

Hannibal Regional Hospital

Medicare Cost Report

Fiscal Year Ended 9.30.2012

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: 260025
 Period: From 10/01/2011 To 09/30/2012
 Worksheet S Parts I-III
 Date/Time Prepared: 2/27/2013 12:42 pm

PART I - COST REPORT STATUS

Provider use only
 1. Electronically filed cost report
 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.
 Date: 2/27/2013 Time: 12:42 pm

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 certification 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 HANNIBAL REGIONAL HOSPITAL (260025) for the cost reporting period beginning 10/01/2011 and ending 09/30/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and 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, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 2/27/2013 Time: 12:42 pm
 qwrKQf7: 9o: H6taf7dfvqpB9fnrg30
 1LEAeONEAGkzgUB2c2B27WgtbvqTFq
 qi yM1KHnu. 03mmEw
PI: Date: 2/27/2013 Time: 12:42 pm
 y. K1kFK5VsyXoStSagBq0ZevXFAl e1
 80ZI Q08TYsXj j DdnUcWWi WMNNC6SKR
 fNI S2Nvyaq0T8dj Q

(Signed)

Officer or Administrator of Provider(s)

Title

Date

	Title V 1.00	Title XVII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	570,140	-693,878	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	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	9,253	0	0	10.00
10.01 RURAL HEALTH CLINIC II III	0	0	9,945	0	0	10.01
10.02 RURAL HEALTH CLINIC III IIII	0	0	15,948	0	0	10.02
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	570,140	-658,732	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: 260025	Period: From 10/01/2011 To 09/30/2012	Worksheet S-2 Part I Date/Time Prepared: 2/27/2013 12:41 pm
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: HIGHWAY 36, 6000 HOSPITAL DRIVE	PO Box:		
2.00	City: HANNIBAL	State: MO	Zip Code: 63401	County: MARION

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	HANNIBAL REGIONAL HOSPITAL	260025	99926	1	01/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									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	HANNIBAL REGIONAL - HHA	267282	99926		04/10/1990	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC	HANNIBAL REG - SHELBI NA	268512	99926		06/11/1997	N	O	O	15.00
15.01	Hospital-Based Health Clinic - RHC II	HANNIBAL REG - LAGRANGE	263984	99926		04/03/1992	N	O	O	15.01
15.02	Hospital-Based Health Clinic - RHC III	HANNIBAL REG - MONROE CITY	268513	99926		06/11/1997	N	O	O	15.02
16.00	Hospital-Based Health Clinic - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	10/01/2011	09/30/2012	20.00
21.00	Type of Control (see instructions)	2		21.00

Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2	N			23.00

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid 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 unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,189	0	53	0	1,362	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 unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid 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.	2	26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	2	27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	1	35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260025	Period: From 10/01/2011 To 09/30/2012	Worksheet S-2 Part I Date/Time Prepared: 2/27/2013 12:41 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	10/01/2011	09/30/2012	36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0		37.00		
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.			38.00		
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.	N		39.00		
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-2
Part I
Date/Time Prepared:
2/27/2013 12:41 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	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: 260025	Period: From 10/01/2011 To 09/30/2012	Worksheet S-2 Part I Date/Time Prepared: 2/27/2013 12:41 pm		
		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 report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
		V	XIX			
		1.00	2.00			
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					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)					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
		1.00	2.00	3.00		
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. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00

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		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	2,000,000	0	6,000,000	118.01	
			1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02	
119.00	DO NOT USE THIS LINE				119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		Y	Y	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:		141.00	
142.00	Street:	PO Box:			142.00	
143.00	City:	State:	Zip Code:		143.00	
				1.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00	
145.00	If costs for renal services are claimed on Worksheet A, 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	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260025			Period: From 10/01/2011 To 09/30/2012		Worksheet S-2 Part I Date/Time Prepared: 2/27/2013 12:41 pm																																					
								1.00																																				
Multi campus																																												
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																																			
Health Information Technology (HIT) Incentive in the American Recovery and Reinvestment Act																																												
<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>County</th> <th>State</th> <th>Zip Code</th> <th>CBSA</th> <th>FTE/Campus</th> <th></th> </tr> <tr> <th></th> <th>0</th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th>5.00</th> <th></th> </tr> </thead> <tbody> <tr> <td>166.00</td> <td colspan="6">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</td> <td>0.00</td> <td>166.00</td> </tr> <tr> <td colspan="8"></td> <td>1.00</td> <td></td> </tr> </tbody> </table>											Name	County	State	Zip Code	CBSA	FTE/Campus			0	1.00	2.00	3.00	4.00	5.00		166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00									1.00	
	Name	County	State	Zip Code	CBSA	FTE/Campus																																						
	0	1.00	2.00	3.00	4.00	5.00																																						
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00																																				
								1.00																																				
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.							N	167.00																																			
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00																																			
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00	169.00																																			

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 260025	Period: From 10/01/2011 To 09/30/2012	Worksheet S-2 Part II Date/Time Prepared: 2/27/2013 12:41 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		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.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		Y		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
			Part A		
			Y/N	Date	
			1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		Y	01/22/2013	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

		Part A		
Description		Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
		1.00	2.00	
				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			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.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			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.			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			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			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.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?	N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00
		1.00	2.00	
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.	JIM	MCKAKI N	41.00
42.00	Enter the employer/company name of the cost report preparer.	HANNIBAL REGIONAL HEALTHCARE SYSTEM		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	573-248-5431	JIM.MCKAKI N@HRHONLINE.ORG	43.00

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	01/22/2013	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
		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.	GROUP DIRECTOR - FISCAL SERVICES		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

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-2
Part V
Date/Time Prepared:
2/27/2013 12:41 pm

		1.00	
Cost Report Preparer Contact Information			
1.00	First Name		1.00
2.00	Last Name		2.00
3.00	Title		3.00
4.00	Employer		4.00
5.00	Phone Number		5.00
6.00	E-mail Address		6.00
7.00	Department		7.00
8.00	Mailing Address 1		8.00
9.00	Mailing Address 2		9.00
10.00	City		10.00
11.00	State		11.00
12.00	Zip		12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name	JIM	13.00
14.00	Last Name	MCKAKIN	14.00
15.00	Title	GROUP DIRECTOR - FISCAL SERVICES	15.00
16.00	Employer	HANNIBAL REGIONAL HEALTHCARE SYSTEM	16.00
17.00	Phone Number	(573)248-5431	17.00
18.00	E-mail Address	JIM.MCKAKIN@HRHONLINE.ORG	18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description		Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	
		1.00	2.00	3.00	4.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	83	30,378	0.00	1.00
2.00	HMO					2.00
3.00	HMO IPF Subprovider					3.00
4.00	HMO IRF Subprovider					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)		83	30,378	0.00	7.00
8.00	INTENSIVE CARE UNIT	31.00	8	2,928	0.00	8.00
9.00	CORONARY CARE UNIT					9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT					11.00
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY	43.00				13.00
14.00	Total (see instructions)		91	33,306	0.00	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					21.00
22.00	HOME HEALTH AGENCY	101.00				22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
25.00	CMHC - CMHC	99.00				25.00
26.00	RURAL HEALTH CLINIC	88.00				26.00
26.01	RURAL HEALTH CLINIC II	88.01				26.01
26.02	RURAL HEALTH CLINIC III	88.02				26.02
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				26.25
27.00	Total (sum of lines 14-26)		91			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

Cost Center Description	I/P Days / O/P Visits / Trips				Total All Patients	
	Title V	Title XVII	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	9,179	900	14,411		1.00
2.00 HMO		750	1,362			2.00
3.00 HMO IPF Subprovider		0	0			3.00
4.00 HMO IRF Subprovider		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	9,179	900	14,411		7.00
8.00 INTENSIVE CARE UNIT	0	1,306	219	1,972		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		110	1,278		13.00
14.00 Total (see instructions)	0	10,485	1,229	17,661		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						21.00
22.00 HOME HEALTH AGENCY	0	3,382	0	6,324		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC	0	0	0	0		25.00
26.00 RURAL HEALTH CLINIC	0	1,513	257	5,390		26.00
26.01 RURAL HEALTH CLINIC II	0	1,003	564	3,570		26.01
26.02 RURAL HEALTH CLINIC III	0	1,498	219	5,421		26.02
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	652		28.00
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			13	169		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	2,324	1.00
2.00 HMO					179	2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						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	792.95	0.00	0	2,324	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						21.00
22.00 HOME HEALTH AGENCY	0.00	11.95	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC	0.00	0.00	0.00			25.00
26.00 RURAL HEALTH CLINIC	0.00	9.58	0.00			26.00
26.01 RURAL HEALTH CLINIC II	0.00	6.11	0.00			26.01
26.02 RURAL HEALTH CLINIC III	0.00	8.32	0.00			26.02
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	828.91	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

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)	312	4,517		1.00
2.00 HMO				2.00
3.00 HMO IPF Subprovider				3.00
4.00 HMO IRF Subprovider				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)	312	4,517		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				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.01 RURAL HEALTH CLINIC II				26.01
26.02 RURAL HEALTH CLINIC III				26.02
26.25 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 WAGE INDEX INFORMATION

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-3
Part II
Date/Time Prepared:
2/27/2013 12:41 pm

	Worksheet A Line Number	Amount Reported	Recl assifi cat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	50,873,851	0	50,873,851	1,728,832.00	29.43
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		162,439	0	162,439	808.00	201.04
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		5,198,099	0	5,198,099	34,491.00	150.71
6.00	Non-physician-Part B		893,249	0	893,249	42,392.00	21.07
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		11,905,997	-247,850	11,658,147	288,487.00	40.41
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		165,104	0	165,104	1,599.00	103.25
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		560,088	0	560,088	1,747.00	320.60
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		13,597,576	0	13,597,576		
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		2,921,013	0	2,921,013		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		12,177	0	12,177		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		519,976	0	519,976		
24.00	Wage-related costs (RHC/FQHC)		400,779	0	400,779		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	496,627	247,850	744,477	39,697.00	18.75
27.00	Administrative & General	5.00	8,638,117	0	8,638,117	288,587.00	29.93
28.00	Administrative & General under contract (see inst.)		896,664	0	896,664	5,207.00	172.20
29.00	Maintenance & Repairs	6.00	264,679	0	264,679	19,475.00	13.59
30.00	Operation of Plant	7.00	661,981	0	661,981	32,820.00	20.17
31.00	Laundry & Linen Service	8.00	29,070	0	29,070	2,943.00	9.88
32.00	Housekeeping	9.00	588,209	0	588,209	54,030.00	10.89
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	756,272	0	756,272	54,648.00	13.84
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	482,748	0	482,748	16,743.00	28.83
39.00	Central Services and Supply	14.00	121,761	0	121,761	6,824.00	17.84
40.00	Pharmacy	15.00	1,512,073	0	1,512,073	44,462.00	34.01

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HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-3
Part II
Date/Time Prepared:
2/27/2013 12:41 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	664,772	0	664,772	37,481.00	17.74	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-3
Part III
Date/Time Prepared:
2/27/2013 12:41 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	45,679,167	0	45,679,167	1,657,156.00	27.56	1.00
2.00	Excluded area salaries (see instructions)	11,905,997	-247,850	11,658,147	288,487.00	40.41	2.00
3.00	Subtotal salaries (line 1 minus line 2)	33,773,170	247,850	34,021,020	1,368,669.00	24.86	3.00
4.00	Subtotal other wages & related costs (see inst.)	725,192	0	725,192	3,346.00	216.73	4.00
5.00	Subtotal wage-related costs (see inst.)	13,609,753	0	13,609,753	0.00	40.00	5.00
6.00	Total (sum of lines 3 thru 5)	48,108,115	247,850	48,355,965	1,372,015.00	35.24	6.00
7.00	Total overhead cost (see instructions)	15,112,973	247,850	15,360,823	602,917.00	25.48	7.00

Provider CCN: 260025	Period: From 10/01/2011 To 09/30/2012	Worksheet S-3 Part IV Date/Time Prepared: 2/27/2013 12:41 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,937,913	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	1,481,467	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	9,007,373	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	23,549	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	58,994	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	158,534	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	27,149	14.00
15.00	'Workers' Compensation Insurance	336,966	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	3,195,827	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	65,492	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	158,259	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	17,451,523	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-3
Part V
Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	165,104	17,451,445	1.00
2.00	Hospital	165,104	13,609,754	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	173,648	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	400,779	14.00
14.01	Hospital-Based Health Clinic RHC 1	0	0	14.01
14.02	Hospital-Based Health Clinic RHC 2	0	0	14.02
15.00	Hospital-Based Health Clinic FOHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	3,267,264	18.00

HOME HEALTH AGENCY STATISTICAL DATA	Provider CCN: 260025 Component CCN: 267282	Period: From 10/01/2011 To 09/30/2012	Worksheet S-4 Date/Time Prepared: 2/27/2013 12:41 pm
		Home Health Agency I	PPS

					1.00	
0.00	County	MARION				0.00
		Title V	Title XVIII	Title XIX	Other	Total
		1.00	2.00	3.00	4.00	5.00

HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,623	3	455	2,081	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	295.00	40.00	150.00	485.00	2.00

		Number of Employees (Full Time Equivalent)			
		Staff	Contract	Total	
Enter the number of hours in your normal work week					
		0	1.00	2.00	3.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00	0.00	0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)		2.82	0.00	0.00	2.82	4.00
5.00	Other Administrative Personnel		0.00	0.00	0.00	0.00	5.00
6.00	Direct Nursing Service		5.54	0.00	0.00	5.54	6.00
7.00	Nursing Supervisor		2.01	0.00	0.00	2.01	7.00
8.00	Physical Therapy Service		0.00	0.00	0.00	0.00	8.00
9.00	Physical Therapy Supervisor		0.13	0.00	0.00	0.13	9.00
10.00	Occupational Therapy Service		0.00	0.00	0.00	0.00	10.00
11.00	Occupational Therapy Supervisor		0.17	0.00	0.00	0.17	11.00
12.00	Speech Pathology Service		0.00	0.00	0.00	0.00	12.00
13.00	Speech Pathology Supervisor		0.03	0.00	0.00	0.03	13.00
14.00	Medical Social Service		0.00	0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor		1.00	0.00	0.00	1.00	15.00
16.00	Home Health Aide		0.00	0.00	0.00	0.00	16.00
17.00	Home Health Aide Supervisor		0.00	0.00	0.00	0.00	17.00
18.00	Other (specify)		0.00	0.00	0.00	0.00	18.00

HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		99926				20.00
20.01			99914				20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	

PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	1,584	34	99	35	1,752	21.00
22.00	Skilled Nursing Visit Charges	229,720	4,930	14,355	5,075	254,080	22.00
23.00	Physical Therapy Visits	1,092	0	19	29	1,140	23.00
24.00	Physical Therapy Visit Charges	169,260	0	2,945	4,495	176,700	24.00
25.00	Occupational Therapy Visits	85	0	2	4	91	25.00
26.00	Occupational Therapy Visit Charges	13,175	0	310	620	14,105	26.00
27.00	Speech Pathology Visits	21	0	1	1	23	27.00
28.00	Speech Pathology Visit Charges	3,255	0	155	155	3,565	28.00
29.00	Medical Social Service Visits	13	0	0	1	14	29.00
30.00	Medical Social Service Visit Charges	2,015	0	0	155	2,170	30.00
31.00	Home Health Aide Visits	342	0	0	20	362	31.00
32.00	Home Health Aide Visit Charges	23,940	0	0	1,400	25,340	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,137	34	121	90	3,382	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	441,365	4,930	17,765	11,900	475,960	35.00
36.00	Total Number of Episodes (standard/non outlier)	270		37	6	313	36.00
37.00	Total Number of Outlier Episodes		1		0	1	37.00
38.00	Total Non-Routine Medical Supply Charges	21,194	748	1,214	509	23,665	38.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 260025 Component CCN: 268512	Period: From 10/01/2011 To 09/30/2012	Worksheet S-8 Date/Time Prepared: 2/27/2013 12:41 pm
		Rural Health Clinic (RHC) I	Cost

				1.00						
Clinic Address and Identification										
1.00	Street	400 S. CENTER STREET		1.00						
		City	State	Zip Code						
		1.00	2.00	3.00						
2.00	City, State, Zip Code, County	SHELBI NA		MO63468	2.00					
				1.00						
3.00	FQHCs 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 FQHC? Enter "Y" for yes or "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					
Facility hours of operations (1)										
11.00	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. 104-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.				N	0	13.00			
			Provider name		CCN number					
			1.00		2.00					
14.00	Provider name, CCN number	SHELBI NA FAMILY PRACTICE		268512		14.00				
		Y/N	V	XVIII	XIX	Total Visits				
		1.00	2.00	3.00	4.00	5.00				
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "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. Enter in column 5 the number of total visits for this provider. (see instructions)				0	0	0	0	0	15.00

Health Financial Systems		HANNIBAL REGIONAL HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER		Provider CCN: 260025	Period:	Worksheet S-8	
STATISTICAL DATA		Component CCN: 268512	From 10/01/2011 To 09/30/2012	Date/Time Prepared: 2/27/2013 12:41 pm	
			Rural Health Clinic (RHC) I	Cost	
		County			
		4.00			
2.00	City, State, Zip Code, County	SHELBY		2.00	
		Tuesday		Wednesday	
		from	to	from	to
		5.00	6.00	7.00	8.00
11.00	Facility hours of operations (1)				
	Clinic	08:00	17:00	08:00	17:00
				11.00	

Health Financial Systems		HANNIBAL REGIONAL HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 260025 Component CCN: 268512		Period: From 10/01/2011 To 09/30/2012	
				Worksheet S-8 Date/Time Prepared: 2/27/2013 12:41 pm	
				Rural Health Clinic (RHC) I Cost	
		Thursday		Friday	
		from	to	from	to
		9.00	10.00	11.00	12.00
Facility hours of operations (1)					
11.00	Clinic	08:00	17:00	08:00	17:00
					11.00

Provider CCN: 260025 Component CCN: 268512	Period: From 10/01/2011 To 09/30/2012	Worksheet S-8 Date/Time Prepared: 2/27/2013 12:41 pm
	Rural Health Clinic (RHC) I	Cost

		Saturday			
		from	to		
		13.00	14.00		
11.00	Facility hours of operations (1) Clinic	08:00	12:00		11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 260025 Component CCN: 263984	Period: From 10/01/2011 To 09/30/2012	Worksheet S-8 Date/Time Prepared: 2/27/2013 12:41 pm
		Rural Health Clinic (RHC) II	Cost

				1.00						
Clinic Address and Identification										
1.00	Street	1802 ELM STREET			1.00					
		City	State	Zip Code						
		1.00	2.00	3.00						
2.00	City, State, Zip Code, County	CANTON MO		63435	2.00					
				1.00						
3.00	FQHCs 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 FQHC? Enter "Y" for yes or "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					
Facility hours of operations (1)										
11.00	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. 104-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.				N	0	13.00			
			Provider name		CCN number					
			1.00		2.00					
14.00	Provider name, CCN number		CANTON-LAGRANGE MEDICAL CLINIC		263984	14.00				
		Y/N	V	XVIII	XIX	Total Visits				
		1.00	2.00	3.00	4.00	5.00				
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "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. Enter in column 5 the number of total visits for this provider. (see instructions)				0	0	0	0	0	15.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 260025 Component CCN: 263984	Period: From 10/01/2011 To 09/30/2012	Worksheet S-8 Date/Time Prepared: 2/27/2013 12:41 pm		
			Rural Health Clinic (RHC) II	Cost		
		County				
		4.00				
2.00	City, State, Zip Code, County	LEWIS		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: 260025 Component CCN: 263984	Period: From 10/01/2011 To 09/30/2012	Worksheet S-8 Date/Time Prepared: 2/27/2013 12:41 pm Cost
		Rural Health Clinic (RHC) II	

	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

		Rural Health Clinic (RHC) II		Cost
		Saturday		
		from	to	
		13.00	14.00	
Facility hours of operations (1)				
11.00	Clinic			11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 260025 Component CCN: 268513	Period: From 10/01/2011 To 09/30/2012	Worksheet S-8 Date/Time Prepared: 2/27/2013 12:41 pm
		Rural Health Clinic (RHC) III	Cost

				1.00	
Clinic Address and Identification					
1.00	Street	821 BUSINESS HWYS 24 & 36		1.00	
		City	State	Zip Code	
		1.00	2.00	3.00	
2.00	City, State, Zip Code, County	MONROE CITY MO		63456	2.00
				1.00	
3.00	FQHCs 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 FQHC? Enter "Y" for yes or "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
Facility hours of operations (1)					
11.00	Clinic	08:00		17:00	
				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. 104-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.	N		0 13.00	
		Provider name		CCN number	
		1.00		2.00	
14.00	Provider name, CCN number	MONROE CITY FAMILY PRACTICE		268513	
		Y/N	V	XVIII	XIX
		1.00	2.00	3.00	4.00
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "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. Enter in column 5 the number of total visits for this provider. (see instructions)	0		0 0 0 0 15.00	
				Total Visits	
				5.00	

Health Financial Systems		HANNIBAL REGIONAL HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER		Provider CCN: 260025	Period: From 10/01/2011	Worksheet S-8	
STATISTICAL DATA		Component CCN: 268513	To 09/30/2012	Date/Time Prepared: 2/27/2013 12:41 pm	
			Rural Health Clinic (RHC) III	Cost	
		County			
		4.00			
2.00	City, State, Zip Code, County	MONROE		2.00	
		Tuesday		Wednesday	
		from	to	from	to
		5.00	6.00	7.00	8.00
11.00	Facility hours of operations (1)				
	Clinic	08:00	17:00	08:00	17:00
				11.00	

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 260025 Component CCN: 268513	Period: From 10/01/2011 To 09/30/2012	Worksheet S-8 Date/Time Prepared: 2/27/2013 12:41 pm Cost
		Rural Health Clinic (RHC) III	

	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

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet A

Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		3,507,319	3,507,319	1,065,403	4,572,722	1.00
2.00	00200		4,002,849	4,002,849	-1,170,228	2,832,621	2.00
4.00	00400	496,627	11,139,516	11,636,143	290,243	11,926,386	4.00
5.00	00500	8,638,117	8,714,817	17,352,934	-1,299,457	16,053,477	5.00
6.00	00600	264,679	54,410	319,089	0	319,089	6.00
7.00	00700	661,981	1,531,658	2,193,639	0	2,193,639	7.00
8.00	00800	29,070	254,551	283,621	0	283,621	8.00
9.00	00900	588,209	182,328	770,537	0	770,537	9.00
10.00	01000	756,272	749,434	1,505,706	0	1,505,706	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	482,748	91,756	574,504	0	574,504	13.00
14.00	01400	121,761	163,030	284,791	-17,088	267,703	14.00
15.00	01500	1,512,073	584,895	2,096,968	0	2,096,968	15.00
16.00	01600	664,772	402,436	1,067,208	0	1,067,208	16.00
19.00	01900	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	4,734,188	973,715	5,707,903	74,669	5,782,572	30.00
31.00	03100	1,591,996	493,811	2,085,807	24,665	2,110,472	31.00
43.00	04300	279,472	115,753	395,225	5,354	400,579	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	947,902	718,954	1,666,856	0	1,666,856	50.00
51.00	05100	805,767	145,260	951,027	0	951,027	51.00
52.00	05200	776,990	166,447	943,437	4,961	948,398	52.00
53.00	05300	2,320,463	866,518	3,186,981	238,251	3,425,232	53.00
54.00	05400	1,180,174	646,851	1,827,025	567,006	2,394,031	54.00
56.00	03450	94,561	65,889	160,450	68,695	229,145	56.00
57.00	05700	273,831	196,563	470,394	191,037	661,431	57.00
58.00	05800	61,199	131,563	192,762	0	192,762	58.00
60.00	06000	1,259,627	2,083,076	3,342,703	115,562	3,458,265	60.00
62.00	06200	69,068	620,090	689,158	0	689,158	62.00
65.00	06500	729,260	213,140	942,400	28,892	971,292	65.00
66.00	06600	1,570,021	422,071	1,992,092	0	1,992,092	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	153,708	48,242	201,950	0	201,950	68.00
69.00	06900	991,726	437,969	1,429,695	0	1,429,695	69.00
70.00	07000	148,233	33,372	181,605	0	181,605	70.00
71.00	07100	0	6,810,699	6,810,699	-467,000	6,343,699	71.00
72.00	07200	0	586,372	586,372	467,000	1,053,372	72.00
73.00	07300	0	2,459,681	2,459,681	0	2,459,681	73.00
76.00	03020	708,621	648,908	1,357,529	71,921	1,429,450	76.00
76.01	03021	63,248	23,677	86,925	0	86,925	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	585,912	183,825	769,737	0	769,737	88.00
88.01	08801	431,690	92,918	524,608	0	524,608	88.01
88.02	08802	556,451	192,885	749,336	0	749,336	88.02
89.00	08900	0	0	0	0	0	89.00
91.00	09100	4,409,408	1,936,459	6,345,867	0	6,345,867	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	8,029	1,780	9,809	0	9,809	91.02
92.00	09200	0	0	0	0	0	92.00
93.00	04040	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	0	0	0	0	0	99.00
101.00	10100	708,104	236,407	944,511	0	944,511	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
114.00	11400	0	0	0	0	0	114.00
118.00		39,675,958	52,931,894	92,607,852	259,886	92,867,738	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	9,719,975	2,637,896	12,357,871	30,357	12,388,228	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	927,117	378,265	1,305,382	-290,243	1,015,139	194.01
194.02	07952	0	11,042	11,042	0	11,042	194.02
194.03	07953	136,294	23,927	160,221	0	160,221	194.03
194.04	07954	103,762	18,386	122,148	0	122,148	194.04
194.05	07955	310,745	75,304	386,049	0	386,049	194.05
194.06	07956	0	0	0	0	0	194.06
200.00		50,873,851	56,076,714	106,950,565	0	106,950,565	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet A
Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-229,359	4,343,363	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	2,832,621	2.00
4.00	00400	EMPLOYEE BENEFITS	160,917	12,087,303	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,909,207	21,962,684	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	319,089	6.00
7.00	00700	OPERATION OF PLANT	-11,494	2,182,145	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	283,621	8.00
9.00	00900	HOUSEKEEPING	0	770,537	9.00
10.00	01000	DIETARY	-542,605	963,101	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	574,504	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	267,703	14.00
15.00	01500	PHARMACY	0	2,096,968	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-69,734	997,474	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	5,782,572	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,110,472	31.00
43.00	04300	NURSERY	-984	399,595	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	1,666,856	50.00
51.00	05100	RECOVERY ROOM	0	951,027	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-285	948,113	52.00
53.00	05300	ANESTHESIOLOGY	-2,831,406	593,826	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,935	2,391,096	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	229,145	56.00
57.00	05700	CT SCAN	0	661,431	57.00
58.00	05800	MRI	0	192,762	58.00
60.00	06000	LABORATORY	-350,226	3,108,039	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	689,158	62.00
65.00	06500	RESPIRATORY THERAPY	0	971,292	65.00
66.00	06600	PHYSICAL THERAPY	-95,184	1,896,908	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	-138,839	63,111	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,429,695	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-13,609	167,996	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,343,699	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,053,372	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,459,681	73.00
76.00	03020	CANCER CENTER	-29,494	1,399,956	76.00
76.01	03021	DIABETES CENTER	0	86,925	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	769,737	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	524,608	88.01
88.02	08802	RURAL HEALTH CLINIC III	-97	749,239	88.02
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	09100	EMERGENCY	-3,575,156	2,770,711	91.00
91.01	09101	OUTPATIENT PSYCH	0	0	91.01
91.02	09102	WOUND CARE	0	9,809	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
93.00	04040	FAMILY PRACTICE	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900	CMHC	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	944,511	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-1,821,283	91,046,455	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	12,388,228	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	RENTAL	0	0	194.00
194.01	07951	CHILD DEVELOPMENT CENTER	0	1,015,139	194.01
194.02	07952	HWY 61 BUILDING	0	11,042	194.02
194.03	07953	MEDICAL BUILDING	0	160,221	194.03
194.04	07954	PHYSICIAN OFFICES PITTSFIELD	0	122,148	194.04
194.05	07955	PHYSICIAN OFFICES MEXICO	0	386,049	194.05
194.06	07956	MENTAL HEALTH	0	0	194.06
200.00		TOTAL (SUM OF LINES 118-199)	-1,821,283	105,129,282	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - ADMISSION KITS					
1.00	ADULTS & PEDIATRICS	30.00	0	6,773	1.00
2.00	NURSERY	43.00	0	5,354	2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	4,961	3.00
TOTALS			0	17,088	
B - INTEREST EXPENSE ON BONDS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,065,403	1.00
TOTALS			0	1,065,403	
C - CAPITAL LEASE EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	80,047	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	56,808	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	20,637	3.00
4.00	ANESTHESIOLOGY	53.00	0	199,344	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	474,412	5.00
6.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.00	0	57,477	6.00
7.00	CT SCAN	57.00	0	159,840	7.00
8.00	LABORATORY	60.00	0	96,690	8.00
9.00	RESPIRATORY THERAPY	65.00	0	24,174	9.00
10.00	CANCER CENTER	76.00	0	60,176	10.00
11.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	25,400	11.00
TOTALS			0	1,255,005	
D - PROPERTY INSURANCE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	84,777	1.00
TOTALS			0	84,777	
E - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	467,000	1.00
TOTALS			0	467,000	
F - CAPITAL LEASE INTEREST					
1.00	ADULTS & PEDIATRICS	30.00	0	11,088	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	4,028	2.00
3.00	ANESTHESIOLOGY	53.00	0	38,907	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	92,594	4.00
5.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.00	0	11,218	5.00
6.00	CT SCAN	57.00	0	31,197	6.00
7.00	LABORATORY	60.00	0	18,872	7.00
8.00	RESPIRATORY THERAPY	65.00	0	4,718	8.00
9.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	4,957	9.00
10.00	CANCER CENTER	76.00	0	11,745	10.00
TOTALS			0	229,324	
G - CHILDREN'S CENTER					
1.00	EMPLOYEE BENEFITS	4.00	247,850	42,393	1.00
TOTALS			247,850	42,393	
500.00	Grand Total: Increases		247,850	3,160,990	500.00

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - ADMISSION KITS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	17,088	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	17,088			
B - INTEREST EXPENSE ON BONDS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,065,403	11		1.00
	TOTALS		0	1,065,403			
C - CAPITAL LEASE EXPENSE							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,255,005	9		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
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
	TOTALS		0	1,255,005			
D - PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	84,777	9		1.00
	TOTALS		0	84,777			
E - IMPLANTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	467,000	0		1.00
	TOTALS		0	467,000			
F - CAPITAL LEASE INTEREST							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	229,324	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
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
	TOTALS		0	229,324			
G - CHILDREN'S CENTER							
1.00	CHILD DEVELOPMENT CENTER	194.01	247,850	42,393	0		1.00
	TOTALS		247,850	42,393			
500.00	Grand Total: Decreases		247,850	3,160,990			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
2/27/2013 12:41 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,172,770	520,600	0	520,600	0 1.00
2.00	Land Improvements	7,204,367	0	0	0	129,239 2.00
3.00	Buildings and Fixtures	42,940,418	0	0	0	56,184 3.00
4.00	Building Improvements	18,526,503	0	0	0	221,933 4.00
5.00	Fixed Equipment	98,327	6,237	0	6,237	0 5.00
6.00	Movable Equipment	56,186,452	2,481,391	0	2,481,391	0 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	127,128,837	3,008,228	0	3,008,228	407,356 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	127,128,837	3,008,228	0	3,008,228	407,356 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	CAP REL COSTS-BLDG & FIXT	3,457,192	0	0	0	0 1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,002,849	0	0	0	0 2.00
3.00	Total (sum of lines 1-2)	7,460,041	0	0	0	0 3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	71,061,866	0	71,061,866	0.583269	0 1.00
2.00	CAP REL COSTS-MVBLE EQUIP	58,667,843	7,895,994	50,771,849	0.416731	0 2.00
3.00	Total (sum of lines 1-2)	129,729,709	7,895,994	121,833,715	1.000000	0 3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
2/27/2013 12:41 pm

		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,693,370	0		1.00	
2.00	Land Improvements	7,075,128	0		2.00	
3.00	Buildings and Fixtures	42,884,234	0		3.00	
4.00	Building Improvements	18,304,570	0		4.00	
5.00	Fixed Equipment	104,564	0		5.00	
6.00	Movable Equipment	58,667,843	0		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	129,729,709	0		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	129,729,709	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	CAP REL COSTS-BLDG & FIXT	50,127	3,507,319		1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	0	4,002,849		2.00	
3.00	Total (sum of lines 1-2)	50,127	7,510,168		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	CAP REL COSTS-BLDG & FIXT	0	0	0	3,457,192	0 1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,832,621	0 2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,289,813	0 3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	836,044	0	0	50,127	4,343,363	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2,832,621	2.00
3.00	Total (sum of lines 1-2)	836,044	0	0	50,127	7,175,984	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-8

Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00 Investment income - other (chapter 2)	B	-53,400	0	CAP REL COSTS-BLDG & FIXT	1.00 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0	0		0.00 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0	0		0.00 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0	0		0.00 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0	0		0.00 7.00
8.00 Television and radio service (chapter 21)	A	-8,693	0	OPERATION OF PLANT	7.00 8.00
9.00 Parking lot (chapter 21)		0	0		0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-6,835,770	0		10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0	0		0.00 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0	0		12.00
13.00 Laundry and linen service		0	0		0.00 13.00
14.00 Cafeteria-employees and guests	B	-542,605	0	DIETARY	10.00 14.00
15.00 Rental of quarters to employee and others		0	0		0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients		0	0		0.00 16.00
17.00 Sale of drugs to other than patients		0	0		0.00 17.00
18.00 Sale of medical records and abstracts	B	-69,734	0	MEDICAL RECORDS & LIBRARY	16.00 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0	0		0.00 19.00
20.00 Vending machines		0	0		0.00 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0	0		0.00 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0	0		0.00 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	65.00	RESPIRATORY THERAPY	65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	66.00	PHYSICAL THERAPY	66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	114.00	UTILIZATION REVIEW - SNF	114.00 25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	1.00	CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	2.00	CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00 Non-physician Anesthetist		0	19.00	NONPHYSICIAN ANESTHETISTS	19.00 28.00
29.00 Physicians' assistant		0	0.00		0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	67.00	OCCUPATIONAL THERAPY	67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	68.00	SPEECH PATHOLOGY	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0	0.00		0.00 32.00
33.00 MISC INCOME	B	-50,619	5.00	ADMINISTRATIVE & GENERAL	5.00 33.00
34.00 RECRUITMENT FEES	A	-7,964	5.00	ADMINISTRATIVE & GENERAL	5.00 34.00
35.00 STAFF DEVELOPMENT	B	-20,196	5.00	ADMINISTRATIVE & GENERAL	5.00 35.00
36.00 NON ALLOWED ADVERTISING COSTS	A	-633,691	5.00	ADMINISTRATIVE & GENERAL	5.00 36.00
37.00 NURSERY PHOTOS	B	-984	43.00	NURSERY	43.00 37.00
38.00 ULTRAFAST LAB TEST	B	-2,226	60.00	LABORATORY	60.00 38.00
39.00 MEDICAL/FRA	A	7,480,121	5.00	ADMINISTRATIVE & GENERAL	5.00 39.00
40.00 LOBBYING EXPENSE	A	-17,424	5.00	ADMINISTRATIVE & GENERAL	5.00 40.00
41.00 ALCOHOLIC BEVERAGE EXPENSE	A	-1,120	5.00	ADMINISTRATIVE & GENERAL	5.00 41.00
42.00 EEG CONTRACT SERVICE	B	-13,609	70.00	ELECTROENCEPHALOGRAPHY	70.00 42.00
43.00 P/T CONTRACT SERVICE	B	-95,184	66.00	PHYSICAL THERAPY	66.00 43.00
44.00 EMPLOYED PHYSICIAN BENEFITS	A	-770,535	4.00	EMPLOYEE BENEFITS	4.00 44.00
45.00 DEVELOPMENT SALARIES	A	-274,176	5.00	ADMINISTRATIVE & GENERAL	5.00 45.00
45.01 DEVELOPMENT EXPENSE	A	-162,880	5.00	ADMINISTRATIVE & GENERAL	5.00 45.01
45.02 SPEECH CONTRACT SERVICE	B	-138,839	68.00	SPEECH PATHOLOGY	68.00 45.02
45.03 OTHER - MISC	B	-45,999	5.00	ADMINISTRATIVE & GENERAL	5.00 45.03
45.04 MISC REVENUE	B	-2,935	54.00	RADIOLOGY-DIAGNOSTIC	54.00 45.04
45.05 MISC REVENUE	B	-285	52.00	DELIVERY ROOM & LABOR ROOM	52.00 45.05
45.06 BUILDING RENTAL INCOME	B	-175,959	1.00	CAP REL COSTS-BLDG & FIXT	1.00 45.06

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Provider CCN: 260025 Period: From 10/01/2011 To 09/30/2012 Worksheet A-8
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	
			Cost Center			
			1.00	2.00		
45.07 PLANT OPERATIONS OTHER REV	B	-2,801	OPERATION OF PLANT	7.00	45.07	
45.08 CONTRIBUTIONS	A	-3,005	ADMINISTRATIVE & GENERAL	5.00	45.08	
45.09 ADVERTISING EMPLOYEE BENEFITS	A	-43,608	EMPLOYEE BENEFITS	4.00	45.09	
45.10 FOUNDATION EMPLOYEE BENEFITS	A	-60,035	EMPLOYEE BENEFITS	4.00	45.10	
45.11 RHC-MONROE CIT OTHER REV	B	-97	RURAL HEALTH CLINIC III	88.02	45.11	
45.12 EMERGENCY OTHER REV	B	-2,126	EMERGENCY	91.00	45.12	
45.13 GOODWILL	A	-300,000	ADMINISTRATIVE & GENERAL	5.00	45.13	
45.14 ALLOWABLE DEF BEN PENSION CMS	A	1,035,095	EMPLOYEE BENEFITS	4.00	45.14	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-1,821,283			50.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-8

Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description		Wkst. A-7 Ref.		
		5.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	0		1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0		2.00
3.00	Investment income - other (chapter 2)	11		3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0		4.00
5.00	Refunds and rebates of expenses (chapter 8)	0		5.00
6.00	Rental of provider space by suppliers (chapter 8)	0		6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0		7.00
8.00	Television and radio service (chapter 21)	0		8.00
9.00	Parking lot (chapter 21)	0		9.00
10.00	Provider-based physician adjustment	0		10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0		11.00
12.00	Related organization transactions (chapter 10)	0		12.00
13.00	Laundry and linen service	0		13.00
14.00	Cafeteria-employees and guests	0		14.00
15.00	Rental of quarters to employee and others	0		15.00
16.00	Sale of medical and surgical supplies to other than patients	0		16.00
17.00	Sale of drugs to other than patients	0		17.00
18.00	Sale of medical records and abstracts	0		18.00
19.00	Nursing school (tuition, fees, books, etc.)	0		19.00
20.00	Vending machines	0		20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0		21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0		22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)			23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)			24.00
25.00	Utilization review - physicians' compensation (chapter 21)			25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	0		26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	0		27.00
28.00	Non-physician Anesthetist			28.00
29.00	Physicians' assistant	0		29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)			30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)			31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0		32.00
33.00	MISC INCOME	0		33.00
34.00	RECRUITMENT FEES	0		34.00
35.00	STAFF DEVELOPMENT	0		35.00
36.00	NON ALLOWED ADVERTISING COSTS	0		36.00
37.00	NURSERY PHOTOS	0		37.00
38.00	ULTRAFAST LAB TEST	0		38.00
39.00	MEDICAID/FRA	0		39.00
40.00	LOBBYING EXPENSE	0		40.00
41.00	ALCOHOLIC BEVERAGE EXPENSE	0		41.00
42.00	EEG CONTRACT SERVICE	0		42.00
43.00	P/T CONTRACT SERVICE	0		43.00
44.00	EMPLOYED PHYSICIAN BENEFITS	0		44.00
45.00	DEVELOPMENT SALARIES	0		45.00
45.01	DEVELOPMENT EXPENSE	0		45.01
45.02	SPEECH CONTRACT SERVICE	0		45.02
45.03	OTHER - MISC	0		45.03
45.04	MISC REVENUE	0		45.04
45.05	MISC REVENUE	0		45.05
45.06	BUILDING RENTAL INCOME	11		45.06
45.07	PLANT OPERATIONS OTHER REV	0		45.07
45.08	CONTRIBUTIONS	0		45.08
45.09	ADVERTISING EMPLOYEE BENEFITS	0		45.09
45.10	FOUNDATION EMPLOYEE BENEFITS	0		45.10
45.11	RHC-MONROE CIT OTHER REV	0		45.11
45.12	EMERGENCY OTHER REV	0		45.12
45.13	GOODWILL	0		45.13

Provider CCN: 260025

Period:
 From 10/01/2011
 To 09/30/2012

Worksheet A-8
 Date/Time Prepared:
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Cost Center Description		Wkst. A-7 Ref.		
45.14	ALLOWABLE DEF BEN PENSION CMS	5.00	0	45.14
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: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-8-2

Date/Time Prepared:
2/27/2013 12:41 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	135,738	8,650	1.00
2.00	53.00	AGGREGATE-ANESTHESIOLOGY	2,832,211	2,827,685	2.00
3.00	60.00	AGGREGATE-LABORATORY	400,000	0	3.00
4.00	76.00	AGGREGATE-CANCER CENTER	55,000	0	4.00
5.00	91.00	AGGREGATE-EMERGENCY	3,621,200	3,485,287	5.00
6.00	0.00		0	0	6.00
7.00	0.00		0	0	7.00
8.00	0.00		0	0	8.00
9.00	0.00		0	0	9.00
10.00	0.00		0	0	10.00
200.00			7,044,149	6,321,622	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-8-2

Date/Time Prepared:
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	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	127,088	159,800	1,066	81,898	4,095	1.00
2.00	4,526	167,500	10	805	40	2.00
3.00	400,000	208,000	520	52,000	2,600	3.00
4.00	55,000	159,800	332	25,506	1,275	4.00
5.00	135,913	159,800	627	48,170	2,409	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	722,527		2,555	208,379	10,419	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-8-2

Date/Time Prepared:
2/27/2013 12:41 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	81,898	1.00
2.00	0	0	0	0	805	2.00
3.00	0	0	0	0	52,000	3.00
4.00	0	0	0	0	25,506	4.00
5.00	0	0	0	0	48,170	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	208,379	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-8-2

Date/Time Prepared:
2/27/2013 12:41 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	45,190	53,840	1.00
2.00	3,721	2,831,406	2.00
3.00	348,000	348,000	3.00
4.00	29,494	29,494	4.00
5.00	87,743	3,573,030	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
200.00	514,148	6,835,770	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part I
Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	4,343,363	4,343,363			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	2,832,621		2,832,621		2.00
4.00 00400	EMPLOYEE BENEFITS	12,087,303	0	1,527	12,088,830	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	21,962,684	555,375	951,639	2,220,135	25,689,833
6.00 00600	MAINTENANCE & REPAIRS	319,089	0	1,001	71,970	392,060
7.00 00700	OPERATION OF PLANT	2,182,145	376,312	67,933	180,003	2,806,393
8.00 00800	LAUNDRY & LINEN SERVICE	283,621	8,023	476	7,905	300,025
9.00 00900	HOUSEKEEPING	770,537	24,416	2,476	159,943	957,372
10.00 01000	DIETARY	963,101	93,281	10,588	205,642	1,272,612
11.00 01100	CAFETERIA	0	77,236	0	0	77,236
13.00 01300	NURSING ADMINISTRATION	574,504	16,568	48,864	131,267	771,203
14.00 01400	CENTRAL SERVICES & SUPPLY	267,703	59,795	0	33,109	360,607
15.00 01500	PHARMACY	2,096,968	53,019	61,611	411,157	2,622,755
16.00 01600	MEDICAL RECORDS & LIBRARY	997,474	33,884	11,541	180,762	1,223,661
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	5,782,572	894,091	48,288	1,287,301	8,012,252
31.00 03100	INTENSIVE CARE UNIT	2,110,472	135,935	31,243	432,889	2,710,539
43.00 04300	NURSERY	399,595	0	4,948	75,993	480,536
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,666,856	179,511	198,511	257,750	2,302,628
51.00 05100	RECOVERY ROOM	951,027	182,177	909	219,101	1,353,214
52.00 05200	DELIVERY ROOM & LABOR ROOM	948,113	0	2,145	211,276	1,161,534
53.00 05300	ANESTHESIOLOGY	593,826	2,990	2,366	9,658	608,840
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,391,096	256,746	157,317	320,908	3,126,067
56.00 03450	NUCLEAR MEDICINE - DIAGNOSTIC	229,145	9,567	1,465	25,713	265,890
57.00 05700	CT SCAN	661,431	19,334	12,856	74,459	768,080
58.00 05800	MRI	192,762	14,824	1,276	16,641	225,503
60.00 06000	LABORATORY	3,108,039	133,618	69,272	342,513	3,653,442
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	689,158	2,491	1,552	18,781	711,982
65.00 06500	RESPIRATORY THERAPY	971,292	29,399	10,261	198,297	1,209,249
66.00 06600	PHYSICAL THERAPY	1,896,908	95,772	16,158	426,914	2,435,752
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	63,111	0	241	41,796	105,148
69.00 06900	ELECTROCARDIOLOGY	1,429,695	229,515	262,680	269,666	2,191,556
70.00 07000	ELECTROENCEPHALOGRAPHY	167,996	4,983	10,627	40,307	223,913
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,343,699	0	0	0	6,343,699
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	1,053,372	0	0	0	1,053,372
73.00 07300	DRUGS CHARGED TO PATIENTS	2,459,681	0	0	0	2,459,681
76.00 03020	CANCER CENTER	1,399,956	0	176,684	192,685	1,769,325
76.01 03021	DIABETES CENTER	86,925	0	535	17,198	104,658
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	769,737	0	1,568	88,485	859,790
88.01 08801	RURAL HEALTH CLINIC II	524,608	0	384	65,585	590,577
88.02 08802	RURAL HEALTH CLINIC III	749,239	0	12,096	88,821	850,156
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
91.00 09100	EMERGENCY	2,770,711	695,769	233,772	591,976	4,292,228
91.01 09101	OUTPATIENT PSYCH	0	0	0	0	0
91.02 09102	WOUND CARE	9,809	0	0	2,183	11,992
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
93.00 04040	FAMILY PRACTICE	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
99.00 09900	CMHC	0	0	0	0	0
101.00 10100	HOME HEALTH AGENCY	944,511	0	7,629	192,545	1,144,685
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0
114.00 11400	UTILIZATION REVIEW - SNF	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	91,046,455	4,184,631	2,422,439	9,111,334	87,500,045
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	12,388,228	1,993	397,863	2,643,019	15,431,103
193.00 19300	NONPAID WORKERS	0	0	0	0	0
194.00 07950	RENTAL	0	0	0	0	0
194.01 07951	CHILD DEVELOPMENT CENTER	1,015,139	0	8,004	184,704	1,207,847
194.02 07952	HWY 61 BUILDING	11,042	0	2,448	0	13,490
194.03 07953	MEDICAL BUILDING	160,221	0	0	37,061	197,282
194.04 07954	PHYSICIAN OFFICES PITTSFIELD	122,148	0	0	28,215	150,363
194.05 07955	PHYSICIAN OFFICES MEXICO	386,049	0	1,867	84,497	472,413

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part I
Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
194.06 07956 MENTAL HEALTH	0	156,739	0	0	156,739	194.06
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	105,129,282	4,343,363	2,832,621	12,088,830	105,129,282	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	25,689,833					5.00
6.00	00600	MAINTENANCE & REPAIRS	126,788	518,848				6.00
7.00	00700	OPERATION OF PLANT	907,557	47,048	3,760,998			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	97,025	628	5,010	402,688		8.00
9.00	00900	HOUSEKEEPING	309,604	1,913	15,248	0	1,284,137	9.00
10.00	01000	DIETARY	411,549	7,308	58,254	0	37,172	10.00
11.00	01100	CAFETERIA	24,977	6,051	48,234	0	30,778	11.00
13.00	01300	NURSING ADMINISTRATION	249,399	1,298	10,347	0	6,602	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	116,616	4,684	37,343	0	23,828	14.00
15.00	01500	PHARMACY	848,170	4,154	33,110	0	21,127	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	395,719	2,655	21,161	0	13,502	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,591,074	70,044	558,364	167,139	356,289	30.00
31.00	03100	INTENSIVE CARE UNIT	876,558	10,649	84,892	24,236	54,169	31.00
43.00	04300	NURSERY	155,400	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	744,645	14,063	112,105	57,364	71,533	50.00
51.00	05100	RECOVERY ROOM	437,615	14,272	113,770	26,404	72,596	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	375,627	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	196,892	234	1,867	0	1,191	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,010,936	22,720	181,111	25,356	102,311	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	85,986	750	5,975	0	3,812	56.00
57.00	05700	CT SCAN	248,389	1,515	12,074	0	7,704	57.00
58.00	05800	MRI	72,925	1,161	9,258	0	5,907	58.00
60.00	06000	LABORATORY	1,181,483	12,953	103,252	0	53,246	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	230,247	195	1,556	0	993	62.00
65.00	06500	RESPIRATORY THERAPY	391,058	4,864	38,774	0	11,715	65.00
66.00	06600	PHYSICAL THERAPY	787,695	9,888	78,824	3,549	38,164	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	34,004	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	708,725	17,980	143,333	13,145	91,460	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	72,411	390	3,112	1,214	1,986	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,051,482	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	340,649	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	795,434	0	0	0	0	73.00
76.00	03020	CANCER CENTER	572,180	34,743	276,957	7,865	0	76.00
76.01	03021	DIABETES CENTER	33,845	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	278,047	6,246	49,790	290	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	190,986	14,627	116,602	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	274,931	13,175	105,026	1,118	0	88.02
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	1,388,059	54,508	434,511	70,199	277,258	91.00
91.01	09101	OUTPATIENT PSYCH	0	0	0	0	0	91.01
91.02	09102	WOUND CARE	3,878	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	370,179	7,124	56,792	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,988,744	387,840	2,716,652	397,879	1,283,343	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,990,236	78,443	625,317	4,744	794	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	RENTAL	0	0	0	0	0	194.00
194.01	07951	CHILD DEVELOPMENT CENTER	390,604	31,782	253,353	0	0	194.01
194.02	07952	HWY 61 BUILDING	4,363	13,089	104,341	0	0	194.02
194.03	07953	MEDICAL BUILDING	63,799	0	0	0	0	194.03
194.04	07954	PHYSICIAN OFFICES PITTSFIELD	48,626	3,451	27,509	65	0	194.04
194.05	07955	PHYSICIAN OFFICES MEXICO	152,773	4,243	33,826	0	0	194.05
194.06	07956	MENTAL HEALTH	50,688	0	0	0	0	194.06
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	25,689,833	518,848	3,760,998	402,688	1,284,137	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,786,895					10.00
11.00	01100	CAFETERIA	1,260,852	1,448,128				11.00
13.00	01300	NURSING ADMINISTRATION	0	21,098	1,059,947			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,592	0	551,670		14.00
15.00	01500	PHARMACY	0	56,016	0	0	3,585,332	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	47,214	0	0	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	462,726	270,724	718,380	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	63,317	79,163	210,043	0	0	31.00
43.00	04300	NURSERY	0	16,552	43,915	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	50,629	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	38,228	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	32,448	86,098	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	21,387	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	55,254	0	0	0	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	3,626	0	0	0	56.00
57.00	05700	CT SCAN	0	11,718	0	0	0	57.00
58.00	05800	MRI	0	2,864	0	0	0	58.00
60.00	06000	LABORATORY	0	89,488	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,468	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	38,071	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	70,729	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,779	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	43,325	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,330	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	477,775	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	73,895	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,585,332	73.00
76.00	03020	CANCER CENTER	0	18,759	0	0	0	76.00
76.01	03021	DIABETES CENTER	0	2,969	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	0	134,337	0	0	0	91.00
91.01	09101	OUTPATIENT PSYCH	0	0	0	0	0	91.01
91.02	09102	WOUND CARE	0	578	1,511	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,786,895	1,131,346	1,059,947	551,670	3,585,332	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	250,021	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	RENTAL	0	0	0	0	0	194.00
194.01	07951	CHILD DEVELOPMENT CENTER	0	66,761	0	0	0	194.01
194.02	07952	HWY 61 BUILDING	0	0	0	0	0	194.02
194.03	07953	MEDICAL BUILDING	0	0	0	0	0	194.03
194.04	07954	PHYSICIAN OFFICES PITTSFIELD	0	0	0	0	0	194.04
194.05	07955	PHYSICIAN OFFICES MEXICO	0	0	0	0	0	194.05
194.06	07956	MENTAL HEALTH	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,786,895	1,448,128	1,059,947	551,670	3,585,332	202.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part I
Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,703,912					16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		0				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,124,589	0	14,331,581	0	14,331,581	30.00
31.00	03100	INTENSIVE CARE UNIT	221,517	0	4,335,083	0	4,335,083	31.00
43.00	04300	NURSERY	85,174	0	781,577	0	781,577	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	3,352,967	0	3,352,967	50.00
51.00	05100	RECOVERY ROOM	0	0	2,056,099	0	2,056,099	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,655,707	0	1,655,707	52.00
53.00	05300	ANESTHESIOLOGY	0	0	830,411	0	830,411	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	4,523,755	0	4,523,755	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	366,039	0	366,039	56.00
57.00	05700	CT SCAN	0	0	1,049,480	0	1,049,480	57.00
58.00	05800	MRI	0	0	317,618	0	317,618	58.00
60.00	06000	LABORATORY	0	0	5,093,864	0	5,093,864	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	948,441	0	948,441	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,693,731	0	1,693,731	65.00
66.00	06600	PHYSICAL THERAPY	0	0	3,424,601	0	3,424,601	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	145,931	0	145,931	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,209,524	0	3,209,524	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	310,356	0	310,356	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	8,872,956	0	8,872,956	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,467,916	0	1,467,916	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	6,840,447	0	6,840,447	73.00
76.00	03020	CANCER CENTER	0	0	2,679,829	0	2,679,829	76.00
76.01	03021	DIABETES CENTER	0	0	141,472	0	141,472	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	1,194,163	0	1,194,163	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	912,792	0	912,792	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	1,244,406	0	1,244,406	88.02
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	272,632	0	6,923,732	0	6,923,732	91.00
91.01	09101	OUTPATIENT PSYCH	0	0	0	0	0	91.01
91.02	09102	WOUND CARE	0	0	17,959	0	17,959	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	1,578,780	0	1,578,780	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,703,912	0	80,301,217	0	80,301,217	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	21,380,658	0	21,380,658	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	RENTAL	0	0	0	0	0	194.00
194.01	07951	CHILD DEVELOPMENT CENTER	0	0	1,950,347	0	1,950,347	194.01
194.02	07952	HWY 61 BUILDING	0	0	135,283	0	135,283	194.02
194.03	07953	MEDICAL BUILDING	0	0	261,081	0	261,081	194.03
194.04	07954	PHYSICIAN OFFICES PITTSFIELD	0	0	230,014	0	230,014	194.04
194.05	07955	PHYSICIAN OFFICES MEXICO	0	0	663,255	0	663,255	194.05
194.06	07956	MENTAL HEALTH	0	0	207,427	0	207,427	194.06
200.00		Cross Foot Adjustments		0	0	0	0	200.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part I
Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,703,912	0	105,129,282	0	105,129,282	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part II
Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	686	0	1,527	2,213	2,213 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	62,065	555,375	951,639	1,569,079	408 5.00
6.00 00600	MAINTENANCE & REPAIRS	443	0	1,001	1,444	13 6.00
7.00 00700	OPERATION OF PLANT	9,175	376,312	67,933	453,420	33 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	144	8,023	476	8,643	1 8.00
9.00 00900	HOUSEKEEPING	1,969	24,416	2,476	28,861	29 9.00
10.00 01000	DIETARY	10,303	93,281	10,588	114,172	38 10.00
11.00 01100	CAFETERIA	0	77,236	0	77,236	0 11.00
13.00 01300	NURSING ADMINISTRATION	938	16,568	48,864	66,370	24 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,157	59,795	0	60,952	6 14.00
15.00 01500	PHARMACY	907	53,019	61,611	115,537	76 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,735	33,884	11,541	51,160	33 16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	22,230	894,091	48,288	964,609	237 30.00
31.00 03100	INTENSIVE CARE UNIT	11,089	135,935	31,243	178,267	80 31.00
43.00 04300	NURSERY	5,797	0	4,948	10,745	14 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	113,176	179,511	198,511	491,198	47 50.00
51.00 05100	RECOVERY ROOM	1,944	182,177	909	185,030	40 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,050	0	2,145	8,195	39 52.00
53.00 05300	ANESTHESIOLOGY	1,221	2,990	2,366	6,577	2 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,456	256,746	157,317	420,519	59 54.00
56.00 03450	NUCLEAR MEDICINE - DIAGNOSTIC	134	9,567	1,465	11,166	5 56.00
57.00 05700	CT SCAN	67	19,334	12,856	32,257	14 57.00
58.00 05800	MRI	67	14,824	1,276	16,167	3 58.00
60.00 06000	LABORATORY	7,178	133,618	69,272	210,068	63 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,491	1,552	4,043	3 62.00
65.00 06500	RESPIRATORY THERAPY	15,628	29,399	10,261	55,288	36 65.00
66.00 06600	PHYSICAL THERAPY	105,247	95,772	16,158	217,177	79 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	355	0	241	596	8 68.00
69.00 06900	ELECTROCARDIOLOGY	4,078	229,515	262,680	496,273	50 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	956	4,983	10,627	16,566	7 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00 03020	CANCER CENTER	4,028	0	176,684	180,712	35 76.00
76.01 03021	DIABETES CENTER	5,108	0	535	5,643	3 76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	17,048	0	1,568	18,616	16 88.00
88.01 08801	RURAL HEALTH CLINIC II	351	0	384	735	12 88.01
88.02 08802	RURAL HEALTH CLINIC III	2,065	0	12,096	14,161	16 88.02
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
91.00 09100	EMERGENCY	1,443	695,769	233,772	930,984	109 91.00
91.01 09101	OUTPATIENT PSYCH	1,937	0	0	1,937	0 91.01
91.02 09102	WOUND CARE	0	0	0	0	0 91.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
93.00 04040	FAMILY PRACTICE	0	0	0	0	0 93.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900	CMHC	0	0	0	0	0 99.00
101.00 10100	HOME HEALTH AGENCY	2,801	0	7,629	10,430	35 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW - SNF					114.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	429,976	4,184,631	2,422,439	7,037,046	1,673 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	157,822	1,993	397,863	557,678	478 192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.00 07950	RENTAL	0	0	0	0	0 194.00
194.01 07951	CHILD DEVELOPMENT CENTER	1,334	0	8,004	9,338	34 194.01
194.02 07952	HWY 61 BUILDING	97	0	2,448	2,545	0 194.02
194.03 07953	MEDICAL BUILDING	1,443	0	0	1,443	7 194.03
194.04 07954	PHYSICIAN OFFICES PITTSFIELD	699	0	0	699	5 194.04
194.05 07955	PHYSICIAN OFFICES MEXICO	19,237	0	1,867	21,104	16 194.05
194.06 07956	MENTAL HEALTH	0	156,739	0	156,739	0 194.06

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part II
Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
			BLDG & FIXT	MVBLE EQUIP			
			1.00	2.00			
200.00	Cross Foot Adjustments	0			2A	4.00	
201.00	Negative Cost Centers		0	0			200.00
202.00	TOTAL (sum lines 118-201)	610,608	4,343,363	2,832,621	7,786,592	2,213	201.00 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260025	Period: From 10/01/2011 To 09/30/2012	Worksheet B Part II Date/Time Prepared: 2/27/2013 12:41 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,569,487				5.00
6.00	00600	MAINTENANCE & REPAIRS	7,746	9,203			6.00
7.00	00700	OPERATION OF PLANT	55,446	835	509,734		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,928	11	679	15,262	8.00
9.00	00900	HOUSEKEEPING	18,915	34	2,067	0	49,906
10.00	01000	DIETARY	25,143	130	7,895	0	1,445
11.00	01100	CAFETERIA	1,526	107	6,537	0	1,196
13.00	01300	NURSING ADMINISTRATION	15,237	23	1,402	0	257
14.00	01400	CENTRAL SERVICES & SUPPLY	7,125	83	5,061	0	926
15.00	01500	PHARMACY	51,818	74	4,487	0	821
16.00	01600	MEDICAL RECORDS & LIBRARY	24,176	47	2,868	0	525
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	158,298	1,242	75,676	6,334	13,848
31.00	03100	INTENSIVE CARE UNIT	53,552	189	11,506	919	2,105
43.00	04300	NURSERY	9,494	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	45,493	249	15,194	2,174	2,780
51.00	05100	RECOVERY ROOM	26,735	253	15,419	1,001	2,821
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,948	0	0	0	0
53.00	05300	ANESTHESIOLOGY	12,029	4	253	0	46
54.00	05400	RADIOLOGY-DIAGNOSTIC	61,762	403	24,546	961	3,976
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	5,253	13	810	0	148
57.00	05700	CT SCAN	15,175	27	1,636	0	299
58.00	05800	MRI	4,455	21	1,255	0	230
60.00	06000	LABORATORY	72,181	230	13,994	0	2,069
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	14,067	3	211	0	39
65.00	06500	RESPIRATORY THERAPY	23,891	86	5,255	0	455
66.00	06600	PHYSICAL THERAPY	48,123	175	10,683	135	1,483
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	2,077	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	43,299	319	19,426	498	3,554
70.00	07000	ELECTROENCEPHALOGRAPHY	4,424	7	422	46	77
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	125,332	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,811	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	48,596	0	0	0	0
76.00	03020	CANCER CENTER	34,957	616	37,536	298	0
76.01	03021	DIABETES CENTER	2,068	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	16,987	111	6,748	11	0
88.01	08801	RURAL HEALTH CLINIC II	11,668	259	15,803	0	0
88.02	08802	RURAL HEALTH CLINIC III	16,797	234	14,234	42	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	84,802	967	58,890	2,661	10,775
91.01	09101	OUTPATIENT PSYCH	0	0	0	0	0
91.02	09102	WOUND CARE	237	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
93.00	04040	FAMILY PRACTICE	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	22,616	126	7,697	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW - SNF					114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,221,187	6,878	368,190	15,080	49,875
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	304,871	1,393	84,752	180	31
193.00	19300	NONPAID WORKERS	0	0	0	0	0
194.00	07950	RENTAL	0	0	0	0	0
194.01	07951	CHILD DEVELOPMENT CENTER	23,863	564	34,337	0	0
194.02	07952	HWY 61 BUILDING	267	232	14,142	0	0
194.03	07953	MEDICAL BUILDING	3,898	0	0	0	0
194.04	07954	PHYSICIAN OFFICES PITTSFIELD	2,971	61	3,728	2	0
194.05	07955	PHYSICIAN OFFICES MEXICO	9,333	75	4,585	0	0
194.06	07956	MENTAL HEALTH	3,097	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	1,569,487	9,203	509,734	15,262	49,906

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part II
Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	148,823					10.00
11.00	01100	CAFETERIA	105,012	191,614				11.00
13.00	01300	NURSING ADMINISTRATION	0	2,792	86,105			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,137	0	75,290		14.00
15.00	01500	PHARMACY	0	7,412	0	0	180,225	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,247	0	0	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	38,538	35,822	58,358	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,273	10,475	17,063	0	0	31.00
43.00	04300	NURSERY	0	2,190	3,567	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	6,699	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	5,058	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,293	6,994	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,830	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,311	0	0	0	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	480	0	0	0	56.00
57.00	05700	CT SCAN	0	1,551	0	0	0	57.00
58.00	05800	MRI	0	379	0	0	0	58.00
60.00	06000	LABORATORY	0	11,841	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	459	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	5,037	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	9,359	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	897	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,733	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	970	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	65,205	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,085	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	180,225	73.00
76.00	03020	CANCER CENTER	0	2,482	0	0	0	76.00
76.01	03021	DIABETES CENTER	0	393	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	0	17,775	0	0	0	91.00
91.01	09101	OUTPATIENT PSYCH	0	0	0	0	0	91.01
91.02	09102	WOUND CARE	0	76	123	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	148,823	149,698	86,105	75,290	180,225	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	33,082	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	RENTAL	0	0	0	0	0	194.00
194.01	07951	CHILD DEVELOPMENT CENTER	0	8,834	0	0	0	194.01
194.02	07952	HWY 61 BUILDING	0	0	0	0	0	194.02
194.03	07953	MEDICAL BUILDING	0	0	0	0	0	194.03
194.04	07954	PHYSICIAN OFFICES PITTSFIELD	0	0	0	0	0	194.04
194.05	07955	PHYSICIAN OFFICES MEXICO	0	0	0	0	0	194.05
194.06	07956	MENTAL HEALTH	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	148,823	191,614	86,105	75,290	180,225	202.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part II
Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	85,056					16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	56,137		1,409,099	0	1,409,099	30.00
31.00	03100	INTENSIVE CARE UNIT	11,058		290,487	0	290,487	31.00
43.00	04300	NURSERY	4,252		30,262	0	30,262	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0		563,834	0	563,834	50.00
51.00	05100	RECOVERY ROOM	0		236,357	0	236,357	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		42,469	0	42,469	52.00
53.00	05300	ANESTHESIOLOGY	0		21,741	0	21,741	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		519,537	0	519,537	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0		17,875	0	17,875	56.00
57.00	05700	CT SCAN	0		50,959	0	50,959	57.00
58.00	05800	MRI	0		22,510	0	22,510	58.00
60.00	06000	LABORATORY	0		310,446	0	310,446	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		18,825	0	18,825	62.00
65.00	06500	RESPIRATORY THERAPY	0		90,048	0	90,048	65.00
66.00	06600	PHYSICAL THERAPY	0		287,214	0	287,214	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0		3,578	0	3,578	68.00
69.00	06900	ELECTROCARDIOLOGY	0		569,152	0	569,152	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		22,519	0	22,519	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		190,537	0	190,537	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		30,896	0	30,896	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		228,821	0	228,821	73.00
76.00	03020	CANCER CENTER	0		256,636	0	256,636	76.00
76.01	03021	DIABETES CENTER	0		8,107	0	8,107	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		42,489	0	42,489	88.00
88.01	08801	RURAL HEALTH CLINIC II	0		28,477	0	28,477	88.01
88.02	08802	RURAL HEALTH CLINIC III	0		45,484	0	45,484	88.02
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
91.00	09100	EMERGENCY	13,609		1,120,572	0	1,120,572	91.00
91.01	09101	OUTPATIENT PSYCH	0		1,937	0	1,937	91.01
91.02	09102	WOUND CARE	0		436	0	436	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	0	92.00
93.00	04040	FAMILY PRACTICE	0		0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0		0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0		40,904	0	40,904	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	85,056	0	6,502,208	0	6,502,208	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		982,465	0	982,465	192.00
193.00	19300	NONPAID WORKERS	0		0	0	0	193.00
194.00	07950	RENTAL	0		0	0	0	194.00
194.01	07951	CHILD DEVELOPMENT CENTER	0		76,970	0	76,970	194.01
194.02	07952	HWY 61 BUILDING	0		17,186	0	17,186	194.02
194.03	07953	MEDICAL BUILDING	0		5,348	0	5,348	194.03
194.04	07954	PHYSICIAN OFFICES PITTSFIELD	0		7,466	0	7,466	194.04
194.05	07955	PHYSICIAN OFFICES MEXICO	0		35,113	0	35,113	194.05
194.06	07956	MENTAL HEALTH	0		159,836	0	159,836	194.06
200.00		Cross Foot Adjustments		0	0	0	0	200.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part II
Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	85,056	0	7,786,592	0	7,786,592	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1

Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIE)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	174,329					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		2,677,371				2.00
4.00 00400 EMPLOYEE BENEFITS	0	1,443	44,457,942			4.00
5.00 00500 ADMINISTRATIVE & GENERAL	22,291	899,483	8,164,784	-25,689,833	79,439,449	5.00
6.00 00600 MAINTENANCE & REPAIRS	0	946	264,679	0	392,060	6.00
7.00 00700 OPERATION OF PLANT	15,104	64,210	661,981	0	2,806,393	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	322	450	29,070	0	300,025	8.00
9.00 00900 HOUSEKEEPING	980	2,340	588,209	0	957,372	9.00
10.00 01000 DIETARY	3,744	10,008	756,272	0	1,272,612	10.00
11.00 01100 CAFETERIA	3,100	0	0	0	77,236	11.00
13.00 01300 NURSING ADMINISTRATION	665	46,186	482,748	0	771,203	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	2,400	0	121,761	0	360,607	14.00
15.00 01500 PHARMACY	2,128	58,234	1,512,073	0	2,622,755	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,360	10,908	664,772	0	1,223,661	16.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	35,886	45,641	4,734,188	0	8,012,252	30.00
31.00 03100 INTENSIVE CARE UNIT	5,456	29,531	1,591,996	0	2,710,539	31.00
43.00 04300 NURSERY	0	4,677	279,472	0	480,536	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	7,205	187,631	947,902	0	2,302,628	50.00
51.00 05100 RECOVERY ROOM	7,312	859	805,767	0	1,353,214	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	2,027	776,990	0	1,161,534	52.00
53.00 05300 ANESTHESIOLOGY	120	2,236	35,517	0	608,840	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	10,305	148,695	1,180,174	0	3,126,067	54.00
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	384	1,385	94,561	0	265,890	56.00
57.00 05700 CT SCAN	776	12,151	273,831	0	768,080	57.00
58.00 05800 MRI	595	1,206	61,199	0	225,503	58.00
60.00 06000 LABORATORY	5,363	65,475	1,259,627	0	3,653,442	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	100	1,467	69,068	0	711,982	62.00
65.00 06500 RESPIRATORY THERAPY	1,180	9,699	729,260	0	1,209,249	65.00
66.00 06600 PHYSICAL THERAPY	3,844	15,272	1,570,021	0	2,435,752	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	228	153,708	0	105,148	68.00
69.00 06900 ELECTROCARDIOLOGY	9,212	248,283	991,726	0	2,191,556	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	200	10,045	148,233	0	223,913	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	6,343,699	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,053,372	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	2,459,681	73.00
76.00 03020 CANCER CENTER	0	167,000	708,621	0	1,769,325	76.00
76.01 03021 DIABETES CENTER	0	506	63,248	0	104,658	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	1,482	325,412	0	859,790	88.00
88.01 08801 RURAL HEALTH CLINIC II	0	363	241,195	0	590,577	88.01
88.02 08802 RURAL HEALTH CLINIC III	0	11,433	326,647	0	850,156	88.02
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 09100 EMERGENCY	27,926	220,959	2,177,054	0	4,292,228	91.00
91.01 09101 OUTPATIENT PSYCH	0	0	0	0	0	91.01
91.02 09102 WOUND CARE	0	0	8,029	0	11,992	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00 04040 FAMILY PRACTICE	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
101.00 10100 HOME HEALTH AGENCY	0	7,211	708,104	0	1,144,685	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW - SNF						114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	167,958	2,289,670	33,507,899	-25,689,833	61,810,212	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	80	376,057	9,719,975	0	15,431,103	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 RENTAL	0	0	0	0	0	194.00
194.01 07951 CHILD DEVELOPMENT CENTER	0	7,565	679,267	0	1,207,847	194.01
194.02 07952 HWY 61 BUILDING	0	2,314	0	0	13,490	194.02
194.03 07953 MEDICAL BUILDING	0	0	136,294	0	197,282	194.03
194.04 07954 PHYSICIAN OFFICES PITTSFIELD	0	0	103,762	0	150,363	194.04
194.05 07955 PHYSICIAN OFFICES MEXICO	0	1,765	310,745	0	472,413	194.05
194.06 07956 MENTAL HEALTH	6,291	0	0	0	156,739	194.06

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1

Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIE)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
200.00						200.00
201.00						201.00
202.00						202.00
				5A		
200.00						200.00
201.00						201.00
202.00	4,343,363	2,832,621	12,088,830		25,689,833	202.00
203.00	24.914747	1.057986	0.271916		0.323389	203.00
204.00			2,213		1,569,487	204.00
205.00			0.000050		0.019757	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1

Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	265,823					6.00
7.00	00700	24,104	241,719				7.00
8.00	00800	322	322	470,701			8.00
9.00	00900	980	980	0	129,341		9.00
10.00	01000	3,744	3,744	0	3,744	248,518	10.00
11.00	01100	3,100	3,100	0	3,100	175,357	11.00
13.00	01300	665	665	0	665	0	13.00
14.00	01400	2,400	2,400	0	2,400	0	14.00
15.00	01500	2,128	2,128	0	2,128	0	15.00
16.00	01600	1,360	1,360	0	1,360	0	16.00
19.00	01900	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	35,886	35,886	195,368	35,886	64,355	30.00
31.00	03100	5,456	5,456	28,329	5,456	8,806	31.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	7,205	7,205	67,053	7,205	0	50.00
51.00	05100	7,312	7,312	30,864	7,312	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	120	120	0	120	0	53.00
54.00	05400	11,640	11,640	29,639	10,305	0	54.00
56.00	03450	384	384	0	384	0	56.00
57.00	05700	776	776	0	776	0	57.00
58.00	05800	595	595	0	595	0	58.00
60.00	06000	6,636	6,636	0	5,363	0	60.00
62.00	06200	100	100	0	100	0	62.00
65.00	06500	2,492	2,492	0	1,180	0	65.00
66.00	06600	5,066	5,066	4,149	3,844	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	9,212	9,212	15,365	9,212	0	69.00
70.00	07000	200	200	1,419	200	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03020	17,800	17,800	9,193	0	0	76.00
76.01	03021	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	3,200	3,200	339	0	0	88.00
88.01	08801	7,494	7,494	0	0	0	88.01
88.02	08802	6,750	6,750	1,307	0	0	88.02
89.00	08900	0	0	0	0	0	89.00
91.00	09100	27,926	27,926	82,055	27,926	0	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00
93.00	04040	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	0	0	0	0	0	99.00
101.00	10100	3,650	3,650	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
114.00	11400						114.00
118.00		198,703	174,599	465,080	129,261	248,518	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	40,189	40,189	5,545	80	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	16,283	16,283	0	0	0	194.01
194.02	07952	6,706	6,706	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	1,768	1,768	76	0	0	194.04
194.05	07955	2,174	2,174	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
200.00							200.00
201.00							201.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1

Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	518,848	3,760,998	402,688	1,284,137	1,786,895	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.951855	15.559381	0.855507	9.928306	7.190204	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	9,203	509,734	15,262	49,906	148,823	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.034621	2.108787	0.032424	0.385848	0.598842	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1

Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATIVE (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	55,117					11.00
13.00	01300	803	317,106				13.00
14.00	01400	327	0	7,864,071			14.00
15.00	01500	2,132	0	0	100		15.00
16.00	01600	1,797	0	0	0	32,168	16.00
19.00	01900	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	10,304	214,919	0	0	21,231	30.00
31.00	03100	3,013	62,839	0	0	4,182	31.00
43.00	04300	630	13,138	0	0	1,608	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,927	0	0	0	0	50.00
51.00	05100	1,455	0	0	0	0	51.00
52.00	05200	1,235	25,758	0	0	0	52.00
53.00	05300	814	0	0	0	0	53.00
54.00	05400	2,103	0	0	0	0	54.00
56.00	03450	138	0	0	0	0	56.00
57.00	05700	446	0	0	0	0	57.00
58.00	05800	109	0	0	0	0	58.00
60.00	06000	3,406	0	0	0	0	60.00
62.00	06200	132	0	0	0	0	62.00
65.00	06500	1,449	0	0	0	0	65.00
66.00	06600	2,692	0	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	258	0	0	0	0	68.00
69.00	06900	1,649	0	0	0	0	69.00
70.00	07000	279	0	0	0	0	70.00
71.00	07100	0	0	6,810,699	0	0	71.00
72.00	07200	0	0	1,053,372	0	0	72.00
73.00	07300	0	0	0	100	0	73.00
76.00	03020	714	0	0	0	0	76.00
76.01	03021	113	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
88.01	08801	0	0	0	0	0	88.01
88.02	08802	0	0	0	0	0	88.02
89.00	08900	0	0	0	0	0	89.00
91.00	09100	5,113	0	0	0	5,147	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	22	452	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00
93.00	04040	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	0	0	0	0	0	99.00
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
114.00	11400						114.00
118.00		43,060	317,106	7,864,071	100	32,168	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	9,516	0	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	2,541	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
200.00							200.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1

Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,448,128	1,059,947	551,670	3,585,332	1,703,912	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	26.273709	3.342564	0.070151	35,853.320000	52.969162	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	191,614	86,105	75,290	180,225	85,056	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	3.476495	0.271534	0.009574	1,802.250000	2.644118	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1

Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
60.00	06000	LABORATORY	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03020	CANCER CENTER	76.00
76.01	03021	DIABETES CENTER	76.01
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
88.01	08801	RURAL HEALTH CLINIC II	88.01
88.02	08802	RURAL HEALTH CLINIC III	88.02
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
91.00	09100	EMERGENCY	91.00
91.01	09101	OUTPATIENT PSYCH	91.01
91.02	09102	WOUND CARE	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
93.00	04040	FAMILY PRACTICE	93.00
OTHER REIMBURSABLE COST CENTERS			
99.00	09900	CMHC	99.00
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
114.00	11400	UTILIZATION REVIEW - SNF	114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
193.00	19300	NONPAID WORKERS	193.00
194.00	07950	RENTAL	194.00
194.01	07951	CHILD DEVELOPMENT CENTER	194.01
194.02	07952	HWY 61 BUILDING	194.02
194.03	07953	MEDICAL BUILDING	194.03
194.04	07954	PHYSICIAN OFFICES PITTSFIELD	194.04
194.05	07955	PHYSICIAN OFFICES MEXICO	194.05
194.06	07956	MENTAL HEALTH	194.06
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1
Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet C
Part I
Date/Time Prepared:
2/27/2013 12:41 pm

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		14,331,581	0	14,331,581	30.00
31.00	03100 INTENSIVE CARE UNIT		4,335,083	0	4,335,083	31.00
43.00	04300 NURSERY		781,577	0	781,577	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		3,352,967	0	3,352,967	50.00
51.00	05100 RECOVERY ROOM		2,056,099	0	2,056,099	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,655,707	0	1,655,707	52.00
53.00	05300 ANESTHESIOLOGY		830,411	3,721	834,132	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,523,755	0	4,523,755	54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC		366,039	0	366,039	56.00
57.00	05700 CT SCAN		1,049,480	0	1,049,480	57.00
58.00	05800 MRI		317,618	0	317,618	58.00
60.00	06000 LABORATORY		5,093,864	348,000	5,441,864	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		948,441	0	948,441	62.00
65.00	06500 RESPIRATORY THERAPY	0	1,693,731	0	1,693,731	65.00
66.00	06600 PHYSICAL THERAPY	0	3,424,601	0	3,424,601	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	145,931	0	145,931	68.00
69.00	06900 ELECTROCARDIOLOGY		3,209,524	0	3,209,524	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		310,356	0	310,356	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		8,872,956	0	8,872,956	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		1,467,916	0	1,467,916	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		6,840,447	0	6,840,447	73.00
76.00	03020 CANCER CENTER		2,679,829	29,494	2,709,323	76.00
76.01	03021 DIABETES CENTER		141,472	0	141,472	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		1,194,163	0	1,194,163	88.00
88.01	08801 RURAL HEALTH CLINIC II		912,792	0	912,792	88.01
88.02	08802 RURAL HEALTH CLINIC III		1,244,406	0	1,244,406	88.02
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
91.00	09100 EMERGENCY		6,923,732	87,743	7,011,475	91.00
91.01	09101 OUTPATIENT PSYCH		0	0	0	91.01
91.02	09102 WOUND CARE		17,959	0	17,959	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		620,339	0	620,339	92.00
93.00	04040 FAMILY PRACTICE		0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
99.00	09900 CMHC		0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY		1,578,780	0	1,578,780	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
114.00	11400 UTILIZATION REVIEW - SNF					114.00
200.00	Subtotal (see instructions)	0	80,921,556	468,958	81,390,514	200.00
201.00	Less Observation Beds		620,339		620,339	201.00
202.00	Total (see instructions)	0	80,301,217	468,958	80,770,175	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet C
Part I
Date/Time Prepared:
2/27/2013 12:41 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,056,554		6,056,554		30.00
31.00	03100	INTENSIVE CARE UNIT	1,728,064		1,728,064		31.00
43.00	04300	NURSERY	346,416		346,416		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,294,680	8,613,989	17,908,669	0.187226	50.00
51.00	05100	RECOVERY ROOM	1,363,462	2,023,931	3,387,393	0.606986	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	753,355	144,973	898,328	1.843099	52.00
53.00	05300	ANESTHESIOLOGY	2,317,376	1,650,665	3,968,041	0.209275	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,744,029	5,860,155	8,604,184	0.525762	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	706,174	1,815,614	2,521,788	0.145151	56.00
57.00	05700	CT SCAN	4,025,483	11,063,801	15,089,284	0.069551	57.00
58.00	05800	MRI	658,407	2,595,059	3,253,466	0.097625	58.00
60.00	06000	LABORATORY	12,862,665	19,332,596	32,195,261	0.158218	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	775,172	455,738	1,230,910	0.770520	62.00
65.00	06500	RESPIRATORY THERAPY	1,012,333	167,093	1,179,426	1.436064	65.00
66.00	06600	PHYSICAL THERAPY	987,083	3,171,334	4,158,417	0.823535	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	51,205	40,444	91,649	1.592281	68.00
69.00	06900	ELECTROCARDIOLOGY	5,638,816	9,104,983	14,743,799	0.217686	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	24,941	744,509	769,450	0.403348	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,409,201	28,492,642	76,901,843	0.115380	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	477,577	1,899,956	2,377,533	0.617411	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,164,281	17,179,035	46,343,316	0.147604	73.00
76.00	03020	CANCER CENTER	44,513	6,877,547	6,922,060	0.387143	76.00
76.01	03021	DIABETES CENTER	0	29,658	29,658	4.770113	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	934,150	934,150		88.00
88.01	08801	RURAL HEALTH CLINIC II	0	649,284	649,284		88.01
88.02	08802	RURAL HEALTH CLINIC III	0	1,261,276	1,261,276		88.02
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
91.00	09100	EMERGENCY	903,967	2,626,920	3,530,887	1.960904	91.00
91.01	09101	OUTPATIENT PSYCH	0	0	0	0.000000	91.01
91.02	09102	WOUND CARE	186	44,488	44,674	0.402001	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	74,355	394,279	468,634	1.323717	92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	0	925,589	925,589		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW - SNF					114.00
200.00		Subtotal (see instructions)	130,420,295	128,099,708	258,520,003		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	130,420,295	128,099,708	258,520,003		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet C
Part I
Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.187226			50.00
51.00	05100 RECOVERY ROOM	0.606986			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.843099			52.00
53.00	05300 ANESTHESIOLOGY	0.210213			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.525762			54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.145151			56.00
57.00	05700 CT SCAN	0.069551			57.00
58.00	05800 MRI	0.097625			58.00
60.00	06000 LABORATORY	0.169027			60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.770520			62.00
65.00	06500 RESPIRATORY THERAPY	1.436064			65.00
66.00	06600 PHYSICAL THERAPY	0.823535			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	1.592281			68.00
69.00	06900 ELECTROCARDIOLOGY	0.217686			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.403348			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.115380			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.617411			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.147604			73.00
76.00	03020 CANCER CENTER	0.391404			76.00
76.01	03021 DIABETES CENTER	4.770113			76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC				88.00
88.01	08801 RURAL HEALTH CLINIC II				88.01
88.02	08802 RURAL HEALTH CLINIC III				88.02
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
91.00	09100 EMERGENCY	1.985755			91.00
91.01	09101 OUTPATIENT PSYCH	0.000000			91.01
91.02	09102 WOUND CARE	0.402001			91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.323717			92.00
93.00	04040 FAMILY PRACTICE	0.000000			93.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900 CMHC				99.00
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
114.00	11400 UTILIZATION REVIEW - SNF				114.00
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: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet C
Part I
Date/Time Prepared:
2/27/2013 12:41 pm

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	03000 ADULTS & PEDIATRICS	14,331,581		14,331,581	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	4,335,083		4,335,083	0	0	31.00
43.00	04300 NURSERY	781,577		781,577	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,352,967		3,352,967	0	0	50.00
51.00	05100 RECOVERY ROOM	2,056,099		2,056,099	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,655,707		1,655,707	0	0	52.00
53.00	05300 ANESTHESIOLOGY	830,411		830,411	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,523,755		4,523,755	0	0	54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	366,039		366,039	0	0	56.00
57.00	05700 CT SCAN	1,049,480		1,049,480	0	0	57.00
58.00	05800 MRI	317,618		317,618	0	0	58.00
60.00	06000 LABORATORY	5,093,864		5,093,864	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	948,441		948,441	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	1,693,731	0	1,693,731	0	0	65.00
66.00	06600 PHYSICAL THERAPY	3,424,601	0	3,424,601	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	145,931	0	145,931	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	3,209,524		3,209,524	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	310,356		310,356	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	8,872,956		8,872,956	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,467,916		1,467,916	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	6,840,447		6,840,447	0	0	73.00
76.00	03020 CANCER CENTER	2,679,829		2,679,829	0	0	76.00
76.01	03021 DIABETES CENTER	141,472		141,472	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	1,194,163		1,194,163	0	0	88.00
88.01	08801 RURAL HEALTH CLINIC II	912,792		912,792	0	0	88.01
88.02	08802 RURAL HEALTH CLINIC III	1,244,406		1,244,406	0	0	88.02
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
91.00	09100 EMERGENCY	6,923,732		6,923,732	0	0	91.00
91.01	09101 OUTPATIENT PSYCH	0		0	0	0	91.01
91.02	09102 WOUND CARE	17,959		17,959	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	620,339		620,339	0	0	92.00
93.00	04040 FAMILY PRACTICE	0		0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0		0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	1,578,780		1,578,780	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW - SNF						114.00
200.00	Subtotal (see instructions)	80,921,556	0	80,921,556	0	0	200.00
201.00	Less Observation Beds	620,339		620,339	0	0	201.00
202.00	Total (see instructions)	80,301,217	0	80,301,217	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet C
Part I
Date/Time Prepared:
2/27/2013 12:41 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				
9.00	10.00						
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,056,554		6,056,554		30.00
31.00	03100	INTENSIVE CARE UNIT	1,728,064		1,728,064		31.00
43.00	04300	NURSERY	346,416		346,416		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,294,680	8,613,989	17,908,669	0.187226	50.00
51.00	05100	RECOVERY ROOM	1,363,462	2,023,931	3,387,393	0.606986	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	753,355	144,973	898,328	1.843099	52.00
53.00	05300	ANESTHESIOLOGY	2,317,376	1,650,665	3,968,041	0.209275	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,744,029	5,860,155	8,604,184	0.525762	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	706,174	1,815,614	2,521,788	0.145151	56.00
57.00	05700	CT SCAN	4,025,483	11,063,801	15,089,284	0.069551	57.00
58.00	05800	MRI	658,407	2,595,059	3,253,466	0.097625	58.00
60.00	06000	LABORATORY	12,862,665	19,332,596	32,195,261	0.158218	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	775,172	455,738	1,230,910	0.770520	62.00
65.00	06500	RESPIRATORY THERAPY	1,012,333	167,093	1,179,426	1.436064	65.00
66.00	06600	PHYSICAL THERAPY	987,083	3,171,334	4,158,417	0.823535	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	51,205	40,444	91,649	1.592281	68.00
69.00	06900	ELECTROCARDIOLOGY	5,638,816	9,104,983	14,743,799	0.217686	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	24,941	744,509	769,450	0.403348	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,409,201	28,492,642	76,901,843	0.115380	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	477,577	1,899,956	2,377,533	0.617411	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,164,281	17,179,035	46,343,316	0.147604	73.00
76.00	03020	CANCER CENTER	44,513	6,877,547	6,922,060	0.387143	76.00
76.01	03021	DIABETES CENTER	0	29,658	29,658	4.770113	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	934,150	934,150	1.278342	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	649,284	649,284	1.405844	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	1,261,276	1,261,276	0.986625	88.02
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
91.00	09100	EMERGENCY	903,967	2,626,920	3,530,887	1.960904	91.00
91.01	09101	OUTPATIENT PSYCH	0	0	0	0.000000	91.01
91.02	09102	WOUND CARE	186	44,488	44,674	0.402001	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	74,355	394,279	468,634	1.323717	92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	0	925,589	925,589		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW - SNF					114.00
200.00		Subtotal (see instructions)	130,420,295	128,099,708	258,520,003		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	130,420,295	128,099,708	258,520,003		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet C
Part I
Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000			56.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MRI	0.000000			58.00
60.00	06000 LABORATORY	0.000000			60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03020 CANCER CENTER	0.000000			76.00
76.01	03021 DIABETES CENTER	0.000000			76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000			88.00
88.01	08801 RURAL HEALTH CLINIC II	0.000000			88.01
88.02	08802 RURAL HEALTH CLINIC III	0.000000			88.02
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
91.00	09100 EMERGENCY	0.000000			91.00
91.01	09101 OUTPATIENT PSYCH	0.000000			91.01
91.02	09102 WOUND CARE	0.000000			91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
93.00	04040 FAMILY PRACTICE	0.000000			93.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900 CMHC				99.00
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
114.00	11400 UTILIZATION REVIEW - SNF				114.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS			Provider CCN: 260025		Period: From 10/01/2011 To 09/30/2012		Worksheet D Part I Date/Time Prepared: 2/27/2013 12:41 pm	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,409,099	0	1,409,099	15,063	93.55	30.00
31.00	03100	INTENSIVE CARE UNIT	290,487		290,487	1,972	147.31	31.00
43.00	04300	NURSERY	30,262		30,262	1,278	23.68	43.00
200.00		Total (lines 30-199)	1,729,848		1,729,848	18,313		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 260025	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part I Date/Time Prepared: 2/27/2013 12:41 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	9,179	858,695	30.00
31.00	03100 INTENSIVE CARE UNIT	1,306	192,387	31.00
43.00	04300 NURSERY	0	0	43.00
200.00	Total (lines 30-199)	10,485	1,051,082	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260025	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part II Date/Time Prepared: 2/27/2013 12:41 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital 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	05000 OPERATING ROOM	563,834	17,908,669	0.031484	5,033,963	158,489	50.00
51.00	05100 RECOVERY ROOM	236,357	3,387,393	0.069775	700,548	48,881	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	42,469	898,328	0.047276	6,234	295	52.00
53.00	05300 ANESTHESIOLOGY	21,741	3,968,041	0.005479	1,127,192	6,176	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	519,537	8,604,184	0.060382	1,727,875	104,333	54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	17,875	2,521,788	0.007088	406,562	2,882	56.00
57.00	05700 CT SCAN	50,959	15,089,284	0.003377	2,357,871	7,963	57.00
58.00	05800 MRI	22,510	3,253,466	0.006919	384,081	2,657	58.00
60.00	06000 LABORATORY	310,446	32,195,261	0.009643	8,229,057	79,353	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	18,825	1,230,910	0.015294	468,681	7,168	62.00
65.00	06500 RESPIRATORY THERAPY	90,048	1,179,426	0.076349	585,523	44,704	65.00
66.00	06600 PHYSICAL THERAPY	287,214	4,158,417	0.069068	788,550	54,464	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	3,578	91,649	0.039040	41,592	1,624	68.00
69.00	06900 ELECTROCARDIOLOGY	569,152	14,743,799	0.038603	2,949,227	113,849	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	22,519	769,450	0.029266	15,234	446	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	190,537	76,901,843	0.002478	25,044,540	62,060	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	30,896	2,377,533	0.012995	205,398	2,669	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	228,821	46,343,316	0.004938	14,943,342	73,790	73.00
76.00	03020 CANCER CENTER	256,636	6,922,060	0.037075	39,731	1,473	76.00
76.01	03021 DIABETES CENTER	8,107	29,658	0.273350	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	42,489	934,150	0.045484	0	0	88.00
88.01	08801 RURAL HEALTH CLINIC II	28,477	649,284	0.043859	0	0	88.01
88.02	08802 RURAL HEALTH CLINIC III	45,484	1,261,276	0.036062	0	0	88.02
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	09100 EMERGENCY	1,120,572	3,530,887	0.317363	407,271	129,253	91.00
91.01	09101 OUTPATIENT PSYCH	1,937	0	0.000000	0	0	91.01
91.02	09102 WOUND CARE	436	44,674	0.009760	129	1	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	60,992	468,634	0.130148	55,890	7,274	92.00
93.00	04040 FAMILY PRACTICE	0	0	0.000000	0	0	93.00
200.00	Total (lines 50-199)	4,792,448	249,463,380		65,518,491	909,804	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 260025		Period: From 10/01/2011 To 09/30/2012		Worksheet D Part III Date/Time Prepared: 2/27/2013 12:41 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet D
Part III
Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description		Total Patient Days	Title XVIII		Hospital		PSA Adj . Nursing School	PPS
			Per Diem (col . 5 ÷ col . 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col . 7 x col . 8)			
		6.00	7.00	8.00	9.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000 ADULTS & PEDIATRICS	15,063	0.00	9,179	0	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	1,972	0.00	1,306	0	0	0	31.00
43.00	04300 NURSERY	1,278	0.00	0	0	0	0	43.00
200.00	Total (lines 30-199)	18,313		10,485	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 260025		Period: From 10/01/2011 To 09/30/2012		Worksheet D Part III Date/Time Prepared: 2/27/2013 12:41 pm	
Cost Center Description			PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost	Title XVIII		Hospital PPS	
			12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0			30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0			31.00	
43.00	04300	NURSERY	0	0			43.00	
200.00		Total (lines 30-199)	0	0			200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet D
Part IV
Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00	
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	57.00	
58.00	05800	MRI	0	0	0	0	58.00	
60.00	06000	LABORATORY	0	0	0	0	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
76.00	03020	CANCER CENTER	0	0	0	0	76.00	
76.01	03021	DIABETES CENTER	0	0	0	0	76.01	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00	
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	88.01	
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	88.02	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
91.00	09100	EMERGENCY	0	0	0	0	91.00	
91.01	09101	OUTPATIENT PSYCH	0	0	0	0	91.01	
91.02	09102	WOUND CARE	0	0	0	0	91.02	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00	
93.00	04040	FAMILY PRACTICE	0	0	0	0	93.00	
200.00		Total (lines 50-199)	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet D
Part IV
Date/Time Prepared:
2/27/2013 12:41 pm

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		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	17,908,669	0.000000	0.000000	5,033,963	50.00
51.00	05100	RECOVERY ROOM	0	3,387,393	0.000000	0.000000	700,548	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	898,328	0.000000	0.000000	6,234	52.00
53.00	05300	ANESTHESIOLOGY	0	3,968,041	0.000000	0.000000	1,127,192	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,604,184	0.000000	0.000000	1,727,875	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	2,521,788	0.000000	0.000000	406,562	56.00
57.00	05700	CT SCAN	0	15,089,284	0.000000	0.000000	2,357,871	57.00
58.00	05800	MRI	0	3,253,466	0.000000	0.000000	384,081	58.00
60.00	06000	LABORATORY	0	32,195,261	0.000000	0.000000	8,229,057	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,230,910	0.000000	0.000000	468,681	62.00
65.00	06500	RESPIRATORY THERAPY	0	1,179,426	0.000000	0.000000	585,523	65.00
66.00	06600	PHYSICAL THERAPY	0	4,158,417	0.000000	0.000000	788,550	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	91,649	0.000000	0.000000	41,592	68.00
69.00	06900	ELECTROCARDIOLOGY	0	14,743,799	0.000000	0.000000	2,949,227	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	769,450	0.000000	0.000000	15,234	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	76,901,843	0.000000	0.000000	25,044,540	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,377,533	0.000000	0.000000	205,398	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	46,343,316	0.000000	0.000000	14,943,342	73.00
76.00	03020	CANCER CENTER	0	6,922,060	0.000000	0.000000	39,731	76.00
76.01	03021	DIABETES CENTER	0	29,658	0.000000	0.000000	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	934,150	0.000000	0.000000	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	649,284	0.000000	0.000000	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	1,261,276	0.000000	0.000000	0	88.02
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00	09100	EMERGENCY	0	3,530,887	0.000000	0.000000	407,271	91.00
91.01	09101	OUTPATIENT PSYCH	0	0	0.000000	0.000000	0	91.01
91.02	09102	WOUND CARE	0	44,674	0.000000	0.000000	129	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	468,634	0.000000	0.000000	55,890	92.00
93.00	04040	FAMILY PRACTICE	0	0	0.000000	0.000000	0	93.00
200.00		Total (lines 50-199)	0	249,463,380			65,518,491	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet D
Part IV
Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	3,417,745	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	842,131	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,586	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	497,470	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,701,375	0	0	0	54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	775,273	0	0	0	56.00
57.00	05700 CT SCAN	0	3,193,497	0	0	0	57.00
58.00	05800 MRI	0	850,433	0	0	0	58.00
60.00	06000 LABORATORY	0	1,050,588	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	131,630	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	39,547	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	4,836,845	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	240,359	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,310,553	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,108,822	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	5,656,121	0	0	0	73.00
76.00	03020 CANCER CENTER	0	3,744,844	0	0	0	76.00
76.01	03021 DIABETES CENTER	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801 RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802 RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100 EMERGENCY	0	644,594	0	0	0	91.00
91.01	09101 OUTPATIENT PSYCH	0	0	0	0	0	91.01
91.02	09102 WOUND CARE	0	24,026	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	264,365	0	0	0	92.00
93.00	04040 FAMILY PRACTICE	0	0	0	0	0	93.00
200.00	Total (lines 50-199)	0	39,331,804	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet D
Part IV
Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0			56.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MRI	0	0			58.00
60.00	06000 LABORATORY	0	0			60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0			62.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
76.00	03020 CANCER CENTER	0	0			76.00
76.01	03021 DIABETES CENTER	0	0			76.01
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0			88.00
88.01	08801 RURAL HEALTH CLINIC II	0	0			88.01
88.02	08802 RURAL HEALTH CLINIC III	0	0			88.02
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
91.00	09100 EMERGENCY	0	0			91.00
91.01	09101 OUTPATIENT PSYCH	0	0			91.01
91.02	09102 WOUND CARE	0	0			91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0			92.00
93.00	04040 FAMILY PRACTICE	0	0			93.00
200.00	Total (Lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260025	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part V Date/Time Prepared: 2/27/2013 12:41 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00			
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.187226	3,417,745	0	0	50.00
51.00	05100	RECOVERY ROOM	0.606986	842,131	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.843099	1,586	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.209275	497,470	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.525762	1,701,375	0	0	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.145151	775,273	0	0	56.00
57.00	05700	CT SCAN	0.069551	3,193,497	0	0	57.00
58.00	05800	MRI	0.097625	850,433	0	0	58.00
60.00	06000	LABORATORY	0.158218	1,050,588	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.770520	131,630	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1.436064	39,547	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.823535	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1.592281	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.217686	4,836,845	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.403348	240,359	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.115380	10,310,553	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.617411	1,108,822	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.147604	5,656,121	0	9,927	73.00
76.00	03020	CANCER CENTER	0.387143	3,744,844	0	0	76.00
76.01	03021	DIABETES CENTER	4.770113	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000				88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000				88.01
88.02	08802	RURAL HEALTH CLINIC III	0.000000				88.02
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
91.00	09100	EMERGENCY	1.960904	644,594	0	0	91.00
91.01	09101	OUTPATIENT PSYCH	0.000000	0	0	0	91.01
91.02	09102	WOUND CARE	0.402001	24,026	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.323717	264,365	0	0	92.00
93.00	04040	FAMILY PRACTICE	0.000000	0	0	0	93.00
200.00		Subtotal (see instructions)		39,331,804	0	9,927	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		39,331,804	0	9,927	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260025	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part V Date/Time Prepared: 2/27/2013 12:41 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			Hospital	PPS
	PPS Services (see inst.)	Cost	Cost		
		Reimbursed Services Subject To Ded. & Coins. (see inst.)	Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	639,891	0	0		50.00
51.00 05100 RECOVERY ROOM	511,162	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,923	0	0		52.00
53.00 05300 ANESTHESIOLOGY	104,108	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	894,518	0	0		54.00
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	112,532	0	0		56.00
57.00 05700 CT SCAN	222,111	0	0		57.00
58.00 05800 MRI	83,024	0	0		58.00
60.00 06000 LABORATORY	166,222	0	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	101,424	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	56,792	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	1,052,913	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	96,948	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,189,632	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	684,599	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	834,866	0	1,465		73.00
76.00 03020 CANCER CENTER	1,449,790	0	0		76.00
76.01 03021 DIABETES CENTER	0	0	0		76.01
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0		88.00
88.01 08801 RURAL HEALTH CLINIC II	0	0	0		88.01
88.02 08802 RURAL HEALTH CLINIC III	0	0	0		88.02
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
91.00 09100 EMERGENCY	1,263,987	0	0		91.00
91.01 09101 OUTPATIENT PSYCH	0	0	0		91.01
91.02 09102 WOUND CARE	9,658	0	0		91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	349,944	0	0		92.00
93.00 04040 FAMILY PRACTICE	0	0	0		93.00
200.00 Subtotal (see instructions)	9,827,044	0	1,465		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	9,827,044	0	1,465		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260025	Period: From 10/01/2011 To 09/30/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 2/27/2013 12:41 pm
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		15,063	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		15,063	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)		14,411	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		9,179	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		14,331,581	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		14,331,581	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		6,402,970	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		6,402,970	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		2.238271	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)		444.31	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)		14,331,581	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)		951.44	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,733,268	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)		8,733,268	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 260025	Period: From 10/01/2011 To 09/30/2012	Worksheet D-1 Date/Time Prepared: 2/27/2013 12:41 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,335,083	1,972	2,198.32	1,306	2,871,006	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)				12,862,266		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				24,466,540		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)				1,051,082		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				909,804		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				1,960,886		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				22,505,654		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				652		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				951.44		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				620,339		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet D-1

Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,409,099	14,331,581	0.098321	620,339	60,992	90.00
91.00	Nursing School cost	0	14,331,581	0.000000	620,339	0	91.00
92.00	Allied health cost	0	14,331,581	0.000000	620,339	0	92.00
93.00	All other Medical Education	0	14,331,581	0.000000	620,339	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 260025	Period: From 10/01/2011 To 09/30/2012	Worksheet D-3 Date/Time Prepared: 2/27/2013 12:41 pm
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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	03000 ADULTS & PEDIATRICS		4,083,703		30.00
31.00	03100 INTENSIVE CARE UNIT		1,148,864		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.187226	5,033,963	942,489	50.00
51.00	05100 RECOVERY ROOM	0.606986	700,548	425,223	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.843099	6,234	11,490	52.00
53.00	05300 ANESTHESIOLOGY	0.210213	1,127,192	236,950	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.525762	1,727,875	908,451	54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.145151	406,562	59,013	56.00
57.00	05700 CT SCAN	0.069551	2,357,871	163,992	57.00
58.00	05800 MRI	0.097625	384,081	37,496	58.00
60.00	06000 LABORATORY	0.169027	8,229,057	1,390,933	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.770520	468,681	361,128	62.00
65.00	06500 RESPIRATORY THERAPY	1.436064	585,523	840,849	65.00
66.00	06600 PHYSICAL THERAPY	0.823535	788,550	649,399	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	1.592281	41,592	66,226	68.00
69.00	06900 ELECTROCARDIOLOGY	0.217686	2,949,227	642,005	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.403348	15,234	6,145	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.115380	25,044,540	2,889,639	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.617411	205,398	126,815	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.147604	14,943,342	2,205,697	73.00
76.00	03020 CANCER CENTER	0.391404	39,731	15,551	76.00
76.01	03021 DIABETES CENTER	4.770113	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
88.01	08801 RURAL HEALTH CLINIC II	0.000000		0	88.01
88.02	08802 RURAL HEALTH CLINIC III	0.000000		0	88.02
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
91.00	09100 EMERGENCY	1.985755	407,271	808,740	91.00
91.01	09101 OUTPATIENT PSYCH	0.000000	0	0	91.01
91.02	09102 WOUND CARE	0.402001	129	52	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.323717	55,890	73,983	92.00
93.00	04040 FAMILY PRACTICE	0.000000	0	0	93.00
200.00	Total (sum of lines 50-94 and 96-98)		65,518,491	12,862,266	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)		65,518,491		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260025	Period: From 10/01/2011 To 09/30/2012	Worksheet E Part A Date/Time Prepared: 2/27/2013 12:41 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		16,565,168	1.00
2.00	Outlier payments for discharges. (see instructions)		243,085	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		89.22	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.47	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		14.60	31.00
32.00	Sum of lines 30 and 31		20.07	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.80	33.00
34.00	Disproportionate share adjustment (see instructions)		960,780	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		17,769,033	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		21,950,606	48.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260025	Period: From 10/01/2011 To 09/30/2012	Worksheet E Part A Date/Time Prepared: 2/27/2013 12:41 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		21,950,606	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,352,019	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).		0	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		23,302,625	59.00
60.00	Primary payer payments		23,331	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		23,279,294	61.00
62.00	Deductibles billed to program beneficiaries		1,992,840	62.00
63.00	Coinsurance billed to program beneficiaries		36,150	63.00
64.00	Allowable bad debts (see instructions)		595,723	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		417,006	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		529,423	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		21,667,310	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0	68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		13,081	70.00
70.95	Recovery of Accelerated Depreciation		0	70.95
70.96	Low Volume Payment-1		0	70.96
70.97	Low Volume Payment-2		0	70.97
70.98	Low Volume Payment-3		0	70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		21,680,391	71.00
72.00	Interim payments		21,110,251	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)		570,140	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2		1,087,394	75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0	90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the Time Value of Money		0.00	94.00
95.00	Time Value of Money for operating expenses(see instructions)		0	95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0	96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260025	Period: From 10/01/2011 To 09/30/2012	Worksheet E Part B Date/Time Prepared: 2/27/2013 12:41 pm
		Title XVII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			1,465 1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)			9,827,044 2.00
3.00	PPS payments			7,559,965 3.00
4.00	Outlier payment (see instructions)			488,009 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.882 5.00
6.00	Line 2 times line 5			8,667,453 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			92.85 7.00
8.00	Transitional corridor payment (see instructions)			526,557 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)			1,465 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			9,927 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)			9,927 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)			9,927 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			8,462 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)			1,465 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)			8,574,531 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			1,765,049 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)			6,810,947 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)			6,810,947 30.00
31.00	Primary payer payments			1,933 31.00
32.00	Subtotal (line 30 minus line 31)			6,809,014 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)			168,651 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			118,056 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			115,498 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			6,927,070 37.00
38.00	MSP-LCC reconciliation amount from PS&R			636 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)			6,926,434 40.00
41.00	Interim payments			7,620,312 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)			-693,878 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: 260025	Period: From 10/01/2011 To 09/30/2012	Worksheet E Part B Date/Time Prepared: 2/27/2013 12:41 pm
		Title XVIII	Hospital PPS
WORKSHEET OVERRIDE VALUES			Overrides
			1.00
112.00 Override of Ancillary service charges (line 12)			0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet E-1
Part I
Date/Time Prepared:
2/27/2013 12:41 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		21,110,251		7,568,312	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0	05/23/2012	52,000	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		52,000	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)		21,110,251		7,620,312	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		570,140		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		693,878	6.02
7.00	Total Medicare program liability (see instructions)		21,680,391		6,926,434	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

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

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet G

Date/Time Prepared:
2/27/2013 12:41 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	15,259,185	0	0	0	1.00
2.00	Temporary investments	2,104,253	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	15,333,028	0	0	0	4.00
5.00	Other receivable	1,208,898	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,302,730	0	0	0	7.00
8.00	Prepaid expenses	538,825	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	36,746,919	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,693,370	0	0	0	12.00
13.00	Land improvements	7,075,128	0	0	0	13.00
14.00	Accumulated depreciation	-4,481,437	0	0	0	14.00
15.00	Buildings	42,884,234	0	0	0	15.00
16.00	Accumulated depreciation	-23,593,401	0	0	0	16.00
17.00	Leasehold improvements	18,304,570	0	0	0	17.00
18.00	Accumulated depreciation	-6,899,287	0	0	0	18.00
19.00	Fixed equipment	104,564	0	0	0	19.00
20.00	Accumulated depreciation	-93,742	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	58,667,843	0	0	0	23.00
24.00	Accumulated depreciation	-39,236,794	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	55,425,048	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	32,208,266	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	6,688,463	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	38,896,729	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	131,068,696	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,618,994	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,940,047	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	89,253	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	1,601,566	0	0	0	43.00
44.00	Other current liabilities	4,808,870	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	19,058,730	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	21,076,676	0	0	0	47.00
48.00	Unsecured loans	4,520,427	0	0	0	48.00
49.00	Other long term liabilities	10,680,060	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	36,277,163	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	55,335,893	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	75,732,803				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	75,732,803	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	131,068,696	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet G-1

Date/Time Prepared:
2/27/2013 12:41 pm

	General Fund		Special Purpose Fund			
	1.00	2.00	3.00	4.00		
	1.00		67,050,790			
2.00		8,397,833				2.00
3.00		75,448,623		0		3.00
4.00	284,180			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		284,180			0	10.00
11.00		75,732,803			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		75,732,803			0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet G-1

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/27/2013 12:41 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	6,402,970		6,402,970	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	6,402,970		6,402,970	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	1,728,064		1,728,064	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)	1,728,064		1,728,064	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	8,131,034		8,131,034	17.00
18.00	Ancillary services	121,310,753	121,263,722	242,574,475	18.00
19.00	Outpatient services	978,508	3,065,687	4,044,195	19.00
20.00	RURAL HEALTH CLINIC	0	934,150	934,150	20.00
20.01	RURAL HEALTH CLINIC II	0	649,284	649,284	20.01
20.02	RURAL HEALTH CLINIC III	0	1,261,276	1,261,276	20.02
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		925,589	925,589	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	1,849,221	2,550,589	4,399,810	27.00
27.01	PHYSICIAN REVENUE-NRCC	0	11,522,190	11,522,190	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	132,269,516	142,172,487	274,442,003	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		106,950,565		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		106,950,565		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet G-3

Date/Time Prepared:
2/27/2013 12:41 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	274,442,003	1.00
2.00	Less contractual allowances and discounts on patients' accounts	154,863,947	2.00
3.00	Net patient revenues (line 1 minus line 2)	119,578,056	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	106,950,565	4.00
5.00	Net income from service to patients (line 3 minus line 4)	12,627,491	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	543,122	6.00
7.00	Income from investments	53,400	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	542,605	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	RENTAL INCOME	252,793	24.00
24.01	NON-OPERATING INCOME	2,009,501	24.01
24.02	OTHER REVENUE	1,572,656	24.02
25.00	Total other income (sum of lines 6-24)	4,974,077	25.00
26.00	Total (line 5 plus line 25)	17,601,568	26.00
27.00	BAD DEBTS	9,203,735	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	9,203,735	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	8,397,833	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 260025

Period: From 10/01/2011

Worksheet H

HHA CCN: 267282

To 09/30/2012

Date/Time Prepared: 2/27/2013 12:41 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures		0		0	1.00
2.00	Capital Related - Movable Equipment		0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	166,640	21,180	0	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	313,265	39,816	0	8,664	6.00
7.00	Physical Therapy	172,933	21,980	0	0	7.00
8.00	Occupational Therapy	10,873	1,382	0	2,453	8.00
9.00	Speech Pathology	14,809	1,882	0	479	9.00
10.00	Medical Social Services	1,308	166	0	0	10.00
11.00	Home Health Aide	28,276	3,594	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	18,571	12.00
13.00	Drugs	0	0	0	42	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	708,104	90,000	0	146,407	24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 260025

Period: From 10/01/2011

Worksheet H

HHA CCN: 267282

To 09/30/2012

Date/Time Prepared: 2/27/2013 12:41 pm

Home Health Agency I

PPS

	Total (sum of col. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00 Capital Related - Movable Equipment	0	0	0	0	0	2.00
3.00 Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00 Transportation	0	0	0	0	0	4.00
5.00 Administrative and General	304,018	0	304,018	0	304,018	5.00
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	361,745	0	361,745	0	361,745	6.00
7.00 Physical Therapy	194,913	0	194,913	0	194,913	7.00
8.00 Occupational Therapy	14,708	0	14,708	0	14,708	8.00
9.00 Speech Pathology	17,170	0	17,170	0	17,170	9.00
10.00 Medical Social Services	1,474	0	1,474	0	1,474	10.00
11.00 Home Health Aide	31,870	0	31,870	0	31,870	11.00
12.00 Supplies (see instructions)	18,571	0	18,571	0	18,571	12.00
13.00 Drugs	42	0	42	0	42	13.00
14.00 DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00 Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00 Respiratory Therapy	0	0	0	0	0	16.00
17.00 Private Duty Nursing	0	0	0	0	0	17.00
18.00 Clinic	0	0	0	0	0	18.00
19.00 Health Promotion Activities	0	0	0	0	0	19.00
20.00 Day Care Program	0	0	0	0	0	20.00
21.00 Home Delivered Meals Program	0	0	0	0	0	21.00
22.00 Homemaker Service	0	0	0	0	0	22.00
23.00 All Others (specify)	0	0	0	0	0	23.00
24.00 Total (sum of lines 1-23)	944,511	0	944,511	0	944,511	24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.
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COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 260025
HHA CCN: 267282

Period:
From 10/01/2011
To 09/30/2012

Worksheet H-1
Part I
Date/Time Prepared:
2/27/2013 12:41 pm
PPS

		Capital Related Costs				Plant Operation & Maintenance	Transportatio n	
		Bl dgs & Fix tures	Movabl e Equi pment					
Net Expenses for Cost Al locati on (from Wkst. H, col. 10)				1.00	2.00	3.00	4.00	
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0					1.00
2.00	Capital Related - Movable Equipment	0	0		0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0		3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	304,018	0	0	0	0	0	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	361,745	0	0	0	0	0	6.00
7.00	Physical Therapy	194,913	0	0	0	0	0	7.00
8.00	Occupational Therapy	14,708	0	0	0	0	0	8.00
9.00	Speech Pathology	17,170	0	0	0	0	0	9.00
10.00	Medical Social Services	1,474	0	0	0	0	0	10.00
11.00	Home Health Aide	31,870	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	18,571	0	0	0	0	0	12.00
13.00	Drugs	42	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	944,511	0	0	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 260025

Period: From 10/01/2011

Worksheet H-1

HHA CCN: 267282

To 09/30/2012

Part I
Date/Time Prepared:
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Home Health
Agency I

PPS

		Subtotal (col s. 0-4) 4A.00	Administrative & General 5.00	Total (col s. 4A + 5) 6.00	
GENERAL SERVICE COST CENTERS					
1.00	Capital Related - Bldg. & Fixtures	0			1.00
2.00	Capital Related - Movable Equipment	0			2.00
3.00	Plant Operation & Maintenance	0			3.00
4.00	Transportation				4.00
5.00	Administrative and General	304,018	304,018		5.00
HHA REIMBURSABLE SERVICES					
6.00	Skilled Nursing Care	361,745	171,707	533,452	6.00
7.00	Physical Therapy	194,913	92,518	287,431	7.00
8.00	Occupational Therapy	14,708	6,981	21,689	8.00
9.00	Speech Pathology	17,170	8,150	25,320	9.00
10.00	Medical Social Services	1,474	700	2,174	10.00
11.00	Home Health Aide	31,870	15,127	46,997	11.00
12.00	Supplies (see instructions)	18,571	8,815	27,386	12.00
13.00	Drugs	42	20	62	13.00
14.00	DME	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES					
15.00	Home Dialysis Aide Services	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	17.00
18.00	Clinic	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	19.00
20.00	Day Care Program	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	21.00
22.00	Homemaker Service	0	0	0	22.00
23.00	All Others (specify)	0	0	0	23.00
24.00	Total (sum of lines 1-23)	944,511		944,511	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 260025
HHA CCN: 267282

Period:
From 10/01/2011
To 09/30/2012

Worksheet H-1
Part II
Date/Time Prepared:
2/27/2013 12:41 pm
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		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)				
		1.00	2.00	3.00	4.00	5A.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	100				0	1.00
2.00	Capital Related - Movable Equipment		100			0	2.00
3.00	Plant Operation & Maintenance	0	0	100		0	3.00
4.00	Transportation (see instructions)	0	0	0	100	0	4.00
5.00	Administrative and General	100	100	100	100	-304,018	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	100	100	100	100	-304,018	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 260025 HHA CCN: 267282	Period: From 10/01/2011 To 09/30/2012	Worksheet H-1 Part II Date/Time Prepared: 2/27/2013 12:41 pm PPS
			Home Health Agency I	

		Administrative & General (ACCUM. COST)	
		5.00	
GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	640,493	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	361,745	6.00
7.00	Physical Therapy	194,913	7.00
8.00	Occupational Therapy	14,708	8.00
9.00	Speech Pathology	17,170	9.00
10.00	Medical Social Services	1,474	10.00
11.00	Home Health Aide	31,870	11.00
12.00	Supplies (see instructions)	18,571	12.00
13.00	Drugs	42	13.00
14.00	DME	0	14.00
HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	All Others (specify)	0	23.00
24.00	Total (sum of lines 1-23)	640,493	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	304,018	25.00
26.00	Unit Cost Multiplier	0.474662	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 260025

Period:

Worksheet H-2

HHA CCN: 267282

From 10/01/2011

Part I

To 09/30/2012

Date/Time Prepared:

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			4.00	4A	
1.00 Administrative and General	0	0	7,629	45,312	52,941	1.00
2.00 Skilled Nursing Care	533,452	0	0	85,181	618,633	2.00
3.00 Physical Therapy	287,431	0	0	47,023	334,454	3.00
4.00 Occupational Therapy	21,689	0	0	2,957	24,646	4.00
5.00 Speech Pathology	25,320	0	0	4,027	29,347	5.00
6.00 Medical Social Services	2,174	0	0	356	2,530	6.00
7.00 Home Health Aide	46,997	0	0	7,689	54,686	7.00
8.00 Supplies (see instructions)	27,386	0	0	0	27,386	8.00
9.00 Drugs	62	0	0	0	62	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	944,511	0	7,629	192,545	1,144,685	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000	21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 260025

Period:

Worksheet H-2

HHA CCN: 267282

From 10/01/2011
To 09/30/2012

Part I
Date/Time Prepared:
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Home Health
Agency I

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Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
1.00 Administrative and General	17,121	7,124	56,792	0	0	1.00
2.00 Skilled Nursing Care	200,060	0	0	0	0	2.00
3.00 Physical Therapy	108,159	0	0	0	0	3.00
4.00 Occupational Therapy	7,970	0	0	0	0	4.00
5.00 Speech Pathology	9,490	0	0	0	0	5.00
6.00 Medical Social Services	818	0	0	0	0	6.00
7.00 Home Health Aide	17,685	0	0	0	0	7.00
8.00 Supplies (see instructions)	8,856	0	0	0	0	8.00
9.00 Drugs	20	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	370,179	7,124	56,792	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 260025

Period:

Worksheet H-2

HHA CCN: 267282

From 10/01/2011
To 09/30/2012

Part I
Date/Time Prepared:
2/27/2013 12:41 pm

Home Health
Agency I

PPS

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 260025

Period:

Worksheet H-2

HHA CCN: 267282

From 10/01/2011
To 09/30/2012

Part I
Date/Time Prepared:
2/27/2013 12:41 pm

Home Health
Agency I

PPS

Cost Center Description		MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		16.00	19.00	24.00	25.00	26.00	
1.00	Administrative and General	0	0	133,978	0	133,978	1.00
2.00	Skilled Nursing Care	0	0	818,693	0	818,693	2.00
3.00	Physical Therapy	0	0	442,613	0	442,613	3.00
4.00	Occupational Therapy	0	0	32,616	0	32,616	4.00
5.00	Speech Pathology	0	0	38,837	0	38,837	5.00
6.00	Medical Social Services	0	0	3,348	0	3,348	6.00
7.00	Home Health Aide	0	0	72,371	0	72,371	7.00
8.00	Supplies (see instructions)	0	0	36,242	0	36,242	8.00
9.00	Drugs	0	0	82	0	82	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	1,578,780	0	1,578,780	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 260025

Period:

Worksheet H-2

HHA CCN: 267282

From 10/01/2011
To 09/30/2012

Part I
Date/Time Prepared:
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Home Health
Agency I

PPS

Cost Center Description		Allocated HHA A&G (see Part II)	Total HHA Costs	
		27.00	28.00	
1.00	Administrative and General			1.00
2.00	Skilled Nursing Care	75,918	894,611	2.00
3.00	Physical Therapy	41,044	483,657	3.00
4.00	Occupational Therapy	3,025	35,641	4.00
5.00	Speech Pathology	3,601	42,438	5.00
6.00	Medical Social Services	310	3,658	6.00
7.00	Home Health Aide	6,711	79,082	7.00
8.00	Supplies (see instructions)	3,361	39,603	8.00
9.00	Drugs	8	90	9.00
10.00	DME	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	11.00
12.00	Respiratory Therapy	0	0	12.00
13.00	Private Duty Nursing	0	0	13.00
14.00	Clinic	0	0	14.00
15.00	Health Promotion Activities	0	0	15.00
16.00	Day Care Program	0	0	16.00
17.00	Home Delivered Meals Program	0	0	17.00
18.00	Homemaker Service	0	0	18.00
19.00	All Others (specify)	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	133,978	1,578,780	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.092731		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 260025
HHA CCN: 267282

Period:
From 10/01/2011
To 09/30/2012

Worksheet H-2
Part II
Date/Time Prepared:
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Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARY)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
1.00 Administrative and General	0	7,211	166,640	0	52,941	1.00
2.00 Skilled Nursing Care	0	0	313,265	0	618,633	2.00
3.00 Physical Therapy	0	0	172,933	0	334,454	3.00
4.00 Occupational Therapy	0	0	10,873	0	24,646	4.00
5.00 Speech Pathology	0	0	14,809	0	29,347	5.00
6.00 Medical Social Services	0	0	1,308	0	2,530	6.00
7.00 Home Health Aide	0	0	28,276	0	54,686	7.00
8.00 Supplies (see instructions)	0	0	0	0	27,386	8.00
9.00 Drugs	0	0	0	0	62	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	7,211	708,104		1,144,685	20.00
21.00 Total cost to be allocated	0	7,629	192,545		370,179	21.00
22.00 Unit cost multiplier	0.000000	1.057967	0.271916		0.323389	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 260025
HHA CCN: 267282

Period:
From 10/01/2011
To 09/30/2012

Worksheet H-2
Part II
Date/Time Prepared:
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Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
1.00 Administrative and General	3,650	3,650	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	3,650	3,650	0	0	0	20.00
21.00 Total cost to be allocated	7,124	56,792	0	0	0	21.00
22.00 Unit cost multiplier	1.951781	15.559452	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 260025
HHA CCN: 267282

Period:
From 10/01/2011
To 09/30/2012

Worksheet H-2
Part II
Date/Time Prepared:
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Cost Center Description	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
	11.00	13.00	14.00	15.00	16.00	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 260025
HHA CCN: 267282

Period:
From 10/01/2011
To 09/30/2012

Worksheet H-2
Part II
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Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME) 19.00	
1.00	Administrative and General	0	1.00
2.00	Skilled Nursing Care	0	2.00
3.00	Physical Therapy	0	3.00
4.00	Occupational Therapy	0	4.00
5.00	Speech Pathology	0	5.00
6.00	Medical Social Services	0	6.00
7.00	Home Health Aide	0	7.00
8.00	Supplies (see instructions)	0	8.00
9.00	Drugs	0	9.00
10.00	DME	0	10.00
11.00	Home Dialysis Aide Services	0	11.00
12.00	Respiratory Therapy	0	12.00
13.00	Private Duty Nursing	0	13.00
14.00	Clinic	0	14.00
15.00	Health Promotion Activities	0	15.00
16.00	Day Care Program	0	16.00
17.00	Home Delivered Meals Program	0	17.00
18.00	Homemaker Service	0	18.00
19.00	All Others (specify)	0	19.00
20.00	Total (sum of lines 1-19)	0	20.00
21.00	Total cost to be allocated	0	21.00
22.00	Unit cost multiplier	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 260025	Period:	Worksheet H-3	
				HHA CCN: 267282	From 10/01/2011	Parts I-II	
					To 09/30/2012	Date/Time Prepared: 2/27/2013 12:41 pm	
				Title XVIII	Home Health Agency I	PPS	
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits		
	0	1.00	2.00	3.00	4.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	894,611		894,611	3,556	1.00
2.00	Physical Therapy	3.00	483,657	0	483,657	1,845	2.00
3.00	Occupational Therapy	4.00	35,641	0	35,641	116	3.00
4.00	Speech Pathology	5.00	42,438	0	42,438	158	4.00
5.00	Medical Social Services	6.00	3,658		3,658	17	5.00
6.00	Home Health Aide	7.00	79,082		79,082	632	6.00
7.00	Total (sum of lines 1-6)		1,539,087	0	1,539,087	6,324	7.00
Program Visits							
Part B							
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
		0	1.00	2.00	3.00	4.00	
Limitation Cost Computation							
8.00	Skilled Nursing Care		99926	885	505		8.00
8.01	Skilled Nursing Care		99914	132	230		8.01
9.00	Physical Therapy		99926	475	362		9.00
9.01	Physical Therapy		99914	100	203		9.01
10.00	Occupational Therapy		99926	59	27		10.00
10.01	Occupational Therapy		99914	5	0		10.01
11.00	Speech Pathology		99926	20	3		11.00
11.01	Speech Pathology		99914	0	0		11.01
12.00	Medical Social Services		99926	6	6		12.00
12.01	Medical Social Services		99914	2	0		12.01
13.00	Home Health Aide		99926	173	134		13.00
13.01	Home Health Aide		99914	39	16		13.01
14.00	Total (sum of lines 8-13)			1,896	1,486		14.00
Total Charges (from HHA Record)							
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	
		0	1.00	2.00	3.00	4.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	39,603	0	39,603	68,806	15.00
16.00	Cost of Drugs	9.00	90	0	90	0	16.00
Cost to Charge Ratio							
Cost Center Description		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy		66.00	0.823535	0	0	1.00
2.00	Occupational Therapy		67.00	0.000000	0	0	2.00
3.00	Speech Pathology		68.00	1.592281	0	0	3.00
4.00	Cost of Medical Supplies		71.00	0.115380	0	0	4.00
5.00	Cost of Drugs		73.00	0.147604	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 260025
HHA CCN: 267282

Period:
From 10/01/2011
To 09/30/2012

Worksheet H-3
Parts I-III
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Title XVIII

Home Health Agency I

Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Program Visits				
		Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
5.00	6.00	7.00	8.00			
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	251.58	1,017	735		1.00
2.00	Physical Therapy	262.14	575	565		2.00
3.00	Occupational Therapy	307.25	64	27		3.00
4.00	Speech Pathology	268.59	20	3		4.00
5.00	Medical Social Services	215.18	8	6		5.00
6.00	Home Health Aide	125.13	212	150		6.00
7.00	Total (sum of lines 1-6)		1,896	1,486		7.00
Cost Center Description						
		5.00	6.00	7.00	8.00	9.00
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
8.01	Skilled Nursing Care					8.01
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
14.00	Total (sum of lines 8-13)					14.00
Program Covered Charges						
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		5.00	6.00	7.00		
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0.575575		0		15.00
16.00	Cost of Drugs	0.000000		0	0	16.00
Cost Center Description						
			Transfer to Part I as Indicated			
			4.00			
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy		col. 2, line 2.00			1.00
2.00	Occupational Therapy		col. 2, line 3.00			2.00
3.00	Speech Pathology		col. 2, line 4.00			3.00
4.00	Cost of Medical Supplies		col. 2, line 15.00			4.00
5.00	Cost of Drugs		col. 2, line 16.00			5.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 260025
HHA CCN: 267282

Period:
From 10/01/2011
To 09/30/2012

Worksheet H-3
Parts I-III
Date/Time Prepared:
2/27/2013 12:41 pm
PPS

Title XVIII

Home Health Agency I

Cost Center Description	Cost of Services			Total Program Cost (sum of col.s. 9-10)		
	Part A	Part B				
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance			
						9.00
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	255,857	184,911		440,768	1.00
2.00	Physical Therapy	150,731	148,109		298,840	2.00
3.00	Occupational Therapy	19,664	8,296		27,960	3.00
4.00	Speech Pathology	5,372	806		6,178	4.00
5.00	Medical Social Services	1,721	1,291		3,012	5.00
6.00	Home Health Aide	26,528	18,770		45,298	6.00
7.00	Total (sum of lines 1-6)	459,873	362,183		822,056	7.00
Cost Center Description						
		10.00	11.00	12.00		
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
8.01	Skilled Nursing Care					8.01
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
14.00	Total (sum of lines 8-13)					14.00
Cost of Services						
Cost Center Description	Part A	Part B		9.00	10.00	11.00
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance			
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies					15.00
16.00	Cost of Drugs		0	0		16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 260025	Period: From 10/01/2011	Worksheet H-4
	HHA CCN: 267282	To 09/30/2012	Part I-II Date/Time Prepared: 2/27/2013 12:41 pm
	Title XVIII	Home Health Agency I	PPS

	Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1.00	2.00	

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

Reasonable Cost of Part A & Part B Services

1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount 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(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00

	Part A Services	Part B Services	
	1.00	2.00	

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	316,040	257,228	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	1,881	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	8,591	6,077	13.00
14.00	Total PPS Reimbursement - PEP Episodes	2,333	3,391	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	58	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	326,964	268,635	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	326,964	268,635	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	326,964	268,635	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	326,964	268,635	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)	326,964	268,635	31.00
32.00	Interim payments (see instructions)	326,964	268,635	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 32 and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 260025
HHA CCN: 267282

Period: From 10/01/2011 To 09/30/2012

Worksheet H-5
Date/Time Prepared: 2/27/2013 12:41 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		326,964		268,635	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			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		326,964		268,635	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		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		326,964		268,635	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 260025	Period: From 10/01/2011 To 09/30/2012	Worksheet L Parts I-III Date/Time Prepared: 2/27/2013 12:41 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,327,853	1.00
2.00	Capital DRG outlier payments		24,166	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		44.76	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,352,019	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 260025 Component CCN: 268512	Period: From 10/01/2011 To 09/30/2012	Worksheet M-1 Date/Time Prepared: 2/27/2013 12:41 pm
		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	260,501	0	260,501	0	260,501 1.00
2.00	Physician Assistant	0	0	0	0	0 2.00
3.00	Nurse Practitioner	87,204	0	87,204	0	87,204 3.00
4.00	Visiting Nurse	0	0	0	0	0 4.00
5.00	Other Nurse	119,839	0	119,839	0	119,839 5.00
6.00	Clinical Psychologist	0	0	0	0	0 6.00
7.00	Clinical Social Worker	0	0	0	0	0 7.00
8.00	Laboratory Technician	0	0	0	0	0 8.00
9.00	Other Facility Health Care Staff Costs	0	0	0	0	0 9.00
10.00	Subtotal (sum of lines 1-9)	467,544	0	467,544	0	467,544 10.00
11.00	Physician Services Under Agreement	0	0	0	0	0 11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0 12.00
13.00	Other Costs Under Agreement	0	20,234	20,234	0	20,234 13.00
14.00	Subtotal (sum of lines 11-13)	0	20,234	20,234	0	20,234 14.00
15.00	Medical Supplies	0	5,048	5,048	0	5,048 15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0 16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0 17.00
18.00	Professional Liability Insurance	0	0	0	0	0 18.00
19.00	Other Health Care Costs	0	15,745	15,745	0	15,745 19.00
20.00	Allowable GME Costs	0	0	0	0	0 20.00
21.00	Subtotal (sum of lines 15-20)	0	20,793	20,793	0	20,793 21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	467,544	41,027	508,571	0	508,571 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	67	67	0	67 29.00
30.00	Administrative Costs	118,368	142,731	261,099	0	261,099 30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	118,368	142,798	261,166	0	261,166 31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	585,912	183,825	769,737	0	769,737 32.00

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

Provider CCN: 260025

Period:
From 10/01/2011
To 09/30/2012

Worksheet M-1

Component CCN: 268512

Date/Time Prepared:
2/27/2013 12:41 pm
Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	260,501	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	0	87,204	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	119,839	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social Worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	0	9.00
10.00	Subtotal (sum of lines 1-9)	0	467,544	10.00
11.00	Physician Services Under Agreement	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	20,234	13.00
14.00	Subtotal (sum of lines 11-13)	0	20,234	14.00
15.00	Medical Supplies	0	5,048	15.00
16.00	Transportation (Health Care Staff)	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	17.00
18.00	Professional Liability Insurance	0	0	18.00
19.00	Other Health Care Costs	0	15,745	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	20,793	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	508,571	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	67	29.00
30.00	Administrative Costs	0	261,099	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	261,166	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	769,737	32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 260025 Component CCN: 263984	Period: From 10/01/2011 To 09/30/2012	Worksheet M-1 Date/Time Prepared: 2/27/2013 12:41 pm
		Rural Health Clinic (RHC) II	Cost

	Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassified	Reclassified Trial Balance (col. 3 + col. 4)		
	1.00	2.00	3.00	4.00	5.00		
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	190,497	0	190,497	0	190,497	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	95,378	0	95,378	0	95,378	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	75,181	0	75,181	0	75,181	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	0	0	0	0	9.00
10.00	Subtotal (sum of lines 1-9)	361,056	0	361,056	0	361,056	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	279	279	0	279	13.00
14.00	Subtotal (sum of lines 11-13)	0	279	279	0	279	14.00
15.00	Medical Supplies	0	3,161	3,161	0	3,161	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	14,063	14,063	0	14,063	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	17,224	17,224	0	17,224	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	361,056	17,503	378,559	0	378,559	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	70,634	75,415	146,049	0	146,049	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	70,634	75,415	146,049	0	146,049	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	431,690	92,918	524,608	0	524,608	32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 260025	Period: From 10/01/2011 To 09/30/2012	Worksheet M-1
	Component CCN: 263984	Rural Health Clinic (RHC) II	Date/Time Prepared: 2/27/2013 12:41 pm

	Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
	6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS			
1.00 Physician	0	190,497	1.00
2.00 Physician Assistant	0	0	2.00
3.00 Nurse Practitioner	0	95,378	3.00
4.00 Visiting Nurse	0	0	4.00
5.00 Other Nurse	0	75,181	5.00
6.00 Clinical Psychologist	0	0	6.00
7.00 Clinical Social Worker	0	0	7.00
8.00 Laboratory Technician	0	0	8.00
9.00 Other Facility Health Care Staff Costs	0	0	9.00
10.00 Subtotal (sum of lines 1-9)	0	361,056	10.00
11.00 Physician Services Under Agreement	0	0	11.00
12.00 Physician Supervision Under Agreement	0	0	12.00
13.00 Other Costs Under Agreement	0	279	13.00
14.00 Subtotal (sum of lines 11-13)	0	279	14.00
15.00 Medical Supplies	0	3,161	15.00
16.00 Transportation (Health Care Staff)	0	0	16.00
17.00 Depreciation-Medical Equipment	0	0	17.00
18.00 Professional Liability Insurance	0	0	18.00
19.00 Other Health Care Costs	0	14,063	19.00
20.00 Allowable GME Costs	0	0	20.00
21.00 Subtotal (sum of lines 15-20)	0	17,224	21.00
22.00 Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	378,559	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	0	146,049	30.00
31.00 Total Facility Overhead (sum of lines 29 and 30)	0	146,049	31.00
32.00 Total facility costs (sum of lines 22, 28 and 31)	0	524,608	32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 260025 Component CCN: 268513	Period: From 10/01/2011 To 09/30/2012	Worksheet M-1 Date/Time Prepared: 2/27/2013 12:41 pm
		Rural Health Clinic (RHC) III	Cost

	Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassified	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	229,806	0	229,806	0	229,806 1.00
2.00	Physician Assistant	0	0	0	0	0 2.00
3.00	Nurse Practitioner	110,615	0	110,615	0	110,615 3.00
4.00	Visiting Nurse	0	0	0	0	0 4.00
5.00	Other Nurse	88,603	0	88,603	0	88,603 5.00
6.00	Clinical Psychologist	0	0	0	0	0 6.00
7.00	Clinical Social Worker	0	0	0	0	0 7.00
8.00	Laboratory Technician	0	0	0	0	0 8.00
9.00	Other Facility Health Care Staff Costs	0	0	0	0	0 9.00
10.00	Subtotal (sum of lines 1-9)	429,024	0	429,024	0	429,024 10.00
11.00	Physician Services Under Agreement	0	0	0	0	0 11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0 12.00
13.00	Other Costs Under Agreement	0	28,469	28,469	0	28,469 13.00
14.00	Subtotal (sum of lines 11-13)	0	28,469	28,469	0	28,469 14.00
15.00	Medical Supplies	0	2,069	2,069	0	2,069 15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0 16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0 17.00
18.00	Professional Liability Insurance	0	0	0	0	0 18.00
19.00	Other Health Care Costs	0	41,865	41,865	0	41,865 19.00
20.00	Allowable GME Costs	0	0	0	0	0 20.00
21.00	Subtotal (sum of lines 15-20)	0	43,934	43,934	0	43,934 21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	429,024	72,403	501,427	0	501,427 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	127,427	120,482	247,909	0	247,909 30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	127,427	120,482	247,909	0	247,909 31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	556,451	192,885	749,336	0	749,336 32.00

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

Provider CCN: 260025

Period: From 10/01/2011

Worksheet M-1

Component CCN: 268513

To 09/30/2012

Date/Time Prepared: 2/27/2013 12:41 pm

Rural Health Clinic (RHC) III

Cost

	Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
	6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS			
1.00 Physician	0	229,806	1.00
2.00 Physician Assistant	0	0	2.00
3.00 Nurse Practitioner	0	110,615	3.00
4.00 Visiting Nurse	0	0	4.00
5.00 Other Nurse	0	88,603	5.00
6.00 Clinical Psychologist	0	0	6.00
7.00 Clinical Social Worker	0	0	7.00
8.00 Laboratory Technician	0	0	8.00
9.00 Other Facility Health Care Staff Costs	0	0	9.00
10.00 Subtotal (sum of lines 1-9)	0	429,024	10.00
11.00 Physician Services Under Agreement	0	0	11.00
12.00 Physician Supervision Under Agreement	0	0	12.00
13.00 Other Costs Under Agreement	0	28,469	13.00
14.00 Subtotal (sum of lines 11-13)	0	28,469	14.00
15.00 Medical Supplies	0	2,069	15.00
16.00 Transportation (Health Care Staff)	0	0	16.00
17.00 Depreciation-Medical Equipment	0	0	17.00
18.00 Professional Liability Insurance	0	0	18.00
19.00 Other Health Care Costs	0	41,865	19.00
20.00 Allowable GME Costs	0	0	20.00
21.00 Subtotal (sum of lines 15-20)	0	43,934	21.00
22.00 Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	501,427	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	-97	247,812	30.00
31.00 Total Facility Overhead (sum of lines 29 and 30)	-97	247,812	31.00
32.00 Total facility costs (sum of lines 22, 28 and 31)	-97	749,239	32.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 260025 Component CCN: 268512	Period: From 10/01/2011 To 09/30/2012	Worksheet M-2 Date/Time Prepared: 2/27/2013 12:41 pm
			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						
Posi tions						
1.00	Physician	1.51	3,571	4,200	6,342	1.00
2.00	Physician Assistant	0.00	0	2,100	0	2.00
3.00	Nurse Practitioner	0.90	1,819	2,100	1,890	3.00
4.00	Subtotal (sum of lines 1-3)	2.41	5,390		8,232	4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	0.00	0		0	6.00
7.00	Clinical Social Worker	0.00	0		0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4-7)	2.41	5,390		8,232	8.00
9.00	Physician Services Under Agreements		0		0	9.00
					1.00	

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Worksheet M-1, column 7, line 22)				508,571	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)				508,571	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)				261,166	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				424,426	15.00
16.00	Total overhead (sum of lines 14 and 15)				685,592	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Subtract line 17 from line 16				685,592	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)				685,592	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)				1,194,163	20.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 260025 Component CCN: 263984	Period: From 10/01/2011 To 09/30/2012	Worksheet M-2 Date/Time Prepared: 2/27/2013 12:41 pm
			Rural Health Clinic (RHC) II	Cost

	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY						
Posi tions						
1.00	Physician	0.88	1,753	4,200	3,696	1.00
2.00	Physician Assistant	0.00	0	2,100	0	2.00
3.00	Nurse Practitioner	0.85	1,817	2,100	1,785	3.00
4.00	Subtotal (sum of lines 1-3)	1.73	3,570		5,481	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)	1.73	3,570		5,481	8.00
9.00	Physician Services Under Agreements		0		0	9.00
					1.00	

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Worksheet M-1, column 7, line 22)				378,559	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)				378,559	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)				146,049	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				388,184	15.00
16.00	Total overhead (sum of lines 14 and 15)				534,233	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Subtract line 17 from line 16				534,233	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)				534,233	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)				912,792	20.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 260025 Component CCN: 268513	Period: From 10/01/2011 To 09/30/2012	Worksheet M-2 Date/Time Prepared: 2/27/2013 12:41 pm
			Rural Health Clinic (RHC) III	Cost

	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY						
Posi tions						
1.00	Physician	0.83	3,486	4,200	3,486	1.00
2.00	Physician Assistant	0.00	0	2,100	0	2.00
3.00	Nurse Practitioner	1.13	1,935	2,100	2,373	3.00
4.00	Subtotal (sum of lines 1-3)	1.96	5,421		5,859	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)	1.96	5,421		5,859	8.00
9.00	Physician Services Under Agreements		0		0	9.00
					1.00	

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Worksheet M-1, column 7, line 22)				501,427	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)				501,427	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)				247,812	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				495,167	15.00
16.00	Total overhead (sum of lines 14 and 15)				742,979	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Subtract line 17 from line 16				742,979	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)				742,979	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)				1,244,406	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 260025 Component CCN: 268512	Period: From 10/01/2011 To 09/30/2012	Worksheet M-3 Date/Time Prepared: 2/27/2013 12:41 pm
		Title XVIII	Rural Health Clinic (RHC) I	Cost
				1.00
DETERMINATION OF RATE FOR RHC/FQHC SERVICES				
1.00	Total Allowable Cost of RHC/FQHC Services (from Worksheet M-2, line 20)		1,194,163	1.00
2.00	Cost of vaccines and their administration (from Worksheet M-4, line 15)		15,592	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		1,178,571	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		8,232	4.00
5.00	Physicians visits under agreement (from Worksheet M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		8,232	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		143.17	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)	78.07	78.54	8.00
9.00	Rate for Program covered visits (see instructions)	78.07	78.54	9.00
CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)	378	1,134	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	29,510	89,064	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	1	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	79	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	59	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)		0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *		118,633	16.00
16.01	Total program charges (see instructions)(from contractor's records)		197,465	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		215	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		129	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.)		73,766	16.04
16.05	Total program cost (see instructions)		73,895	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		26,297	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)		73,895	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		10,414	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		84,309	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)		84,309	26.00
27.00	Interim payments		75,056	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)		9,253	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

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 260025 Component CCN: 263984	Period: From 10/01/2011 To 09/30/2012	Worksheet M-3 Date/Time Prepared: 2/27/2013 12:41 pm
		Title XVIII	Rural Health Clinic (RHC) II	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)		912,792	1.00
2.00	Cost of vaccines and their administration (from Worksheet M-4, line 15)		12,577	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		900,215	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		5,481	4.00
5.00	Physicians visits under agreement (from Worksheet M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		5,481	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		164.24	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)	78.07	78.54	8.00
9.00	Rate for Program covered visits (see instructions)	78.07	78.54	9.00
CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)	236	706	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	18,425	55,449	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	61	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	4,791	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	3,593	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)		0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *		77,467	16.00
16.01	Total program charges (see instructions)(from contractor's records)		131,050	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		180	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		106	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.)		48,022	16.04
16.05	Total program cost (see instructions)		48,128	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		17,334	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)		48,128	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		10,527	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		58,655	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)		58,655	26.00
27.00	Interim payments		48,710	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)		9,945	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

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 260025 Component CCN: 268513	Period: From 10/01/2011 To 09/30/2012	Worksheet M-3 Date/Time Prepared: 2/27/2013 12:41 pm
		Title XVIII	Rural Health Clinic (RHC) III	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)		1,244,406	1.00
2.00	Cost of vaccines and their administration (from Worksheet M-4, line 15)		29,426	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		1,214,980	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		5,859	4.00
5.00	Physicians visits under agreement (from Worksheet M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		5,859	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		207.37	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)	78.07	78.54	8.00
9.00	Rate for Program covered visits (see instructions)	78.07	78.54	9.00
CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)	374	1,123	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	29,198	88,200	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	1	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	79	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	59	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)		0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *		117,457	16.00
16.01	Total program charges (see instructions)(from contractor's records)		229,360	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		498	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		255	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.)		77,622	16.04
16.05	Total program cost (see instructions)		77,877	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		20,175	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)		77,877	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		17,887	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		95,764	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)		95,764	26.00
27.00	Interim payments		79,816	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)		15,948	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: 260025 Component CCN: 268512	Period: From 10/01/2011 To 09/30/2012	Worksheet M-4 Date/Time Prepared: 2/27/2013 12:41 pm
		Title XVIII	Rural Health Clinic (RHC) I	Cost
		Pneumococcal 1.00	Influenza 2.00	
1.00	Health care staff cost (from Worksheet M-1, column 7, line 10)	467,544	467,544	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.000599	0.006917	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	280	3,234	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	1,086	2,040	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	1,366	5,274	5.00
6.00	Total direct cost of the facility (from Worksheet M-1, column 7, line 22)	508,571	508,571	6.00
7.00	Total overhead (from Worksheet M-2, line 16)	685,592	685,592	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.002686	0.010370	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	1,842	7,110	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	3,208	12,384	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	18	208	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	178.22	59.54	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	14	133	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	2,495	7,919	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)		15,592	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)		10,414	16.00

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 260025 Component CCN: 263984	Period: From 10/01/2011 To 09/30/2012	Worksheet M-4 Date/Time Prepared: 2/27/2013 12:41 pm
		Title XVIII	Rural Health Clinic (RHC) II	Cost
		Pneumococcal 1.00	Influenza 2.00	
1.00	Health care staff cost (from Worksheet M-1, column 7, line 10)	361,056	361,056	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.001253	0.005475	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	452	1,977	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	1,629	1,158	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	2,081	3,135	5.00
6.00	Total direct cost of the facility (from Worksheet M-1, column 7, line 22)	378,559	378,559	6.00
7.00	Total overhead (from Worksheet M-2, line 16)	534,233	534,233	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.005497	0.008281	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	2,937	4,424	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	5,018	7,559	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	27	118	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	185.85	64.06	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	27	86	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	5,018	5,509	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)		12,577	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)		10,527	16.00

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 260025 Component CCN: 268513	Period: From 10/01/2011 To 09/30/2012	Worksheet M-4 Date/Time Prepared: 2/27/2013 12:41 pm
		Title XVIII	Rural Health Clinic (RHC) III	Cost
		Pneumococcal 1.00	Influenza 2.00	
1.00	Health care staff cost (from Worksheet M-1, column 7, line 10)	429,024	429,024	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.003136	0.008757	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	1,345	3,757	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	4,646	2,109	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	5,991	5,866	5.00
6.00	Total direct cost of the facility (from Worksheet M-1, column 7, line 22)	501,427	501,427	6.00
7.00	Total overhead (from Worksheet M-2, line 16)	742,979	742,979	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.011948	0.011699	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	8,877	8,692	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	14,868	14,558	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	77	215	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	193.09	67.71	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	46	133	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	8,882	9,005	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)		29,426	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)		17,887	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 260025	Period: From 10/01/2011 To 09/30/2012	Worksheet M-5
	Component CCN: 268512		Date/Time Prepared: 2/27/2013 12:41 pm
		Rural Health Clinic (RHC) I	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		75,056	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
Program to Provider				
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		75,056	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		9,253	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		84,309	7.00
		Contractor Number	Date (Mo/Day/Yr)	
		0	1.00 2.00	
8.00	Name of Contractor			8.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 260025
Component CCN: 263984

Period:
From 10/01/2011
To 09/30/2012

Worksheet M-5
Date/Time Prepared:
2/27/2013 12:41 pm
Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		48,710	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
Program to Provider				
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		48,710	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		9,945	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		58,655	7.00
		Contractor Number	Date (Mo/Day/Yr)	
		0	1.00	2.00
8.00	Name of Contractor			8.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 260025	Period: From 10/01/2011 To 09/30/2012	Worksheet M-5
	Component CCN: 268513		Date/Time Prepared: 2/27/2013 12:41 pm
		Rural Health Clinic (RHC) III	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		79,816	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
Program to Provider				
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		79,816	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		15,948	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		95,764	7.00
		Contractor Number	Date (Mo/Day/Yr)	
		0	1.00 2.00	
8.00	Name of Contractor			8.00

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