENCY	404,780	127,949	7,862	38,772	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,041,563	1,319,692	134,925	376,137	665,880	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,202	12,270	0	3,718	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	23,891	163,871	0	49,657	44,518	192.00
193.02	MARKETING	0	0	0	0	0	193.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	445	2,480	0	752	0	194.00
194.01	OTHER NONREIMBURSABLE - MARKETING	29,993	12,244	0	3,710	0	194.01
194.02	OTHER NONREIMBURSABLE - SENIOR CIRCL	2,255	11,879	0	3,600	0	194.02
194.03	FREESTANDING HHA COSTS	2,718	15,142	0	4,588	0	194.03
194.04	LEASED TO SPECIALTY CLINICS	4,273	23,809	0	7,215	0	194.04
194.05	LEASED TO RURAL HEALTH ASSOCIATES	0	34,095	0	10,332	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)	3,107,340	1,595,482	134,925	459,709	710,398	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141342

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 4:12 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
13.00 NURSING ADMINISTRATION	748,896					13.00
14.00 CENTRAL SERVICES & SUPPLY	0	312,134				14.00
15.00 PHARMACY	0	2,041	585,846			15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	633,008		16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	360,028	25,096	0	31,463	0	30.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00 OTHER LONG TERM CARE	0	11,619	0	16,360	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	96,704	30,316	0	54,512	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	4,641	0	2,516	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	24,911	0	208,294	0	54.00
54.01 ULTRASOUND	0	0	0	0	0	54.01
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	90,180	0	106,313	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	18,747	1,009	0	4,922	0	65.00
66.00 PHYSICAL THERAPY	0	12,868	0	30,620	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	21,221	344	0	15,052	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	79,280	0	13,154	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	2,248	0	262	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	585,846	57,741	0	73.00
76.00 SLEEP LAB	0	51	0	0	0	76.00
76.03 WOUND CARE	4,189	1,181	0	497	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	4,934	0	11,075	0	88.00
91.00 EMERGENCY	248,007	21,415	0	80,227	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	748,896	312,134	585,846	633,008	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.02 MARKETING	0	0	0	0	0	193.02
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 OTHER NONREIMBURSABLE - MARKETING	0	0	0	0	0	194.01
194.02 OTHER NONREIMBURSABLE - SENIOR CIRCL	0	0	0	0	0	194.02
194.03 FREESTANDING HHA COSTS	0	0	0	0	0	194.03
194.04 LEASED TO SPECIALTY CLINICS	0	0	0	0	0	194.04
194.05 LEASED TO RURAL HEALTH ASSOCIATES	0	0	0	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)	748,896	312,134	585,846	633,008	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141342

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.00 ADMINISTRATIVE & GENERAL					5.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
17.00 SOCIAL SERVICE					17.00
19.00 NONPHYSICIAN ANESTHETISTS	0				19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	0	2,931,377	0	2,931,377	30.00
43.00 NURSERY	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	44.00
46.00 OTHER LONG TERM CARE	0	1,869,651	0	1,869,651	46.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	969,762	0	969,762	50.00
51.00 RECOVERY ROOM	0	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	350,921	0	350,921	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	1,714,636	0	1,714,636	54.00
54.01 ULTRASOUND	0	0	0	0	54.01
56.00 RADIOISOTOPE	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	-1	0	-1	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 LABORATORY	0	1,403,829	0	1,403,829	60.00
60.01 BLOOD LABORATORY	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	152,393	0	152,393	65.00
66.00 PHYSICAL THERAPY	0	1,096,217	0	1,096,217	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	174,979	0	174,979	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	267,864	0	267,864	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	7,484	0	7,484	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	1,055,435	0	1,055,435	73.00
76.00 SLEEP LAB	0	155,750	0	155,750	76.00
76.03 WOUND CARE	0	61,722	0	61,722	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	726,220	0	726,220	88.00
91.00 EMERGENCY	0	2,652,892	0	2,652,892	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	111.00
113.00 INTEREST EXPENSE					113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	15,591,131	0	15,591,131	118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	27,569	0	27,569	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	383,685	0	383,685	192.00
193.02 MARKETING	0	0	0	0	193.02
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	5,572	0	5,572	194.00
194.01 OTHER NONREIMBURSABLE - MARKETING	0	173,680	0	173,680	194.01
194.02 OTHER NONREIMBURSABLE - SENIOR CIRCL	0	27,337	0	27,337	194.02
194.03 FREESTANDING HHA COSTS	0	34,022	0	34,022	194.03
194.04 LEASED TO SPECIALTY CLINICS	0	53,496	0	53,496	194.04
194.05 LEASED TO RURAL HEALTH ASSOCIATES	0	44,427	0	44,427	194.05
200.00 Cross Foot Adjustments	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	16,340,919	0	16,340,919	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141342

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2012 4:12 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	3,299	11,867	15,166	4.00
5.00	ADMINISTRATIVE & GENERAL	0	38,603	138,845	177,448	5.00
7.00	OPERATION OF PLANT	0	111,224	400,046	511,270	7.00
8.00	LAUNDRY & LINEN SERVICE	0	7,311	26,295	33,606	8.00
9.00	HOUSEKEEPING	0	5,730	20,611	26,341	9.00
10.00	DIETARY	0	13,927	50,091	64,018	10.00
13.00	NURSING ADMINISTRATION	0	4,962	17,847	22,809	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	8,526	30,667	39,193	14.00
15.00	PHARMACY	0	4,602	16,551	21,153	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	7,085	25,483	32,568	16.00
17.00	SOCIAL SERVICE	0	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	34,995	125,869	160,864	30.00
43.00	NURSERY	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	44.00
46.00	OTHER LONG TERM CARE	0	24,945	89,721	114,666	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	17,886	64,332	82,218	50.00
51.00	RECOVERY ROOM	0	0	0	0	51.00
53.00	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	23,586	84,834	108,420	54.00
54.01	ULTRASOUND	0	0	0	0	54.01
56.00	RADIOISOTOPE	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	LABORATORY	0	10,666	38,365	49,031	60.00
60.01	BLOOD LABORATORY	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	2,952	10,618	13,570	65.00
66.00	PHYSICAL THERAPY	0	13,397	48,187	61,584	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	3,026	10,883	13,909	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	SLEEP LAB	0	0	0	0	76.00
76.03	WOUND CARE	0	2,505	9,010	11,515	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	12,073	43,424	55,497	88.00
91.00	EMERGENCY	0	21,277	76,527	97,804	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	111.00
113.00	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	372,577	1,340,073	1,712,650	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,040	7,339	9,379	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	22,041	79,275	101,316	192.00
193.02	MARKETING	0	0	0	0	193.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	412	1,483	1,895	194.00
194.01	OTHER NONREIMBURSABLE - MARKETING	0	2,036	7,323	9,359	194.01
194.02	OTHER NONREIMBURSABLE - SENIOR CIRCL	0	1,975	7,105	9,080	194.02
194.03	FREESTANDING HHA COSTS	0	2,518	9,056	11,574	194.03
194.04	LEASED TO SPECIALTY CLINICS	0	3,959	14,240	18,199	194.04
194.05	LEASED TO RURAL HEALTH ASSOCIATES	0	0	0	0	194.05
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	407,558	1,465,894	1,873,452	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141342		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 4:12 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	180,171					5.00
7.00	OPERATION OF PLANT	17,592	529,345				7.00
8.00	LAUNDRY & LINEN SERVICE	1,003	14,586	49,258			8.00
9.00	HOUSEKEEPING	4,640	11,433	1,622	44,461		9.00
10.00	DIETARY	6,624	27,786	191	2,454	101,486	10.00
13.00	NURSING ADMINISTRATION	7,829	9,900	0	875	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	2,705	17,011	0	1,503	0	14.00
15.00	PHARMACY	6,039	9,181	0	811	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	6,367	14,136	0	1,249	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	21,963	69,821	10,299	6,167	31,495	30.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	OTHER LONG TERM CARE	12,404	49,770	27,675	4,396	63,631	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	7,099	35,686	1,538	3,152	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	ANESTHESIOLOGY	3,790	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	14,257	47,058	1,319	4,157	0	54.00
54.01	ULTRASOUND	0	0	0	0	0	54.01
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	12,391	21,282	0	1,880	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	1,153	5,890	0	520	0	65.00
66.00	PHYSICAL THERAPY	10,347	26,730	3,393	2,361	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	1,264	6,037	0	533	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,934	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	55	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	4,541	0	0	0	0	73.00
76.00	SLEEP LAB	1,717	0	0	0	0	76.00
76.03	WOUND CARE	399	4,998	0	441	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	6,777	24,088	351	2,128	0	88.00
91.00	EMERGENCY	23,466	42,451	2,870	3,750	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	176,356	437,844	49,258	36,377	95,126	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	128	4,071	0	360	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	1,385	54,369	0	4,803	6,360	192.00
193.02	MARKETING	0	0	0	0	0	193.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	26	823	0	73	0	194.00
194.01	OTHER NONREIMBURSABLE - MARKETING	1,739	4,062	0	359	0	194.01
194.02	OTHER NONREIMBURSABLE - SENIOR CIRCL	131	3,941	0	348	0	194.02
194.03	FREESTANDING HHA COSTS	158	5,024	0	444	0	194.03
194.04	LEASED TO SPECIALTY CLINICS	248	7,899	0	698	0	194.04
194.05	LEASED TO RURAL HEALTH ASSOCIATES	0	11,312	0	999	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)	180,171	529,345	49,258	44,461	101,486	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141342	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Prepared: 5/29/2012 4:12 pm
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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.00						5.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
13.00	42,286					13.00
14.00	0	60,604				14.00
15.00	0	396	38,190			15.00
16.00	0	0	0	54,503		16.00
17.00	0	0	0	0	0	17.00
19.00	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	20,329	4,873	0	2,709	0	30.00
43.00	0	0	0	0	0	43.00
44.00	0	0	0	0	0	44.00
46.00	0	2,256	0	1,408	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	5,460	5,886	0	4,693	0	50.00
51.00	0	0	0	0	0	51.00
53.00	0	901	0	217	0	53.00
54.00	0	4,837	0	17,939	0	54.00
54.01	0	0	0	0	0	54.01
56.00	0	0	0	0	0	56.00
57.00	0	0	0	0	0	57.00
58.00	0	0	0	0	0	58.00
59.00	0	0	0	0	0	59.00
60.00	0	17,510	0	9,152	0	60.00
60.01	0	0	0	0	0	60.01
65.00	1,059	196	0	424	0	65.00
66.00	0	2,498	0	2,636	0	66.00
67.00	0	0	0	0	0	67.00
68.00	0	0	0	0	0	68.00
69.00	1,198	67	0	1,296	0	69.00
71.00	0	15,393	0	1,132	0	71.00
72.00	0	436	0	23	0	72.00
73.00	0	0	38,190	4,971	0	73.00
76.00	0	10	0	0	0	76.00
76.03	237	229	0	43	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00	0	958	0	953	0	88.00
91.00	14,003	4,158	0	6,907	0	91.00
92.00						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00	0	0	0	0	0	109.00
110.00	0	0	0	0	0	110.00
111.00	0	0	0	0	0	111.00
113.00	0	0	0	0	0	113.00
118.00	42,286	60,604	38,190	54,503	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	0	0	0	0	0	190.00
192.00	0	0	0	0	0	192.00
193.02	0	0	0	0	0	193.02
194.00	0	0	0	0	0	194.00
194.01	0	0	0	0	0	194.01
194.02	0	0	0	0	0	194.02
194.03	0	0	0	0	0	194.03
194.04	0	0	0	0	0	194.04
194.05	0	0	0	0	0	194.05
200.00	0	0	0	0	0	200.00
201.00	0	0	0	0	0	201.00
202.00	42,286	60,604	38,190	54,503	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141342

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2012 4:12 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.00 ADMINISTRATIVE & GENERAL					5.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
17.00 SOCIAL SERVICE					17.00
19.00 NONPHYSICIAN ANESTHETISTS	0				19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS		330,710	0	330,710	30.00
43.00 NURSERY		0	0	0	43.00
44.00 SKILLED NURSING FACILITY		0	0	0	44.00
46.00 OTHER LONG TERM CARE		277,443	0	277,443	46.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM		146,320	0	146,320	50.00
51.00 RECOVERY ROOM		0	0	0	51.00
53.00 ANESTHESIOLOGY		4,908	0	4,908	53.00
54.00 RADIOLOGY-DIAGNOSTIC		198,699	0	198,699	54.00
54.01 ULTRASOUND		0	0	0	54.01
56.00 RADIOISOTOPE		0	0	0	56.00
57.00 CT SCAN		0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00 LABORATORY		112,032	0	112,032	60.00
60.01 BLOOD LABORATORY		0	0	0	60.01
65.00 RESPIRATORY THERAPY		22,926	0	22,926	65.00
66.00 PHYSICAL THERAPY		110,650	0	110,650	66.00
67.00 OCCUPATIONAL THERAPY		0	0	0	67.00
68.00 SPEECH PATHOLOGY		0	0	0	68.00
69.00 ELECTROCARDIOLOGY		24,433	0	24,433	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS		18,459	0	18,459	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT		514	0	514	72.00
73.00 DRUGS CHARGED TO PATIENTS		47,702	0	47,702	73.00
76.00 SLEEP LAB		1,727	0	1,727	76.00
76.03 WOUND CARE		17,887	0	17,887	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC		91,447	0	91,447	88.00
91.00 EMERGENCY		196,918	0	196,918	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00 PANCREAS ACQUISITION		0	0	0	109.00
110.00 INTESTINAL ACQUISITION		0	0	0	110.00
111.00 ISLET ACQUISITION		0	0	0	111.00
113.00 INTEREST EXPENSE					113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	1,602,775	0	1,602,775	118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN		13,938	0	13,938	190.00
192.00 PHYSICIANS' PRIVATE OFFICES		168,233	0	168,233	192.00
193.02 MARKETING		0	0	0	193.02
194.00 OTHER NONREIMBURSABLE COST CENTERS		2,817	0	2,817	194.00
194.01 OTHER NONREIMBURSABLE - MARKETING		15,634	0	15,634	194.01
194.02 OTHER NONREIMBURSABLE - SENIOR CIRCL		13,500	0	13,500	194.02
194.03 FREESTANDING HHA COSTS		17,200	0	17,200	194.03
194.04 LEASED TO SPECIALTY CLINICS		27,044	0	27,044	194.04
194.05 LEASED TO RURAL HEALTH ASSOCIATES		12,311	0	12,311	194.05
200.00 Cross Foot Adjustments	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	1,873,452	0	1,873,452	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141342

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

Worksheet B-1
Date/Time Prepared:
5/29/2012 4:12 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 NEW CAP REL COSTS-BLDG & FIXT	93,880						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		93,880					2.00
4.00 EMPLOYEE BENEFITS	760	760	7,212,162				4.00
5.00 ADMINISTRATIVE & GENERAL	8,892	8,892	1,295,915	-3,107,340		13,233,580	5.00
7.00 OPERATION OF PLANT	25,620	25,620	229,545	0		1,292,090	7.00
8.00 LAUNDRY & LINEN SERVICE	1,684	1,684	30,011	0		73,664	8.00
9.00 HOUSEKEEPING	1,320	1,320	201,891	0		340,786	9.00
10.00 DIETARY	3,208	3,208	196,509	0		486,511	10.00
13.00 NURSING ADMINISTRATION	1,143	1,143	415,034	0		575,000	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,964	1,964	91,287	0		198,674	14.00
15.00 PHARMACY	1,060	1,060	289,869	0		443,588	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,632	1,632	86,846	0		467,677	16.00
17.00 SOCIAL SERVICE	0	0	0	0		0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0		0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	8,061	8,061	1,041,370	0		1,613,130	30.00
43.00 NURSERY	0	0	0	0		0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0		0	44.00
46.00 OTHER LONG TERM CARE	5,746	5,746	588,011	0		911,059	46.00
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	4,120	4,120	279,715	0		521,429	50.00
51.00 RECOVERY ROOM	0	0	0	0		0	51.00
53.00 ANESTHESIOLOGY	0	0	0	0		278,395	53.00
54.00 RADIOLOGY-DIAGNOSTIC	5,433	5,433	338,783	0		1,047,127	54.00
54.01 ULTRASOUND	0	0	0	0		0	54.01
56.00 RADIOISOTOPE	0	0	0	0		0	56.00
57.00 CT SCAN	0	0	0	0		0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1		0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0		0	59.00
60.00 LABORATORY	2,457	2,457	373,909	0		910,065	60.00
60.01 BLOOD LABORATORY	0	0	0	0		0	60.01
65.00 RESPIRATORY THERAPY	680	680	54,225	0		84,696	65.00
66.00 PHYSICAL THERAPY	3,086	3,086	523,340	0		760,002	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	697	697	61,381	0		92,850	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		142,071	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0		4,028	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0		333,532	73.00
76.00 SLEEP LAB	0	0	0	0		126,092	76.00
76.03 WOUND CARE	577	577	12,116	0		29,337	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	2,781	2,781	330,571	0		497,766	88.00
91.00 EMERGENCY	4,901	4,901	717,354	0		1,723,880	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS							
99.10 CORF	0	0	0	0		0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00 PANCREAS ACQUISITION	0	0	0	0		0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0		0	110.00
111.00 ISLET ACQUISITION	0	0	0	0		0	111.00
113.00 INTEREST EXPENSE							113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	85,822	85,822	7,157,682	-3,107,339		12,953,449	118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	470	470	0	0		9,379	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	5,077	5,077	0	0		101,748	192.00
193.02 MARKETING	0	0	0	0		0	193.02
194.00 OTHER NONREIMBURSABLE COST CENTERS	95	95	0	0		1,895	194.00
194.01 OTHER NONREIMBURSABLE - MARKETING	469	469	54,480	0		127,733	194.01
194.02 OTHER NONREIMBURSABLE - SENIOR CIRCL	455	455	0	0		9,603	194.02
194.03 FREESTANDING HHA COSTS	580	580	0	0		11,574	194.03
194.04 LEASED TO SPECIALTY CLINICS	912	912	0	0		18,199	194.04
194.05 LEASED TO RURAL HEALTH ASSOCIATES	0	0	0	0		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)	407,558	1,465,894	1,383,485			3,107,340	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	4.341265	15.614550	0.191827			0.234807	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			15,166			180,171	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.002103			0.013615	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141342

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

Worksheet B-1

Date/Time Prepared:
5/29/2012 4:12 pm

Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (LBS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	NURSING ADMINISTRATION (NURSING WAGES)	
	7.00	8.00	9.00	10.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT	61,114					7.00
8.00 LAUNDRY & LINEN SERVICE	1,684	58,367				8.00
9.00 HOUSEKEEPING	1,320	1,922	58,110			9.00
10.00 DIETARY	3,208	226	3,208	35,713		10.00
13.00 NURSING ADMINISTRATION	1,143	0	1,143	0	2,166,161	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,964	0	1,964	0	0	14.00
15.00 PHARMACY	1,060	0	1,060	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,632	0	1,632	0	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	8,061	12,203	8,061	11,083	1,041,370	30.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00 OTHER LONG TERM CARE	5,746	32,792	5,746	22,392	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	4,120	1,823	4,120	0	279,715	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	5,433	1,563	5,433	0	0	54.00
54.01 ULTRASOUND	0	0	0	0	0	54.01
56.00 RADIO SOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	2,457	0	2,457	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	680	0	680	0	54,225	65.00
66.00 PHYSICAL THERAPY	3,086	4,021	3,086	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	697	0	697	0	61,381	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 SLEEP LAB	0	0	0	0	0	76.00
76.03 WOUND CARE	577	0	577	0	12,116	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	2,781	416	2,781	0	0	88.00
91.00 EMERGENCY	4,901	3,401	4,901	0	717,354	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	50,550	58,367	47,546	33,475	2,166,161	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	470	0	470	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	6,277	0	6,277	2,238	0	192.00
193.02 MARKETING	0	0	0	0	0	193.02
194.00 OTHER NONREIMBURSABLE COST CENTERS	95	0	95	0	0	194.00
194.01 OTHER NONREIMBURSABLE - MARKETING	469	0	469	0	0	194.01
194.02 OTHER NONREIMBURSABLE - SENIOR CIRCL	455	0	455	0	0	194.02
194.03 FREESTANDING HHA COSTS	580	0	580	0	0	194.03
194.04 LEASED TO SPECIALTY CLINICS	912	0	912	0	0	194.04
194.05 LEASED TO RURAL HEALTH ASSOCIATES	1,306	0	1,306	0	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)	1,595,482	134,925	459,709	710,398	748,896	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	26.106653	2.311666	7.911014	19.891860	0.345725	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	529,345	49,258	44,461	101,486	42,286	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	8.661600	0.843936	0.765118	2.841710	0.019521	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141342

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

Worksheet B-1
Date/Time Prepared:
5/29/2012 4:12 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS	
	14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY	559,348					14.00
15.00 PHARMACY	3,657	333,532				15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	55,778,702			16.00
17.00 SOCIAL SERVICE	0	0	0	10,749		17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	44,972	0	2,772,293	3,345		30.00
43.00 NURSERY	0	0	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0		44.00
46.00 OTHER LONG TERM CARE	20,821	0	1,441,527	7,404		46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	54,326	0	4,803,206	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 ANESTHESIOLOGY	8,317	0	221,684	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	44,641	0	18,355,594	0	0	54.00
54.01 ULTRASOUND	0	0	0	0	0	54.01
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	161,606	0	9,367,631	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	1,809	0	433,727	0	0	65.00
66.00 PHYSICAL THERAPY	23,059	0	2,698,015	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	616	0	1,326,297	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	142,071	0	1,159,076	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	4,028	0	23,107	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	333,532	5,087,789	0	0	73.00
76.00 SLEEP LAB	92	0	0	0	0	76.00
76.03 WOUND CARE	2,116	0	43,811	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	8,841	0	975,837	0	0	88.00
91.00 EMERGENCY	38,376	0	7,069,108	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	559,348	333,532	55,778,702	10,749	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.02 MARKETING	0	0	0	0	0	193.02
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 OTHER NONREIMBURSABLE - MARKETING	0	0	0	0	0	194.01
194.02 OTHER NONREIMBURSABLE - SENIOR CIRCL	0	0	0	0	0	194.02
194.03 FREESTANDING HHA COSTS	0	0	0	0	0	194.03
194.04 LEASED TO SPECIALTY CLINICS	0	0	0	0	0	194.04
194.05 LEASED TO RURAL HEALTH ASSOCIATES	0	0	0	0	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)	312,134	585,846	633,008	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.558032	1.756491	0.011349	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	60,604	38,190	54,503	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.108348	0.114502	0.000977	0.000000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141342		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/29/2012 4:12 pm	
		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		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS		2,931,377	0	0	30.00	
43.00	NURSERY		0	0	0	43.00	
44.00	SKILLED NURSING FACILITY		0	0	0	44.00	
46.00	OTHER LONG TERM CARE		1,869,651	0	0	46.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM		969,762	0	0	50.00	
51.00	RECOVERY ROOM		0	0	0	51.00	
53.00	ANESTHESIOLOGY		350,921	0	0	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		1,714,636	0	0	54.00	
54.01	ULTRASOUND		0	0	0	54.01	
56.00	RADIOISOTOPE		0	0	0	56.00	
57.00	CT SCAN		0	0	0	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00	
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00	
60.00	LABORATORY		1,403,829	0	0	60.00	
60.01	BLOOD LABORATORY		0	0	0	60.01	
65.00	RESPIRATORY THERAPY	0	152,393	0	0	65.00	
66.00	PHYSICAL THERAPY	0	1,096,217	0	0	66.00	
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	ELECTROCARDIOLOGY		174,979	0	0	69.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		267,864	0	0	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT		7,484	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS		1,055,435	0	0	73.00	
76.00	SLEEP LAB		155,750	0	0	76.00	
76.03	WOUND CARE		61,722	0	0	76.03	
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC		726,220	0	0	88.00	
91.00	EMERGENCY		2,652,892	0	0	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		135,411	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF		0	0	0	99.10	
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION		0	0	0	109.00	
110.00	INTESTINAL ACQUISITION		0	0	0	110.00	
111.00	ISLET ACQUISITION		0	0	0	111.00	
113.00	INTEREST EXPENSE		0	0	0	113.00	
200.00	Subtotal (see instructions)	0	15,726,543	0	0	200.00	
201.00	Less Observation Beds		135,411			201.00	
202.00	Total (see instructions)	0	15,591,132	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141342	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 4:12 pm
		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			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	3,273,512		3,273,512			30.00
43.00 NURSERY	0		0			43.00
44.00 SKILLED NURSING FACILITY	0		0			44.00
46.00 OTHER LONG TERM CARE	940,308		940,308			46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	216,743	4,586,463	4,803,206	0.201899	0.000000	50.00
51.00 RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
53.00 ANESTHESIOLOGY	21,145	200,539	221,684	1.582978	0.000000	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,555,777	16,436,817	17,992,594	0.095297	0.000000	54.00
54.01 ULTRASOUND	0	0	0	0.000000	0.000000	54.01
56.00 RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00 CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00 LABORATORY	2,095,409	7,272,222	9,367,631	0.149860	0.000000	60.00
60.01 BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00 RESPIRATORY THERAPY	348,486	85,241	433,727	0.351357	0.000000	65.00
66.00 PHYSICAL THERAPY	502,960	2,195,055	2,698,015	0.406305	0.000000	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00 ELECTROCARDIOLOGY	297,393	1,028,904	1,326,297	0.131930	0.000000	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	811,661	347,415	1,159,076	0.231101	0.000000	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	23,107	23,107	0.323885	0.000000	72.00
73.00 DRUGS CHARGED TO PATIENTS	2,521,145	2,566,644	5,087,789	0.207445	0.000000	73.00
76.00 SLEEP LAB	0	363,000	363,000	0.429063	0.000000	76.00
76.03 WOUND CARE	0	43,811	43,811	1.408824	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	975,837	975,837			88.00
91.00 EMERGENCY	31,184	7,037,924	7,069,108	0.375280	0.000000	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	41,078	680,585	721,663	0.187637	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0			99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0			109.00
110.00 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 ISLET ACQUISITION	0	0	0			111.00
113.00 INTEREST EXPENSE						113.00
200.00 Subtotal (see instructions)	12,656,801	43,843,564	56,500,365			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	12,656,801	43,843,564	56,500,365			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141342	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 4:12 pm
		Title XVIII	Hospital	Cost

Cost Center Description	PPS Inpatient Ratio		
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS			30.00
43.00 NURSERY			43.00
44.00 SKILLED NURSING FACILITY			44.00
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
53.00 ANESTHESIOLOGY	0.000000		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01 ULTRASOUND	0.000000		54.01
56.00 RADIOISOTOPE	0.000000		56.00
57.00 CT SCAN	0.000000		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00 CARDIAC CATHETERIZATION	0.000000		59.00
60.00 LABORATORY	0.000000		60.00
60.01 BLOOD LABORATORY	0.000000		60.01
65.00 RESPIRATORY THERAPY	0.000000		65.00
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 PATIENTS	0.000000		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00 SLEEP LAB	0.000000		76.00
76.03 WOUND CARE	0.000000		76.03
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC			88.00
91.00 EMERGENCY	0.000000		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS			
99.10 CORF			99.10
SPECIAL PURPOSE COST CENTERS			
109.00 PANCREAS ACQUISITION			109.00
110.00 INTESTINAL ACQUISITION			110.00
111.00 ISLET ACQUISITION			111.00
113.00 INTEREST EXPENSE			113.00
200.00 Subtotal (see instructions)			200.00
201.00 Less Observation Beds			201.00
202.00 Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141342		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/29/2012 4:12 pm	
		Title XIX		Hospital			
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS		2,931,377	0	0	30.00	
43.00	NURSERY		0	0	0	43.00	
44.00	SKILLED NURSING FACILITY		0	0	0	44.00	
46.00	OTHER LONG TERM CARE		1,869,651	0	0	46.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM		969,762	0	0	50.00	
51.00	RECOVERY ROOM		0	0	0	51.00	
53.00	ANESTHESIOLOGY		350,921	0	0	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		1,714,636	0	0	54.00	
54.01	ULTRASOUND		0	0	0	54.01	
56.00	RADIOISOTOPE		0	0	0	56.00	
57.00	CT SCAN		0	0	0	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00	
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00	
60.00	LABORATORY		1,403,829	0	0	60.00	
60.01	BLOOD LABORATORY		0	0	0	60.01	
65.00	RESPIRATORY THERAPY	0	152,393	0	0	65.00	
66.00	PHYSICAL THERAPY	0	1,096,217	0	0	66.00	
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	ELECTROCARDIOLOGY		174,979	0	0	69.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		267,864	0	0	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT		7,484	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS		1,055,435	0	0	73.00	
76.00	SLEEP LAB		155,750	0	0	76.00	
76.03	WOUND CARE		61,722	0	0	76.03	
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC		726,220	0	0	88.00	
91.00	EMERGENCY		2,652,892	0	0	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		135,411	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF		0	0	0	99.10	
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION		0	0	0	109.00	
110.00	INTESTINAL ACQUISITION		0	0	0	110.00	
111.00	ISLET ACQUISITION		0	0	0	111.00	
113.00	INTEREST EXPENSE		0	0	0	113.00	
200.00	Subtotal (see instructions)	0	15,726,543	0	0	200.00	
201.00	Less Observation Beds		135,411	0	0	201.00	
202.00	Total (see instructions)	0	15,591,132	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141342	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 4:12 pm
		Title XIX	Hospital	

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	3,273,512		3,273,512			30.00
43.00 NURSERY	0		0			43.00
44.00 SKILLED NURSING FACILITY	0		0			44.00
46.00 OTHER LONG TERM CARE	940,308		940,308			46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	216,743	4,586,463	4,803,206	0.201899	0.000000	50.00
51.00 RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
53.00 ANESTHESIOLOGY	21,145	200,539	221,684	1.582978	0.000000	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,555,777	16,436,817	17,992,594	0.095297	0.000000	54.00
54.01 ULTRASOUND	0	0	0	0.000000	0.000000	54.01
56.00 RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00 CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00 LABORATORY	2,095,409	7,272,222	9,367,631	0.149860	0.000000	60.00
60.01 BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00 RESPIRATORY THERAPY	348,486	85,241	433,727	0.351357	0.000000	65.00
66.00 PHYSICAL THERAPY	502,960	2,195,055	2,698,015	0.406305	0.000000	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00 ELECTROCARDIOLOGY	297,393	1,028,904	1,326,297	0.131930	0.000000	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	811,661	347,415	1,159,076	0.231101	0.000000	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	23,107	23,107	0.323885	0.000000	72.00
73.00 DRUGS CHARGED TO PATIENTS	2,521,145	2,566,644	5,087,789	0.207445	0.000000	73.00
76.00 SLEEP LAB	0	363,000	363,000	0.429063	0.000000	76.00
76.03 WOUND CARE	0	43,811	43,811	1.408824	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	975,837	975,837	0.744202	0.000000	88.00
91.00 EMERGENCY	31,184	7,037,924	7,069,108	0.375280	0.000000	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	41,078	680,585	721,663	0.187637	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0			99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0			109.00
110.00 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 ISLET ACQUISITION	0	0	0			111.00
113.00 INTEREST EXPENSE						113.00
200.00 Subtotal (see instructions)	12,656,801	43,843,564	56,500,365			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	12,656,801	43,843,564	56,500,365			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141342

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2012 4:12 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
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
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	ULTRASOUND	0.000000		54.01
56.00	RADIOISOTOPE	0.000000		56.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
65.00	RESPIRATORY THERAPY	0.000000		65.00
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 PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	SLEEP LAB	0.000000		76.00
76.03	WOUND CARE	0.000000		76.03
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		88.00
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF			99.10
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 141342		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/29/2012 4:12 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	146,320	4,803,206	0.030463	110,984	3,381	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0	0	51.00
53.00	ANESTHESIOLOGY	4,908	221,684	0.022140	10,961	243	53.00
54.00	RADIOLOGY-DIAGNOSTIC	198,699	17,992,594	0.011043	1,019,040	11,253	54.00
54.01	ULTRASOUND	0	0	0.000000	0	0	54.01
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	112,032	9,367,631	0.011959	1,389,047	16,612	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	22,926	433,727	0.052858	228,840	12,096	65.00
66.00	PHYSICAL THERAPY	110,650	2,698,015	0.041012	156,423	6,415	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	24,433	1,326,297	0.018422	240,875	4,437	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,459	1,159,076	0.015926	564,082	8,984	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	514	23,107	0.022244	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	47,702	5,087,789	0.009376	1,562,120	14,646	73.00
76.00	SLEEP LAB	1,727	363,000	0.004758	0	0	76.00
76.03	WOUND CARE	17,887	43,811	0.408276	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	91,447	975,837	0.093711	0	0	88.00
91.00	EMERGENCY	196,918	7,069,108	0.027856	9,540	266	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	721,663	0.000000	1,723	0	92.00
200.00	Total (Lines 50-199)	994,622	52,286,545		5,293,635	78,333	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 141342	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 4:12 pm
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Cost Center Description	Title XVIII				Hospital	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 ULTRASOUND	0	0	0	0	0	54.01
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
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 PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 SLEEP LAB	0	0	0	0	0	76.00
76.03 WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 141342	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 4:12 pm
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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)	Hospital Cost		
				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	4,803,206	0.000000	0.000000	110,984	50.00
51.00 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
53.00 ANESTHESIOLOGY	0	221,684	0.000000	0.000000	10,961	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	17,992,594	0.000000	0.000000	1,019,040	54.00
54.01 ULTRASOUND	0	0	0.000000	0.000000	0	54.01
56.00 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	9,367,631	0.000000	0.000000	1,389,047	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00 RESPIRATORY THERAPY	0	433,727	0.000000	0.000000	228,840	65.00
66.00 PHYSICAL THERAPY	0	2,698,015	0.000000	0.000000	156,423	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	1,326,297	0.000000	0.000000	240,875	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,159,076	0.000000	0.000000	564,082	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	23,107	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	5,087,789	0.000000	0.000000	1,562,120	73.00
76.00 SLEEP LAB	0	363,000	0.000000	0.000000	0	76.00
76.03 WOUND CARE	0	43,811	0.000000	0.000000	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	975,837	0.000000	0.000000	0	88.00
91.00 EMERGENCY	0	7,069,108	0.000000	0.000000	9,540	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	721,663	0.000000	0.000000	1,723	92.00
200.00 Total (Lines 50-199)	0	52,286,545			5,293,635	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 141342	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 4:12 pm
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Cost Center Description	Title XVIII			Hospital	Cost	
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 ULTRASOUND	0	0	0	0	0	54.01
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
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 PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 SLEEP LAB	0	0	0	0	0	76.00
76.03 WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 141342	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 4:12 pm
Title XVIII		Hospital	Cost

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	0	50.00
51.00 RECOVERY ROOM	0	0	51.00
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 ULTRASOUND	0	0	54.01
56.00 RADIOISOTOPE	0	0	56.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 BLOOD LABORATORY	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00 SLEEP LAB	0	0	76.00
76.03 WOUND CARE	0	0	76.03
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 141342	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 4:12 pm
		Title XVIII	Hospital	Cost

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
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.201899	0	1,560,706	0	50.00
51.00	RECOVERY ROOM	0.000000	0	0	0	51.00
53.00	ANESTHESIOLOGY	1.582978	0	55,277	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.095297	0	5,771,144	0	54.00
54.01	ULTRASOUND	0.000000	0	0	0	54.01
56.00	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	CT SCAN	0.000000	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	LABORATORY	0.149860	0	2,954,163	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0.351357	0	52,859	0	65.00
66.00	PHYSICAL THERAPY	0.406305	0	924,671	0	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.131930	0	521,401	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.231101	0	175,030	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.323885	0	15,675	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.207445	0	1,499,958	0	73.00
76.00	SLEEP LAB	0.429063	0	102,300	0	76.00
76.03	WOUND CARE	1.408824	0	15,680	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
91.00	EMERGENCY	0.375280	0	2,199,560	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.187637	0	131,075	0	92.00
200.00	Subtotal (see instructions)		0	15,979,499	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	15,979,499	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 141342	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 4:12 pm
Title XVIII		Hospital	Cost

Cost Center Description	Costs			Hospital	Cost
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	315,105	0		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
53.00 ANESTHESIOLOGY	0	87,502	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	549,973	0		54.00
54.01 ULTRASOUND	0	0	0		54.01
56.00 RADIOISOTOPE	0	0	0		56.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	442,711	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
65.00 RESPIRATORY THERAPY	0	18,572	0		65.00
66.00 PHYSICAL THERAPY	0	375,698	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	68,788	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	40,450	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	5,077	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	311,159	0		73.00
76.00 SLEEP LAB	0	43,893	0		76.00
76.03 WOUND CARE	0	22,090	0		76.03
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
91.00 EMERGENCY	0	825,451	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	24,595	0		92.00
200.00 Subtotal (see instructions)	0	3,131,064	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	3,131,064	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 141342 Component CCN: 14Z342	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 4:12 pm
Title XVIII		Swing Beds - SNF	Cost

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	
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0.201899	0	0	0	50.00
51.00 RECOVERY ROOM	0.000000	0	0	0	51.00
53.00 ANESTHESIOLOGY	1.582978	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.095297	0	0	0	54.00
54.01 ULTRASOUND	0.000000	0	0	0	54.01
56.00 RADIOISOTOPE	0.000000	0	0	0	56.00
57.00 CT SCAN	0.000000	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00 LABORATORY	0.149860	0	0	0	60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0.351357	0	0	0	65.00
66.00 PHYSICAL THERAPY	0.406305	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0.131930	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.231101	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.323885	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.207445	0	0	0	73.00
76.00 SLEEP LAB	0.429063	0	0	0	76.00
76.03 WOUND CARE	1.408824	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0.000000				88.00
91.00 EMERGENCY	0.375280	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.187637	0	0	0	92.00
200.00 Subtotal (see instructions)		0	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)			0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 141342

Period:

Worksheet D

Component CCN: 14Z342

From 01/01/2011
To 12/31/2011

Part V
Date/Time Prepared:
5/29/2012 4:12 pm

Cost Center Description	Costs			Swing Beds - SNF	Cost
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	0	0		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01 ULTRASOUND	0	0	0		54.01
56.00 RADIOISOTOPE	0	0	0		56.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
65.00 RESPIRATORY THERAPY	0	0	0		65.00
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 PATIENTS	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.00 SLEEP LAB	0	0	0		76.00
76.03 WOUND CARE	0	0	0		76.03
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
91.00 EMERGENCY	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00 Subtotal (see instructions)	0	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141342	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2012 4:12 pm
Cost Center Description		Cost		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,507	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,833	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		246	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,587	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		674	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,990	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)		638	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			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)		2,931,377	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)		563,370	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,368,007	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		2,779,100	28.00
29.00	Private room charges (excluding swing-bed charges)		266,126	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,512,974	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.852077	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,081.81	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		971.39	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		110.42	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		94.09	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		23,146	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,344,861	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		827.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,647,123	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)		1,647,123	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141342		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 4:12 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	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							
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					979,089	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,626,212	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)					528,073	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					528,073	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)					162	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					835.87	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					135,411	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141342		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 4:12 pm	
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: 141342	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/29/2012 4:12 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		2,074,390		30.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.201899	110,984	22,408	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
53.00	ANESTHESIOLOGY	1.582978	10,961	17,351	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.095297	1,019,040	97,111	54.00
54.01	ULTRASOUND	0.000000	0	0	54.01
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.149860	1,389,047	208,163	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	0.351357	228,840	80,405	65.00
66.00	PHYSICAL THERAPY	0.406305	156,423	63,555	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.131930	240,875	31,779	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.231101	564,082	130,360	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.323885	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.207445	1,562,120	324,054	73.00
76.00	SLEEP LAB	0.429063	0	0	76.00
76.03	WOUND CARE	1.408824	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
91.00	EMERGENCY	0.375280	9,540	3,580	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.187637	1,723	323	92.00
200.00	Total (sum of lines 50-94 and 96-98)		5,293,635	979,089	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		5,293,635		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 141342	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3
	Component CCN: 14Z342		Date/Time Prepared: 5/29/2012 4:12 pm

Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	Cost
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		2,505		30.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.201899	0	0	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
53.00	ANESTHESIOLOGY	1.582978	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.095297	27,114	2,584	54.00
54.01	ULTRASOUND	0.000000	0	0	54.01
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.149860	177,653	26,623	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	0.351357	37,705	13,248	65.00
66.00	PHYSICAL THERAPY	0.406305	303,858	123,459	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.131930	3,986	526	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.231101	58,741	13,575	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.323885	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.207445	279,564	57,994	73.00
76.00	SLEEP LAB	0.429063	0	0	76.00
76.03	WOUND CARE	1.408824	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
91.00	EMERGENCY	0.375280	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.187637	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		888,621	238,009	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		888,621		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141342	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 4:12 pm
		Title XVIII	Hospital	Cost
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			3,131,064 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)			3,131,064 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			3,162,375 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			59,768 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			2,578,651 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)			523,956 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)			523,956 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			523,956 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			493,751 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			493,751 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			490,881 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			1,017,707 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)			1,017,707 40.00
41.00	Interim payments			1,092,481 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)			-74,774 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			22,434 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 141342	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 4:12 pm
		Title XVIII	Hospital
			Cost
			Overrides
			1.00
112.00	WORKSHEET OVERRIDE VALUES Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 141342

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2012 4:12 pm

		Title XVIII		Hospital		Cost	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		1,997,202		1,092,481	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	07/25/2011	145,700		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)		145,700		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,142,902		1,092,481	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		159,325		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		74,774	6.02	
7.00	Total Medicare program liability (see instructions)		2,302,227		1,017,707	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: 141342

Period: From 01/01/2011

Worksheet E-1

Component CCN: 14Z342

To 12/31/2011

Part I
Date/Time Prepared:
5/29/2012 4:12 pm

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		650,396		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	07/25/2011	35,600		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)		35,600		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)		685,996		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		85,766		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		771,762		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: 141342	Period: From 01/01/2011 To 12/31/2011	Worksheet E-2
Component CCN: 14Z342		Date/Time Prepared: 5/29/2012 4:12 pm
Title XVIII	Swing Beds - SNF	Cost

		Part A	Part B	
		1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	533,354	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)	240,389	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	638	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)	773,743	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	773,743	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)	773,743	0	12.00
13.00	Coinurance billed to program patients (from provider records) (exclude coinurance for physician professional services)	1,981	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)	771,762	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)	771,762	0	19.00
20.00	Interim payments	685,996	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)	85,766	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	7,417	0	23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141342	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part V Date/Time Prepared: 5/29/2012 4:12 pm
		Title XVIII	Hospital	Cost
				1.00
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT (CAHs)				
1.00	Inpatient services			2,626,212 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)			2,626,212 4.00
5.00	Primary payer payments			0 5.00
6.00	Total cost (line 4 less line 5) . For CAH (see instructions)			2,652,474 6.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
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
Customary charges				
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
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
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)			2,652,474 19.00
20.00	Deductibles (exclude professional component)			416,676 20.00
21.00	Excess reasonable cost (from line 16)			0 21.00
22.00	Subtotal (line 19 minus line 20)			2,235,798 22.00
23.00	Coinsurance			2,547 23.00
24.00	Subtotal (line 22 minus line 23)			2,233,251 24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			68,976 25.00
26.00	Adjusted reimbursable bad debts (see instructions)			68,976 26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			68,976 27.00
28.00	Subtotal (sum of lines 24 and 25 or 26)			2,302,227 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)			2,302,227 30.00
31.00	Interim payments			2,142,902 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)			159,325 33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			18,816 34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141342	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2012 4:12 pm
		Title XIX	Hospital	
				1.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
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
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
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
CUSTOMARY CHRGES				
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
PROSPECTIVE PAYMENT AMOUNT				
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
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
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

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

Provider CCN: 141342

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

Worksheet G

Date/Time Prepared:
5/29/2012 4:12 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-44,942	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	4,704,622	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-648,942	0	0	0	6.00
7.00	Inventory	410,722	0	0	0	7.00
8.00	Prepaid expenses	177,335	0	0	0	8.00
9.00	Other current assets	3,274	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)	4,602,069	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	17,496	0	0	0	13.00
14.00	Accumulated depreciation	-7,989	0	0	0	14.00
15.00	Buildings	3,304,483	0	0	0	15.00
16.00	Accumulated depreciation	-810,047	0	0	0	16.00
17.00	Leasehold improvements	6,649,617	0	0	0	17.00
18.00	Accumulated depreciation	-1,012,487	0	0	0	18.00
19.00	Fixed equipment	559,634	0	0	0	19.00
20.00	Accumulated depreciation	-124,212	0	0	0	20.00
21.00	Automobiles and trucks	40,201	0	0	0	21.00
22.00	Accumulated depreciation	-24,277	0	0	0	22.00
23.00	Major movable equipment	3,401,799	0	0	0	23.00
24.00	Accumulated depreciation	-1,743,810	0	0	0	24.00
25.00	Minor equipment depreciable	2,356,810	0	0	0	25.00
26.00	Accumulated depreciation	-863,516	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)	11,743,702	0	0	0	30.00
OTHER ASSETS						
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	838,601	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	838,601	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	17,184,372	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	743,863	0	0	0	37.00
38.00	Salaries, wages, and fees payable	862,057	0	0	0	38.00
39.00	Payroll taxes payable	74,182	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	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	8,099,896	0	0	0	43.00
44.00	Other current liabilities	77,849	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	9,857,847	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	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)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	9,857,847	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	7,326,525				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	7,326,525	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	17,184,372	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 141342

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

Worksheet G-1

Date/Time Prepared:
5/29/2012 4:12 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		5,081,892	
2.00	Net income (loss) (From Wkst. G-3, line 29)		2,244,633			2.00
3.00	Total (sum of line 1 and line 2)		7,326,525		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)		7,326,525		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		7,326,525		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 141342

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

Worksheet G-1

Date/Time Prepared:
5/29/2012 4:12 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 141342

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

Worksheet G-2 Parts

Date/Time Prepared:
5/29/2012 4:12 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	3,273,512		3,273,512	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	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	940,308		940,308	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	4,213,820		4,213,820	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	4,213,820		4,213,820	17.00
18.00	Ancillary services	8,442,981		8,442,981	18.00
19.00	Outpatient services	0	43,843,564	43,843,564	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	12,656,801	43,843,564	56,500,365	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		20,943,609		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		20,943,609		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 141342

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

Worksheet G-3

Date/Time Prepared:
5/29/2012 4:12 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	56,500,365	1.00
2.00	Less contractual allowances and discounts on patients' accounts	34,174,195	2.00
3.00	Net patient revenues (line 1 minus line 2)	22,326,170	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	20,943,609	4.00
5.00	Net income from service to patients (line 3 minus line 4)	1,382,561	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	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 INCOME	862,072	24.00
25.00	Total other income (sum of lines 6-24)	862,072	25.00
26.00	Total (line 5 plus line 25)	2,244,633	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	2,244,633	29.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 141342 Component CCN: 143975	Period: From 01/01/2011 To 12/31/2011	Worksheet M-1 Date/Time Prepared: 5/29/2012 4:12 pm
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		Title XVIII		Rural Health Clinic (RHC) I	Cost		
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassified	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	47,560	0	47,560	0	47,560	1.00
2.00	Physician Assistant	192,272	0	192,272	0	192,272	2.00
3.00	Nurse Practitioner	3,188	0	3,188	0	3,188	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	67,564	0	67,564	0	67,564	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)	310,584	0	310,584	0	310,584	10.00
11.00	Physician Services Under Agreement	0	4,081	4,081	0	4,081	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	4,081	4,081	0	4,081	14.00
15.00	Medical Supplies	0	0	0	0	0	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	0	0	0	0	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	310,584	4,081	314,665	0	314,665	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
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
FACILITY OVERHEAD							
29.00	Facility Costs	0	8,078	8,078	0	8,078	29.00
30.00	Administrative Costs	44,756	16,175	60,931	-4,817	56,114	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	44,756	24,253	69,009	-4,817	64,192	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	355,340	28,334	383,674	-4,817	378,857	32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 141342	Period: From 01/01/2011 To 12/31/2011	Worksheet M-1
	Component CCN: 143975		Date/Time Prepared: 5/29/2012 4:12 pm
	Title XVIII	Rural Health Clinic (RHC) I	Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	47,560	1.00
2.00	Physician Assistant	0	192,272	2.00
3.00	Nurse Practitioner	0	3,188	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	67,564	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	310,584	10.00
11.00	Physician Services Under Agreement	0	4,081	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	4,081	14.00
15.00	Medical Supplies	0	0	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	0	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	314,665	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
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
FACILITY OVERHEAD				
29.00	Facility Costs	0	8,078	29.00
30.00	Administrative Costs	0	56,114	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	64,192	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	378,857	32.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 141342	Period: From 01/01/2011 To 12/31/2011	Worksheet M-2		
		Component CCN: 143975		Date/Time Prepared: 5/29/2012 4:12 pm		
		Title XVIII	Rural Health Clinic (RHC) I	Cost		
	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY						
Positions						
1.00	Physician	0.34	84	4,200	1,428	1.00
2.00	Physician Assistant	2.18	7,919	2,100	4,578	2.00
3.00	Nurse Practitioner	0.03	143	2,100	63	3.00
4.00	Subtotal (sum of lines 1-3)	2.55	8,146		6,069	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)	2.55	8,146		8,146	8.00
9.00	Physician Services Under Agreements		0		0	9.00
					1.00	
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Worksheet M-1, column 7, line 22)				314,665	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)				314,665	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)				64,192	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				347,363	15.00
16.00	Total overhead (sum of lines 14 and 15)				411,555	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Subtract line 17 from line 16				411,555	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)				411,555	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)				726,220	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 141342	Period: From 01/01/2011 To 12/31/2011	Worksheet M-3
		Component CCN: 143975		Date/Time Prepared: 5/29/2012 4:12 pm
		Title XVIII	Rural Health Clinic (RHC) I	Cost
				1.00
DETERMINATION OF RATE FOR RHC/FQHC SERVICES				
1.00	Total Allowable Cost of RHC/FQHC Services (from Worksheet M-2, line 20)		726,220	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)		726,220	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		8,146	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)		8,146	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		89.15	7.00
		Calculation of Limit (1)		
		Prior to January 1	On or After January 1	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 27, Sec. 505 or your contractor)	0.00	78.07	8.00
9.00	Rate for Program covered visits (see instructions)	89.15	89.15	9.00
CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)	0	612	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	54,560	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	54,560	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.)		30,346	16.04
16.05	Total program cost (see instructions)		30,346	16.05
17.00	Primary payer amounts		14,505	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		16,627	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)		15,841	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)		15,841	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)		15,841	26.00
27.00	Interim payments		22,979	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)		-7,138	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, section 115.2		308	30.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 141342 Component CCN: 143975	Period: From 01/01/2011 To 12/31/2011	Worksheet M-5 Date/Time Prepared: 5/29/2012 4:12 pm
	Title XVIII	Rural Health Clinic (RHC) I	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		22,979	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)		22,979	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		0	6.01
6.02	SETTLEMENT TO PROGRAM		7,138	6.02
7.00	Total Medicare program liability (see instructions)		15,841	7.00
		Contractor Number	Date (Mo/Day/Yr)	
		0	1.00 2.00	
8.00	Name of Contractor			8.00