

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: 141333	Period: From 03/01/2011 To 02/29/2012	Worksheet S Parts I-III Date/Time Prepared: 7/25/2012 4:29 pm
--	----------------------	---	--

PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 7/25/2012	Time: 4:29 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SARAH D CULBERTSON for the cost reporting period beginning 03/01/2011 and ending 02/29/2012 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	39,555	-163,458	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	-30,228	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 (RHC) I	0	0	174,795	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	9,327	11,337	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.

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: 141333

Period: From 03/01/2011 To 02/29/2012

Worksheet S Parts I-III Date/Time Prepared: 7/25/2012 4:29 pm

PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report Date: 7/25/2012 Time: 4:29 pm

2. Manually submitted cost report

3. If this is an amended report enter the number of times the provider resubmitted this cost report

4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. 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. Initial Report for this Provider CCN

9. Final Report for this Provider CCN

10. NPR Date: 11. Contractor's Vendor Code: 4

12. 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 SARAH D CULBERTSON for the cost reporting period beginning 03/01/2011 and ending 02/29/2012 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: 7/25/2012 Time: 4:29 pm
t0qrbG08YYr108l F29wi ckL0cKL2Y0
ezUE700Edl 8pcTpL6i uMfL. i KIFG4Q
XHTA06.ml x0sxzfj

PI: Date: 7/25/2012 Time: 4:29 pm
r4SfnopPVxH645oLaGV8L79. 8UzG70
jXsup0gyEE. zgJs12NI X6SuSPj 4q5H
PLZwG0qJpk0Xvdi 8

(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	39,555	-163,458	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	-30,228	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 (RHC) I	0	0	174,795	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	9,327	11,337	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: 141333		Period: From 03/01/2011 To 02/29/2012		Worksheet S-2 Part I Date/Time Prepared: 7/25/2012 10:43 am				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 62681- County: SCHUYLER				
1.00 Street: 238 SOUTH CONGRESS		2.00 City: RUSHVILLE								
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		
3.00 Hospital and Hospital-Based Component Identification:										
3.00 Hospital	SARAH D CULBERTSON	141333	99914	1	05/01/2004	N	0	0	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	SDCMH SWING BED- SNF	14Z333	99914		05/01/2004	N	0	N	7.00	
8.00 Swing Beds - NF						N		N	8.00	
9.00 Hospital-Based SNF									9.00	
10.00 Hospital-Based NF									10.00	
11.00 Hospital-Based OLTC									11.00	
12.00 Hospital-Based HHA									12.00	
13.00 Separately Certified ASC									13.00	
14.00 Hospital-Based Hospice									14.00	
15.00 Hospital-Based Health Clinic - RHC	BEARDSTOWN CLINIC 1	143483	99914		10/01/2006	N	0	N	15.00	
16.00 Hospital-Based Health Clinic - FQHC									16.00	
17.00 Hospital-Based (CMHC) 1									17.00	
18.00 Renal Dialysis									18.00	
19.00 Other									19.00	
19.01									19.01	
					From:	To:				
					1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)				03/01/2011	02/29/2012			20.00	
21.00	Type of Control (see instructions)				11				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.				2		N			23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid 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 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 paid and eligible but unpaid days in column 5, and other Medicaid days in column 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 col. 1, the in-state Medicaid eligible days in col. 2, out-of-state Medicaid eligible days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	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.				1					26.00
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification in column 2.				1					27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.				0					35.00
					Beginning:	Ending:				
					1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.									36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.				0					37.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141333	Period: From 03/01/2011 To 02/29/2012	Worksheet S-2 Part I Date/Time Prepared: 7/25/2012 10:43 am		
		Beginning:	Ending:			
		1.00	2.00			
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		
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 in column 1. If yes, complete lines 64-67. (see instructions)	N		63.00		
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
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		
		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet S-2
Part I
Date/Time Prepared:
7/25/2012 10:43 am

		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. (see instructions)			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	If line 63 is yes, then, for each primary care residency program in which you are training residents, 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. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.			0.00	0.00	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141333	Period: From 03/01/2011 To 02/29/2012	Worksheet S-2 Part I Date/Time Prepared: 7/25/2012 10:43 am	
		1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 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)	N		0	71.00
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	Are you a long term care hospital (LTCH)? Enter in column 1 "Y" for yes and "N" for no. LTCHs can only exist as independent/freestanding facilities. An independent or freestanding facility may exist as an unrelated hospital within a hospital, it must meet the separateness (from the host/co-located provider) requirements identified in 42 CFR 412.22(e.)			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)(ii)? 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)	Y			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	Y			108.00
		Physical		Speech	
		Occupational		Respiratory	
		1.00		2.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	Y	Y	Y	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141333	Period: From 03/01/2011 To 02/29/2012	Worksheet S-2 Part I Date/Time Prepared: 7/25/2012 10:43 am	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	Enter the total amount of malpractice premiums paid in column 1, enter the total amount of paid losses in column 2, and enter the total amount of self insurance paid in column 3.	273,455	0		118.01
				1.00	2.00
118.02	Indicate if malpractice premiums and paid losses are reported in other than the Administrative and General cost center. If yes, provide a supporting schedule and list the amounts applicable to each cost center.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	If this is an SCH (or EACH), regardless of bed size, or is rural hospital with 100 or fewer beds that qualifies for the outpatient hold harmless provision in accordance with ACA, section 3121, as amended by the Medicare and Medicaid Extenders Act (MMEA) of 2010, section 108; the Temporary Payroll Tax Cut Continuation Act of 2011, section 308; and the Middle Class Tax Relief and Job Creation Act of 2012, section 3002, enter "Y" for yes or "N" for no in column 1 or column 2, respectively. Note that for SCHs (and EACHs) the outpatient hold harmless provision is effective for services rendered from January 1, 2010 through February 29, 2012 regardless of bed size and from March 1, 2012 through December 31, 2012 to all SCHs (and EACHs) with 100 or fewer beds. These responses impact the TOPs calculation on Worksheet E, Part B, line 8.		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
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		N		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		N		145.00
				1.00	2.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141333		Period: From 03/01/2011 To 02/29/2012		Worksheet S-2 Part I Date/Time Prepared: 7/25/2012 10:43 am		
		Part A 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00			
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00		
161.00	CMHC		N	N	N	161.00		
						1.00		
Multicampus 165.00 Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
						1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 141333	Period: From 03/01/2011 To 02/29/2012	Worksheet S-2 Part II Date/Time Prepared: 7/25/2012 10:43 am
		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		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.	Y		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
		Y/N		
		1.00		
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	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.	Y		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: 141333	Period: From 03/01/2011 To 02/29/2012	Worksheet S-2 Part II Date/Time Prepared: 7/25/2012 10:43 am
---	----------------------	---	---

		Part A		
Description		Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	Y	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	Y		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.	Y		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.	Y		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.	Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	N		35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?	N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00
		1.00	2.00	3.00
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.			41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet S-2
Part II
Date/Time Prepared:
7/25/2012 10:43 am

		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	05/04/2012	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: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet S-3
Part I
Date/Time Prepared:
7/25/2012 10:43 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	25	9,150	20,415.00		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	9,150	20,415.00		7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		25	9,150	20,415.00		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						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	46.00	26	9,516			21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC (RHC)	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		51				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: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet S-3
Part I
Date/Time Prepared:
7/25/2012 10:43 am

Cost Center Description	I/P Days / O/P Visits / Trips				Total All Patients	
	Title V	Title XVIII	Title XIX			
	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	675	34	857		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	941	0	941		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	65		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	1,616	34	1,863		7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0	1,616	34	1,863		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						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE				4,737		21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC (RHC)	0	4,287	0	12,771		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	205		28.00
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				9		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet S-3
Part I
Date/Time Prepared:
7/25/2012 10:43 am

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	185	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	127.09	0.00	0	185	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	0.00	11.17	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
26.00 RURAL HEALTH CLINIC (RHC)	0.00	21.29	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00	159.55	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: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet S-3
Part I
Date/Time Prepared:
7/25/2012 10:43 am

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	11	247		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)	11	247		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		44		21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC (RHC)				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: 141333 Component CCN: 143483	Period: From 03/01/2011 To 02/29/2012	Worksheet S-8 Date/Time Prepared: 7/25/2012 10:43 am
			Rural Health Clinic (RHC) I	Cost
				1.00
1.00	Clinic Address and Identification Street		238 S. CONGRESS	1.00
		City	State	Zip Code
		1.00	2.00	3.00
2.00	City, State, Zip Code, County		RUSHVILLE	IL62681 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		08:00 17:00	11.00
			1.00	2.00
12.00	Have you received an approval for an exception to the productivity standard?			N 12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 27, section 508(D)? If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.			Y 3 13.00
			Provider name	CCN number
			1.00	2.00
14.00	Provider name, CCN number		COMMUNITY MEDICAL CLINIC	143484 14.00
14.01			ELMER HUGH TAYLOR CLINIC	143483 14.01
14.02			BEARDSTOWN CLINIC II	143480 14.02
14.03				14.03
			Y/N	V
			1.00	2.00
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: 141333 Component CCN: 143483	Period: From 03/01/2011 To 02/29/2012	Worksheet S-8 Date/Time Prepared: 7/25/2012 10:43 am
			Rural Health Clinic (RHC) I	Cost
		County 4.00		
2.00	City, State, Zip Code, County	SCHUYLER		2.00
		Tuesday		
		from	to	
		5.00	6.00	
		Wednesday		
		from	to	
		7.00	8.00	
11.00	Facility hours of operations (1) Clinic	08:00	17:00	08:00
				17:00
				11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 141333 Component CCN: 143483	Period: From 03/01/2011 To 02/29/2012	Worksheet S-8 Date/Time Prepared: 7/25/2012 10:43 am		
			Rural Health Clinic (RHC) I	Cost		
		Thursday		Friday		
		from	to	from	to	
		9.00	10.00	11.00	12.00	
11.00	Facility hours of operations (1) Clinic	08:00	17:00	08:00	17:00	11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 141333 Component CCN: 143483	Period: From 03/01/2011 To 02/29/2012	Worksheet S-8 Date/Time Prepared: 7/25/2012 10:43 am Cost
			Rural Health Clinic (RHC) I	
		Saturday		
		from	to	
		13.00	14.00	
11.00	Facility hours of operations (1) Clinic			11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 141333	Period: From 03/01/2011 To 02/29/2012	Worksheet S-10 Date/Time Prepared: 7/25/2012 10:43 am
---	----------------------	---	---

			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)		0.549079	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		499,062	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		1,790,200	6.00
7.00	Medicaid cost (line 1 times line 6)		982,961	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)		483,899	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone SCHIP		0	9.00
10.00	Stand-alone SCHIP charges		0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Uncompensated care (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		483,899	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	212,504	0	212,504
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	116,681	0	116,681
22.00	Partial payment by patients approved for charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	116,681	0	116,681
			1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		1,231,139	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		280,366	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		950,773	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		522,049	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		638,730	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		1,122,629	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 141333		Period: From 03/01/2011 To 02/29/2012		Worksheet A	
Date/Time Prepared: 7/25/2012 10:43 am							
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 NEW CAP REL COSTS-BLDG & FIXT		222,979	222,979	6,349	229,328	1.00	
1.01 NEW CAP REL COSTS-RHCS BLDG/MME		65,431	65,431	2,045	67,476	1.01	
1.02 NEW CAP REL COSTS-MED ARTS BLDG/MME		30,190	30,190	802	30,992	1.02	
2.00 NEW CAP REL COSTS-MVBLE EQUIP		732,379	732,379	6,449	738,828	2.00	
3.00 OTHER CAP REL COSTS		0	0	0	0	3.00	
4.00 EMPLOYEE BENEFITS	0	3,062,778	3,062,778	0	3,062,778	4.00	
5.02 BUSINESS OFFICE - HOSPITAL	203,646	69,444	273,090	0	273,090	5.02	
5.03 BUSINESS OFFICE - LTC	168	63	231	0	231	5.03	
5.04 HOSPITAL ONLY ADMIN & GENERAL	309,834	114,154	423,988	0	423,988	5.04	
5.05 OTHER ADMINISTRATIVE AND GENERAL	587,821	1,106,214	1,694,035	-46,340	1,647,695	5.05	
6.00 MAINTENANCE & REPAIRS	168,601	52,374	220,975	0	220,975	6.00	
6.01 MAINTENANCE LTC	2,754	0	2,754	0	2,754	6.01	
7.00 OPERATION OF PLANT	60,566	152,412	212,978	0	212,978	7.00	
7.01 PLANT & HSKPG - RHCS	0	19,151	19,151	0	19,151	7.01	
9.00 HOUSEKEEPING	227,478	29,712	257,190	52,085	309,275	9.00	
9.01 HOUSEKEEPING LTC	43,339	0	43,339	0	43,339	9.01	
10.00 DIETARY	299,932	281,338	581,270	0	581,270	10.00	
11.00 CAFETERIA	0	0	0	0	0	11.00	
13.00 NURSING ADMINISTRATION	96,687	8,082	104,769	17,081	121,850	13.00	
16.00 MEDICAL RECORDS & LIBRARY	346,548	35,937	382,485	0	382,485	16.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	754,372	173,196	927,568	-5,373	922,195	30.00	
46.00 OTHER LONG TERM CARE	392,565	31,679	424,244	-370	423,874	46.00	
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	170,399	118,428	288,827	-72,746	216,081	50.00	
53.00 ANESTHESIOLOGY	224,059	6,374	230,433	0	230,433	53.00	
54.00 RADIOLOGY-DIAGNOSTIC	366,696	538,189	904,885	28,896	933,781	54.00	
60.00 LABORATORY	376,254	482,970	859,224	45,759	904,983	60.00	
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	48,502	48,502	0	48,502	62.00	
65.00 RESPIRATORY THERAPY	30,544	93,405	123,949	-29,172	94,777	65.00	
66.00 PHYSICAL THERAPY	367,104	47,737	414,841	-82,291	332,550	66.00	
67.00 OCCUPATIONAL THERAPY	161,467	0	161,467	62,372	223,839	67.00	
68.00 SPEECH PATHOLOGY	59,046	1,510	60,556	19,919	80,475	68.00	
69.00 ELECTROCARDIOLOGY	85,953	200,300	286,253	0	286,253	69.00	
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	51,410	51,410	71.00	
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	28,560	28,560	72.00	
73.00 DRUGS CHARGED TO PATIENTS	0	672,804	672,804	0	672,804	73.00	
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC (RHC)	1,048,260	750,232	1,798,492	-70,936	1,727,556	88.00	
90.00 CLINIC	135,787	1,303,503	1,439,290	4,875	1,444,165	90.00	
90.01 RUSHVILLE FAMILY CLINIC	603,341	42,054	645,395	-28,000	617,395	90.01	
91.00 EMERGENCY	451,887	1,550,536	2,002,423	5,735	2,008,158	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
SPECIAL PURPOSE COST CENTERS							
118.00 SUBTOTALS (SUM OF LINES 1-117)	7,575,108	12,044,057	19,619,165	-2,891	19,616,274	118.00	
NONREIMBURSABLE COST CENTERS							
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
194.00 CULBERTSON GARDENS	180,650	200,212	380,862	2,891	383,753	194.00	
194.01 MEDICAL ARTS BUILDING	0	0	0	0	0	194.01	
194.02 FOUNDATION	16,667	50,461	67,128	0	67,128	194.02	
194.03 OUTPATIENT MEALS	0	0	0	0	0	194.03	
200.00 TOTAL (SUM OF LINES 118-199)	7,772,425	12,294,730	20,067,155	0	20,067,155	200.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet A
Date/Time Prepared:
7/25/2012 10:43 am

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	0	229,328	1.00
1.01	NEW CAP REL COSTS-RHCS BLDG/MME	0	67,476	1.01
1.02	NEW CAP REL COSTS-MED ARTS BLDG/MME	0	30,992	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	738,828	2.00
3.00	OTHER CAP REL COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	-463,061	2,599,717	4.00
5.02	BUSINESS OFFICE - HOSPITAL	0	273,090	5.02
5.03	BUSINESS OFFICE - LTC	0	231	5.03
5.04	HOSPITAL ONLY ADMIN & GENERAL	-97,839	326,149	5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	-44,428	1,603,267	5.05
6.00	MAINTENANCE & REPAIRS	0	220,975	6.00
6.01	MAINTENANCE LTC	0	2,754	6.01
7.00	OPERATION OF PLANT	-778	212,200	7.00
7.01	PLANT & HSKPG - RHCS	0	19,151	7.01
9.00	HOUSEKEEPING	0	309,275	9.00
9.01	HOUSEKEEPING LTC	0	43,339	9.01
10.00	DIETARY	-108,954	472,316	10.00
11.00	CAFETERIA	0	0	11.00
13.00	NURSING ADMINISTRATION	0	121,850	13.00
16.00	MEDICAL RECORDS & LIBRARY	-10,361	372,124	16.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	922,195	30.00
46.00	OTHER LONG TERM CARE	0	423,874	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-29,504	186,577	50.00
53.00	ANESTHESIOLOGY	0	230,433	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	933,781	54.00
60.00	LABORATORY	0	904,983	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	48,502	62.00
65.00	RESPIRATORY THERAPY	0	94,777	65.00
66.00	PHYSICAL THERAPY	0	332,550	66.00
67.00	OCCUPATIONAL THERAPY	0	223,839	67.00
68.00	SPEECH PATHOLOGY	0	80,475	68.00
69.00	ELECTROCARDIOLOGY	-44,646	241,607	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	51,410	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	28,560	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	672,804	73.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC (RHC)	-44,107	1,683,449	88.00
90.00	CLINIC	-448,914	995,251	90.00
90.01	RUSHVILLE FAMILY CLINIC	-433,451	183,944	90.01
91.00	EMERGENCY	-267,223	1,740,935	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	-1,993,266	17,623,008	118.00
NONREIMBURSABLE COST CENTERS				
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	CULBERTSON GARDENS	-39,162	344,591	194.00
194.01	MEDICAL ARTS BUILDING	0	0	194.01
194.02	FOUNDATION	0	67,128	194.02
194.03	OUTPATIENT MEALS	0	0	194.03
200.00	TOTAL (SUM OF LINES 118-199)	-2,032,428	18,034,727	200.00

RECLASSIFICATIONS

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet A-6

Date/Time Prepared:
7/25/2012 10:43 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - PROPERTY INSURANCE						
1.00	OTHER CAP REL COSTS	3.00	0	15,645		1.00
2.00	CULBERTSON GARDENS	194.00	0	2,891		2.00
	TOTALS		0	18,536		
B - CLINIC_ER_INF_CNTR_MED SURG SALARIES						
1.00	NURSING ADMINISTRATION	13.00	17,081	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	1,436	0		2.00
3.00	CLINIC	90.00	19,918	0		3.00
4.00	EMERGENCY	91.00	5,751	0		4.00
	TOTALS		44,186	0		
C - RHC PHYSICIAN EXPENSES						
1.00	RURAL HEALTH CLINIC (RHC)	88.00	28,000	0		1.00
	TOTALS		28,000	0		
D - RHC EXPENSES						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	28,896	0		1.00
2.00	LABORATORY	60.00	45,759	0		2.00
3.00	HOUSEKEEPING	9.00	43,121	8,964		3.00
	TOTALS		117,776	8,964		
E - MED SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	51,410		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
	TOTALS		0	51,410		
F - IMPLANT						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	28,560		1.00
	TOTALS		0	28,560		
G - RECLASS						
1.00	OCCUPATIONAL THERAPY	67.00	47,198	15,174		1.00
2.00	SPEECH PATHOLOGY	68.00	15,073	4,846		2.00
	TOTALS		62,271	20,020		
H - RECLASS RECRUITMENT COSTS TO RHC						
1.00	RURAL HEALTH CLINIC (RHC)	88.00	0	27,804		1.00
	TOTALS		0	27,804		
500.00	Grand Total: Increases		252,233	155,294		500.00

RECLASSIFICATIONS

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet A-6

Date/Time Prepared:
7/25/2012 10:43 am

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - PROPERTY INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	18,536	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	18,536			
B - CLINICER INF CNTR MED SURG SALARIES							
1.00	OPERATING ROOM	50.00	44,186	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		44,186	0			
C - RHC PHYSICIAN EXPENSES							
1.00	RUSHVILLE FAMILY CLINIC	90.01	28,000	0	0		1.00
	TOTALS		28,000	0			
D - RHC EXPENSES							
1.00	RURAL HEALTH CLINIC (RHC)	88.00	117,776	8,964	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		117,776	8,964			
E - MED SUPPLIES							
1.00	ADULTS & PEDIATRICS	30.00	0	6,809	0		1.00
2.00	OTHER LONG TERM CARE	46.00	0	370	0		2.00
3.00	RESPIRATORY THERAPY	65.00	0	29,172	0		3.00
5.00	CLINIC	90.00	0	15,043	0		5.00
6.00	EMERGENCY	91.00	0	16	0		6.00
	TOTALS		0	51,410			
F - IMPLANT							
1.00	OPERATING ROOM	50.00	0	28,560	0		1.00
	TOTALS		0	28,560			
G - RECLASS							
1.00	PHYSICAL THERAPY	66.00	62,271	20,020	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		62,271	20,020			
H - RECLASS RECRUITMENT COSTS TO RHC							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	27,804	0		1.00
	TOTALS		0	27,804			
500.00	Grand Total: Decreases		252,233	155,294			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
7/25/2012 10:43 am

	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	332,648	0	0	0	1.00
2.00	Land Improvements	719,040	0	0	0	2.00
3.00	Buildings and Fixtures	7,588,573	1,400,673	0	1,400,673	3.00
4.00	Building Improvements	38,055	127,595	0	127,595	4.00
5.00	Fixed Equipment	129,018	0	0	0	5.00
6.00	Movable Equipment	5,500,333	277,739	0	277,739	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	14,307,667	1,806,007	0	1,806,007	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	14,307,667	1,806,007	0	1,806,007	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	214,286	8,693	0	0	1.00
1.01	NEW CAP REL COSTS-RHCS BLDG/MME	40,967	24,464	0	0	1.01
1.02	NEW CAP REL COSTS-MED ARTS BLDG/MME	30,190	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	654,059	78,320	0	0	2.00
3.00	Total (sum of lines 1-2)	939,502	111,477	0	0	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	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	5,311,002	0	5,311,002	0.405810	6,349
1.01	NEW CAP REL COSTS-RHCS BLDG/MME	1,711,001	0	1,711,001	0.130736	2,045
1.02	NEW CAP REL COSTS-MED ARTS BLDG/MME	670,510	0	670,510	0.051233	802
2.00	NEW CAP REL COSTS-MVBLE EQUIP	5,394,913	0	5,394,913	0.412221	6,449
3.00	Total (sum of lines 1-2)	13,087,426	0	13,087,426	1.000000	15,645

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
7/25/2012 10:43 am

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	332,648	0			1.00	
2.00	Land Improvements	719,040	0			2.00	
3.00	Buildings and Fixtures	8,989,246	0			3.00	
4.00	Building Improvements	165,650	0			4.00	
5.00	Fixed Equipment	129,018	0			5.00	
6.00	Movable Equipment	5,778,072	0			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	16,113,674	0			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	16,113,674	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	222,979			1.00	
1.01	NEW CAP REL COSTS-RHCS BLDG/MME	0	65,431			1.01	
1.02	NEW CAP REL COSTS-MED ARTS BLDG/MME	0	30,190			1.02	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	732,379			2.00	
3.00	Total (sum of lines 1-2)	0	1,050,979			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	6,349	214,286	8,693	1.00
1.01	NEW CAP REL COSTS-RHCS BLDG/MME	0	0	2,045	40,967	24,464	1.01
1.02	NEW CAP REL COSTS-MED ARTS BLDG/MME	0	0	802	30,190	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	6,449	654,059	78,320	2.00
3.00	Total (sum of lines 1-2)	0	0	15,645	939,502	111,477	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
7/25/2012 10:43 am

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	6,349	0	0	229,328	1.00
1.01	NEW CAP REL COSTS-RHCS BLDG/MME	0	2,045	0	0	67,476	1.01
1.02	NEW CAP REL COSTS-MED ARTS BLDG/MME	0	802	0	0	30,992	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	6,449	0	0	738,828	2.00
3.00	Total (sum of lines 1-2)	0	15,645	0	0	1,066,624	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet A-8
Date/Time Prepared:
7/25/2012 10:43 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT		1.00 1.00
1.01 Investment income - NEW CAP REL COSTS-RHCS BLDG/MME (chapter 2)			ONEW CAP REL COSTS-RHCS BLDG/MME		1.01 1.01
1.02 Investment income - NEW CAP REL COSTS-MED ARTS BLDG/MME (chapter 2)			ONEW CAP REL COSTS-MED ARTS BLDG/MME		1.02 1.02
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW 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)	B	-3,138	OTHER ADMINISTRATIVE AND GENERAL		5.05 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	-8,691	HOSPITAL ONLY ADMIN & GENERAL		5.04 7.00
8.00 Television and radio service (chapter 21)	A	-778	OPERATION OF PLANT		7.00 8.00
9.00 Parking lot (chapter 21)		0			0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-1,242,120			10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0			12.00
13.00 Laundry and linen service		0			0.00 13.00
14.00 Cafeteria-employees and guests	B	-108,076	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	-10,361	MEDICAL RECORDS & LIBRARY		16.00 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00 19.00
20.00 Vending machines	B	-878	DIETARY		10.00 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		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			ONEW CAP REL COSTS-BLDG & FIXT		1.00 26.00
26.01 Depreciation - NEW CAP REL COSTS-RHCS BLDG/MME			ONEW CAP REL COSTS-RHCS BLDG/MME		1.01 26.01
26.02 Depreciation - NEW CAP REL COSTS-MED ARTS BLDG/MME			ONEW CAP REL COSTS-MED ARTS BLDG/MME		1.02 26.02
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP		2.00 27.00
28.00 Non-physician Anesthetist			*** Cost Center Deleted ***		19.00 28.00
29.00 Physicians' assistant					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 INTEREST INCOME	B	-16,008	OTHER ADMINISTRATIVE AND GENERAL		5.05 33.00
34.00 INTEREST INCOME	B	-39,162	CULBERTSON GARDENS		194.00 34.00
35.00 OPC RENT	B	-47,065	HOSPITAL ONLY ADMIN & GENERAL		0.00 35.00
36.00 OPC RENT	B	-47,065	HOSPITAL ONLY ADMIN & GENERAL		5.04 36.00
37.00 MISCELLANEOUS INCOME	B	-4,352	OTHER ADMINISTRATIVE AND GENERAL		5.05 37.00
38.00		0			0.00 38.00
39.00		0			0.00 39.00
40.00		0			0.00 40.00
41.00 RHC MISCELLANEOUS INCOME	B	-3,200	RUSHVILLE FAMILY CLINIC		90.01 41.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet A-8

Date/Time Prepared:
7/25/2012 10:43 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #		
			1.00	2.00		3.00
42.00		0			0.00	42.00
43.00	MARKETING SALARY EXPENSE	A	-43,054	HOSPITAL ONLY ADMIN & GENERAL	5.04	43.00
44.00	MARKETING BENEFITS EXPENSE	A	-16,966	EMPLOYEE BENEFITS	4.00	44.00
45.00	MARKETING OTHER EXPENSE	A	-49,857	HOSPITAL ONLY ADMIN & GENERAL	5.04	45.00
45.01	MARKETING OTHER EXPENSE	A	-15,475	OTHER ADMINISTRATIVE AND GENERAL	5.05	45.01
45.02	MARKETING OTHER EXPENSE	A	-9,166	RURAL HEALTH CLINIC (RHC)	88.00	45.02
45.03	LOBBYING PORTION OF DUES	A	-5,455	OTHER ADMINISTRATIVE AND GENERAL	5.05	45.03
45.04			0		0.00	45.04
45.05	HEALTHLINK ADMINISTRATIVE FEES	A	58,577	HOSPITAL ONLY ADMIN & GENERAL	5.04	45.05
45.06	SELF INSURANCE OFFSET	A	-443,041	EMPLOYEE BENEFITS	4.00	45.06
45.07	PART B PHYSICIAN BILLING SALARIES	A	-7,749	HOSPITAL ONLY ADMIN & GENERAL	5.04	45.07
45.08	PART B PHYSICIAN BILLING EMP BENEFIT	A	-3,054	EMPLOYEE BENEFITS	4.00	45.08
45.09			0		0.00	45.09
45.10			0		0.00	45.10
45.11			0		0.00	45.11
45.12	NON-RHC PHYSICIAN ASSISTANT SALARIES	A	-11,445	RURAL HEALTH CLINIC (RHC)	88.00	45.12
45.13	MARKETING OTHER EXPENSE	A	-1,914	RUSHVILLE FAMILY CLINIC	90.01	45.13
45.14			0		0.00	45.14
45.15			0		0.00	45.15
45.16			0		0.00	45.16
45.17			0		0.00	45.17
45.18			0		0.00	45.18
45.19			0		0.00	45.19
45.20			0		0.00	45.20
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-2,032,428			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet A-8

Date/Time Prepared:
7/25/2012 10:43 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
1.01	Investment income - NEW CAP REL COSTS-RHCS BLDG/MME (chapter 2)	0	1.01
1.02	Investment income - NEW CAP REL COSTS-MED ARTS BLDG/MME (chapter 2)	0	1.02
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)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
26.01	Depreciation - NEW CAP REL COSTS-RHCS BLDG/MME	0	26.01
26.02	Depreciation - NEW CAP REL COSTS-MED ARTS BLDG/MME	0	26.02
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	INTEREST INCOME	0	33.00
34.00	INTEREST INCOME	0	34.00
35.00		0	35.00
36.00	OPC RENT	0	36.00
37.00	MISCELLANEOUS INCOME	0	37.00
38.00		0	38.00
39.00		0	39.00
40.00		0	40.00
41.00	RHC MISCELLANEOUS INCOME	0	41.00
42.00		0	42.00
43.00	MARKETING SALARY EXPENSE	0	43.00
44.00	MARKETING BENEFITS EXPENSE	0	44.00
45.00	MARKETING OTHER EXPENSE	0	45.00
45.01	MARKETING OTHER EXPENSE	0	45.01
45.02	MARKETING OTHER EXPENSE	0	45.02
45.03	LOBBYING PORTION OF DUES	0	45.03
45.04		0	45.04
45.05	HEALTHLINK ADMINISTRATIVE FEES	0	45.05
45.06	SELF INSURANCE OFFSET	0	45.06
45.07	PART B PHYSICIAN BILLING SALARIES	0	45.07

7/25/2012 10:43 am C:\Client\Sarah Culbertson\SDCMH FY12_JMR.mcrx

ADJUSTMENTS TO EXPENSES

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet A-8

Date/Time Prepared:
7/25/2012 10:43 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
45.08	PART B PHYSICIAN BILLING EMP BENEFIT	0	45.08
45.09		0	45.09
45.10		0	45.10
45.11		0	45.11
45.12	NON-RHC PHYSICIAN ASSISTANT SALARIES	0	45.12
45.13	MARKETING OTHER EXPENSE	0	45.13
45.14		0	45.14
45.15		0	45.15
45.16		0	45.16
45.17		0	45.17
45.18		0	45.18
45.19		0	45.19
45.20		0	45.20
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet A-8-2

Date/Time Prepared:
7/25/2012 10:43 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	50.00	OPERATING ROOM	29,504	29,504	1.00
2.00	54.00	RADIOLOGY-DIAGNOSTIC	6,000	0	2.00
3.00	60.00	LABORATORY	10,400	0	3.00
4.00	65.00	RESPIRATORY THERAPY	6,000	0	4.00
5.00	69.00	ELECTROCARDIOLOGY	44,646	44,646	5.00
6.00	90.00	CLINIC	215,000	215,000	6.00
7.00	90.00	CLINIC	195,484	195,484	7.00
8.00	90.00	CLINIC	5,676	0	8.00
9.00	90.00	CLINIC	38,430	38,430	9.00
10.00	91.00	EMERGENCY	1,494,375	267,223	10.00
11.00	88.00	RURAL HEALTH CLINIC (RHC)	23,496	23,496	11.00
12.00	90.01	RUSHVILLE FAMILY CLINIC	428,337	428,337	12.00
200.00			2,497,348	1,242,120	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet A-8-2

Date/Time Prepared:
7/25/2012 10:43 am

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	6,000	0	0	0	0	2.00
3.00	10,400	0	0	0	0	3.00
4.00	6,000	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	5,676	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	1,227,152	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
200.00	1,255,228					200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet A-8-2

Date/Time Prepared:
7/25/2012 10:43 am

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet A-8-2

Date/Time Prepared:
7/25/2012 10:43 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	29,504	1.00
2.00	0	0	2.00
3.00	0	0	3.00
4.00	0	0	4.00
5.00	0	44,646	5.00
6.00	0	215,000	6.00
7.00	0	195,484	7.00
8.00	0	0	8.00
9.00	0	38,430	9.00
10.00	0	267,223	10.00
11.00	0	23,496	11.00
12.00	0	428,337	12.00
200.00	0	1,242,120	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet B
Part I
Date/Time Prepared:
7/25/2012 10:43 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW RHCS BLDG/MME	NEW MED ARTS BLDG/MME	NEW MVBLE EQUIP	
	0	1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	229,328	229,328				1.00
1.01 NEW CAP REL COSTS-RHCS BLDG/MME	67,476	0	67,476			1.01
1.02 NEW CAP REL COSTS-MED ARTS BLDG/MME	30,992	0	0	30,992		1.02
2.00 NEW CAP REL COSTS-MVBLE EQUIP	738,828				738,828	2.00
4.00 EMPLOYEE BENEFITS	2,599,717	0	0	0	0	4.00
5.02 BUSINESS OFFICE - HOSPITAL	273,090	0	0	0	0	5.02
5.03 BUSINESS OFFICE - LTC	231	0	0	0	0	5.03
5.04 HOSPITAL ONLY ADMIN & GENERAL	326,149	13,448	0	0	43,326	5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL	1,603,267	19,938	0	0	64,236	5.05
6.00 MAINTENANCE & REPAIRS	220,975	22,182	0	0	71,465	6.00
6.01 MAINTENANCE LTC	2,754	0	0	0	0	6.01
7.00 OPERATION OF PLANT	212,200	0	0	0	0	7.00
7.01 PLANT & HSKPG - RHCS	19,151	0	0	0	0	7.01
9.00 HOUSEKEEPING	309,275	7,828	0	0	25,218	9.00
9.01 HOUSEKEEPING LTC	43,339	0	0	0	0	9.01
10.00 DIETARY	472,316	11,348	0	0	36,559	10.00
11.00 CAFETERIA	0	3,877	0	0	12,490	11.00
13.00 NURSING ADMINISTRATION	121,850	492	0	0	1,586	13.00
16.00 MEDICAL RECORDS & LIBRARY	372,124	9,940	0	0	32,025	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	922,195	24,554	0	0	79,105	30.00
46.00 OTHER LONG TERM CARE	423,874	33,651	0	0	108,408	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	186,577	11,179	0	0	36,017	50.00
53.00 ANESTHESIOLOGY	230,433	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	933,781	12,935	0	0	41,674	54.00
60.00 LABORATORY	904,983	4,898	0	0	15,781	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	48,502	410	0	0	1,322	62.00
65.00 RESPIRATORY THERAPY	94,777	3,102	0	0	9,992	65.00
66.00 PHYSICAL THERAPY	332,550	7,114	0	0	22,919	66.00
67.00 OCCUPATIONAL THERAPY	223,839	3,175	0	0	10,230	67.00
68.00 SPEECH PATHOLOGY	80,475	1,916	0	0	6,172	68.00
69.00 ELECTROCARDIOLOGY	241,607	0	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	51,410	6,818	0	0	21,967	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	28,560	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	672,804	2,835	0	0	9,133	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC (RHC)	1,683,449	0	67,476	0	0	88.00
90.00 CLINIC	995,251	18,404	0	0	59,292	90.00
90.01 RUSHVILLE FAMILY CLINIC	183,944	0	0	24,068	0	90.01
91.00 EMERGENCY	1,740,935	9,284	0	0	29,911	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	17,623,008	229,328	67,476	24,068	738,828	118.00
NONREIMBURSABLE COST CENTERS						
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 CULBERTSON GARDENS	344,591	0	0	0	0	194.00
194.01 MEDICAL ARTS BUILDING	0	0	0	6,924	0	194.01
194.02 FOUNDATION	67,128	0	0	0	0	194.02
194.03 OUTPATIENT MEALS	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	18,034,727	229,328	67,476	30,992	738,828	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet B
Part I
Date/Time Prepared:
7/25/2012 10:43 am

Cost Center Description		EMPLOYEE BENEFITS	BUSINESS OFFICE - HOSPITAL	BUSINESS OFFICE - LTC	Subtotal	HOSPITAL ONLY ADMIN & GENERAL	
		4.00	5.02	5.03	5A.03	5.04	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-RHCS BLDG/MME						1.01
1.02	NEW CAP REL COSTS-MED ARTS BLDG/MME						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	2,599,717					4.00
5.02	BUSINESS OFFICE - HOSPITAL	70,815	343,905				5.02
5.03	BUSINESS OFFICE - LTC	59	0	290			5.03
5.04	HOSPITAL ONLY ADMIN & GENERAL	101,064	0	0	483,987	483,987	5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	207,130	0	0	1,894,571	54,649	5.05
6.00	MAINTENANCE & REPAIRS	59,410	0	0	374,032	10,789	6.00
6.01	MAINTENANCE LTC	970	0	0	3,724	107	6.01
7.00	OPERATION OF PLANT	21,342	0	0	233,542	6,737	7.00
7.01	PLANT & HSKPG - RHCS	0	0	0	19,151	552	7.01
9.00	HOUSEKEEPING	95,351	0	0	437,672	12,625	9.00
9.01	HOUSEKEEPING LTC	15,271	0	0	58,610	1,691	9.01
10.00	DIETARY	105,687	0	0	625,910	18,054	10.00
11.00	CAFETERIA	0	0	0	16,367	472	11.00
13.00	NURSING ADMINISTRATION	40,088	0	0	164,016	4,731	13.00
16.00	MEDICAL RECORDS & LIBRARY	122,113	0	0	536,202	15,467	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	266,323	18,783	0	1,310,960	37,815	30.00
46.00	OTHER LONG TERM CARE	138,328	0	290	704,551	20,323	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	44,474	17,118	0	295,365	8,520	50.00
53.00	ANESTHESIOLOGY	78,951	6,082	0	315,466	9,100	53.00
54.00	RADIOLOGY-DIAGNOSTIC	139,394	75,824	0	1,203,608	34,718	54.00
60.00	LABORATORY	148,704	60,482	0	1,134,848	32,735	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,082	0	51,316	1,480	62.00
65.00	RESPIRATORY THERAPY	10,763	3,218	0	121,852	3,515	65.00
66.00	PHYSICAL THERAPY	107,414	15,477	0	485,474	14,003	66.00
67.00	OCCUPATIONAL THERAPY	73,527	10,458	0	321,229	9,266	67.00
68.00	SPEECH PATHOLOGY	26,117	3,133	0	117,813	3,398	68.00
69.00	ELECTROCARDIOLOGY	30,287	22,128	0	294,022	8,481	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,860	0	83,055	2,396	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	259	0	28,819	831	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	36,897	0	721,669	20,817	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC (RHC)	337,742	15,896	0	2,104,563	60,702	88.00
90.00	CLINIC	54,866	26,499	0	1,154,312	33,296	90.00
90.01	RUSHVILLE FAMILY CLINIC	72,742	2,819	0	283,573	0	90.01
91.00	EMERGENCY	161,257	24,890	0	1,966,277	56,717	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,530,189	343,905	290	17,546,556	483,987	118.00
NONREIMBURSABLE COST CENTERS							
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	CULBERTSON GARDENS	63,655	0	0	408,246	0	194.00
194.01	MEDICAL ARTS BUILDING	0	0	0	6,924	0	194.01
194.02	FOUNDATION	5,873	0	0	73,001	0	194.02
194.03	OUTPATIENT MEALS	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,599,717	343,905	290	18,034,727	483,987	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet B
Part I
Date/Time Prepared:
7/25/2012 10:43 am

Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE LTC	OPERATION OF PLANT	
	5A.04	5.05	6.00	6.01	7.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-RHCS BLDG/MME						1.01
1.02 NEW CAP REL COSTS-MED ARTS BLDG/MME						1.02
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.02 BUSINESS OFFICE - HOSPITAL						5.02
5.03 BUSINESS OFFICE - LTC						5.03
5.04 HOSPITAL ONLY ADMIN & GENERAL						5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL	1,949,220	1,949,220				5.05
6.00 MAINTENANCE & REPAIRS	384,821	46,632	431,453			6.00
6.01 MAINTENANCE LTC	3,831	464	0	4,295		6.01
7.00 OPERATION OF PLANT	240,279	29,117	0	0	269,396	7.00
7.01 PLANT & HSKPG - RHCS	19,703	2,388	0	0	0	7.01
9.00 HOUSEKEEPING	450,297	54,567	24,104	0	12,136	9.00
9.01 HOUSEKEEPING LTC	60,301	7,307	0	0	0	9.01
10.00 DIETARY	643,964	78,035	34,944	0	17,593	10.00
11.00 CAFETERIA	16,839	2,041	11,938	0	6,011	11.00
13.00 NURSING ADMINISTRATION	168,747	20,449	1,516	0	763	13.00
16.00 MEDICAL RECORDS & LIBRARY	551,669	66,851	30,611	0	15,412	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	1,348,775	163,443	75,610	0	38,068	30.00
46.00 OTHER LONG TERM CARE	724,874	87,840	0	4,295	52,169	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	303,885	36,824	34,426	0	17,333	50.00
53.00 ANESTHESIOLOGY	324,566	39,331	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,238,326	150,059	39,833	0	20,055	54.00
60.00 LABORATORY	1,167,583	141,487	15,084	0	7,595	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	52,796	6,398	1,263	0	636	62.00
65.00 RESPIRATORY THERAPY	125,367	15,192	9,551	0	4,809	65.00
66.00 PHYSICAL THERAPY	499,477	60,526	21,906	0	11,029	66.00
67.00 OCCUPATIONAL THERAPY	330,495	40,049	9,778	0	4,923	67.00
68.00 SPEECH PATHOLOGY	121,211	14,688	5,900	0	2,970	68.00
69.00 ELECTROCARDIOLOGY	302,503	36,657	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	85,451	10,355	20,997	0	10,571	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	29,650	3,593	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	742,486	89,974	8,730	0	4,395	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC (RHC)	2,165,265	262,377	0	0	0	88.00
90.00 CLINIC	1,187,608	143,913	56,673	0	28,534	90.00
90.01 RUSHVILLE FAMILY CLINIC	283,573	34,363	0	0	0	90.01
91.00 EMERGENCY	2,022,994	245,144	28,589	0	14,394	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	17,546,556	1,890,064	431,453	4,295	269,396	118.00
NONREIMBURSABLE COST CENTERS						
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 CULBERTSON GARDENS	408,246	49,471	0	0	0	194.00
194.01 MEDICAL ARTS BUILDING	6,924	839	0	0	0	194.01
194.02 FOUNDATION	73,001	8,846	0	0	0	194.02
194.03 OUTPATIENT MEALS	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments	0					200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	18,034,727	1,949,220	431,453	4,295	269,396	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet B
Part I
Date/Time Prepared:
7/25/2012 10:43 am

Cost Center Description		PLANT & HSKPG - RHCS	HOUSEKEEPING	HOUSEKEEPING LTC	DIETARY	CAFETERIA	
		7.01	9.00	9.01	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-RHCS BLDG/MME						1.01
1.02	NEW CAP REL COSTS-MED ARTS BLDG/MME						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.02	BUSINESS OFFICE - HOSPITAL						5.02
5.03	BUSINESS OFFICE - LTC						5.03
5.04	HOSPITAL ONLY ADMIN & GENERAL						5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	MAINTENANCE & REPAIRS						6.00
6.01	MAINTENANCE LTC						6.01
7.00	OPERATION OF PLANT						7.00
7.01	PLANT & HSKPG - RHCS	22,091					7.01
9.00	HOUSEKEEPING	0	541,104				9.00
9.01	HOUSEKEEPING LTC	0	0	67,608			9.01
10.00	DIETARY	0	46,418	0	820,954		10.00
11.00	CAFETERIA	0	15,859	0	247,642	300,330	11.00
13.00	NURSING ADMINISTRATION	0	2,014	0	0	4,724	13.00
16.00	MEDICAL RECORDS & LIBRARY	0	40,662	0	0	34,610	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	100,436	0	104,826	57,568	30.00
46.00	OTHER LONG TERM CARE	0	0	67,608	243,586	43,919	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	45,730	0	0	7,979	50.00
53.00	ANESTHESIOLOGY	0	0	0	0	5,739	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	52,912	0	0	26,981	54.00
60.00	LABORATORY	0	20,037	0	0	31,706	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,678	0	0	0	62.00
65.00	RESPIRATORY THERAPY	0	12,687	0	0	2,135	65.00
66.00	PHYSICAL THERAPY	0	29,099	0	0	21,277	66.00
67.00	OCCUPATIONAL THERAPY	0	12,989	0	0	8,259	67.00
68.00	SPEECH PATHOLOGY	0	7,837	0	0	3,255	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	6,159	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,891	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	11,596	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC (RHC)	22,091	0	0	0	0	88.00
90.00	CLINIC	0	75,282	0	0	12,563	90.00
90.01	RUSHVILLE FAMILY CLINIC	0	0	0	0	0	90.01
91.00	EMERGENCY	0	37,977	0	0	33,456	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	22,091	541,104	67,608	596,054	300,330	118.00
NONREIMBURSABLE COST CENTERS							
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	CULBERTSON GARDENS	0	0	0	206,111	0	194.00
194.01	MEDICAL ARTS BUILDING	0	0	0	0	0	194.01
194.02	FOUNDATION	0	0	0	0	0	194.02
194.03	OUTPATIENT MEALS	0	0	0	18,789	0	194.03
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)	22,091	541,104	67,608	820,954	300,330	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet B
Part I
Date/Time Prepared:
7/25/2012 10:43 am

Cost Center Description	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	13.00	16.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-RHCS BLDG/MME						1.01
1.02 NEW CAP REL COSTS-MED ARTS BLDG/MME						1.02
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.02 BUSINESS OFFICE - HOSPITAL						5.02
5.03 BUSINESS OFFICE - LTC						5.03
5.04 HOSPITAL ONLY ADMIN & GENERAL						5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 MAINTENANCE & REPAIRS						6.00
6.01 MAINTENANCE LTC						6.01
7.00 OPERATION OF PLANT						7.00
7.01 PLANT & HSKPG - RHCS						7.01
9.00 HOUSEKEEPING						9.00
9.01 HOUSEKEEPING LTC						9.01
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION	198,213					13.00
16.00 MEDICAL RECORDS & LIBRARY	0	739,815				16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	95,177	143,290	2,127,193	0	2,127,193	30.00
46.00 OTHER LONG TERM CARE	0	17,195	1,241,486	0	1,241,486	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	13,179	0	459,356	0	459,356	50.00
53.00 ANESTHESIOLOGY	0	0	369,636	0	369,636	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	51,584	1,579,750	0	1,579,750	54.00
60.00 LABORATORY	0	45,412	1,428,904	0	1,428,904	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62,771	0	62,771	62.00
65.00 RESPIRATORY THERAPY	3,544	82,887	256,172	0	256,172	65.00
66.00 PHYSICAL THERAPY	0	13,668	656,982	0	656,982	66.00
67.00 OCCUPATIONAL THERAPY	0	0	406,493	0	406,493	67.00
68.00 SPEECH PATHOLOGY	0	0	155,861	0	155,861	68.00
69.00 ELECTROCARDIOLOGY	10,176	25,351	380,846	0	380,846	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	155,265	0	155,265	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	33,243	0	33,243	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	857,181	0	857,181	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC (RHC)	0	151,887	2,601,620	0	2,601,620	88.00
90.00 CLINIC	20,790	110,443	1,635,806	0	1,635,806	90.00
90.01 RUSHVILLE FAMILY CLINIC	0	0	317,936	0	317,936	90.01
91.00 EMERGENCY	55,347	98,098	2,535,999	0	2,535,999	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	198,213	739,815	17,262,500	0	17,262,500	118.00
NONREIMBURSABLE COST CENTERS						
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 CULBERTSON GARDENS	0	0	663,828	0	663,828	194.00
194.01 MEDICAL ARTS BUILDING	0	0	7,763	0	7,763	194.01
194.02 FOUNDATION	0	0	81,847	0	81,847	194.02
194.03 OUTPATIENT MEALS	0	0	18,789	0	18,789	194.03
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	198,213	739,815	18,034,727	0	18,034,727	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet B
Part II
Date/Time Prepared:
7/25/2012 10:43 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW RHCS BLDG/MME	NEW MED ARTS BLDG/MME	NEW MVBLE EQUIP	
		1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	NEW CAP REL COSTS-RHCS BLDG/MME					1.01
1.02	NEW CAP REL COSTS-MED ARTS BLDG/MME					1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	0	0	0	4.00
5.02	BUSINESS OFFICE - HOSPITAL	0	0	0	0	5.02
5.03	BUSINESS OFFICE - LTC	0	0	0	0	5.03
5.04	HOSPITAL ONLY ADMIN & GENERAL	0	13,448	0	43,326	5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	0	19,938	0	64,236	5.05
6.00	MAINTENANCE & REPAIRS	0	22,182	0	71,465	6.00
6.01	MAINTENANCE LTC	0	0	0	0	6.01
7.00	OPERATION OF PLANT	0	0	0	0	7.00
7.01	PLANT & HSKPG - RHCS	0	0	0	0	7.01
9.00	HOUSEKEEPING	0	7,828	0	25,218	9.00
9.01	HOUSEKEEPING LTC	0	0	0	0	9.01
10.00	DIETARY	0	11,348	0	36,559	10.00
11.00	CAFETERIA	0	3,877	0	12,490	11.00
13.00	NURSING ADMINISTRATION	0	492	0	1,586	13.00
16.00	MEDICAL RECORDS & LIBRARY	0	9,940	0	32,025	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	24,554	0	79,105	30.00
46.00	OTHER LONG TERM CARE	0	33,651	0	108,408	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	11,179	0	36,017	50.00
53.00	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	12,935	0	41,674	54.00
60.00	LABORATORY	0	4,898	0	15,781	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	410	0	1,322	62.00
65.00	RESPIRATORY THERAPY	0	3,102	0	9,992	65.00
66.00	PHYSICAL THERAPY	0	7,114	0	22,919	66.00
67.00	OCCUPATIONAL THERAPY	0	3,175	0	10,230	67.00
68.00	SPEECH PATHOLOGY	0	1,916	0	6,172	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,818	0	21,967	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	2,835	0	9,133	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC (RHC)	0	0	67,476	0	88.00
90.00	CLINIC	0	18,404	0	59,292	90.00
90.01	RUSHVILLE FAMILY CLINIC	0	0	0	24,068	90.01
91.00	EMERGENCY	0	9,284	0	29,911	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	229,328	67,476	24,068	738,828
NONREIMBURSABLE COST CENTERS						
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	CULBERTSON GARDENS	0	0	0	0	194.00
194.01	MEDICAL ARTS BUILDING	0	0	0	6,924	194.01
194.02	FOUNDATION	0	0	0	0	194.02
194.03	OUTPATIENT MEALS	0	0	0	0	194.03
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	229,328	67,476	30,992	738,828

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet B
Part II
Date/Time Prepared:
7/25/2012 10:43 am

Cost Center Description		Subtotal	EMPLOYEE BENEFITS	BUSINESS OFFICE - HOSPITAL	BUSINESS OFFICE - LTC	HOSPITAL ONLY ADMIN & GENERAL	
		2A	4.00	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-RHCS BLDG/MME						1.01
1.02	NEW CAP REL COSTS-MED ARTS BLDG/MME						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	0	0				4.00
5.02	BUSINESS OFFICE - HOSPITAL	0	0	0			5.02
5.03	BUSINESS OFFICE - LTC	0	0	0	0		5.03
5.04	HOSPITAL ONLY ADMIN & GENERAL	56,774	0	0	0	56,774	5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	84,174	0	0	0	6,411	5.05
6.00	MAINTENANCE & REPAIRS	93,647	0	0	0	1,266	6.00
6.01	MAINTENANCE LTC	0	0	0	0	13	6.01
7.00	OPERATION OF PLANT	0	0	0	0	790	7.00
7.01	PLANT & HSKPG - RHCS	0	0	0	0	65	7.01
9.00	HOUSEKEEPING	33,046	0	0	0	1,481	9.00
9.01	HOUSEKEEPING LTC	0	0	0	0	198	9.01
10.00	DIETARY	47,907	0	0	0	2,118	10.00
11.00	CAFETERIA	16,367	0	0	0	55	11.00
13.00	NURSING ADMINISTRATION	2,078	0	0	0	555	13.00
16.00	MEDICAL RECORDS & LIBRARY	41,965	0	0	0	1,815	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	103,659	0	0	0	4,436	30.00
46.00	OTHER LONG TERM CARE	142,059	0	0	0	2,384	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	47,196	0	0	0	1,000	50.00
53.00	ANESTHESIOLOGY	0	0	0	0	1,068	53.00
54.00	RADIOLOGY-DIAGNOSTIC	54,609	0	0	0	4,073	54.00
60.00	LABORATORY	20,679	0	0	0	3,840	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,732	0	0	0	174	62.00
65.00	RESPIRATORY THERAPY	13,094	0	0	0	412	65.00
66.00	PHYSICAL THERAPY	30,033	0	0	0	1,643	66.00
67.00	OCCUPATIONAL THERAPY	13,405	0	0	0	1,087	67.00
68.00	SPEECH PATHOLOGY	8,088	0	0	0	399	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	995	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,785	0	0	0	281	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	98	72.00
73.00	DRUGS CHARGED TO PATIENTS	11,968	0	0	0	2,442	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC (RHC)	67,476	0	0	0	7,115	88.00
90.00	CLINIC	77,696	0	0	0	3,906	90.00
90.01	RUSHVILLE FAMILY CLINIC	24,068	0	0	0	0	90.01
91.00	EMERGENCY	39,195	0	0	0	6,654	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,059,700	0	0	0	56,774	118.00
NONREIMBURSABLE COST CENTERS							
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	CULBERTSON GARDENS	0	0	0	0	0	194.00
194.01	MEDICAL ARTS BUILDING	6,924	0	0	0	0	194.01
194.02	FOUNDATION	0	0	0	0	0	194.02
194.03	OUTPATIENT MEALS	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments	0					200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,066,624	0	0	0	56,774	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141333		Period: From 03/01/2011 To 02/29/2012		Worksheet B Part II Date/Time Prepared: 7/25/2012 10:43 am	
Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL 5.05	MAINTENANCE & REPAIRS 6.00	MAINTENANCE LTC 6.01	OPERATION OF PLANT 7.00	PLANT & HSKPG - RHCS 7.01		
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-RHCS BLDG/MME						1.01
1.02	NEW CAP REL COSTS-MED ARTS BLDG/MME						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.02	BUSINESS OFFICE - HOSPITAL						5.02
5.03	BUSINESS OFFICE - LTC						5.03
5.04	HOSPITAL ONLY ADMIN & GENERAL						5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	90,585					5.05
6.00	MAINTENANCE & REPAIRS	2,167	97,080				6.00
6.01	MAINTENANCE LTC	22	0	35			6.01
7.00	OPERATION OF PLANT	1,353	0	0	2,143		7.00
7.01	PLANT & HSKPG - RHCS	111	0	0	0	176	7.01
9.00	HOUSEKEEPING	2,536	5,424	0	97	0	9.00
9.01	HOUSEKEEPING LTC	340	0	0	0	0	9.01
10.00	DIETARY	3,626	7,863	0	140	0	10.00
11.00	CAFETERIA	95	2,686	0	48	0	11.00
13.00	NURSING ADMINISTRATION	950	341	0	6	0	13.00
16.00	MEDICAL RECORDS & LIBRARY	3,106	6,888	0	123	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	7,595	17,013	0	303	0	30.00
46.00	OTHER LONG TERM CARE	4,082	0	35	413	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,711	7,746	0	138	0	50.00
53.00	ANESTHESIOLOGY	1,828	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	6,973	8,963	0	160	0	54.00
60.00	LABORATORY	6,575	3,394	0	60	0	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	297	284	0	5	0	62.00
65.00	RESPIRATORY THERAPY	706	2,149	0	38	0	65.00
66.00	PHYSICAL THERAPY	2,813	4,929	0	88	0	66.00
67.00	OCCUPATIONAL THERAPY	1,861	2,200	0	39	0	67.00
68.00	SPEECH PATHOLOGY	683	1,327	0	24	0	68.00
69.00	ELECTROCARDIOLOGY	1,703	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	481	4,724	0	84	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	167	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	4,181	1,964	0	35	0	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC (RHC)	12,199	0	0	0	176	88.00
90.00	CLINIC	6,687	12,752	0	227	0	90.00
90.01	RUSHVILLE FAMILY CLINIC	1,597	0	0	0	0	90.01
91.00	EMERGENCY	11,391	6,433	0	115	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	87,836	97,080	35	2,143	176	118.00
NONREIMBURSABLE COST CENTERS							
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	CULBERTSON GARDENS	2,299	0	0	0	0	194.00
194.01	MEDICAL ARTS BUILDING	39	0	0	0	0	194.01
194.02	FOUNDATION	411	0	0	0	0	194.02
194.03	OUTPATIENT MEALS	0	0	0	0	0	194.03
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)	90,585	97,080	35	2,143	176	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet B
Part II
Date/Time Prepared:
7/25/2012 10:43 am

Cost Center Description	HOUSEKEEPING	HOUSEKEEPING LTC	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	9.00	9.01	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-RHCS BLDG/MME						1.01
1.02 NEW CAP REL COSTS-MED ARTS BLDG/MME						1.02
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.02 BUSINESS OFFICE - HOSPITAL						5.02
5.03 BUSINESS OFFICE - LTC						5.03
5.04 HOSPITAL ONLY ADMIN & GENERAL						5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 MAINTENANCE & REPAIRS						6.00
6.01 MAINTENANCE LTC						6.01
7.00 OPERATION OF PLANT						7.00
7.01 PLANT & HSKPG - RHCS						7.01
9.00 HOUSEKEEPING	42,584					9.00
9.01 HOUSEKEEPING LTC	0	538				9.01
10.00 DIETARY	3,653	0	65,307			10.00
11.00 CAFETERIA	1,248	0	19,700	40,199		11.00
13.00 NURSING ADMINISTRATION	158	0	0	632	4,720	13.00
16.00 MEDICAL RECORDS & LIBRARY	3,200	0	0	4,633	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	7,904	0	8,339	7,705	2,267	30.00
46.00 OTHER LONG TERM CARE	0	538	19,377	5,879	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	3,599	0	0	1,068	314	50.00
53.00 ANESTHESIOLOGY	0	0	0	768	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	4,164	0	0	3,611	0	54.00
60.00 LABORATORY	1,577	0	0	4,244	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	132	0	0	0	0	62.00
65.00 RESPIRATORY THERAPY	998	0	0	286	84	65.00
66.00 PHYSICAL THERAPY	2,290	0	0	2,848	0	66.00
67.00 OCCUPATIONAL THERAPY	1,022	0	0	1,105	0	67.00
68.00 SPEECH PATHOLOGY	617	0	0	436	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	824	242	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,195	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	913	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.00
90.00 CLINIC	5,925	0	0	1,682	495	90.00
90.01 RUSHVILLE FAMILY CLINIC	0	0	0	0	0	90.01
91.00 EMERGENCY	2,989	0	0	4,478	1,318	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	42,584	538	47,416	40,199	4,720	118.00
NONREIMBURSABLE COST CENTERS						
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 CULBERTSON GARDENS	0	0	16,396	0	0	194.00
194.01 MEDICAL ARTS BUILDING	0	0	0	0	0	194.01
194.02 FOUNDATION	0	0	0	0	0	194.02
194.03 OUTPATIENT MEALS	0	0	1,495	0	0	194.03
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)	42,584	538	65,307	40,199	4,720	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet B
Part II
Date/Time Prepared:
7/25/2012 10:43 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	16.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 NEW CAP REL COSTS-RHCS BLDG/MME					1.01
1.02 NEW CAP REL COSTS-MED ARTS BLDG/MME					1.02
2.00 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.02 BUSINESS OFFICE - HOSPITAL					5.02
5.03 BUSINESS OFFICE - LTC					5.03
5.04 HOSPITAL ONLY ADMIN & GENERAL					5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00 MAINTENANCE & REPAIRS					6.00
6.01 MAINTENANCE LTC					6.01
7.00 OPERATION OF PLANT					7.00
7.01 PLANT & HSKPG - RHCS					7.01
9.00 HOUSEKEEPING					9.00
9.01 HOUSEKEEPING LTC					9.01
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
13.00 NURSING ADMINISTRATION					13.00
16.00 MEDICAL RECORDS & LIBRARY	61,730				16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	11,956	171,177	0	171,177	30.00
46.00 OTHER LONG TERM CARE	1,435	176,202	0	176,202	46.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	62,772	0	62,772	50.00
53.00 ANESTHESIOLOGY	0	3,664	0	3,664	53.00
54.00 RADIOLOGY-DIAGNOSTIC	4,304	86,857	0	86,857	54.00
60.00 LABORATORY	3,789	44,158	0	44,158	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,624	0	2,624	62.00
65.00 RESPIRATORY THERAPY	6,916	24,683	0	24,683	65.00
66.00 PHYSICAL THERAPY	1,140	45,784	0	45,784	66.00
67.00 OCCUPATIONAL THERAPY	0	20,719	0	20,719	67.00
68.00 SPEECH PATHOLOGY	0	11,574	0	11,574	68.00
69.00 ELECTROCARDIOLOGY	2,115	5,879	0	5,879	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36,550	0	36,550	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	265	0	265	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	21,503	0	21,503	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC (RHC)	12,675	99,641	0	99,641	88.00
90.00 CLINIC	9,215	118,585	0	118,585	90.00
90.01 RUSHVILLE FAMILY CLINIC	0	25,665	0	25,665	90.01
91.00 EMERGENCY	8,185	80,758	0	80,758	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
SPECIAL PURPOSE COST CENTERS					
118.00 SUBTOTALS (SUM OF LINES 1-117)	61,730	1,039,060	0	1,039,060	118.00
NONREIMBURSABLE COST CENTERS					
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00 CULBERTSON GARDENS	0	18,695	0	18,695	194.00
194.01 MEDICAL ARTS BUILDING	0	6,963	0	6,963	194.01
194.02 FOUNDATION	0	411	0	411	194.02
194.03 OUTPATIENT MEALS	0	1,495	0	1,495	194.03
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)	61,730	1,066,624	0	1,066,624	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet B-1

Date/Time Prepared:
7/25/2012 10:43 am

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW RHCS BLDG/MME (SQUARE FEET)	NEW MED ARTS BLDG/MME (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)		
	1.00	1.01	1.02	2.00		
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	55,899					1.00
1.01 NEW CAP REL COSTS-RHCS BLDG/MME	0	11,800				1.01
1.02 NEW CAP REL COSTS-MED ARTS BLDG/MME	0	0	9,400			1.02
2.00 NEW CAP REL COSTS-MVBLE EQUIP				55,899		2.00
4.00 EMPLOYEE BENEFITS	0	0	0	0	7,377,827	4.00
5.02 BUSINESS OFFICE - HOSPITAL	0	0	0	0	200,969	5.02
5.03 BUSINESS OFFICE - LTC	0	0	0	0	168	5.03
5.04 HOSPITAL ONLY ADMIN & GENERAL	3,278	0	0	3,278	286,814	5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL	4,860	0	0	4,860	587,821	5.05
6.00 MAINTENANCE & REPAIRS	5,407	0	0	5,407	168,601	6.00
6.01 MAINTENANCE LTC	0	0	0	0	2,754	6.01
7.00 OPERATION OF PLANT	0	0	0	0	60,566	7.00
7.01 PLANT & HSKPG - RHCS	0	0	0	0	0	7.01
9.00 HOUSEKEEPING	1,908	0	0	1,908	270,599	9.00
9.01 HOUSEKEEPING LTC	0	0	0	0	43,339	9.01
10.00 DIETARY	2,766	0	0	2,766	299,932	10.00
11.00 CAFETERIA	945	0	0	945	0	11.00
13.00 NURSING ADMINISTRATION	120	0	0	120	113,768	13.00
16.00 MEDICAL RECORDS & LIBRARY	2,423	0	0	2,423	346,548	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	5,985	0	0	5,985	755,808	30.00
46.00 OTHER LONG TERM CARE	8,202	0	0	8,202	392,565	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	2,725	0	0	2,725	126,213	50.00
53.00 ANESTHESIOLOGY	0	0	0	0	224,059	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,153	0	0	3,153	395,592	54.00
60.00 LABORATORY	1,194	0	0	1,194	422,013	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	100	0	0	100	0	62.00
65.00 RESPIRATORY THERAPY	756	0	0	756	30,544	65.00
66.00 PHYSICAL THERAPY	1,734	0	0	1,734	304,834	66.00
67.00 OCCUPATIONAL THERAPY	774	0	0	774	208,665	67.00
68.00 SPEECH PATHOLOGY	467	0	0	467	74,119	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	85,953	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,662	0	0	1,662	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	691	0	0	691	0	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC (RHC)	0	11,800	0	0	958,484	88.00
90.00 CLINIC	4,486	0	0	4,486	155,706	90.00
90.01 RUSHVILLE FAMILY CLINIC	0	0	7,300	0	206,438	90.01
91.00 EMERGENCY	2,263	0	0	2,263	457,638	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	55,899	11,800	7,300	55,899	7,180,510	118.00
NONREIMBURSABLE COST CENTERS						
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 CULBERTSON GARDENS	0	0	0	0	180,650	194.00
194.01 MEDICAL ARTS BUILDING	0	0	2,100	0	0	194.01
194.02 FOUNDATION	0	0	0	0	16,667	194.02
194.03 OUTPATIENT MEALS	0	0	0	0	0	194.03
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)	229,328	67,476	30,992	738,828	2,599,717	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	4.102542	5.718305	3.297021	13.217195	0.352369	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)					0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)					0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet B-1
Date/Time Prepared:
7/25/2012 10:43 am

Cost Center Description	BUSINESS OFFICE - HOSPITAL (GROSS REVENUE)	BUSINESS OFFICE - LTC (LTC GROSS REVENUE)	Reconciliation	HOSPITAL ONLY ADMIN & GENERAL (ACCUM. COST)	Reconciliation	
	5.02	5.03	5A.04	5.04	5A.05	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-RHCS BLDG/MME						1.01
1.02 NEW CAP REL COSTS-MED ARTS BLDG/MME						1.02
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.02 BUSINESS OFFICE - HOSPITAL	31,203,129					5.02
5.03 BUSINESS OFFICE - LTC	0	639,759				5.03
5.04 HOSPITAL ONLY ADMIN & GENERAL	0	0	-483,987	16,778,996		5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL	0	0	0	1,894,571	-1,949,220	5.05
6.00 MAINTENANCE & REPAIRS	0	0	0	374,032	0	6.00
6.01 MAINTENANCE LTC	0	0	0	3,724	0	6.01
7.00 OPERATION OF PLANT	0	0	0	233,542	0	7.00
7.01 PLANT & HSKPG - RHCS	0	0	0	19,151	0	7.01
9.00 HOUSEKEEPING	0	0	0	437,672	0	9.00
9.01 HOUSEKEEPING LTC	0	0	0	58,610	0	9.01
10.00 DIETARY	0	0	0	625,910	0	10.00
11.00 CAFETERIA	0	0	0	16,367	0	11.00
13.00 NURSING ADMINISTRATION	0	0	0	164,016	0	13.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	536,202	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	1,704,259	0	0	1,310,960	0	30.00
46.00 OTHER LONG TERM CARE	0	639,759	0	704,551	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,553,241	0	0	295,365	0	50.00
53.00 ANESTHESIOLOGY	551,896	0	0	315,466	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	6,878,462	0	0	1,203,608	0	54.00
60.00 LABORATORY	5,487,860	0	0	1,134,848	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	98,184	0	0	51,316	0	62.00
65.00 RESPIRATORY THERAPY	292,002	0	0	121,852	0	65.00
66.00 PHYSICAL THERAPY	1,404,304	0	0	485,474	0	66.00
67.00 OCCUPATIONAL THERAPY	948,954	0	0	321,229	0	67.00
68.00 SPEECH PATHOLOGY	284,316	0	0	117,813	0	68.00
69.00 ELECTROCARDIOLOGY	2,007,832	0	0	294,022	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	259,460	0	0	83,055	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	23,544	0	0	28,819	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	3,347,864	0	0	721,669	0	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC (RHC)	1,442,348	0	0	2,104,563	0	88.00
90.00 CLINIC	2,404,422	0	0	1,154,312	0	90.00
90.01 RUSHVILLE FAMILY CLINIC	255,802	0	-283,573	0	0	90.01
91.00 EMERGENCY	2,258,379	0	0	1,966,277	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	31,203,129	639,759	-767,560	16,778,996	-1,949,220	118.00
NONREIMBURSABLE COST CENTERS						
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 CULBERTSON GARDENS	0	0	-408,246	0	0	194.00
194.01 MEDICAL ARTS BUILDING	0	0	-6,924	0	0	194.01
194.02 FOUNDATION	0	0	-73,001	0	0	194.02
194.03 OUTPATIENT MEALS	0	0	0	0	0	194.03
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)	343,905	290		483,987		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.011021	0.000453		0.028845		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0		56,774		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000		0.003384		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141333

Period: From 03/01/2011 To 02/29/2012

Worksheet B-1

Date/Time Prepared: 7/25/2012 10:43 am

Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE LTC (LTC SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	PLANT & HSKPG - RHCS (SQUARE FEET)	
	5.05	6.00	6.01	7.00	7.01	
GENERAL SERVICE COST CENTERS						
1.00						1.00
1.01						1.01
1.02						1.02
2.00						2.00
4.00						4.00
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
6.00	16,085,507					5.05
6.01	384,821	34,152				6.00
7.00	3,831	0	8,202			6.01
7.01	240,279	0	0	42,354		7.00
7.01	19,703	0	0	0	11,800	7.01
9.00	450,297	1,908	0	1,908	0	9.00
9.01	60,301	0	0	0	0	9.01
10.00	643,964	2,766	0	2,766	0	10.00
11.00	16,839	945	0	945	0	11.00
13.00	168,747	120	0	120	0	13.00
16.00	551,669	2,423	0	2,423	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	1,348,775	5,985	0	5,985	0	30.00
46.00	724,874	0	8,202	8,202	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	303,885	2,725	0	2,725	0	50.00
53.00	324,566	0	0	0	0	53.00
54.00	1,238,326	3,153	0	3,153	0	54.00
60.00	1,167,583	1,194	0	1,194	0	60.00
62.00	52,796	100	0	100	0	62.00
65.00	125,367	756	0	756	0	65.00
66.00	499,477	1,734	0	1,734	0	66.00
67.00	330,495	774	0	774	0	67.00
68.00	121,211	467	0	467	0	68.00
69.00	302,503	0	0	0	0	69.00
71.00	85,451	1,662	0	1,662	0	71.00
72.00	29,650	0	0	0	0	72.00
73.00	742,486	691	0	691	0	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	2,165,265	0	0	0	11,800	88.00
90.00	1,187,608	4,486	0	4,486	0	90.00
90.01	283,573	0	0	0	0	90.01
91.00	2,022,994	2,263	0	2,263	0	91.00
92.00						92.00
SPECIAL PURPOSE COST CENTERS						
118.00	15,597,336	34,152	8,202	42,354	11,800	118.00
NONREIMBURSABLE COST CENTERS						
192.00	0	0	0	0	0	192.00
194.00	408,246	0	0	0	0	194.00
194.01	6,924	0	0	0	0	194.01
194.02	73,001	0	0	0	0	194.02
194.03	0	0	0	0	0	194.03
200.00						200.00
201.00						201.00
202.00	1,949,220	431,453	4,295	269,396	22,091	202.00
203.00	0.121179	12.633316	0.523653	6.360580	1.872119	203.00
204.00	90,585	97,080	35	2,143	176	204.00
205.00	0.005631	2.842586	0.004267	0.050597	0.014915	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet B-1
Date/Time Prepared:
7/25/2012 10:43 am

Cost Center Description	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING LTC (LTC SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
	9.00	9.01	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-RHCS BLDG/MME						1.01
1.02 NEW CAP REL COSTS-MED ARTS BLDG/MME						1.02
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.02 BUSINESS OFFICE - HOSPITAL						5.02
5.03 BUSINESS OFFICE - LTC						5.03
5.04 HOSPITAL ONLY ADMIN & GENERAL						5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 MAINTENANCE & REPAIRS						6.00
6.01 MAINTENANCE LTC						6.01
7.00 OPERATION OF PLANT						7.00
7.01 PLANT & HSKPG - RHCS						7.01
9.00 HOUSEKEEPING	32,244					9.00
9.01 HOUSEKEEPING LTC	0	8,202				9.01
10.00 DIETARY	2,766	0	47,757			10.00
11.00 CAFETERIA	945	0	14,406	8,582		11.00
13.00 NURSING ADMINISTRATION	120	0	0	135	63,364	13.00
16.00 MEDICAL RECORDS & LIBRARY	2,423	0	0	989	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	5,985	0	6,098	1,645	30,426	30.00
46.00 OTHER LONG TERM CARE	0	8,202	14,170	1,255	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	2,725	0	0	228	4,213	50.00
53.00 ANESTHESIOLOGY	0	0	0	164	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,153	0	0	771	0	54.00
60.00 LABORATORY	1,194	0	0	906	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	100	0	0	0	0	62.00
65.00 RESPIRATORY THERAPY	756	0	0	61	1,133	65.00
66.00 PHYSICAL THERAPY	1,734	0	0	608	0	66.00
67.00 OCCUPATIONAL THERAPY	774	0	0	236	0	67.00
68.00 SPEECH PATHOLOGY	467	0	0	93	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	176	3,253	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,662	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	691	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.00
90.00 CLINIC	4,486	0	0	359	6,646	90.00
90.01 RUSHVILLE FAMILY CLINIC	0	0	0	0	0	90.01
91.00 EMERGENCY	2,263	0	0	956	17,693	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	32,244	8,202	34,674	8,582	63,364	118.00
NONREIMBURSABLE COST CENTERS						
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 CULBERTSON GARDENS	0	0	11,990	0	0	194.00
194.01 MEDICAL ARTS BUILDING	0	0	0	0	0	194.01
194.02 FOUNDATION	0	0	0	0	0	194.02
194.03 OUTPATIENT MEALS	0	0	1,093	0	0	194.03
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)	541,104	67,608	820,954	300,330	198,213	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	16.781541	8.242868	17.190234	34.995339	3.128164	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	42,584	538	65,307	40,199	4,720	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	1.320680	0.065594	1.367485	4.684106	0.074490	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet B-1
Date/Time Prepared:
7/25/2012 10:43 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		16.00	
GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	NEW CAP REL COSTS-RHCS BLDG/MME		1.01
1.02	NEW CAP REL COSTS-MED ARTS BLDG/MME		1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.02	BUSINESS OFFICE - HOSPITAL		5.02
5.03	BUSINESS OFFICE - LTC		5.03
5.04	HOSPITAL ONLY ADMIN & GENERAL		5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL		5.05
6.00	MAINTENANCE & REPAIRS		6.00
6.01	MAINTENANCE LTC		6.01
7.00	OPERATION OF PLANT		7.00
7.01	PLANT & HSKPG - RHCS		7.01
9.00	HOUSEKEEPING		9.00
9.01	HOUSEKEEPING LTC		9.01
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
13.00	NURSING ADMINISTRATION		13.00
16.00	MEDICAL RECORDS & LIBRARY	3,356	16.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	650	30.00
46.00	OTHER LONG TERM CARE	78	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0	50.00
53.00	ANESTHESIOLOGY	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	234	54.00
60.00	LABORATORY	206	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
65.00	RESPIRATORY THERAPY	376	65.00
66.00	PHYSICAL THERAPY	62	66.00
67.00	OCCUPATIONAL THERAPY	0	67.00
68.00	SPEECH PATHOLOGY	0	68.00
69.00	ELECTROCARDIOLOGY	115	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	73.00
OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC (RHC)	689	88.00
90.00	CLINIC	501	90.00
90.01	RUSHVILLE FAMILY CLINIC	0	90.01
91.00	EMERGENCY	445	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,356	118.00
NONREIMBURSABLE COST CENTERS			
192.00	PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	CULBERTSON GARDENS	0	194.00
194.01	MEDICAL ARTS BUILDING	0	194.01
194.02	FOUNDATION	0	194.02
194.03	OUTPATIENT MEALS	0	194.03
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)	739,815	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	220.445471	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	61,730	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	18.393921	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet C
Part I
Date/Time Prepared:
7/25/2012 10:43 am

		Title XVIII		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS		2,127,193	0	0	30.00	
46.00	OTHER LONG TERM CARE		1,241,486	0	0	46.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM		459,356	0	0	50.00	
53.00	ANESTHESIOLOGY		369,636	0	0	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		1,579,750	0	0	54.00	
60.00	LABORATORY		1,428,904	0	0	60.00	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62,771	0	0	62.00	
65.00	RESPIRATORY THERAPY	0	256,172	0	0	65.00	
66.00	PHYSICAL THERAPY	0	656,982	0	0	66.00	
67.00	OCCUPATIONAL THERAPY	0	406,493	0	0	67.00	
68.00	SPEECH PATHOLOGY	0	155,861	0	0	68.00	
69.00	ELECTROCARDIOLOGY		380,846	0	0	69.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		155,265	0	0	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENTS		33,243	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS		857,181	0	0	73.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC (RHC)		2,601,620	0	0	88.00	
90.00	CLINIC		1,635,806	0	0	90.00	
90.01	RUSHVILLE FAMILY CLINIC		317,936	0	0	90.01	
91.00	EMERGENCY		2,535,999	0	0	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		216,931	0	0	92.00	
200.00	Subtotal (see instructions)	0	17,479,431	0	0	200.00	
201.00	Less Observation Beds		216,931			201.00	
202.00	Total (see instructions)	0	17,262,500	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet C
Part I
Date/Time Prepared:
7/25/2012 10:43 am

			Title XVIII		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	1,499,782		1,499,782			30.00	
46.00	OTHER LONG TERM CARE	635,526		635,526			46.00	
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	17,785	1,534,621	1,552,406	0.295899	0.000000	50.00	
53.00	ANESTHESIOLOGY	6,120	545,776	551,896	0.669757	0.000000	53.00	
54.00	RADIOLOGY-DIAGNOSTIC	208,062	6,670,400	6,878,462	0.229666	0.000000	54.00	
60.00	LABORATORY	296,911	5,190,949	5,487,860	0.260375	0.000000	60.00	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	20,362	77,822	98,184	0.639320	0.000000	62.00	
65.00	RESPIRATORY THERAPY	150	263,016	263,166	0.973424	0.000000	65.00	
66.00	PHYSICAL THERAPY	140,912	1,263,908	1,404,820	0.467663	0.000000	66.00	
67.00	OCCUPATIONAL THERAPY	154,626	784,241	938,867	0.432961	0.000000	67.00	
68.00	SPEECH PATHOLOGY	34,556	249,330	283,886	0.549027	0.000000	68.00	
69.00	ELECTROCARDIOLOGY	127,893	1,879,940	2,007,833	0.189680	0.000000	69.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	195,601	114,318	309,919	0.500986	0.000000	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	27,885	27,885	1.192146	0.000000	72.00	
73.00	DRUGS CHARGED TO PATIENTS	916,846	2,426,982	3,343,828	0.256347	0.000000	73.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	RURAL HEALTH CLINIC (RHC)	0	1,442,348	1,442,348			88.00	
90.00	CLINIC	7,529	2,386,288	2,393,817	0.683346	0.000000	90.00	
90.01	RUSHVILLE FAMILY CLINIC	0	255,802	255,802	1.242899	0.000000	90.01	
91.00	EMERGENCY	17,914	2,237,578	2,255,492	1.124366	0.000000	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	9,421	192,908	202,329	1.072170	0.000000	92.00	
200.00	Subtotal (see instructions)	4,289,996	27,544,112	31,834,108			200.00	
201.00	Less Observation Beds						201.00	
202.00	Total (see instructions)	4,289,996	27,544,112	31,834,108			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141333	Period: From 03/01/2011 To 02/29/2012	Worksheet C Part I Date/Time Prepared: 7/25/2012 10:43 am
		Title XVIII	Hospital	Cost
Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
46.00	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.000000		50.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
60.00	LABORATORY	0.000000		60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC (RHC)			88.00
90.00	CLINIC	0.000000		90.00
90.01	RUSHVILLE FAMILY CLINIC	0.000000		90.01
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
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: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet C
Part I
Date/Time Prepared:
7/25/2012 10:43 am

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS		2,127,193	0	0	30.00	
46.00	OTHER LONG TERM CARE		1,241,486	0	0	46.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM		459,356	0	0	50.00	
53.00	ANESTHESIOLOGY		369,636	0	0	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		1,579,750	0	0	54.00	
60.00	LABORATORY		1,428,904	0	0	60.00	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62,771	0	0	62.00	
65.00	RESPIRATORY THERAPY	0	256,172	0	0	65.00	
66.00	PHYSICAL THERAPY	0	656,982	0	0	66.00	
67.00	OCCUPATIONAL THERAPY	0	406,493	0	0	67.00	
68.00	SPEECH PATHOLOGY	0	155,861	0	0	68.00	
69.00	ELECTROCARDIOLOGY		380,846	0	0	69.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		155,265	0	0	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENTS		33,243	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS		857,181	0	0	73.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC (RHC)		2,601,620	0	0	88.00	
90.00	CLINIC		1,635,806	0	0	90.00	
90.01	RUSHVILLE FAMILY CLINIC		317,936	0	0	90.01	
91.00	EMERGENCY		2,535,999	0	0	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		216,931	0	0	92.00	
200.00	Subtotal (see instructions)	0	17,479,431	0	0	200.00	
201.00	Less Observation Beds		216,931			201.00	
202.00	Total (see instructions)	0	17,262,500	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet C
Part I
Date/Time Prepared:
7/25/2012 10:43 am

			Title XIX	Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,499,782		1,499,782		30.00
46.00	OTHER LONG TERM CARE	635,526		635,526		46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	17,785	1,534,621	1,552,406	0.295899	50.00
53.00	ANESTHESIOLOGY	6,120	545,776	551,896	0.669757	53.00
54.00	RADIOLOGY-DIAGNOSTIC	208,062	6,670,400	6,878,462	0.229666	54.00
60.00	LABORATORY	296,911	5,190,949	5,487,860	0.260375	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	20,362	77,822	98,184	0.639320	62.00
65.00	RESPIRATORY THERAPY	150	263,016	263,166	0.973424	65.00
66.00	PHYSICAL THERAPY	140,912	1,263,908	1,404,820	0.467663	66.00
67.00	OCCUPATIONAL THERAPY	154,626	784,241	938,867	0.432961	67.00
68.00	SPEECH PATHOLOGY	34,556	249,330	283,886	0.549027	68.00
69.00	ELECTROCARDIOLOGY	127,893	1,879,940	2,007,833	0.189680	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	195,601	114,318	309,919	0.500986	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	27,885	27,885	1.192146	72.00
73.00	DRUGS CHARGED TO PATIENTS	916,846	2,426,982	3,343,828	0.256347	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC (RHC)	0	1,442,348	1,442,348	1.803739	88.00
90.00	CLINIC	7,529	2,386,288	2,393,817	0.683346	90.00
90.01	RUSHVILLE FAMILY CLINIC	0	255,802	255,802	1.242899	90.01
91.00	EMERGENCY	17,914	2,237,578	2,255,492	1.124366	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	9,421	192,908	202,329	1.072170	92.00
200.00	Subtotal (see instructions)	4,289,996	27,544,112	31,834,108		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	4,289,996	27,544,112	31,834,108		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141333	Period: From 03/01/2011 To 02/29/2012	Worksheet C Part I Date/Time Prepared: 7/25/2012 10:43 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
46.00	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.000000		50.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
60.00	LABORATORY	0.000000		60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC (RHC)	0.000000		88.00
90.00	CLINIC	0.000000		90.00
90.01	RUSHVILLE FAMILY CLINIC	0.000000		90.01
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 141333

Period: From 03/01/2011 To 02/29/2012

Worksheet C Part II Date/Time Prepared: 7/25/2012 10:43 am

Cost Center Description		Title XIX			Hospital		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	459,356	62,772	396,584	0	0	50.00
53.00	ANESTHESIOLOGY	369,636	3,664	365,972	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,579,750	86,857	1,492,893	0	0	54.00
60.00	LABORATORY	1,428,904	44,158	1,384,746	0	0	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62,771	2,624	60,147	0	0	62.00
65.00	RESPIRATORY THERAPY	256,172	24,683	231,489	0	0	65.00
66.00	PHYSICAL THERAPY	656,982	45,784	611,198	0	0	66.00
67.00	OCCUPATIONAL THERAPY	406,493	20,719	385,774	0	0	67.00
68.00	SPEECH PATHOLOGY	155,861	11,574	144,287	0	0	68.00
69.00	ELECTROCARDIOLOGY	380,846	5,879	374,967	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	155,265	36,550	118,715	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	33,243	265	32,978	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	857,181	21,503	835,678	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC (RHC)	2,601,620	99,641	2,501,979	0	0	88.00
90.00	CLINIC	1,635,806	118,585	1,517,221	0	0	90.00
90.01	RUSHVILLE FAMILY CLINIC	317,936	25,665	292,271	0	0	90.01
91.00	EMERGENCY	2,535,999	80,758	2,455,241	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	216,931	0	216,931	0	0	92.00
200.00	Subtotal (sum of lines 50 thru 199)	14,110,752	691,681	13,419,071	0	0	200.00
201.00	Less Observation Beds	216,931	0	216,931	0	0	201.00
202.00	Total (line 200 minus line 201)	13,893,821	691,681	13,202,140	0	0	202.00

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

Provider CCN: 141333

Period: From 03/01/2011 To 02/29/2012

Worksheet C Part II Date/Time Prepared: 7/25/2012 10:43 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
		6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	459,356	1,552,406	0.295899	50.00
53.00	ANESTHESIOLOGY	369,636	551,896	0.669757	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,579,750	6,878,462	0.229666	54.00
60.00	LABORATORY	1,428,904	5,487,860	0.260375	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62,771	98,184	0.639320	62.00
65.00	RESPIRATORY THERAPY	256,172	263,166	0.973424	65.00
66.00	PHYSICAL THERAPY	656,982	1,404,820	0.467663	66.00
67.00	OCCUPATIONAL THERAPY	406,493	938,867	0.432961	67.00
68.00	SPEECH PATHOLOGY	155,861	283,886	0.549027	68.00
69.00	ELECTROCARDIOLOGY	380,846	2,007,833	0.189680	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	155,265	309,919	0.500986	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	33,243	27,885	1.192146	72.00
73.00	DRUGS CHARGED TO PATIENTS	857,181	3,343,828	0.256347	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC (RHC)	2,601,620	1,442,348	1.803739	88.00
90.00	CLINIC	1,635,806	2,393,817	0.683346	90.00
90.01	RUSHVILLE FAMILY CLINIC	317,936	255,802	1.242899	90.01
91.00	EMERGENCY	2,535,999	2,255,492	1.124366	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	216,931	202,329	1.072170	92.00
200.00	Subtotal (sum of lines 50 thru 199)	14,110,752	0		200.00
201.00	Less Observation Beds	216,931	0		201.00
202.00	Total (line 200 minus line 201)	13,893,821	29,698,800		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 141333	Period: From 03/01/2011 To 02/29/2012	Worksheet D Part II Date/Time Prepared: 7/25/2012 10:43 am
		Title XVIII	Hospital	Cost

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	62,772	1,552,406	0.040435	8,882	359 50.00
53.00	ANESTHESIOLOGY	3,664	551,896	0.006639	2,209	15 53.00
54.00	RADIOLOGY-DIAGNOSTIC	86,857	6,878,462	0.012627	174,757	2,207 54.00
60.00	LABORATORY	44,158	5,487,860	0.008046	226,393	1,822 60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,624	98,184	0.026725	16,863	451 62.00
65.00	RESPIRATORY THERAPY	24,683	263,166	0.093793	114	11 65.00
66.00	PHYSICAL THERAPY	45,784	1,404,820	0.032591	15,984	521 66.00
67.00	OCCUPATIONAL THERAPY	20,719	938,867	0.022068	14,848	328 67.00
68.00	SPEECH PATHOLOGY	11,574	283,886	0.040770	13,130	535 68.00
69.00	ELECTROCARDIOLOGY	5,879	2,007,833	0.002928	108,376	317 69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	36,550	309,919	0.117934	142,842	16,846 71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	265	27,885	0.009503	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	21,503	3,343,828	0.006431	382,100	2,457 73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC (RHC)	99,641	1,442,348	0.069082	0	0 88.00
90.00	CLINIC	118,585	2,393,817	0.049538	593	29 90.00
90.01	RUSHVILLE FAMILY CLINIC	25,665	255,802	0.100332	0	0 90.01
91.00	EMERGENCY	80,758	2,255,492	0.035805	0	0 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	202,329	0.000000	0	0 92.00
200.00	Total (Lines 50-199)	691,681	29,698,800		1,107,091	25,898 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 141333	Period: From 03/01/2011 To 02/29/2012	Worksheet D Part IV Date/Time Prepared: 7/25/2012 10:43 am
--	----------------------	---	---

Cost Center Description	Title XVIII				Hospital		Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Cost			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00 OPERATING ROOM	0	0	0	0	0		0	50.00
53.00 ANESTHESIOLOGY	0	0	0	0	0		0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0		0	54.00
60.00 LABORATORY	0	0	0	0	0		0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0		0	62.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0		0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0		0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0		0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0		0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0		0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0		0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0		0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0		0	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0		0	88.00
90.00 CLINIC	0	0	0	0	0		0	90.00
90.01 RUSHVILLE FAMILY CLINIC	0	0	0	0	0		0	90.01
91.00 EMERGENCY	0	0	0	0	0		0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		0	92.00
200.00 Total (Lines 50-199)	0	0	0	0	0		0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 141333	Period: From 03/01/2011 To 02/29/2012	Worksheet D Part IV Date/Time Prepared: 7/25/2012 10:43 am
--	----------------------	---------------------------------------	--

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	1,552,406	0.000000	0.000000	8,882	50.00
53.00 ANESTHESIOLOGY	0	551,896	0.000000	0.000000	2,209	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	6,878,462	0.000000	0.000000	174,757	54.00
60.00 LABORATORY	0	5,487,860	0.000000	0.000000	226,393	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	98,184	0.000000	0.000000	16,863	62.00
65.00 RESPIRATORY THERAPY	0	263,166	0.000000	0.000000	114	65.00
66.00 PHYSICAL THERAPY	0	1,404,820	0.000000	0.000000	15,984	66.00
67.00 OCCUPATIONAL THERAPY	0	938,867	0.000000	0.000000	14,848	67.00
68.00 SPEECH PATHOLOGY	0	283,886	0.000000	0.000000	13,130	68.00
69.00 ELECTROCARDIOLOGY	0	2,007,833	0.000000	0.000000	108,376	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	309,919	0.000000	0.000000	142,842	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	27,885	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	3,343,828	0.000000	0.000000	382,100	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC (RHC)	0	1,442,348	0.000000	0.000000	0	88.00
90.00 CLINIC	0	2,393,817	0.000000	0.000000	593	90.00
90.01 RUSHVILLE FAMILY CLINIC	0	255,802	0.000000	0.000000	0	90.01
91.00 EMERGENCY	0	2,255,492	0.000000	0.000000	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	202,329	0.000000	0.000000	0	92.00
200.00 Total (Lines 50-199)	0	29,698,800			1,107,091	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet D
Part IV
Date/Time Prepared:
7/25/2012 10:43 am

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
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
60.00	LABORATORY	0	0	0	0	0	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	RUSHVILLE FAMILY CLINIC	0	0	0	0	0	90.01
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
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: 141333	Period: From 03/01/2011 To 02/29/2012	Worksheet D Part IV Date/Time Prepared: 7/25/2012 10:43 am
	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
53.00 ANESTHESIOLOGY	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0		54.00
60.00 LABORATORY	0	0		60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
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 PATIENTS	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC (RHC)	0	0		88.00
90.00 CLINIC	0	0		90.00
90.01 RUSHVILLE FAMILY CLINIC	0	0		90.01
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: 141333	Period: From 03/01/2011 To 02/29/2012	Worksheet D Part V Date/Time Prepared: 7/25/2012 10:43 am
	Title XVIII	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see instructions)	Charges		
			Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
	1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0.295899	0	624,483	0	50.00
53.00 ANESTHESIOLOGY	0.669757	0	129,742	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.229666	0	2,840,620	0	54.00
60.00 LABORATORY	0.260375	0	2,700,441	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.639320	0	73,370	0	62.00
65.00 RESPIRATORY THERAPY	0.973424	0	101,335	0	65.00
66.00 PHYSICAL THERAPY	0.467663	0	579,626	0	66.00
67.00 OCCUPATIONAL THERAPY	0.432961	0	404,166	0	67.00
68.00 SPEECH PATHOLOGY	0.549027	0	65,060	0	68.00
69.00 ELECTROCARDIOLOGY	0.189680	0	1,049,837	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.500986	0	102,396	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	1.192146	0	24,432	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.256347	0	1,823,512	5,584	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC (RHC)	0.000000				88.00
90.00 CLINIC	0.683346	0	1,677,290	0	90.00
90.01 RUSHVILLE FAMILY CLINIC	1.242899	0	110,754	0	90.01
91.00 EMERGENCY	1.124366	0	872,027	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1.072170	0	135,246	0	92.00
200.00 Subtotal (see instructions)		0	13,314,337	5,584	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	13,314,337	5,584	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 141333	Period: From 03/01/2011 To 02/29/2012	Worksheet D Part V Date/Time Prepared: 7/25/2012 10:43 am
	Title XVIII	Hospital	Cost

Cost Center Description	Costs			
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)	
	5.00	6.00	7.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	184,784	0	50.00
53.00 ANESTHESIOLOGY	0	86,896	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	652,394	0	54.00
60.00 LABORATORY	0	703,127	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	46,907	0	62.00
65.00 RESPIRATORY THERAPY	0	98,642	0	65.00
66.00 PHYSICAL THERAPY	0	271,070	0	66.00
67.00 OCCUPATIONAL THERAPY	0	174,988	0	67.00
68.00 SPEECH PATHOLOGY	0	35,720	0	68.00
69.00 ELECTROCARDIOLOGY	0	199,133	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	51,299	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	29,127	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	467,452	1,431	73.00
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC (RHC)	0	0	0	88.00
90.00 CLINIC	0	1,146,169	0	90.00
90.01 RUSHVILLE FAMILY CLINIC	0	137,656	0	90.01
91.00 EMERGENCY	0	980,478	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	145,007	0	92.00
200.00 Subtotal (see instructions)	0	5,410,849	1,431	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	5,410,849	1,431	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 141333 Component CCN: 14Z333	Period: From 03/01/2011 To 02/29/2012	Worksheet D Part V Date/Time Prepared: 7/25/2012 10:43 am
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	0.295899	0	0	0	50.00
53.00 ANESTHESIOLOGY	0.669757	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.229666	0	0	0	54.00
60.00 LABORATORY	0.260375	0	0	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.639320	0	0	0	62.00
65.00 RESPIRATORY THERAPY	0.973424	0	0	0	65.00
66.00 PHYSICAL THERAPY	0.467663	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0.432961	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0.549027	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0.189680	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.500986	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	1.192146	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.256347	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC (RHC)	0.000000				88.00
90.00 CLINIC	0.683346	0	0	0	90.00
90.01 RUSHVILLE FAMILY CLINIC	1.242899	0	0	0	90.01
91.00 EMERGENCY	1.124366	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1.072170	0	0	0	92.00
200.00 Subtotal (see instructions)		0	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 141333 Component CCN: 14Z333	Period: From 03/01/2011 To 02/29/2012	Worksheet D Part V Date/Time Prepared: 7/25/2012 10:43 am
Title XVIII		Swing Beds - SNF	Cost

Cost Center Description	Costs			
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)	
	5.00	6.00	7.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
60.00 LABORATORY	0	0	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC (RHC)	0	0	0	88.00
90.00 CLINIC	0	0	0	90.00
90.01 RUSHVILLE FAMILY CLINIC	0	0	0	90.01
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
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: 141333	Period: From 03/01/2011 To 02/29/2012	Worksheet D-1 Date/Time Prepared: 7/25/2012 10:43 am
Cost Center Description		Title XVIII	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,068	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,062	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		857	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		941	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		65	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)		675	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)		941	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		117.42	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)		2,127,193	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)		7,632	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		1,003,389	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,123,804	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		1,177,820	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		1,177,820	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.954139	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,374.35	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,123,804	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)		1,058.19	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		714,278	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)		714,278	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141333		Period: From 03/01/2011 To 02/29/2012		Worksheet D-1	
Title XVIII		Hospital		Cost		Date/Time Prepared: 7/25/2012 10:43 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)							42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT							43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					325,669		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,039,947		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)					995,757		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)					995,757		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)						205	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,058.20	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						216,931	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141333		Period: From 03/01/2011 To 02/29/2012		Worksheet D-1 Date/Time Prepared: 7/25/2012 10:43 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141333	Period: From 03/01/2011 To 02/29/2012	Worksheet D-3 Date/Time Prepared: 7/25/2012 10:43 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		811,839		30.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.295899	8,882	2,628	50.00
53.00	ANESTHESIOLOGY	0.669757	2,209	1,479	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.229666	174,757	40,136	54.00
60.00	LABORATORY	0.260375	226,393	58,947	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.639320	16,863	10,781	62.00
65.00	RESPIRATORY THERAPY	0.973424	114	111	65.00
66.00	PHYSICAL THERAPY	0.467663	15,984	7,475	66.00
67.00	OCCUPATIONAL THERAPY	0.432961	14,848	6,429	67.00
68.00	SPEECH PATHOLOGY	0.549027	13,130	7,209	68.00
69.00	ELECTROCARDIOLOGY	0.189680	108,376	20,557	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.500986	142,842	71,562	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	1.192146	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.256347	382,100	97,950	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC (RHC)	0.000000		0	88.00
90.00	CLINIC	0.683346	593	405	90.00
90.01	RUSHVILLE FAMILY CLINIC	1.242899	0	0	90.01
91.00	EMERGENCY	1.124366	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.072170	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,107,091	325,669	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		1,107,091		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141333	Period: From 03/01/2011 To 02/29/2012	Worksheet D-3	
		Component CCN: 14Z333		Date/Time Prepared: 7/25/2012 10:43 am	
		Title XVIII	Swing Beds - SNF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		483,394		30.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.295899	1,972	584	50.00
53.00	ANESTHESIOLOGY	0.669757	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.229666	22,738	5,222	54.00
60.00	LABORATORY	0.260375	70,518	18,361	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.639320	457	292	62.00
65.00	RESPIRATORY THERAPY	0.973424	0	0	65.00
66.00	PHYSICAL THERAPY	0.467663	121,401	56,775	66.00
67.00	OCCUPATIONAL THERAPY	0.432961	139,778	60,518	67.00
68.00	SPEECH PATHOLOGY	0.549027	16,991	9,329	68.00
69.00	ELECTROCARDIOLOGY	0.189680	7,339	1,392	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.500986	52,759	26,432	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	1.192146	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.256347	384,675	98,610	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC (RHC)	0.000000		0	88.00
90.00	CLINIC	0.683346	6,936	4,740	90.00
90.01	RUSHVILLE FAMILY CLINIC	1.242899	0	0	90.01
91.00	EMERGENCY	1.124366	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.072170	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		825,564	282,255	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		825,564		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141333	Period: From 03/01/2011 To 02/29/2012	Worksheet E Part B Date/Time Prepared: 7/25/2012 10:43 am
		Title XVIII	Hospital	Cost
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			5,412,280 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	PPS payments			0 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			5,412,280 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)			5,466,403 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)			43,732 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			2,113,282 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			3,309,389 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			3,309,389 30.00
31.00	Primary payer payments			861 31.00
32.00	Subtotal (line 30 minus line 31)			3,308,528 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)			261,019 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			261,019 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			253,488 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			3,569,547 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)			3,569,547 40.00
41.00	Interim payments			3,733,005 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)			-163,458 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141333	Period: From 03/01/2011 To 02/29/2012	Worksheet E Part B Date/Time Prepared: 7/25/2012 10:43 am
		Title XVIII	Hospital	Cost
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0.112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet E-1
Part I
Date/Time Prepared:
7/25/2012 10:43 am

		Title XVIII		Hospital		Cost	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		558,710		3,667,405	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	06/22/2011	41,900	08/08/2011	62,900	3.01	
3.02		09/08/2011	146,100	06/22/2011	1,800	3.02	
3.03		11/30/2011	40,800	02/29/2012	900	3.03	
3.04		02/29/2012	47,700		0	3.04	
3.05		03/14/2012	46,860		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)		323,360		65,600	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)		882,070		3,733,005	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		39,555		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		163,458	6.02	
7.00	Total Medicare program liability (see instructions)		921,625		3,569,547	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: 141333

Period: From 03/01/2011

Worksheet E-1

Component CCN: 14Z333

To 02/29/2012

Part I
Date/Time Prepared:
7/25/2012 10:43 am

Title XVIII

Swing Beds - SNF

Cost

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,154,260		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	08/08/2011	134,800		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)		134,800		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,289,060		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		30,228		0	6.02
7.00	Total Medicare program liability (see instructions)		1,258,832		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: 141333	Period: From 03/01/2011 To 02/29/2012	Worksheet E-2
		Component CCN: 14Z333		Date/Time Prepared: 7/25/2012 10:43 am
		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)	1,005,715	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)	285,078	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	941	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	1,290,793	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	1,290,793	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	1,290,793	0	12.00
13.00	Coinurance billed to program patients (from provider records) (exclude coinurance for physician professional services)	31,961	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	1,258,832	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
17.00	Reimbursable bad debts (see instructions)	0	0	17.00
18.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (sum of lines 15 and 17, plus/minus line 16)	1,258,832	0	19.00
20.00	Interim payments	1,289,060	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)	-30,228	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	0	23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141333	Period: From 03/01/2011 To 02/29/2012	Worksheet E-3 Part V Date/Time Prepared: 7/25/2012 10:43 am
		Title XVIII	Hospital	Cost
				1.00
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT (CAHs)				
1.00	Inpatient services			1,039,947 1.00
2.00	Nursing and Allied Health Managed Care payment (see instruction)			0 2.00
3.00	Organ acquisition			0 3.00
4.00	Subtotal (sum of lines 1 thru 3)			1,039,947 4.00
5.00	Primary payer payments			0 5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)			1,050,346 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)			1,050,346 19.00
20.00	Deductibles (exclude professional component)			148,068 20.00
21.00	Excess reasonable cost (from line 16)			0 21.00
22.00	Subtotal (line 19 minus line 20)			902,278 22.00
23.00	Coinsurance			0 23.00
24.00	Subtotal (line 22 minus line 23)			902,278 24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			19,347 25.00
26.00	Adjusted reimbursable bad debts (see instructions)			19,347 26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			19,347 27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)			921,625 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)			921,625 30.00
31.00	Interim payments			882,070 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)			39,555 33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 34.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 141333 Period: From 03/01/2011 To 02/29/2012 Worksheet G
 Date/Time Prepared: 7/25/2012 10:43 am

		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	4,057,839	0	0	0	1.00
2.00	Temporary investments	162,192	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	3,507,953	0	0	0	4.00
5.00	Other receivable	598,368	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	498,959	0	0	0	7.00
8.00	Prepaid expenses	38,319	0	0	0	8.00
9.00	Other current assets	85,942	0	0	0	9.00
10.00	Due from other funds	26,909	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	8,976,481	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	5,889,869	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	498,300	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	6,388,169	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	2,510,479	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	164,309	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,674,788	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	18,039,438	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	367,913	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,153,440	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	459,816	0	0	0	40.00
41.00	Deferred income	314,694	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	2,295,863	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	1,407,618	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	119,308	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,526,926	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	3,822,789	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	14,216,649	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	14,216,649	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	18,039,438	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet G-1

Date/Time Prepared:
7/25/2012 10:43 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		13,122,830	
2.00	Net income (loss) (From Wkst. G-3, line 29)		1,092,911			2.00
3.00	Total (sum of line 1 and line 2)		14,215,741		0	3.00
4.00	VARIANCE/ROUNDING	908		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)		908		0	10.00
11.00	Subtotal (line 3 plus line 10)		14,216,649		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		14,216,649		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet G-1

Date/Time Prepared:
7/25/2012 10:43 am

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00			0		0	1.00
2.00						2.00
3.00			0		0	3.00
4.00	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			0		0	10.00
11.00			0		0	11.00
12.00	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			0		0	18.00
19.00			0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet G-2 Parts
Date/Time Prepared:
7/25/2012 10:43 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	1,177,820		1,177,820	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	483,394		483,394	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	639,759		639,759	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	2,300,973		2,300,973	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)	2,300,973		2,300,973	17.00
18.00	Ancillary services	1	1	2	18.00
19.00	Outpatient services	0	1	1	19.00
20.00	RURAL HEALTH CLINIC (RHC)	0	1,469,603	1,469,603	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
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OPERATING ROOM	17,785	1,857,300	1,875,085	27.00
27.01	ANESTHESIOLOGY	6,120	557,767	563,887	27.01
27.02	RADIOLOGY - DIAGNOSTIC	208,062	6,820,216	7,028,278	27.02
27.03	LABORATORY	274,398	5,311,985	5,586,383	27.03
27.04	BLOOD	20,362	77,822	98,184	27.04
27.05	RESPIRATORY THERAPY	156,840	350,316	507,156	27.05
27.06	PHYSICAL THERAPY	329,778	2,372,518	2,702,296	27.06
27.07	EKG	128,226	1,918,122	2,046,348	27.07
27.08	MEDICAL SUPPLIES	6,382	2,802	9,184	27.08
27.09		0	0	0	27.09
27.10	DRUGS SOLD TO PATIENTS	916,918	2,470,009	3,386,927	27.10
27.11	CLINIC	6,402	2,863,913	2,870,315	27.11
27.12	RUSHVILLE FAMILY PRACTICE	0	536,063	536,063	27.12
27.13	EMERGENCY ROOM	17,914	3,490,303	3,508,217	27.13
27.14	OBSERVATION	9,421	193,962	203,383	27.14
27.15	CULBERTSON GARDENS	0	376,152	376,152	27.15
27.16		0	0	0	27.16
27.17		0	0	0	27.17
27.18		0	0	0	27.18
27.19		0	0	0	27.19
27.20		0	0	0	27.20
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	4,399,582	30,668,855	35,068,437	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		20,067,155		29.00
30.00	ROUNDING	0			30.00
31.00		3			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)		3		36.00
37.00	INTEREST EXPENSE	45,547			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)		45,547		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		20,021,611		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 141333

Period:
From 03/01/2011
To 02/29/2012

Worksheet G-3

Date/Time Prepared:
7/25/2012 10:43 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	35,068,437	1.00
2.00	Less contractual allowances and discounts on patients' accounts	13,287,537	2.00
3.00	Net patient revenues (line 1 minus line 2)	21,780,900	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	20,021,611	4.00
5.00	Net income from service to patients (line 3 minus line 4)	1,759,289	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	248,441	6.00
7.00	Income from investments	95,882	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	515,971	23.00
24.00	OTHER (SPECIFY)	353,453	24.00
25.00	Total other income (sum of lines 6-24)	1,213,747	25.00
26.00	Total (line 5 plus line 25)	2,973,036	26.00
27.00	BAD DEBTS	1,622,074	27.00
27.01	CHARITY CARE	212,504	27.01
27.02	INTEREST EXPENSE	45,547	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	1,880,125	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	1,092,911	29.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 141333 Component CCN: 143483	Period: From 03/01/2011 To 02/29/2012	Worksheet M-1 Date/Time Prepared: 7/25/2012 10:43 am
--	---	---	--

		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	144,350	0	144,350	55,804	200,154	1.00
2.00	Physician Assistant	153,846	0	153,846	0	153,846	2.00
3.00	Nurse Practitioner	114,997	0	114,997	0	114,997	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	283,071	0	283,071	0	283,071	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	74,655	0	74,655	-74,655	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)	770,919	0	770,919	-18,851	752,068	10.00
11.00	Physician Services Under Agreement	0	572,107	572,107	0	572,107	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	79,449	79,449	0	79,449	13.00
14.00	Subtotal (sum of lines 11-13)	0	651,556	651,556	0	651,556	14.00
15.00	Medical Supplies	0	23,424	23,424	0	23,424	15.00
16.00	Transportation (Health Care Staff)	0	8,309	8,309	0	8,309	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	31,733	31,733	0	31,733	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	770,919	683,289	1,454,208	-18,851	1,435,357	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	0	0	0	0	29.00
30.00	Administrative Costs	277,341	66,942	344,283	-52,085	292,198	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	277,341	66,942	344,283	-52,085	292,198	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	1,048,260	750,231	1,798,491	-70,936	1,727,555	32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 141333	Period: From 03/01/2011 To 02/29/2012	Worksheet M-1
	Component CCN: 143483		Date/Time Prepared: 7/25/2012 10:43 am
	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	-23,496	176,658	1.00
2.00	Physician Assistant	-11,445	142,401	2.00
3.00	Nurse Practitioner	0	114,997	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	283,071	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)	-34,941	717,127	10.00
11.00	Physician Services Under Agreement	0	572,107	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	79,449	13.00
14.00	Subtotal (sum of lines 11-13)	0	651,556	14.00
15.00	Medical Supplies	0	23,424	15.00
16.00	Transportation (Health Care Staff)	0	8,309	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	31,733	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-34,941	1,400,416	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	0	29.00
30.00	Administrative Costs	-9,165	283,033	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-9,165	283,033	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-44,106	1,683,449	32.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 141333	Period: From 03/01/2011 To 02/29/2012	Worksheet M-2		
		Component CCN: 143483		Date/Time Prepared: 7/25/2012 10:43 am		
		Title XVIII	Rural Health Clinic (RHC) I	Cost		
	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY						
Positions						
1.00	Physician	1.55	6,765	4,200	6,510	1.00
2.00	Physician Assistant	1.24	3,283	2,100	2,604	2.00
3.00	Nurse Practitioner	1.17	2,019	2,100	2,457	3.00
4.00	Subtotal (sum of lines 1-3)	3.96	12,067		11,571	4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	0.00	0		0	6.00
7.00	Clinical Social Worker	0.00	0		0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4-7)	3.96	12,067		12,067	8.00
9.00	Physician Services Under Agreements		704		704	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)				1,400,416	10.00
11.00	Total nonreimbursable costs (from Worksheet M-1, column 7, line 28)				0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				1,400,416	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)				283,033	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				918,171	15.00
16.00	Total overhead (sum of lines 14 and 15)				1,201,204	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Subtract line 17 from line 16				1,201,204	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)				1,201,204	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)				2,601,620	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 141333	Period: From 03/01/2011 To 02/29/2012	Worksheet M-3
		Component CCN: 143483		Date/Time Prepared: 7/25/2012 10:43 am
		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)		2,601,620	1.00
2.00	Cost of vaccines and their administration (from Worksheet M-4, line 15)		9,811	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		2,591,809	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		12,067	4.00
5.00	Physicians visits under agreement (from Worksheet M-2, column 5, line 9)		704	5.00
6.00	Total adjusted visits (line 4 plus line 5)		12,771	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		202.94	7.00
		Calculation of Limit (1)		
		Prior to January 1	On or After January 1	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 27, Sec. 505 or your contractor)	0.00	0.00	8.00
9.00	Rate for Program covered visits (see instructions)	202.94	202.94	9.00
CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)	0	4,287	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	870,004	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	870,004	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.)		647,797	16.04
16.05	Total program cost (see instructions)		647,797	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		60,258	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)		647,797	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		7,582	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		655,379	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)		655,379	26.00
27.00	Interim payments		480,584	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)		174,795	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, section 115.2		0	30.00

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

Provider CCN: 141333
Component CCN: 143483

Period:
From 03/01/2011
To 02/29/2012

Worksheet M-4
Date/Time Prepared:
7/25/2012 10:43 am
Cost

Title XVIII

Rural Health
Clinic (RHC) I

		Pneumococcal	Influenza	
		1.00	2.00	
1.00	Health care staff cost (from Worksheet M-1, column 7, line 10)	717,127	717,127	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.000065	0.000907	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	47	650	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	968	3,616	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	1,015	4,266	5.00
6.00	Total direct cost of the facility (from Worksheet M-1, column 7, line 22)	1,400,416	1,400,416	6.00
7.00	Total overhead (from Worksheet M-2, line 16)	1,201,204	1,201,204	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.000725	0.003046	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	871	3,659	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	1,886	7,925	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	16	224	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	117.88	35.38	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	13	171	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	1,532	6,050	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of columns 1 and 2, line 10) (transfer this amount to Worksheet M-3, line 2)		9,811	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of columns 1 and 2, line 14) (transfer this amount to Worksheet M-3, line 21)		7,582	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 141333 Component CCN: 143483	Period: From 03/01/2011 To 02/29/2012	Worksheet M-5 Date/Time Prepared: 7/25/2012 10:43 am
	Title VIII	Rural Health Clinic (RHC) I	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		455,184	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		08/08/2011	25,400	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)		25,400	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		480,584	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		174,795	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		655,379	7.00
		Contractor Number	Date (Mo/Day/Yr)	
		0	1.00 2.00	
8.00	Name of Contractor			8.00