

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 141307	Period: From 05/01/2012 To 04/30/2013	Worksheet S Parts I-III Date/Time Prepared: 9/6/2013 9:51 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 9/6/2013 Time: 9:51 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above 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 PINCKNEYVILLE COMMUNITY HOSPITAL (141307) for the cost reporting period beginning 05/01/2012 and ending 04/30/2013 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.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-158,492	-13,753	160,171	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	-133,772	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
10.00 RURAL HEALTH CLINIC I	0		30,383		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	-292,264	16,630	160,171	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: 141307	Period: From 05/01/2012 To 04/30/2013	Worksheet S-2 Part I Date/Time Prepared: 9/6/2013 9:50 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		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.					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)	N	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		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. 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: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet S-2
Part I
Date/Time Prepared:
9/6/2013 9:50 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	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: 141307	Period: From 05/01/2012 To 04/30/2013	Worksheet S-2 Part I Date/Time Prepared: 9/6/2013 9:50 am		
		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				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)?	Y				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	Y				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	Y				108.00
		Physical		Occupational		
		1.00		2.00		
		Speech		Respiratory		
		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		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
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141307	Period: From 05/01/2012 To 04/30/2013	Worksheet S-2 Part I Date/Time Prepared: 9/6/2013 9:50 am	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	63,061	0	0	
			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		
119.00	DO NOT USE THIS LINE				
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.		N	N	
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		
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		
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.				
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.				
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.				
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.				
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.				
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.				
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.				
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.				
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.				
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		
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	
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	
			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		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141307		Period: From 05/01/2012 To 04/30/2013		Worksheet S-2 Part I Date/Time Prepared: 9/6/2013 9:50 am		
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						Y	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)						234,796	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: 141307	Period: From 05/01/2012 To 04/30/2013	Worksheet S-2 Part II Date/Time Prepared: 9/6/2013 9:50 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	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.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
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	07/09/2013	Y	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		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		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		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		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 141307	Period: From 05/01/2012 To 04/30/2013	Worksheet S-2 Part II Date/Time Prepared: 9/6/2013 9:50 am
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	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			Y	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			Y	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
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.	NEIL		GRAFF	41.00
42.00	Enter the employer/company name of the cost report preparer.	WI PFLI			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	414-259-6752		NGRAFF@WI PFLI . COM	43.00

		Part B	
		Date	
		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)	07/09/2013	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)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		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.	CONSULTANT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
9/6/2013 9:50 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	25	9,125	37,034.75	0	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					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		25	9,125	37,034.75	0	7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		25	9,125	37,034.75	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0	0	0	17.00
18.00 SUBPROVIDER	42.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		25				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
9/6/2013 9:50 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	1,249	85	1,539			1.00
2.00 HMO	27	0				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	917	0	917			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	146			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	2,166	85	2,602			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)	2,166	85	2,602	0.00	149.16	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	5,262	3,020	16,536	0.00	28.65	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	177.81	27.00
28.00 Observation Bed Days		35	175			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			13			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
9/6/2013 9:50 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)			0	320	28	437	1.00
2.00 HMO				0			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	0	320	28	437		14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
33.00 LTCH non-covered days							33.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 141307 Component CCN: 143412		Period: From 05/01/2012 To 04/30/2013		Worksheet S-8 Date/Time Prepared: 9/6/2013 9:50 am	
				Rural Health Clinic (RHC) I		Cost	
				1.00			
1.00	Clinic Address and Identification Street			101 NORTH WALNUT STREET		1.00	
		City		State		Zip Code	
		1.00		2.00		3.00	
2.00	City, State, Zip Code, County		PINCKNEYVILLE		IL62274		2.00
				1.00			
3.00	FOHCs ONLY: Designation - Enter "R" for rural or "U" for urban					0 3.00	
				Grant Award		Date	
				1.00		2.00	
		Source of Federal Funds					
4.00	Community Health Center (Section 330(d), PHS Act)			0		4.00	
5.00	Migrant Health Center (Section 329(d), PHS Act)			0		5.00	
6.00	Health Services for the Homeless (Section 340(d), PHS Act)			0		6.00	
7.00	Appalachian Regional Commission			0		7.00	
8.00	Look-Alikes			0		8.00	
9.00	OTHER (SPECIFY)			0		9.00	
				1.00		2.00	
10.00	Does this facility operate as other than an RHC or FOHC? Enter "Y" for yes 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		Tuesday	
		from to		from to		from	
		1.00 2.00		3.00 4.00		5.00	
11.00	Facility hours of operations (1) Clinic			0830 1900		0830 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					14.00	
		Y/N		V		XVIII	
		1.00		2.00		3.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes 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)			N		0 0 0 0 0 15.00	
				County		4.00	
2.00	City, State, Zip Code, County			PERRY		2.00	
		Tuesday		Wednesday		Thursday	
		to		from to		from to	
		6.00		7.00 8.00		9.00 10.00	
11.00	Facility hours of operations (1) Clinic			1900 0830		1900 0830 1900 11.00	

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 141307 Component CCN: 143412	Period: From 05/01/2012 To 04/30/2013	Worksheet S-8 Date/Time Prepared: 9/6/2013 9:50 am		
			Rural Health Clinic (RHC) I	Cost		
		Friday		Saturday		
		from	to	from	to	
		11.00	12.00	13.00	14.00	
11.00	Facility hours of operations (1) Clinic	0830	1700	0900	1200	11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet S-10

Date/Time Prepared:
9/6/2013 9:50 am

				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.536982	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			892,605	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			70,681	5.00	
6.00	Medicaid charges			2,474,285	6.00	
7.00	Medicaid cost (line 1 times line 6)			1,328,647	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			365,361	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP			0	9.00	
10.00	Stand-alone SCHIP charges			0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations			283,879	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			365,361	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility			374,375	82,358	456,733
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)			201,033	44,225	245,258
22.00	Partial payment by patients approved for charity care			0	498	498
23.00	Cost of charity care (line 21 minus line 22)			201,033	43,727	244,760
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit					0
26.00	Total bad debt expense for the entire hospital complex (see instructions)			824,873		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			474,487		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			350,386		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			188,151		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			432,911		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			798,272		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet A
Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (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		117,097	117,097	-136,612	-19,515	1.00
1.01	00101		0	0	60,730	60,730	1.01
1.02	00102		0	0	8,693	8,693	1.02
1.03	00103		0	0	71,035	71,035	1.03
1.04	00104		0	0	6,425	6,425	1.04
2.00	00200		410,726	410,726	0	410,726	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	60,278	2,169,436	2,229,714	0	2,229,714	4.00
5.06	00515	0	77,727	77,727	0	77,727	5.06
5.08	00517	36,838	502	37,340	0	37,340	5.08
5.09	00518	139,678	6,489	146,167	0	146,167	5.09
5.10	00519	359,219	66,632	425,851	0	425,851	5.10
5.11	00560	478,953	815,844	1,294,797	0	1,294,797	5.11
6.00	00600	199,193	314,449	513,642	0	513,642	6.00
8.00	00800	55,768	15,804	71,572	0	71,572	8.00
9.00	00900	258,963	26,773	285,736	0	285,736	9.00
10.00	01000	307,594	193,430	501,024	-145,247	355,777	10.00
11.00	01100	0	0	0	145,247	145,247	11.00
13.00	01300	485,266	22,835	508,101	0	508,101	13.00
14.00	01400	21,048	2,632	23,680	0	23,680	14.00
15.00	01500	213,977	2,232,649	2,446,626	0	2,446,626	15.00
16.00	01600	346,502	31,848	378,350	0	378,350	16.00
17.00	01700	38,363	2,314	40,677	0	40,677	17.00
19.00	01900	0	275,973	275,973	0	275,973	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,084,602	95,673	1,180,275	198,887	1,379,162	30.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	137,364	200,023	337,387	-14,975	322,412	50.00
53.00	05300	0	8,493	8,493	0	8,493	53.00
54.00	05400	396,862	356,465	753,327	0	753,327	54.00
54.01	03481	235,272	353,363	588,635	0	588,635	54.01
56.00	05600	60,995	91,942	152,937	0	152,937	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	405,415	522,598	928,013	4,972	932,985	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	204,242	97,250	301,492	0	301,492	65.00
65.01	06501	21,511	9,978	31,489	0	31,489	65.01
66.00	06600	442,848	24,670	467,518	0	467,518	66.00
69.00	06900	7,695	20,473	28,168	0	28,168	69.00
70.00	07000	370	1,805	2,175	0	2,175	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	14,975	14,975	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03950	139,166	94,557	233,723	0	233,723	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	1,720,969	117,785	1,838,754	-203,859	1,634,895	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	29,917	4,665	34,582	0	34,582	90.00
91.00	09100	429,458	1,041,156	1,470,614	0	1,470,614	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300		23,217	23,217	-10,271	12,946	113.00
118.00		8,318,326	9,847,273	18,165,599	0	18,165,599	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	802	0	802	0	802	192.00
192.01	19201	63,270	11,255	74,525	0	74,525	192.01
192.02	19202	23,033	14,719	37,752	0	37,752	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
192.05	19205	0	0	0	0	0	192.05
192.06	19206	0	0	0	0	0	192.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet A
Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
200.00 TOTAL (SUM OF LINES 118-199)	8,405,431	9,873,247	18,278,678	0	18,278,678	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet A
Date/Time Prepared:
9/6/2013 9:50 am

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	-411	-19,926	1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG	-9,860	50,870	1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG	0	8,693	1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG	0	71,035	1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG	0	6,425	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-66,031	344,695	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	-13	2,229,701	4.00
5.06	00515	NONPATIENT TELEPHONES	0	77,727	5.06
5.08	00517	PURCHASING, RECEIVING AND STORES	0	37,340	5.08
5.09	00518	ADMINISTRATIVE	0	146,167	5.09
5.10	00519	CASHIERING/ACCOUNTS RECEIVABLE	0	425,851	5.10
5.11	00560	OTHER ADMINISTRATIVE AND GENERAL	-99,728	1,195,069	5.11
6.00	00600	MAINTENANCE & REPAIRS	-29,472	484,170	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	71,572	8.00
9.00	00900	HOUSEKEEPING	0	285,736	9.00
10.00	01000	DIETARY	-149,606	206,171	10.00
11.00	01100	CAFETERIA	0	145,247	11.00
13.00	01300	NURSING ADMINISTRATION	0	508,101	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-159	23,521	14.00
15.00	01500	PHARMACY	-24,103	2,422,523	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-226	378,124	16.00
17.00	01700	SOCIAL SERVICE	0	40,677	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	275,973	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-195,146	1,184,016	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-72,014	250,398	50.00
53.00	05300	ANESTHESIOLOGY	0	8,493	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-9,024	744,303	54.00
54.01	03481	ONCOLOGY	-332,000	256,635	54.01
56.00	05600	RADIOISOTOPE	0	152,937	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-37,303	895,682	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-22,856	278,636	65.00
65.01	06501	CARDIAC REHAB	0	31,489	65.01
66.00	06600	PHYSICAL THERAPY	-44,550	422,968	66.00
69.00	06900	ELECTROCARDIOLOGY	-10,173	17,995	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,175	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,975	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	233,723	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	-3,139	1,631,756	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	34,582	90.00
91.00	09100	EMERGENCY	-534,326	936,288	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	-12,946	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-1,653,086	16,512,513	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	802	192.00
192.01	19201	FITNESS CENTER	0	74,525	192.01
192.02	19202	RETAIL PHARMACY	0	37,752	192.02
192.03	19203	LEASED SPACE	0	0	192.03
192.04	19204	VACANT SPACE	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	192.06
200.00		TOTAL (SUM OF LINES 118-199)	-1,653,086	16,625,592	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	411	1.00
2.00	NEW CAP REL COSTS-NEW BLDG	1.01	0	9,860	2.00
	TOTALS		0	10,271	
B - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	89,172	56,075	1.00
	TOTALS		89,172	56,075	
C - PHYSICIAN RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	195,147	3,740	1.00
	TOTALS		195,147	3,740	
D - DEPRECIATION					
1.00	NEW CAP REL COSTS-NEW BLDG	1.01	0	32,722	1.00
2.00	NEW CAP REL COSTS-PT BLDG	1.02	0	6,421	2.00
3.00	NEW CAP REL COSTS-RHC BLDG	1.03	0	67,520	3.00
4.00	CAP REL COSTS-15 N MAIN BLDG	1.04	0	6,119	4.00
	TOTALS		0	112,782	
E - RHC LAB EXPENSE					
1.00	LABORATORY	60.00	2,172	2,800	1.00
	TOTALS		2,172	2,800	
F - PROPERTY INSURANCE					
1.00	NEW CAP REL COSTS-NEW BLDG	1.01	0	18,148	1.00
2.00	NEW CAP REL COSTS-PT BLDG	1.02	0	2,272	2.00
3.00	NEW CAP REL COSTS-RHC BLDG	1.03	0	3,515	3.00
4.00	CAP REL COSTS-15 N MAIN BLDG	1.04	0	306	4.00
	TOTALS		0	24,241	
G - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	14,975	1.00
	TOTALS		0	14,975	
500.00	Grand Total: Increases		286,491	224,884	500.00

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	10,271	11		1.00
2.00		0.00	0	0	11		2.00
	TOTALS		0	10,271			
B - CAFETERIA RECLASS							
1.00	DIETARY	10.00	89,172	56,075	0		1.00
	TOTALS		89,172	56,075			
C - PHYSICIAN RECLASS							
1.00	RURAL HEALTH CLINIC	88.00	195,147	3,740	0		1.00
	TOTALS		195,147	3,740			
D - DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	112,782	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
	TOTALS		0	112,782			
E - RHC LAB EXPENSE							
1.00	RURAL HEALTH CLINIC	88.00	2,172	2,800	0		1.00
	TOTALS		2,172	2,800			
F - PROPERTY INSURANCE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	24,241	12		1.00
2.00		0.00	0	0	12		2.00
3.00		0.00	0	0	12		3.00
4.00		0.00	0	0	12		4.00
	TOTALS		0	24,241			
G - IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	14,975	0		1.00
	TOTALS		0	14,975			
500.00	Grand Total: Decreases		286,491	224,884			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet A-7
Part I
Date/Time Prepared:
9/6/2013 9:50 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	650,483	0	0	0	1.00
2.00	Land Improvements	246,028	0	0	0	2.00
3.00	Buildings and Fixtures	5,681,829	77,388	0	77,388	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	5,087,530	594,457	0	594,457	6.00
7.00	HIT designated Assets	966,565	115,928	0	115,928	7.00
8.00	Subtotal (sum of lines 1-7)	12,632,435	787,773	0	787,773	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	12,632,435	787,773	0	787,773	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	650,483	0			1.00
2.00	Land Improvements	246,028	0			2.00
3.00	Buildings and Fixtures	5,759,217	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	4,961,134	0			6.00
7.00	HIT designated Assets	1,082,493	0			7.00
8.00	Subtotal (sum of lines 1-7)	12,699,355	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	12,699,355	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet A-7
Part II
Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description		SUMMARY OF CAPITAL					
		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	117,097	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-NEW BLDG	0	0	0	0	0	1.01
1.02	NEW CAP REL COSTS-PT BLDG	0	0	0	0	0	1.02
1.03	NEW CAP REL COSTS-RHC BLDG	0	0	0	0	0	1.03
1.04	CAP REL COSTS-15 N MAIN BLDG	0	0	0	0	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	410,726	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	527,823	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		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	0	117,097				1.00
1.01	NEW CAP REL COSTS-NEW BLDG	0	0				1.01
1.02	NEW CAP REL COSTS-PT BLDG	0	0				1.02
1.03	NEW CAP REL COSTS-RHC BLDG	0	0				1.03
1.04	CAP REL COSTS-15 N MAIN BLDG	0	0				1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	410,726				2.00
3.00	Total (sum of lines 1-2)	0	527,823				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet A-7
Part III
Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0 1.00
1.01	NEW CAP REL COSTS-NEW BLDG	0	0	0	0.000000	0 1.01
1.02	NEW CAP REL COSTS-PT BLDG	0	0	0	0.000000	0 1.02
1.03	NEW CAP REL COSTS-RHC BLDG	0	0	0	0.000000	0 1.03
1.04	CAP REL COSTS-15 N MAIN BLDG	0	0	0	0.000000	0 1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0 2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0 3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
	Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	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	4,315	0 1.00
1.01	NEW CAP REL COSTS-NEW BLDG	0	0	0	32,722	0 1.01
1.02	NEW CAP REL COSTS-PT BLDG	0	0	0	6,421	0 1.02
1.03	NEW CAP REL COSTS-RHC BLDG	0	0	0	67,520	0 1.03
1.04	CAP REL COSTS-15 N MAIN BLDG	0	0	0	6,119	0 1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	344,695	0 2.00
3.00	Total (sum of lines 1-2)	0	0	0	461,792	0 3.00
Cost Center Description	SUMMARY OF CAPITAL					
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 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	0	-24,241	0	0	-19,926 1.00
1.01	NEW CAP REL COSTS-NEW BLDG	0	18,148	0	0	50,870 1.01
1.02	NEW CAP REL COSTS-PT BLDG	0	2,272	0	0	8,693 1.02
1.03	NEW CAP REL COSTS-RHC BLDG	0	3,515	0	0	71,035 1.03
1.04	CAP REL COSTS-15 N MAIN BLDG	0	306	0	0	6,425 1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	344,695 2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	461,792 3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-411	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
1.01 Investment income - NEW CAP REL COSTS-NEW BLDG (chapter 2)			ONEW CAP REL COSTS-NEW BLDG		1.01	0	1.01
1.02 Investment income - NEW CAP REL COSTS-PT BLDG (chapter 2)			ONEW CAP REL COSTS-PT BLDG		1.02	0	1.02
1.03 Investment income - NEW CAP REL COSTS-RHC BLDG (chapter 2)			ONEW CAP REL COSTS-RHC BLDG		1.03	0	1.03
1.04 Investment income - CAP REL COSTS-15 N MAIN BLDG (chapter 2)			OCAP REL COSTS-15 N MAIN BLDG		1.04	0	1.04
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP REL COSTS-MVBLE EQUIP		2.00	0	2.00
3.00 Investment income - other (chapter 2)	B	-9,860	ONEW CAP REL COSTS-NEW BLDG		1.01	11	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-20,808	PHARMACY		15.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	0	7.00
8.00 Television and radio service (chapter 21)	B	-4,249	OTHER ADMINISTRATIVE AND GENERAL		5.11	0	8.00
9.00 Parking lot (chapter 21)		0			0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,145,844				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-148,779	DIETARY		10.00	0	14.00
15.00 Rental of quarters to employee and others		0			0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00 Sale of drugs to other than patients		0			0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-224	MEDICAL RECORDS & LIBRARY		16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines	B	-334	OTHER ADMINISTRATIVE AND GENERAL		5.11	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT		1.00	0	26.00
26.01 Depreciation - NEW CAP REL COSTS-NEW BLDG			ONEW CAP REL COSTS-NEW BLDG		1.01	0	26.01
26.02 Depreciation - NEW CAP REL COSTS-PT BLDG			ONEW CAP REL COSTS-PT BLDG		1.02	0	26.02
26.03 Depreciation - NEW CAP REL COSTS-RHC BLDG			ONEW CAP REL COSTS-RHC BLDG		1.03	0	26.03

ADJUSTMENTS TO EXPENSES

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet A-8

Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
26.04 Depreciation - CAP REL COSTS-15 N MAIN BLDG			0	CAP REL COSTS-15 N MAIN BLDG	1.04	0	26.04
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00	0	28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	67.00		30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	-66,031		CAP REL COSTS-MVBLE EQUIP	2.00	9	32.00
33.00 INTEREST INCOME	B	-12,946		INTEREST EXPENSE	113.00	0	33.00
34.00 MISCELLANEOUS INCOME	B	-4,156		OTHER ADMINISTRATIVE AND GENERAL	5.11	0	34.00
35.00 COMMUNICATIONS REBATE	B	-1,090		OTHER ADMINISTRATIVE AND GENERAL	5.11	0	35.00
36.00 RHC RENT	B	-2,405		RURAL HEALTH CLINIC	88.00	0	36.00
37.00		0			0.00	0	37.00
38.00 CENTRAL SUPPLY REBATE	B	-159		CENTRAL SERVICES & SUPPLY	14.00	0	38.00
39.00 DIETARY REBATE	B	-820		DIETARY	10.00	0	39.00
40.00 MOBILE PET SCAN PAD RENTAL	B	-5,225		RADIOLOGY-DIAGNOSTIC	54.00	0	40.00
41.00		0			0.00	0	41.00
42.00		0			0.00	0	42.00
43.00 LABORATORY REBATE	B	-1,075		LABORATORY	60.00	0	43.00
44.00 NON-ALLOW LOBBY DUES	A	-8,817		OTHER ADMINISTRATIVE AND GENERAL	5.11	0	44.00
45.00 NON-ALLOW LOBBY DUES	A	-7		DIETARY	10.00	0	45.00
45.01 NON-ALLOW LOBBY DUES	A	-2		MEDICAL RECORDS & LIBRARY	16.00	0	45.01
45.02 NON-ALLOW LOBBY DUES	A	-14		OPERATING ROOM	50.00	0	45.02
45.03 NON-ALLOW LOBBY DUES	A	-17		RESPIRATORY THERAPY	65.00	0	45.03
45.04 NON-ALLOW LOBBY DUES	A	-29		RADIOLOGY-DIAGNOSTIC	54.00	0	45.04
45.05 NON-ALLOW LOBBY DUES	A	-734		RURAL HEALTH CLINIC	88.00	0	45.05
45.06 GIFTS & DONATIONS	A	-1,192		OTHER ADMINISTRATIVE AND GENERAL	5.11	0	45.06
45.07 PROMOTIONAL ITEMS	A	-918		OTHER ADMINISTRATIVE AND GENERAL	5.11	0	45.07
45.08 OTHER ENTERTAINMENT	A	-8,739		OTHER ADMINISTRATIVE AND GENERAL	5.11	0	45.08
45.09 NON-ALLOW ADVERTISING	A	-46,380		OTHER ADMINISTRATIVE AND GENERAL	5.11	0	45.09
45.10 NON-ALLOW ADVERTISING SALARIES	A	-3,219		OTHER ADMINISTRATIVE AND GENERAL	5.11	0	45.10
45.11 NON-ALLOW LOBBY DUES	A	-13		EMPLOYEE BENEFITS	4.00	0	45.11
45.12 COMMUNITY EDUCATION SALARY & EXP	A	-19,534		OTHER ADMINISTRATIVE AND GENERAL	5.11	0	45.12
45.13 OUTSIDE LAB SERVICES	B	-36,228		LABORATORY	60.00	0	45.13
45.14 CHAMBER OF COMMERCE DUES	A	-1,100		OTHER ADMINISTRATIVE AND GENERAL	5.11	0	45.14
45.15 OUTSIDE PT SERVICE SALARIES & EXP	A	-44,550		PHYSICAL THERAPY	66.00	0	45.15
45.16		0			0.00	0	45.16
45.17 SPECIALTY CLINIC RENT	B	-16,673		RESPIRATORY THERAPY	65.00	0	45.17
45.18 SPECIALTY CLINIC SUPPORT	B	-3,966		RESPIRATORY THERAPY	65.00	0	45.18
45.19 DONATED AND TRIAL RX	A	-3,295		PHARMACY	15.00	0	45.19
45.20 X-RAY FILM RECYCLING	B	-1,555		RADIOLOGY-DIAGNOSTIC	54.00	0	45.20
45.21 VACANT SPACE UTILITY EXPENSES	A	-29,472		MAINTENANCE & REPAIRS	6.00	0	45.21
45.22 OUTSIDE IMAGING SERVICES	B	-878		RADIOLOGY-DIAGNOSTIC	54.00	0	45.22
45.23 OUTSIDE CT SERVICES	B	-1,337		RADIOLOGY-DIAGNOSTIC	54.00	0	45.23
45.24 NON-ALLOW LOBBY DUES	A	-1		EMERGENCY	91.00	0	45.24
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-1,653,086					50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet A-8-2

Date/Time Prepared:
9/6/2013 9:50 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	50.00	AGGREGATE-OPERATING ROOM	72,000	72,000	0	0	0	1.00
2.00	54.01	AGGREGATE-ONCOLOGY	332,000	332,000	0	0	0	2.00
3.00	60.00	AGGREGATE-LABORATORY	18,720	0	18,720	0	0	3.00
4.00	65.00	AGGREGATE-RESPIRATORY THERAPY	2,200	2,200	0	0	0	4.00
5.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	10,173	10,173	0	0	0	5.00
6.00	91.00	AGGREGATE-EMERGENCY	989,491	534,325	455,166	0	0	6.00
7.00	30.00	DR. F	93,344	93,344	0	0	0	7.00
8.00	30.00	DR. R	62,841	62,841	0	0	0	8.00
9.00	30.00	DR. B	38,961	38,961	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,619,730	1,145,844	473,886		0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	1.00
2.00	54.01	AGGREGATE-ONCOLOGY	0	0	0	0	0	2.00
3.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	3.00
4.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	0	0	4.00
5.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	5.00
6.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	6.00
7.00	30.00	DR. F	0	0	0	0	0	7.00
8.00	30.00	DR. R	0	0	0	0	0	8.00
9.00	30.00	DR. B	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	72,000		1.00
2.00	54.01	AGGREGATE-ONCOLOGY	0	0	0	332,000		2.00
3.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		3.00
4.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	2,200		4.00
5.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	10,173		5.00
6.00	91.00	AGGREGATE-EMERGENCY	0	0	0	534,325		6.00
7.00	30.00	DR. F	0	0	0	93,344		7.00
8.00	30.00	DR. R	0	0	0	62,841		8.00
9.00	30.00	DR. B	0	0	0	38,961		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	1,145,844		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet B
Part I
Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
			BLDG & FIXT	NEW NEW BLDG	NEW PT BLDG	NEW RHC BLDG		
		0	1.00	1.01	1.02	1.03		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	-19,926	-19,926			1.00	
1.01	00101	NEW CAP REL COSTS-NEW BLDG	50,870	0	50,870		1.01	
1.02	00102	NEW CAP REL COSTS-PT BLDG	8,693	0	0	8,693	1.02	
1.03	00103	NEW CAP REL COSTS-RHC BLDG	71,035	0	0	0	1.03	
1.04	00104	CAP REL COSTS-15 N MAIN BLDG	6,425	0	0	0	1.04	
2.00	00200	CAP REL COSTS-MVBLE EQUIP	344,695				2.00	
4.00	00400	EMPLOYEE BENEFITS	2,229,701	0	0	0	4.00	
5.06	00515	NONPATIENT TELEPHONES	77,727	0	0	0	5.06	
5.08	00517	PURCHASING, RECEIVING AND STORES	37,340	0	0	0	5.08	
5.09	00518	ADMINISTRATIVE	146,167	0	0	0	5.09	
5.10	00519	CASHIERING/ACCOUNTS RECEIVABLE	425,851	0	0	0	5.10	
5.11	00560	OTHER ADMINISTRATIVE AND GENERAL	1,195,069	0	16,560	0	5.11	
6.00	00600	MAINTENANCE & REPAIRS	484,170	0	4,587	0	6.00	
8.00	00800	LAUNDRY & LINEN SERVICE	71,572	0	1,042	0	8.00	
9.00	00900	HOUSEKEEPING	285,736	0	236	0	9.00	
10.00	01000	DIETARY	206,171	0	4,814	0	10.00	
11.00	01100	CAFETERIA	145,247	0	3,941	0	11.00	
13.00	01300	NURSING ADMINISTRATION	508,101	0	0	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	23,521	0	3,144	0	14.00	
15.00	01500	PHARMACY	2,422,523	0	1,593	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	378,124	0	0	0	16.00	
17.00	01700	SOCIAL SERVICE	40,677	0	0	0	17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	275,973	0	0	0	19.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,184,016	0	8,250	0	30.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	42.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	250,398	0	0	0	50.00	
53.00	05300	ANESTHESIOLOGY	8,493	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	744,303	0	0	0	54.00	
54.01	03481	ONCOLOGY	256,635	0	2,206	0	54.01	
56.00	05600	RADIOISOTOPE	152,937	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	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00	06000	LABORATORY	895,682	0	0	0	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01	
65.00	06500	RESPIRATORY THERAPY	278,636	0	1,077	0	65.00	
65.01	06501	CARDIAC REHAB	31,489	0	1,200	0	65.01	
66.00	06600	PHYSICAL THERAPY	422,968	0	771	8,693	66.00	
69.00	06900	ELECTROCARDIOLOGY	17,995	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	2,175	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	14,975	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
76.00	03950	SENIOR LIFE SOLUTIONS	233,723	0	0	0	76.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	1,631,756	0	0	0	35,518	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	34,582	0	0	0	0	90.00
91.00	09100	EMERGENCY	936,288	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	16,512,513	0	49,421	8,693	71,035	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	802	0	1,449	0	0	192.00
192.01	19201	FITNESS CENTER	74,525	0	0	0	0	192.01
192.02	19202	RETAIL PHARMACY	37,752	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	0	192.03
192.04	19204	VACANT SPACE	0	0	0	0	0	192.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet B
Part I
Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		BLDG & FIXT	NEW NEW BLDG	NEW PT BLDG	NEW RHC BLDG	
	0	1.00	1.01	1.02	1.03	
192.05 19205 MEALS ON WHEELS	0	0	0	0	0	192.05
192.06 19206 15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		-19,926	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	16,625,592	-19,926	50,870	8,693	71,035	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet B
Part I
Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND STORES	
			15 N MAIN BLDG	MVBLE EQUIP				
			1.04	2.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG						1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG						1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG	6,425					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP		344,695				2.00
4.00	00400	EMPLOYEE BENEFITS	0	0	2,229,701			4.00
5.06	00515	NONPATIENT TELEPHONES	0	0	0	77,727		5.06
5.08	00517	PURCHASING, RECEIVING AND STORES	0	0	9,902	480	47,722	5.08
5.09	00518	ADMITTING	0	775	37,546	1,439	382	5.09
5.10	00519	CASHIERING/ACCOUNTS RECEIVABLE	0	0	96,558	4,798	300	5.10
5.11	00560	OTHER ADMINISTRATIVE AND GENERAL	3,213	59,227	124,089	9,116	2,441	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	2,147	53,543	1,439	393	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,235	14,990	0	225	8.00
9.00	00900	HOUSEKEEPING	0	1,214	69,610	1,919	1,573	9.00
10.00	01000	DIETARY	0	2,481	58,712	1,919	1,449	10.00
11.00	01100	CAFETERIA	0	871	23,970	480	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	130,440	1,919	236	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	5,658	480	142	14.00
15.00	01500	PHARMACY	0	5,191	57,517	1,439	537	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,758	93,140	3,359	241	16.00
17.00	01700	SOCIAL SERVICE	0	0	10,312	480	20	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	29,682	291,542	3,359	4,471	30.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	7,501	89,379	2,879	3,026	50.00
53.00	05300	ANESTHESIOLOGY	0	1,451	0	0	240	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	133,106	106,677	5,758	2,207	54.00
54.01	03481	ONCOLOGY	0	1,945	63,241	960	1,065	54.01
56.00	05600	RADIOISOTOPE	0	0	16,396	0	3,192	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	42,899	109,560	2,879	18,191	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	5,224	54,900	4,318	860	65.00
65.01	06501	CARDIAC REHAB	0	4,915	5,782	0	7	65.01
66.00	06600	PHYSICAL THERAPY	0	3,199	110,204	3,359	326	66.00
69.00	06900	ELECTROCARDIOLOGY	0	5,977	2,068	0	30	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	99	0	65	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	03950	SENIOR LIFE SOLUTIONS	3,212	1,204	37,408	1,919	157	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	25,454	409,563	18,231	3,198	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	8,042	0	194	90.00
91.00	09100	EMERGENCY	0	3,649	115,439	4,318	2,501	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,425	344,105	2,206,287	77,247	47,669	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	216	0	0	192.00
192.01	19201	FITNESS CENTER	0	590	17,007	480	53	192.01
192.02	19202	RETAIL PHARMACY	0	0	6,191	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	0	192.03
192.04	19204	VACANT SPACE	0	0	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet B
Part I
Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND STORES	
		15 N MAIN BLDG	MVBLE EQUIP				
		1.04	2.00				
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	6,425	344,695	2,229,701	77,727	47,722	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet B
Part I
Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description		ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
		5.09	5.10	5A.10	5.11	6.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG					1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG					1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG					1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.06	00515	NONPATIENT TELEPHONES					5.06
5.08	00517	PURCHASING, RECEIVING AND STORES					5.08
5.09	00518	ADMINISTRATIVE	186,309				5.09
5.10	00519	CASHIERING/ACCOUNTS RECEIVABLE	0	534,804			5.10
5.11	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	1,437,935	1,437,935	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	546,279	51,653	597,932
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	89,064	8,421	6,975
9.00	00900	HOUSEKEEPING	0	0	360,288	34,067	12,644
10.00	01000	DIETARY	0	0	275,546	26,054	32,225
11.00	01100	CAFETERIA	0	0	174,509	16,501	26,382
13.00	01300	NURSING ADMINISTRATION	0	0	640,696	60,580	13,340
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	32,945	3,115	31,827
15.00	01500	PHARMACY	0	0	2,488,800	235,321	10,667
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	479,622	45,350	11,140
17.00	01700	SOCIAL SERVICE	0	0	51,489	4,868	4,874
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	275,973	26,094	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	66,848	33,454	1,621,622	153,331	55,225
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	911	12,739	366,833	34,686	17,617
53.00	05300	ANESTHESIOLOGY	403	7,187	17,774	1,681	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,701	103,247	1,118,999	105,806	41,786
54.01	03481	ONCOLOGY	21	5,236	331,309	31,327	14,770
56.00	05600	RADIOISOTOPE	1,526	11,553	185,604	17,550	6,092
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	32,620	106,272	1,208,103	114,231	21,459
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	11,028	14,044	370,087	34,993	7,211
65.01	06501	CARDIAC REHAB	0	1,952	45,345	4,288	8,031
66.00	06600	PHYSICAL THERAPY	16,485	29,764	595,769	56,332	102,482
69.00	06900	ELECTROCARDIOLOGY	853	4,304	31,227	2,953	0
70.00	07000	ELECTROENCEPHALOGRAPHY	10	61	2,410	228	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	886	15,861	1,500	0
73.00	07300	DRUGS CHARGED TO PATIENTS	29,837	134,746	164,583	15,562	0
76.00	03950	SENIOR LIFE SOLUTIONS	0	11,799	289,422	27,366	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	32,338	2,156,058	203,864	122,472
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	1,304	44,122	4,172	12,843
91.00	09100	EMERGENCY	2,066	23,918	1,088,179	102,892	14,074
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	186,309	534,804	16,506,453	1,424,786	574,136
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2,467	233	9,697
192.01	19201	FITNESS CENTER	0	0	92,655	8,761	0
192.02	19202	RETAIL PHARMACY	0	0	43,943	4,155	0
192.03	19203	LEASED SPACE	0	0	0	0	14,099
192.04	19204	VACANT SPACE	0	0	0	0	0
192.05	19205	MEALS ON WHEELS	0	0	0	0	0
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0
200.00		Cross Foot Adjustments			0		
201.00		Negative Cost Centers	0	0	-19,926	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

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Cost Center Description	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
	5.09	5.10	5A.10	5.11	6.00	
202.00 TOTAL (sum lines 118-201)	186,309	534,804	16,625,592	1,437,935	597,932	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:
From 05/01/2012
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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG					1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG					1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG					1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.06	00515	NONPATIENT TELEPHONES					5.06
5.08	00517	PURCHASING, RECEIVING AND STORES					5.08
5.09	00518	ADMITTING					5.09
5.10	00519	CASHIERING/ACCOUNTS RECEIVABLE					5.10
5.11	00560	OTHER ADMINISTRATIVE AND GENERAL					5.11
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE	104,460				8.00
9.00	00900	HOUSEKEEPING	15,759	422,758			9.00
10.00	01000	DIETARY	3,880	39,779	377,484		10.00
11.00	01100	CAFETERIA	0	0	213,324	430,716	11.00
13.00	01300	NURSING ADMINISTRATION	0	166	0	29,781	744,563
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,829	0	3,126	0
15.00	01500	PHARMACY	0	4,660	0	12,101	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,993	0	37,546	0
17.00	01700	SOCIAL SERVICE	0	0	0	3,529	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	65,328	112,849	145,305	83,999	481,928
41.00	04100	SUBPROVIDER - IIRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,840	30,292	1,810	9,512	53,436
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,986	21,637	0	24,874	0
54.01	03481	ONCOLOGY	0	14,480	4,449	11,966	70,676
56.00	05600	RADIOISOTOPE	0	0	0	3,563	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	27	18,475	0	31,899	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	507	10,985	0	12,000	0
65.01	06501	CARDIAC REHAB	0	2,829	0	1,210	0
66.00	06600	PHYSICAL THERAPY	2,293	34,120	0	26,991	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	639	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	34	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03950	SENIOR LIFE SOLUTIONS	0	7,490	12,596	9,412	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	64,579	0	96,299	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	1,311	8,004
91.00	09100	EMERGENCY	7,493	52,595	0	23,731	130,519
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	102,113	422,758	377,484	423,523	744,563
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	FITNESS CENTER	2,347	0	0	5,781	0
192.02	19202	RETAIL PHARMACY	0	0	0	1,412	0
192.03	19203	LEASED SPACE	0	0	0	0	0
192.04	19204	VACANT SPACE	0	0	0	0	0
192.05	19205	MEALS ON WHEELS	0	0	0	0	0
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	104,460	422,758	377,484	430,716	744,563

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG						1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG						1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.06	00515	NONPATIENT TELEPHONES						5.06
5.08	00517	PURCHASING, RECEIVING AND STORES						5.08
5.09	00518	ADMINISTRATIVE						5.09
5.10	00519	CASHIERING/ACCOUNTS RECEIVABLE						5.10
5.11	00560	OTHER ADMINISTRATIVE AND GENERAL						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	73,842					14.00
15.00	01500	PHARMACY	2,179	2,753,728				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	578,651			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	64,760		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	302,067	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,148	0	123,882	58,445	0	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,283	0	8,424	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	302,067	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,959	0	128,589	0	0	54.00
54.01	03481	ONCOLOGY	4,325	0	102,822	5,360	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,492	0	14,990	0	0	65.00
65.01	06501	CARDIAC REHAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	1,324	0	0	808	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	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	2,753,728	0	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	12,980	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	10,152	0	199,944	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	73,842	2,753,728	578,651	64,613	302,067	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	0	0	0	192.00
192.01	19201	FITNESS CENTER	0	0	0	0	0	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	147	0	192.03
192.04	19204	VACANT SPACE	0	0	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
	14.00	15.00	16.00	17.00	19.00	
202.00 TOTAL (sum lines 118-201)	73,842	2,753,728	578,651	64,760	302,067	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
1.02	00102				1.02
1.03	00103				1.03
1.04	00104				1.04
2.00	00200				2.00
4.00	00400				4.00
5.06	00515				5.06
5.08	00517				5.08
5.09	00518				5.09
5.10	00519				5.10
5.11	00560				5.11
6.00	00600				6.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
19.00	01900				19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	2,920,062	0	2,920,062	30.00
41.00	04100	0	0	0	41.00
42.00	04200	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	536,733	0	536,733	50.00
53.00	05300	321,522	0	321,522	53.00
54.00	05400	1,455,636	0	1,455,636	54.00
54.01	03481	591,484	0	591,484	54.01
56.00	05600	212,809	0	212,809	56.00
57.00	05700	0	0	0	57.00
58.00	05800	0	0	0	58.00
59.00	05900	0	0	0	59.00
60.00	06000	1,394,194	0	1,394,194	60.00
60.01	06001	0	0	0	60.01
65.00	06500	454,265	0	454,265	65.00
65.01	06501	61,703	0	61,703	65.01
66.00	06600	820,119	0	820,119	66.00
69.00	06900	34,819	0	34,819	69.00
70.00	07000	2,672	0	2,672	70.00
71.00	07100	0	0	0	71.00
72.00	07200	17,361	0	17,361	72.00
73.00	07300	2,933,873	0	2,933,873	73.00
76.00	03950	346,286	0	346,286	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	2,656,252	0	2,656,252	88.00
89.00	08900	0	0	0	89.00
90.00	09000	70,452	0	70,452	90.00
91.00	09100	1,629,579	0	1,629,579	91.00
92.00	09200	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	0	0	0	109.00
110.00	11000	0	0	0	110.00
111.00	11100	0	0	0	111.00
113.00	11300	0	0	0	113.00
118.00		16,459,821	0	16,459,821	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	0	0	0	190.00
192.00	19200	12,397	0	12,397	192.00
192.01	19201	109,544	0	109,544	192.01
192.02	19202	49,510	0	49,510	192.02
192.03	19203	14,246	0	14,246	192.03
192.04	19204	0	0	0	192.04
192.05	19205	0	0	0	192.05
192.06	19206	0	0	0	192.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

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Part I
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	-19,926	0	-19,926	201.00
202.00	TOTAL (sum lines 118-201)	16,625,592	0	16,625,592	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet B
Part II
Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		BLDG & FIXT	NEW NEW BLDG	NEW PT BLDG	NEW RHC BLDG	
		0	1.00	1.01	1.02	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS-NEW BLDG					1.01
1.02 00102	NEW CAP REL COSTS-PT BLDG					1.02
1.03 00103	NEW CAP REL COSTS-RHC BLDG					1.03
1.04 00104	CAP REL COSTS-15 N MAIN BLDG					1.04
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	0	0	0	4.00
5.06 00515	NONPATIENT TELEPHONES	0	0	0	0	5.06
5.08 00517	PURCHASING, RECEIVING AND STORES	0	0	0	0	5.08
5.09 00518	ADMINISTRATIVE	0	0	0	0	5.09
5.10 00519	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	7,297	5.10
5.11 00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	16,560	28,220	5.11
6.00 00600	MAINTENANCE & REPAIRS	0	0	4,587	0	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	1,042	0	8.00
9.00 00900	HOUSEKEEPING	0	0	236	0	9.00
10.00 01000	DIETARY	0	0	4,814	0	10.00
11.00 01100	CAFETERIA	0	0	3,941	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	3,144	0	14.00
15.00 01500	PHARMACY	0	0	1,593	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	8,250	0	30.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	0	50.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01 03481	ONCOLOGY	0	0	2,206	0	54.01
56.00 05600	RADIOISOTOPE	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
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	0	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	0	1,077	0	65.00
65.01 06501	CARDIAC REHAB	0	0	1,200	0	65.01
66.00 06600	PHYSICAL THERAPY	0	0	771	8,693	66.00
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 03950	SENIOR LIFE SOLUTIONS	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	35,518	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
91.00 09100	EMERGENCY	0	0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	49,421	8,693	71,035
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,449	0	192.00
192.01 19201	FITNESS CENTER	0	0	0	0	192.01
192.02 19202	RETAIL PHARMACY	0	0	0	0	192.02
192.03 19203	LEASED SPACE	0	0	0	0	192.03
192.04 19204	VACANT SPACE	0	0	0	0	192.04
192.05 19205	MEALS ON WHEELS	0	0	0	0	192.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet B
Part II
Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		BLDG & FIXT	NEW NEW BLDG	NEW PT BLDG	NEW RHC BLDG	
		1.00	1.01	1.02	1.03	
192.06 19206 15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		-19,926	0	0		201.00
202.00 TOTAL (sum lines 118-201)	0	-19,926	50,870	8,693	71,035	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet B
Part II
Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description		CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		15 N MAIN BLDG	MVBLE EQUIP				
		1.04	2.00				
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG					1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG					1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG					1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS	0	0	0	0	4.00
5.06	00515	NONPATIENT TELEPHONES	0	0	0	0	5.06
5.08	00517	PURCHASING, RECEIVING AND STORES	0	0	0	0	5.08
5.09	00518	ADMINISTRATIVE	0	775	775	0	5.09
5.10	00519	CASHIERING/ACCOUNTS RECEIVABLE	0	0	7,297	0	5.10
5.11	00560	OTHER ADMINISTRATIVE AND GENERAL	3,213	59,227	107,220	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	2,147	6,734	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,235	2,277	0	8.00
9.00	00900	HOUSEKEEPING	0	1,214	1,450	0	9.00
10.00	01000	DIETARY	0	2,481	7,295	0	10.00
11.00	01100	CAFETERIA	0	871	4,812	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	3,144	0	14.00
15.00	01500	PHARMACY	0	5,191	6,784	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,758	4,758	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	29,682	37,932	0	30.00
41.00	04100	SUBPROVIDER - IIRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	7,501	7,501	0	50.00
53.00	05300	ANESTHESIOLOGY	0	1,451	1,451	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	133,106	133,106	0	54.00
54.01	03481	ONCOLOGY	0	1,945	4,151	0	54.01
56.00	05600	RADIOISOTOPE	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
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	42,899	42,899	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	5,224	6,301	0	65.00
65.01	06501	CARDIAC REHAB	0	4,915	6,115	0	65.01
66.00	06600	PHYSICAL THERAPY	0	3,199	12,663	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	5,977	5,977	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	03950	SENIOR LIFE SOLUTIONS	3,212	1,204	4,416	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	25,454	60,972	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	3,649	3,649	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,425	344,105	479,679	0	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	0	1,449	0	192.00
192.01	19201	FITNESS CENTER	0	590	590	0	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	192.03
192.04	19204	VACANT SPACE	0	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	192.06
200.00		Cross Foot Adjustments			0		200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet B
Part II
Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
	15 N MAIN BLDG	MVBLE EQUIP				
	1.04	2.00				
201.00 Negative Cost Centers	0	0	-19,926	0	0	201.00
202.00 TOTAL (sum lines 118-201)	6,425	344,695	461,792	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet B
Part II
Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description			PURCHASING, RECEIVING AND STORES	ADMINITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.08	5.09	5.10	5.11	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG						1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG						1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.06	00515	NONPATIENT TELEPHONES						5.06
5.08	00517	PURCHASING, RECEIVING AND STORES	0					5.08
5.09	00518	ADMINITTING	0	775				5.09
5.10	00519	CASHIERING/ACCOUNTS RECEIVABLE	0	0	7,297			5.10
5.11	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	107,220		5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	3,851	10,585	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	628	123	8.00
9.00	00900	HOUSEKEEPING	0	0	0	2,540	224	9.00
10.00	01000	DIETARY	0	0	0	1,943	570	10.00
11.00	01100	CAFETERIA	0	0	0	1,230	467	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	4,517	236	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	232	563	14.00
15.00	01500	PHARMACY	0	0	0	17,554	189	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	3,381	197	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	363	86	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	1,946	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	279	456	11,432	978	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	4	174	2,586	312	50.00
53.00	05300	ANESTHESIOLOGY	0	2	98	125	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	98	1,408	7,889	740	54.00
54.01	03481	ONCOLOGY	0	0	71	2,336	261	54.01
56.00	05600	RADIOISOTOPE	0	6	158	1,309	108	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	135	1,450	8,517	380	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	46	192	2,609	128	65.00
65.01	06501	CARDIAC REHAB	0	0	27	320	142	65.01
66.00	06600	PHYSICAL THERAPY	0	68	406	4,200	1,814	66.00
69.00	06900	ELECTROCARDIOLOGY	0	4	59	220	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1	17	0	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	12	112	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	124	1,839	1,160	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	0	161	2,040	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	441	15,200	2,169	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	18	311	227	90.00
91.00	09100	EMERGENCY	0	9	326	7,672	249	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	775	7,297	106,240	10,163	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	0	17	172	192.00
192.01	19201	FITNESS CENTER	0	0	0	653	0	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	310	0	192.02
192.03	19203	LEASED SPACE	0	0	0	0	250	192.03
192.04	19204	VACANT SPACE	0	0	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141307			Period: From 05/01/2012 To 04/30/2013		Worksheet B Part II Date/Time Prepared: 9/6/2013 9:50 am	
Cost Center Description		PURCHASING, RECEIVING AND STORES 5.08	ADMITTING 5.09	CASHIERING/ACC OUNTS RECEIVABLE 5.10	OTHER ADMINISTRATIVE AND GENERAL 5.11	MAINTENANCE & REPAIRS 6.00		
202.00	TOTAL (sum lines 118-201)	0	775	7,297	107,220	10,585	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet B
Part II
Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG					1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG					1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG					1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.06	00515	NONPATIENT TELEPHONES					5.06
5.08	00517	PURCHASING, RECEIVING AND STORES					5.08
5.09	00518	ADMITTING					5.09
5.10	00519	CASHIERING/ACCOUNTS RECEIVABLE					5.10
5.11	00560	OTHER ADMINISTRATIVE AND GENERAL					5.11
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,028				8.00
9.00	00900	HOUSEKEEPING	457	4,671			9.00
10.00	01000	DIETARY	112	440	10,360		10.00
11.00	01100	CAFETERIA	0	0	5,854	12,363	11.00
13.00	01300	NURSING ADMINISTRATION	0	2	0	855	5,610
14.00	01400	CENTRAL SERVICES & SUPPLY	0	31	0	90	0
15.00	01500	PHARMACY	0	51	0	347	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	55	0	1,078	0
17.00	01700	SOCIAL SERVICE	0	0	0	101	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,894	1,247	3,988	2,411	3,631
41.00	04100	SUBPROVIDER - IIRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	53	335	50	273	403
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	145	239	0	714	0
54.01	03481	ONCOLOGY	0	160	122	343	533
56.00	05600	RADIOISOTOPE	0	0	0	102	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	1	204	0	916	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	15	121	0	344	0
65.01	06501	CARDIAC REHAB	0	31	0	35	0
66.00	06600	PHYSICAL THERAPY	66	377	0	775	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	18	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03950	SENIOR LIFE SOLUTIONS	0	83	346	270	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	714	0	2,764	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	38	60
91.00	09100	EMERGENCY	217	581	0	681	983
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,960	4,671	10,360	12,156	5,610
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	FITNESS CENTER	68	0	0	166	0
192.02	19202	RETAIL PHARMACY	0	0	0	41	0
192.03	19203	LEASED SPACE	0	0	0	0	0
192.04	19204	VACANT SPACE	0	0	0	0	0
192.05	19205	MEALS ON WHEELS	0	0	0	0	0
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	3,028	4,671	10,360	12,363	5,610

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet B
Part II
Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
1.04	00104						1.04
2.00	00200						2.00
4.00	00400						4.00
5.06	00515						5.06
5.08	00517						5.08
5.09	00518						5.09
5.10	00519						5.10
5.11	00560						5.11
6.00	00600						6.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400	4,060					14.00
15.00	01500	120	25,045				15.00
16.00	01600	0	0	9,469			16.00
17.00	01700	0	0	0	550		17.00
19.00	01900	0	0	0	0	1,946	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	997	0	2,027	496		30.00
41.00	04100	0	0	0	0		41.00
42.00	04200	0	0	0	0		42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	675	0	138	0		50.00
53.00	05300	0	0	0	0		53.00
54.00	05400	493	0	2,104	0		54.00
54.01	03481	238	0	1,683	46		54.01
56.00	05600	0	0	0	0		56.00
57.00	05700	0	0	0	0		57.00
58.00	05800	0	0	0	0		58.00
59.00	05900	0	0	0	0		59.00
60.00	06000	0	0	0	0		60.00
60.01	06001	0	0	0	0		60.01
65.00	06500	192	0	245	0		65.00
65.01	06501	0	0	0	0		65.01
66.00	06600	73	0	0	7		66.00
69.00	06900	0	0	0	0		69.00
70.00	07000	0	0	0	0		70.00
71.00	07100	0	0	0	0		71.00
72.00	07200	0	0	0	0		72.00
73.00	07300	0	25,045	0	0		73.00
76.00	03950	0	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	714	0	0	0		88.00
89.00	08900	0	0	0	0		89.00
90.00	09000	0	0	0	0		90.00
91.00	09100	558	0	3,272	0		91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0		109.00
110.00	11000	0	0	0	0		110.00
111.00	11100	0	0	0	0		111.00
113.00	11300						113.00
118.00		4,060	25,045	9,469	549	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0		190.00
192.00	19200	0	0	0	0		192.00
192.01	19201	0	0	0	0		192.01
192.02	19202	0	0	0	0		192.02
192.03	19203	0	0	0	1		192.03
192.04	19204	0	0	0	0		192.04
192.05	19205	0	0	0	0		192.05
192.06	19206	0	0	0	0		192.06
200.00						1,946	200.00
201.00		0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141307			Period: From 05/01/2012 To 04/30/2013		Worksheet B Part II Date/Time Prepared: 9/6/2013 9:50 am	
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS		
202.00	TOTAL (sum lines 118-201)	4,060	25,045	9,469	550	1,946		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet B
Part II
Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG				1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG				1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG				1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG				1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.06	00515	NONPATIENT TELEPHONES				5.06
5.08	00517	PURCHASING, RECEIVING AND STORES				5.08
5.09	00518	ADMITTING				5.09
5.10	00519	CASHIERING/ACCOUNTS RECEIVABLE				5.10
5.11	00560	OTHER ADMINISTRATIVE AND GENERAL				5.11
6.00	00600	MAINTENANCE & REPAIRS				6.00
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
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	67,768	0	67,768	30.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,504	0	12,504	50.00
53.00	05300	ANESTHESIOLOGY	1,676	0	1,676	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	146,936	0	146,936	54.00
54.01	03481	ONCOLOGY	9,944	0	9,944	54.01
56.00	05600	RADIOISOTOPE	1,683	0	1,683	56.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	54,502	0	54,502	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	10,193	0	10,193	65.00
65.01	06501	CARDIAC REHAB	6,670	0	6,670	65.01
66.00	06600	PHYSICAL THERAPY	20,449	0	20,449	66.00
69.00	06900	ELECTROCARDIOLOGY	6,278	0	6,278	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19	0	19	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	124	0	124	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,168	0	28,168	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	7,316	0	7,316	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	82,974	0	82,974	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	654	0	654	90.00
91.00	09100	EMERGENCY	18,197	0	18,197	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	476,055	0	476,055	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,638	0	1,638	192.00
192.01	19201	FITNESS CENTER	1,477	0	1,477	192.01
192.02	19202	RETAIL PHARMACY	351	0	351	192.02
192.03	19203	LEASED SPACE	251	0	251	192.03
192.04	19204	VACANT SPACE	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	192.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet B
Part II
Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
200.00	Cross Foot Adjustments	1,946	0	1,946	200.00
201.00	Negative Cost Centers	-19,926	0	-19,926	201.00
202.00	TOTAL (sum lines 118-201)	461,792	0	461,792	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet B-1
Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	NEW NEW BLDG (SQUARE FEET)	NEW PT BLDG (SQUARE FEET)	NEW RHC BLDG (SQUARE FEET)	15 N MAIN BLDG (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	38,413				1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG	0	27,391			1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG	0	0	7,828		1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG	0	0	0	19,702	1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG	0	0	0	0	3,360
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS	0	0	0	0	4.00
5.06	00515	NONPATIENT TELEPHONES	0	0	0	0	5.06
5.08	00517	PURCHASING, RECEIVING AND STORES	787	0	0	0	5.08
5.09	00518	ADMITTING	400	0	0	0	5.09
5.10	00519	CASHIERING/ACCOUNTS RECEIVABLE	400	0	0	2,024	5.10
5.11	00560	OTHER ADMINISTRATIVE AND GENERAL	11,658	8,917	0	7,827	1,680
6.00	00600	MAINTENANCE & REPAIRS	4,468	2,470	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	561	0	0	8.00
9.00	00900	HOUSEKEEPING	890	127	0	0	9.00
10.00	01000	DIETARY	0	2,592	0	0	10.00
11.00	01100	CAFETERIA	0	2,122	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,073	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	867	1,693	0	0	14.00
15.00	01500	PHARMACY	0	858	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	896	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	392	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	4,442	0	0	30.00
41.00	04100	SUBPROVIDER - IIRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,417	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,361	0	0	0	54.00
54.01	03481	ONCOLOGY	0	1,188	0	0	54.01
56.00	05600	RADIOISOTOPE	490	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
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	1,726	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	580	0	0	65.00
65.01	06501	CARDIAC REHAB	0	646	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	415	7,828	0	66.00
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	03950	SENIOR LIFE SOLUTIONS	0	0	0	0	1,680
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	9,851	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	1,033	0	0	0	90.00
91.00	09100	EMERGENCY	1,132	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	30,990	26,611	7,828	19,702	3,360
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	780	0	0	192.00
192.01	19201	FITNESS CENTER	0	0	0	0	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	0	192.02
192.03	19203	LEASED SPACE	1,134	0	0	0	192.03
192.04	19204	VACANT SPACE	6,289	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	192.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet B-1

Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	NEW NEW BLDG (SQUARE FEET)	NEW PT BLDG (SQUARE FEET)	NEW RHC BLDG (SQUARE FEET)	15 N MAIN BLDG (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	-19,926	50,870	8,693	71,035	6,425	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	1.857179	1.110501	3.605472	1.912202	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)						204.00
205.00	Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet B-1
Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS (GROSS SALARIE)	NONPATIENT TELEPHONES (# OF PHONES)	PURCHASING, RECEIVING AND STORES (COST OF SUPPLIE)	ADMITTING (GROSS I/P CHARGES)		
	MVBLE EQUIP (DEPRECIATI I ION)						
	2.00	4.00	5.06	5.08	5.09		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01 00101	NEW CAP REL COSTS-NEW BLDG					1.01	
1.02 00102	NEW CAP REL COSTS-PT BLDG					1.02	
1.03 00103	NEW CAP REL COSTS-RHC BLDG					1.03	
1.04 00104	CAP REL COSTS-15 N MAIN BLDG					1.04	
2.00 00200	CAP REL COSTS-MVBLE EQUIP	410,725				2.00	
4.00 00400	EMPLOYEE BENEFITS	0	8,294,975			4.00	
5.06 00515	NONPATIENT TELEPHONES	0	0	162		5.06	
5.08 00517	PURCHASING, RECEIVING AND STORES	0	36,838	1	810,467	5.08	
5.09 00518	ADMITTING	923	139,678	3	6,489	4,468,793	5.09
5.10 00519	CASHIERING/ACCOUNTS RECEIVABLE	0	359,219	10	5,093	0	5.10
5.11 00560	OTHER ADMINISTRATIVE AND GENERAL	70,573	461,640	19	41,463	0	5.11
6.00 00600	MAINTENANCE & REPAIRS	2,558	199,193	3	6,672	0	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,472	55,768	0	3,829	0	8.00
9.00 00900	HOUSEKEEPING	1,446	258,963	4	26,711	0	9.00
10.00 01000	DIETARY	2,956	218,422	4	24,615	0	10.00
11.00 01100	CAFETERIA	1,038	89,172	1	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	485,266	4	4,005	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	21,048	1	2,417	0	14.00
15.00 01500	PHARMACY	6,185	213,977	3	9,116	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,669	346,502	7	4,090	0	16.00
17.00 01700	SOCIAL SERVICE	0	38,363	1	346	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	35,368	1,084,602	7	75,931	1,603,362	30.00
41.00 04100	SUBPROVIDER - IIRF	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	8,938	332,511	6	51,393	21,857	50.00
53.00 05300	ANESTHESIOLOGY	1,729	0	0	4,072	9,671	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	158,603	396,862	12	37,485	568,499	54.00
54.01 03481	ONCOLOGY	2,318	235,272	2	18,095	514	54.01
56.00 05600	RADIOISOTOPE	0	60,995	0	54,202	36,612	56.00
57.00 05700	CT SCAN	0	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	51,117	407,587	6	308,918	782,419	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	6,225	204,242	9	14,612	264,517	65.00
65.01 06501	CARDIAC REHAB	5,857	21,511	0	120	0	65.01
66.00 06600	PHYSICAL THERAPY	3,812	409,983	7	5,538	395,410	66.00
69.00 06900	ELECTROCARDIOLOGY	7,122	7,695	0	505	20,461	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	370	0	1,105	250	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	715,667	73.00
76.00 03950	SENIOR LIFE SOLUTIONS	1,435	139,166	4	2,665	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	30,330	1,523,650	38	54,309	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	0	29,917	0	3,297	0	90.00
91.00 09100	EMERGENCY	4,348	429,458	9	42,477	49,554	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	410,022	8,207,870	161	809,570	4,468,793	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	802	0	0	0	192.00
192.01 19201	FITNESS CENTER	703	63,270	1	897	0	192.01
192.02 19202	RETAIL PHARMACY	0	23,033	0	0	0	192.02
192.03 19203	LEASED SPACE	0	0	0	0	0	192.03
192.04 19204	VACANT SPACE	0	0	0	0	0	192.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet B-1

Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIE)	NONPATIENT TELEPHONES (# OF PHONES)	PURCHASING, RECEIVING AND STORES (COST OF SUPPLIE)	ADMITTING (GROSS I/P CHARGES)	
		MVBLE EQUIP (DEPRECIATI I ION)						
		2.00		4.00	5.06	5.08	5.09	
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	344,695	2,229,701	77,727	47,722	186,309	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.839235	0.268801	479.796296	0.058882	0.041691	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		0	0	0	775	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.000000	0.000000	0.000000	0.000173	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet B-1

Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (HOURS OF SERVICE)	
			5.10	5A.11	5.11	6.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG						1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG						1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG						1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.06	00515	NONPATIENT TELEPHONES						5.06
5.08	00517	PURCHASING, RECEIVING AND STORES						5.08
5.09	00518	ADMITTING						5.09
5.10	00519	CASHIERING/ACCOUNTS RECEIVABLE	30,652,436					5.10
5.11	00560	OTHER ADMINISTRATIVE AND GENERAL	0	-1,437,935	15,207,583			5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	546,279	48,094		6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	89,064	561	39,175	8.00
9.00	00900	HOUSEKEEPING	0	0	360,288	1,017	5,910	9.00
10.00	01000	DIETARY	0	0	275,546	2,592	1,455	10.00
11.00	01100	CAFETERIA	0	0	174,509	2,122	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	640,696	1,073	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	32,945	2,560	0	14.00
15.00	01500	PHARMACY	0	0	2,488,800	858	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	479,622	896	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	51,489	392	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	275,973	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,917,475	0	1,621,622	4,442	24,500	30.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	730,175	0	366,833	1,417	690	50.00
53.00	05300	ANESTHESIOLOGY	411,917	0	17,774	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,917,754	0	1,118,999	3,361	1,870	54.00
54.01	03481	ONCOLOGY	300,135	0	331,309	1,188	0	54.01
56.00	05600	RADIOISOTOPE	662,183	0	185,604	490	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	6,091,159	0	1,208,103	1,726	10	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	804,938	0	370,087	580	190	65.00
65.01	06501	CARDIAC REHAB	111,854	0	45,345	646	0	65.01
66.00	06600	PHYSICAL THERAPY	1,705,988	0	595,769	8,243	860	66.00
69.00	06900	ELECTROCARDIOLOGY	246,677	0	31,227	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,500	0	2,410	0	0	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	50,802	0	15,861	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,722,441	0	164,583	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	676,287	0	289,422	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	1,853,512	0	2,156,058	9,851	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	74,739	0	44,122	1,033	0	90.00
91.00	09100	EMERGENCY	1,370,900	0	1,088,179	1,132	2,810	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	30,652,436	-1,437,935	15,068,518	46,180	38,295	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	2,467	780	0	192.00
192.01	19201	FITNESS CENTER	0	0	92,655	0	880	192.01
192.02	19202	RETAIL PHARMACY	0	0	43,943	0	0	192.02
192.03	19203	LEASED SPACE	0	0	0	1,134	0	192.03
192.04	19204	VACANT SPACE	0	0	0	0	0	192.04
192.05	19205	MEALS ON WHEELS	0	0	0	0	0	192.05
192.06	19206	15 N MAIN BUILDING	0	0	0	0	0	192.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet B-1

Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (HOURS OF SERVICE)	
		5.10	5A.11	5.11	6.00	8.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	534,804		1,437,935	597,932	104,460	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.017447		0.094554	12.432570	2.666496	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	7,297		107,220	10,585	3,028	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000238		0.007050	0.220090	0.077294	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet B-1
Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description		HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
1.04	00104						1.04
2.00	00200						2.00
4.00	00400						4.00
5.06	00515						5.06
5.08	00517						5.08
5.09	00518						5.09
5.10	00519						5.10
5.11	00560						5.11
6.00	00600						6.00
8.00	00800						8.00
9.00	00900	2,540					9.00
10.00	01000	239	47,349				10.00
11.00	01100	0	26,758	12,814			11.00
13.00	01300	1	0	886	75,535		13.00
14.00	01400	17	0	93	0	308,956	14.00
15.00	01500	28	0	360	0	9,116	15.00
16.00	01600	30	0	1,117	0	0	16.00
17.00	01700	0	0	105	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	678	18,226	2,499	48,891	75,931	30.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	182	227	283	5,421	51,393	50.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	130	0	740	0	37,485	54.00
54.01	03481	87	558	356	7,170	18,095	54.01
56.00	05600	0	0	106	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	111	0	949	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	66	0	357	0	14,612	65.00
65.01	06501	17	0	36	0	0	65.01
66.00	06600	205	0	803	0	5,538	66.00
69.00	06900	0	0	19	0	0	69.00
70.00	07000	0	0	1	0	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	03950	45	1,580	280	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	388	0	2,865	0	54,309	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	39	812	0	90.00
91.00	09100	316	0	706	13,241	42,477	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
118.00		2,540	47,349	12,600	75,535	308,956	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	172	0	0	192.01
192.02	19202	0	0	42	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
192.05	19205	0	0	0	0	0	192.05
192.06	19206	0	0	0	0	0	192.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet B-1

Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description		HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.00	10.00	11.00	13.00	14.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	422,758	377,484	430,716	744,563	73,842	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	166.440157	7.972375	33.612923	9.857192	0.239005	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4,671	10,360	12,363	5,610	4,060	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.838976	0.218801	0.964804	0.074270	0.013141	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet B-1
Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
1.01	00101					1.01
1.02	00102					1.02
1.03	00103					1.03
1.04	00104					1.04
2.00	00200					2.00
4.00	00400					4.00
5.06	00515					5.06
5.08	00517					5.08
5.09	00518					5.09
5.10	00519					5.10
5.11	00560					5.11
6.00	00600					6.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500	2,115,016				15.00
16.00	01600	0	4,671			16.00
17.00	01700	0	0	1,764		17.00
19.00	01900	0	0	0	100	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	0	1,000	1,592		30.00
41.00	04100	0	0	0		41.00
42.00	04200	0	0	0		42.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	0	68	0	0	50.00
53.00	05300	0	0	0	100	53.00
54.00	05400	0	1,038	0	0	54.00
54.01	03481	0	830	146	0	54.01
56.00	05600	0	0	0	0	56.00
57.00	05700	0	0	0	0	57.00
58.00	05800	0	0	0	0	58.00
59.00	05900	0	0	0	0	59.00
60.00	06000	0	0	0	0	60.00
60.01	06001	0	0	0	0	60.01
65.00	06500	0	121	0	0	65.00
65.01	06501	0	0	0	0	65.01
66.00	06600	0	0	22	0	66.00
69.00	06900	0	0	0	0	69.00
70.00	07000	0	0	0	0	70.00
71.00	07100	0	0	0	0	71.00
72.00	07200	0	0	0	0	72.00
73.00	07300	2,115,016	0	0	0	73.00
76.00	03950	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	0	0	0	0	88.00
89.00	08900	0	0	0	0	89.00
90.00	09000	0	0	0	0	90.00
91.00	09100	0	1,614	0	0	91.00
92.00	09200	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900	0	0	0	0	109.00
110.00	11000	0	0	0	0	110.00
111.00	11100	0	0	0	0	111.00
113.00	11300	0	0	0	0	113.00
118.00		2,115,016	4,671	1,760	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	0	0	0	0	190.00
192.00	19200	0	0	0	0	192.00
192.01	19201	0	0	0	0	192.01
192.02	19202	0	0	0	0	192.02
192.03	19203	0	0	4	0	192.03
192.04	19204	0	0	0	0	192.04
192.05	19205	0	0	0	0	192.05
192.06	19206	0	0	0	0	192.06
200.00						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet B-1

Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,753,728	578,651	64,760	302,067	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.301989	123.881610	36.712018	3,020.670000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	25,045	9,469	550	1,946	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.011842	2.027189	0.311791	19.460000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet C
Part I
Date/Time Prepared:
9/6/2013 9:50 am

		Title XVIII		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		2,920,062	0	0	30.00
41.00	04100	SUBPROVIDER - IRF		0	0	0	41.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		536,733	0	0	50.00
53.00	05300	ANESTHESIOLOGY		321,522	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,455,636	0	0	54.00
54.01	03481	ONCOLOGY		591,484	0	0	54.01
56.00	05600	RADIOISOTOPE		212,809	0	0	56.00
57.00	05700	CT SCAN		0	0	0	57.00
58.00	05800	MRI		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000	LABORATORY		1,394,194	0	0	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	454,265	0	0	65.00
65.01	06501	CARDIAC REHAB	0	61,703	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	820,119	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY		34,819	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		2,672	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		17,361	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		2,933,873	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS		346,286	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC		2,656,252	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000	CLINIC		70,452	0	0	90.00
91.00	09100	EMERGENCY		1,629,579	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		194,227	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100	ISLET ACQUISITION		0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	0	16,654,048	0	0	200.00
201.00		Less Observation Beds		194,227			201.00
202.00		Total (see instructions)	0	16,459,821	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet C
Part I
Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	Cost
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,602,254		1,602,254		30.00
41.00	04100	SUBPROVIDER - I RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	21,857	708,318	730,175	0.735074	50.00
53.00	05300	ANESTHESIOLOGY	9,671	402,246	411,917	0.780550	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	568,499	5,349,255	5,917,754	0.245978	54.00
54.01	03481	ONCOLOGY	514	299,621	300,135	1.970727	54.01
56.00	05600	RADIOISOTOPE	36,612	625,571	662,183	0.321375	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	782,419	5,308,740	6,091,159	0.228888	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	264,517	540,421	804,938	0.564348	65.00
65.01	06501	CARDIAC REHAB	0	111,854	111,854	0.551639	65.01
66.00	06600	PHYSICAL THERAPY	395,410	1,310,578	1,705,988	0.480730	66.00
69.00	06900	ELECTROCARDIOLOGY	20,461	226,216	246,677	0.141152	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	250	3,250	3,500	0.763429	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	50,802	50,802	0.341739	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	715,667	7,006,774	7,722,441	0.379915	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	676,287	676,287	0.512040	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	1,853,512	1,853,512		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	74,739	74,739	0.942640	90.00
91.00	09100	EMERGENCY	49,554	1,321,346	1,370,900	1.188693	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,108	314,113	315,221	0.616161	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	4,468,793	26,183,643	30,652,436		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	4,468,793	26,183,643	30,652,436		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141307	Period: From 05/01/2012 To 04/30/2013	Worksheet C Part I Date/Time Prepared: 9/6/2013 9:50 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03481 ONCOLOGY	0.000000		54.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
65.01	06501 CARDIAC REHAB	0.000000		65.01
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
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	03950 SENIOR LIFE SOLUTIONS	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF			99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet C
Part I
Date/Time Prepared:
9/6/2013 9:50 am

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	2,920,062		2,920,062	0	0 30.00
41.00	04100 SUBPROVIDER - IRF	0		0	0	0 41.00
42.00	04200 SUBPROVIDER	0		0	0	0 42.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	536,733		536,733	0	0 50.00
53.00	05300 ANESTHESIOLOGY	321,522		321,522	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,455,636		1,455,636	0	0 54.00
54.01	03481 ONCOLOGY	591,484		591,484	0	0 54.01
56.00	05600 RADIOISOTOPE	212,809		212,809	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
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0 59.00
60.00	06000 LABORATORY	1,394,194		1,394,194	0	0 60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0 60.01
65.00	06500 RESPIRATORY THERAPY	454,265	0	454,265	0	0 65.00
65.01	06501 CARDIAC REHAB	61,703	0	61,703	0	0 65.01
66.00	06600 PHYSICAL THERAPY	820,119	0	820,119	0	0 66.00
69.00	06900 ELECTROCARDIOLOGY	34,819		34,819	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,672		2,672	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	17,361		17,361	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,933,873		2,933,873	0	0 73.00
76.00	03950 SENIOR LIFE SOLUTIONS	346,286		346,286	0	0 76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	2,656,252		2,656,252	0	0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0 89.00
90.00	09000 CLINIC	70,452		70,452	0	0 90.00
91.00	09100 EMERGENCY	1,629,579		1,629,579	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	194,227		194,227	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF	0		0		0 99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0		0		0 109.00
110.00	11000 INTESTINAL ACQUISITION	0		0		0 110.00
111.00	11100 ISLET ACQUISITION	0		0		0 111.00
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	16,654,048	0	16,654,048	0	0 200.00
201.00	Less Observation Beds	194,227		194,227		0 201.00
202.00	Total (see instructions)	16,459,821	0	16,459,821	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet C
Part I
Date/Time Prepared:
9/6/2013 9:50 am

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,602,254		1,602,254		30.00
41.00	04100	SUBPROVIDER - I RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	21,857	708,318	730,175	0.735074	50.00
53.00	05300	ANESTHESIOLOGY	9,671	402,246	411,917	0.780550	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	568,499	5,349,255	5,917,754	0.245978	54.00
54.01	03481	ONCOLOGY	514	299,621	300,135	1.970727	54.01
56.00	05600	RADIOISOTOPE	36,612	625,571	662,183	0.321375	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	782,419	5,308,740	6,091,159	0.228888	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	264,517	540,421	804,938	0.564348	65.00
65.01	06501	CARDIAC REHAB	0	111,854	111,854	0.551639	65.01
66.00	06600	PHYSICAL THERAPY	395,410	1,310,578	1,705,988	0.480730	66.00
69.00	06900	ELECTROCARDIOLOGY	20,461	226,216	246,677	0.141152	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	250	3,250	3,500	0.763429	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	50,802	50,802	0.341739	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	715,667	7,006,774	7,722,441	0.379915	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	676,287	676,287	0.512040	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	1,853,512	1,853,512	1.433091	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	74,739	74,739	0.942640	90.00
91.00	09100	EMERGENCY	49,554	1,321,346	1,370,900	1.188693	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,108	314,113	315,221	0.616161	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	4,468,793	26,183,643	30,652,436		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	4,468,793	26,183,643	30,652,436		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141307	Period: From 05/01/2012 To 04/30/2013	Worksheet C Part I Date/Time Prepared: 9/6/2013 9:50 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03481 ONCOLOGY	0.000000		54.01
56.00	05600 RADIO SOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
65.01	06501 CARDIAC REHAB	0.000000		65.01
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
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	03950 SENIOR LIFE SOLUTIONS	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF			99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 141307	Period: From 05/01/2012 To 04/30/2013	Worksheet D Part II Date/Time Prepared: 9/6/2013 9:50 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	12,504	730,175	0.017125	10,038	172	50.00
53.00	05300 ANESTHESIOLOGY	1,676	411,917	0.004069	6,447	26	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	146,936	5,917,754	0.024830	380,112	9,438	54.00
54.01	03481 ONCOLOGY	9,944	300,135	0.033132	0	0	54.01
56.00	05600 RADIOISOTOPE	1,683	662,183	0.002542	21,306	54	56.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	54,502	6,091,159	0.008948	498,152	4,457	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	10,193	804,938	0.012663	140,512	1,779	65.00
65.01	06501 CARDIAC REHAB	6,670	111,854	0.059631	0	0	65.01
66.00	06600 PHYSICAL THERAPY	20,449	1,705,988	0.011987	67,050	804	66.00
69.00	06900 ELECTROCARDIOLOGY	6,278	246,677	0.025450	15,122	385	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	19	3,500	0.005429	250	1	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	124	50,802	0.002441	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	28,168	7,722,441	0.003648	396,029	1,445	73.00
76.00	03950 SENIOR LIFE SOLUTIONS	7,316	676,287	0.010818	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	82,974	1,853,512	0.044766	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	654	74,739	0.008750	0	0	90.00
91.00	09100 EMERGENCY	18,197	1,370,900	0.013274	167	2	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	315,221	0.000000	0	0	92.00
200.00	Total (lines 50-199)	408,287	29,050,182		1,535,185	18,563	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet D
Part IV
Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description			Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Cost
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	302,067	0	0	0	302,067	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03481	ONCOLOGY	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	CARDIAC REHAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	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	03950	SENIOR LIFE SOLUTIONS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	302,067	0	0	0	302,067	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet D
Part IV
Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Title XVIII		Hospital		Inpatient Program Charges	
			Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Cost		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	730,175	0.000000	0.000000	10,038	50.00
53.00	05300	ANESTHESIOLOGY	0	411,917	0.733320	0.000000	6,447	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,917,754	0.000000	0.000000	380,112	54.00
54.01	03481	ONCOLOGY	0	300,135	0.000000	0.000000	0	54.01
56.00	05600	RADIOISOTOPE	0	662,183	0.000000	0.000000	21,306	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	6,091,159	0.000000	0.000000	498,152	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	804,938	0.000000	0.000000	140,512	65.00
65.01	06501	CARDIAC REHAB	0	111,854	0.000000	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	0	1,705,988	0.000000	0.000000	67,050	66.00
69.00	06900	ELECTROCARDIOLOGY	0	246,677	0.000000	0.000000	15,122	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,500	0.000000	0.000000	250	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	50,802	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,722,441	0.000000	0.000000	396,029	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	676,287	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	1,853,512	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	74,739	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	1,370,900	0.000000	0.000000	167	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	315,221	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	29,050,182			1,535,185	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet D
Part IV
Date/Time Prepared:
9/6/2013 9:50 am

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)	Cost
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
53.00	05300 ANESTHESIOLOGY	4,728	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	03481 ONCOLOGY	0	0	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01	06501 CARDIAC REHAB	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00	03950 SENIOR LIFE SOLUTIONS	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
200.00	Total (lines 50-199)	4,728	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 141307	Period: From 05/01/2012 To 04/30/2013	Worksheet D Part V Date/Time Prepared: 9/6/2013 9:50 am
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		Title XVIII		Hospital		Cost	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)	
		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	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.735074	0	416,615	0	0	50.00
53.00	05300 ANESTHESIOLOGY	0.780550	0	309,698	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.245978	0	2,424,520	0	0	54.00
54.01	03481 ONCOLOGY	1.970727	0	238,279	0	0	54.01
56.00	05600 RADIOISOTOPE	0.321375	0	362,996	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.228888	0	2,920,417	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.564348	0	298,145	0	0	65.00
65.01	06501 CARDIAC REHAB	0.551639	0	66,484	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.480730	0	482,122	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.141152	0	138,086	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.763429	0	500	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.341739	0	39,819	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.379915	0	5,176,751	285	0	73.00
76.00	03950 SENIOR LIFE SOLUTIONS	0.512040	0	585,010	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000 CLINIC	0.942640	0	51,320	0	0	90.00
91.00	09100 EMERGENCY	1.188693	0	491,284	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.616161	0	163,696	0	0	92.00
200.00	Subtotal (see instructions)		0	14,165,742	285	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		0	14,165,742	285	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 141307	Period: From 05/01/2012 To 04/30/2013	Worksheet D Part V Date/Time Prepared: 9/6/2013 9:50 am
	Title XVIII	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	306,243	0		50.00
53.00 05300 ANESTHESIOLOGY	241,735	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	596,379	0		54.00
54.01 03481 ONCOLOGY	469,583	0		54.01
56.00 05600 RADIOISOTOPE	116,658	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	668,448	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	168,258	0		65.00
65.01 06501 CARDIAC REHAB	36,675	0		65.01
66.00 06600 PHYSICAL THERAPY	231,771	0		66.00
69.00 06900 ELECTROCARDIOLOGY	19,491	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	382	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	13,608	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,966,725	108		73.00
76.00 03950 SENIOR LIFE SOLUTIONS	299,549	0		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	48,376	0		90.00
91.00 09100 EMERGENCY	583,986	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	100,863	0		92.00
200.00 Subtotal (see instructions)	5,868,730	108		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (Line 200 +/- Line 201)	5,868,730	108		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 141307

Period: From 05/01/2012

Worksheet D

Component CCN: 14Z307

To 04/30/2013

Part V
Date/Time Prepared:
9/6/2013 9:50 am

Title XVIII

Swing Beds - SNF

Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.735074	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.780550	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.245978	0	0	0	0
54.01 03481 ONCOLOGY	1.970727	0	0	0	0
56.00 05600 RADIOISOTOPE	0.321375	0	0	0	0
57.00 05700 CT SCAN	0.000000	0	0	0	0
58.00 05800 MRI	0.000000	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0
60.00 06000 LABORATORY	0.228888	0	0	0	0
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.564348	0	0	0	0
65.01 06501 CARDIAC REHAB	0.551639	0	0	0	0
66.00 06600 PHYSICAL THERAPY	0.480730	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.141152	0	0	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.763429	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.341739	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.379915	0	0	0	0
76.00 03950 SENIOR LIFE SOLUTIONS	0.512040	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00 09000 CLINIC	0.942640	0	0	0	0
91.00 09100 EMERGENCY	1.188693	0	0	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.616161	0	0	0	0
200.00 Subtotal (see instructions)		0	0	0	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 141307	Period: From 05/01/2012 To 04/30/2013	Worksheet D Part V Date/Time Prepared: 9/6/2013 9:50 am
		Component CCN: 14Z307	Title XVIII	Swing Beds - SNF
				Cost

Cost Center Description	Costs			Cost	
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03481	ONCOLOGY	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
65.01	06501	CARDIAC REHAB	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	66.00
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	03950	SENIOR LIFE SOLUTIONS	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141307	Period: From 05/01/2012 To 04/30/2013	Worksheet D-1 Date/Time Prepared: 9/6/2013 9:50 am
Cost Center Description		Title XVIII	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,777	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,714	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)		1,539	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)		917	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)		146	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,249	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)		917	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,920,062	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)		1,017,751	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,902,311	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		1,327,153	28.00
29.00	Private room charges (excluding swing-bed charges)		1,327,153	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.433377	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,902,311	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,109.87	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,386,228	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,386,228	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 141307	Period: From 05/01/2012 To 04/30/2013	Worksheet D-1 Date/Time Prepared: 9/6/2013 9:50 am
Cost Center Description			Title XVIII		Hospital
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT				43.00
44.00	CORONARY CARE UNIT				44.00
45.00	BURN INTENSIVE CARE UNIT				45.00
46.00	SURGICAL INTENSIVE CARE UNIT				46.00
47.00	OTHER SPECIAL CARE (SPECIFY)				47.00
Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				491,291 48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				1,877,519 49.00
PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				0 50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				0 51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				0 52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				0 53.00
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges				0 54.00
55.00	Target amount per discharge				0.00 55.00
56.00	Target amount (line 54 x line 55)				0 56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0 57.00
58.00	Bonus payment (see instructions)				0 58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00 59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00 60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0 61.00
62.00	Relief payment (see instructions)				0 62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0 63.00
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				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)				1,017,751 65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				1,017,751 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)				175 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,109.87 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				194,227 89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet D-1
Date/Time Prepared:
9/6/2013 9:50 am

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141307	Period: From 05/01/2012 To 04/30/2013	Worksheet D-3 Date/Time Prepared: 9/6/2013 9:50 am
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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		1,055,692		30.00
41.00	04100 SUBPROVIDER - I RF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.735074	10,038	7,379	50.00
53.00	05300 ANESTHESIOLOGY	0.780550	6,447	5,032	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.245978	380,112	93,499	54.00
54.01	03481 ONCOLOGY	1.970727	0	0	54.01
56.00	05600 RADIOISOTOPE	0.321375	21,306	6,847	56.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.228888	498,152	114,021	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.564348	140,512	79,298	65.00
65.01	06501 CARDIAC REHAB	0.551639	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.480730	67,050	32,233	66.00
69.00	06900 ELECTROCARDIOLOGY	0.141152	15,122	2,135	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.763429	250	191	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.341739	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.379915	396,029	150,457	73.00
76.00	03950 SENIOR LIFE SOLUTIONS	0.512040	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.942640	0	0	90.00
91.00	09100 EMERGENCY	1.188693	167	199	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.616161	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,535,185	491,291	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		1,535,185		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141307	Period: From 05/01/2012 To 04/30/2013	Worksheet D-3	
		Component CCN: 14Z307		Date/Time Prepared: 9/6/2013 9:50 am	
Cost Center Description		Title XVIII	Swing Beds - SNF	Cost	
		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		0	30.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.735074	0	50.00
53.00	05300	ANESTHESIOLOGY	0.780550	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.245978	51,718	54.00
54.01	03481	ONCOLOGY	1.970727	0	54.01
56.00	05600	RADIOISOTOPE	0.321375	4,430	56.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.228888	129,211	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.564348	86,046	65.00
65.01	06501	CARDIAC REHAB	0.551639	0	65.01
66.00	06600	PHYSICAL THERAPY	0.480730	282,777	66.00
69.00	06900	ELECTROCARDIOLOGY	0.141152	3,513	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.763429	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.341739	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.379915	218,498	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0.512040	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.942640	0	90.00
91.00	09100	EMERGENCY	1.188693	1	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.616161	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		776,194	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		776,194	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141307	Period: From 05/01/2012 To 04/30/2013	Worksheet E Part B Date/Time Prepared: 9/6/2013 9:50 am
		Title VIII	Hospital	Cost
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			5,868,838 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	PPS payments			0 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			5,868,838 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			5,927,526 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			30,657 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			2,242,294 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			3,654,575 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			3,654,575 30.00
31.00	Primary payer payments			657 31.00
32.00	Subtotal (line 30 minus line 31)			3,653,918 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)			435,555 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			435,555 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			393,752 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			4,089,473 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.98	AB Re-billing demo amount (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)			4,089,473 40.00
41.00	Interim payments			4,103,226 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)			-13,753 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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
9/6/2013 9:50 am

		Title XVIII		Hospital		Cost	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		1,811,516		4,351,527	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	10/11/2012	31,214		0	3.01	
3.02		03/13/2013	9,484		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	10/11/2012	180,435	3.50	
3.51			0	03/13/2013	67,866	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)		40,698		-248,301	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,852,214		4,103,226	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		158,492		13,753	6.02	
7.00	Total Medicare program liability (see instructions)		1,693,722		4,089,473	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 141307
Component CCN: 14Z307

Period:
From 05/01/2012
To 04/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
9/6/2013 9:50 am

Title XVIII Swing Beds - SNF Cost

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,430,033		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	10/11/2012	12,264		0	3.01
3.02		03/13/2013	12,353		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)		24,617		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,454,650		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		133,772		0	6.02
7.00	Total Medicare program liability (see instructions)		1,320,878		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet E-1
Part II
Date/Time Prepared:
9/6/2013 9:50 am

		Title XVIII	Hospital	Cost	
				1.00	
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS					
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION					
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			437	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			1,249	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			27	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			1,539	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			30,652,436	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			456,733	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			234,796	7.00
8.00	Calculation of the HIT incentive payment (see instructions)			234,796	8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH					
30.00	Initial/interim HIT payment adjustment (see instructions)			74,625	30.00
31.00	Other Adjustment (specify)			0	31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			160,171	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

Provider CCN: 141307

Period:

Worksheet E-2

Component CCN: 14Z307

From 05/01/2012
To 04/30/2013

Date/Time Prepared:
9/6/2013 9:50 am

Title XVIII

Swing Beds - SNF

Cost

		Part A	Part B	
		1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	1,027,929	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, column 3, line 200 for Part A, and sum of Wkst. D, Part V, columns 5 and 7, line 202 for Part B) (For CAH, see instructions)	314,844	0	3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	917	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	1,342,773	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	1,342,773	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	1,342,773	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	21,895	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	1,320,878	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
17.00	Reimbursable bad debts (see instructions)	0	0	17.00
18.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (sum of lines 15 and 17, plus/minus line 16)	1,320,878	0	19.00
20.00	Interim payments	1,454,650	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program (line 19 minus the sum of lines 20 and 21)	-133,772	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	0	23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141307	Period: From 05/01/2012 To 04/30/2013	Worksheet E-3 Part V Date/Time Prepared: 9/6/2013 9:50 am
		Title XVIII	Hospital	Cost
		1.00		
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT (CAHs)				
1.00	Inpatient services		1,877,519	1.00
2.00	Nursing and Allied Health Managed Care payment (see instruction)		0	2.00
3.00	Organ acquisition		0	3.00
4.00	Subtotal (sum of lines 1 thru 3)		1,877,519	4.00
5.00	Primary payer payments		0	5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)		1,896,294	6.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
7.00	Routine service charges		0	7.00
8.00	Ancillary service charges		0	8.00
9.00	Organ acquisition charges, net of revenue		0	9.00
10.00	Total reasonable charges		0	10.00
Customary charges				
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	11.00
12.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)		0.000000	13.00
14.00	Total customary charges (see instructions)		0	14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)		0	15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)		0	16.00
17.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	17.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)		1,896,294	19.00
20.00	Deductibles (exclude professional component)		241,504	20.00
21.00	Excess reasonable cost (from line 16)		0	21.00
22.00	Subtotal (line 19 minus line 20)		1,654,790	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (line 22 minus line 23)		1,654,790	24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		38,932	25.00
26.00	Adjusted reimbursable bad debts (see instructions)		38,932	26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		27,422	27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)		1,693,722	28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	29.00
29.99	Recovery of Accelerated Depreciation		0	29.99
30.00	Subtotal (line 28, plus or minus lines 29)		1,693,722	30.00
31.00	Interim payments		1,852,214	31.00
32.00	Tentative settlement (for contractor use only)		0	32.00
33.00	Balance due provider/program (line 30 minus the sum of lines 31, and 32)		-158,492	33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	34.00

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

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet G

Date/Time Prepared:
9/6/2013 9:50 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	3,127,390	0	0	0	1.00
2.00	Temporary investments	1,905,309	0	0	141,976	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	2,525,549	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	189,338	0	0	0	7.00
8.00	Prepaid expenses	446,573	0	0	0	8.00
9.00	Other current assets	31,435	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)	8,225,594	0	0	141,976	11.00
FIXED ASSETS						
12.00	Land	650,483	0	0	0	12.00
13.00	Land improvements	246,028	0	0	0	13.00
14.00	Accumulated depreciation	-229,432	0	0	0	14.00
15.00	Buildings	7,674,241	0	0	0	15.00
16.00	Accumulated depreciation	-5,073,392	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	4,988,751	0	0	0	23.00
24.00	Accumulated depreciation	-3,858,082	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	1,082,493	0	0	0	27.00
28.00	Accumulated depreciation	-903,824	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)	4,577,266	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	4,017,632	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,017,632	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	16,820,492	0	0	141,976	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	429,048	0	0	0	37.00
38.00	Salaries, wages, and fees payable	873,004	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	78,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	586,680	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,966,732	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	164,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	164,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	2,130,732	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	14,689,760	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	141,976	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	14,689,760	0	0	141,976	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	16,820,492	0	0	141,976	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet G-1

Date/Time Prepared:
9/6/2013 9:50 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		13,221,304		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		1,470,296			2.00
3.00	Total (sum of line 1 and line 2)		14,691,600		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		14,691,600		0	11.00
12.00	Deductions (debit adjustments) (specify)	1,840		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		1,840		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		14,689,760		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		140,136		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		140,136		3.00
4.00	Additions (credit adjustments) (specify)		1,840			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		1,840		10.00
11.00	Subtotal (line 3 plus line 10)	0		141,976		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			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		141,976		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet G-2
Parts I & II
Date/Time Prepared:
9/6/2013 9:50 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	1,327,153		1,327,153	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	275,101		275,101	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	1,602,254		1,602,254	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	1,602,254		1,602,254	17.00
18.00	Ancillary services	2,815,877	22,619,933	25,435,810	18.00
19.00	Outpatient services	50,662	1,710,198	1,760,860	19.00
20.00	RURAL HEALTH CLINIC	0	1,853,512	1,853,512	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL REVENUE	1,407,144	0	1,407,144	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	5,875,937	26,183,643	32,059,580	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		18,278,678		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		18,278,678		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet G-3

Date/Time Prepared:
9/6/2013 9:50 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	32,059,580	1.00
2.00	Less contractual allowances and discounts on patients' accounts	13,316,980	2.00
3.00	Net patient revenues (line 1 minus line 2)	18,742,600	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	18,278,678	4.00
5.00	Net income from service to patients (line 3 minus line 4)	463,922	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	6,940	6.00
7.00	Income from investments	62,086	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	98,577	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	148,779	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	224	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	334	21.00
22.00	Rental of hospital space	19,078	22.00
23.00	Governmental appropriations	305,703	23.00
24.00	OTHER (SPECIFY)	364,653	24.00
25.00	Total other income (sum of lines 6-24)	1,006,374	25.00
26.00	Total (line 5 plus line 25)	1,470,296	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	1,470,296	29.00

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

Provider CCN: 141307

Period: From 05/01/2012

Worksheet M-1

Component CCN: 143412

To 04/30/2013

Date/Time Prepared: 9/6/2013 9:50 am

				Rural Health Clinic (RHC) I		Cost	
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassified	Reclassified	
		1.00	2.00	3.00	4.00	5.00	
						Reclassified Trial Balance (col. 3 + col. 4)	
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	844,907	808	845,715	-198,887	646,828	1.00
2.00	Physician Assistant	255,346	0	255,346	0	255,346	2.00
3.00	Nurse Practitioner	15,364	0	15,364	0	15,364	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	268,922	0	268,922	0	268,922	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	19,262	19,262	0	19,262	9.00
10.00	Subtotal (sum of lines 1-9)	1,384,539	20,070	1,404,609	-198,887	1,205,722	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11-13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	57,101	57,101	-2,800	54,301	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	31,559	31,559	0	31,559	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	88,660	88,660	-2,800	85,860	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	1,384,539	108,730	1,493,269	-201,687	1,291,582	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	336,430	9,055	345,485	-2,172	343,313	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	336,430	9,055	345,485	-2,172	343,313	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	1,720,969	117,785	1,838,754	-203,859	1,634,895	32.00

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

Provider CCN: 141307

Period:
From 05/01/2012
To 04/30/2013

Worksheet M-1

Component CCN: 143412

Date/Time Prepared:
9/6/2013 9:50 am

Rural Health
Clinic (RHC) I

Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	646,828	1.00
2.00	Physician Assistant	0	255,346	2.00
3.00	Nurse Practitioner	0	15,364	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	268,922	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	19,262	9.00
10.00	Subtotal (sum of lines 1-9)	0	1,205,722	10.00
11.00	Physician Services Under Agreement	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	0	13.00
14.00	Subtotal (sum of lines 11-13)	0	0	14.00
15.00	Medical Supplies	0	54,301	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	31,559	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	85,860	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	1,291,582	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	-3,139	340,174	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-3,139	340,174	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-3,139	1,631,756	32.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 141307	Period: From 05/01/2012 To 04/30/2013	Worksheet M-2
		Component CCN: 143412		Date/Time Prepared: 9/6/2013 9:50 am
			Rural Health Clinic (RHC) I	Cost

	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY						
Positions						
1.00	Physician	2.03	9,646	4,200	8,526	1.00
2.00	Physician Assistant	1.71	6,108	2,100	3,591	2.00
3.00	Nurse Practitioner	0.29	782	2,100	609	3.00
4.00	Subtotal (sum of lines 1-3)	4.03	16,536		12,726	4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	0.00	0		0	6.00
7.00	Clinical Social Worker	0.00	0		0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4-7)	4.03	16,536		16,536	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)			1,291,582	10.00
11.00	Total nonreimbursable costs (from Worksheet M-1, column 7, line 28)			0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)			1,291,582	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)			340,174	14.00
15.00	Parent provider overhead allocated to facility (see instructions)			1,024,496	15.00
16.00	Total overhead (sum of lines 14 and 15)			1,364,670	16.00
17.00	Allowable GME overhead (see instructions)			0	17.00
18.00	Subtract line 17 from line 16			1,364,670	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)			1,364,670	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)			2,656,252	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 141307 Component CCN: 143412	Period: From 05/01/2012 To 04/30/2013	Worksheet M-3 Date/Time Prepared: 9/6/2013 9:50 am
		Title XVIII	Rural Health Clinic (RHC) I	Cost
				1.00
DETERMINATION OF RATE FOR RHC/FQHC SERVICES				
1.00	Total Allowable Cost of RHC/FQHC Services (from Worksheet M-2, line 20)		2,656,252	1.00
2.00	Cost of vaccines and their administration (from Worksheet M-4, line 15)		29,496	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		2,626,756	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		16,536	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)		16,536	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		158.85	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)	78.54	79.17	8.00
9.00	Rate for Program covered visits (see instructions)	158.85	158.85	9.00
CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)	5,262	0	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	835,869	0	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)		0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *		835,869	16.00
16.01	Total program charges (see instructions)(from contractor's records)		487,200	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		621,974	16.04
16.05	Total program cost (see instructions)		621,974	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		58,401	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		85,760	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		621,974	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		9,309	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		631,283	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)		631,283	26.00
27.00	Interim payments		600,900	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)		30,383	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: 141307 Component CCN: 143412	Period: From 05/01/2012 To 04/30/2013	Worksheet M-4 Date/Time Prepared: 9/6/2013 9:50 am
		Title XVIII	Rural Health Clinic (RHC) I	Cost
		Pneumococcal 1.00	Influenza 2.00	
1.00	Health care staff cost (from Worksheet M-1, column 7, line 10)	1,205,722	1,205,722	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.000235	0.002274	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	283	2,742	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	4,093	7,224	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	4,376	9,966	5.00
6.00	Total direct cost of the facility (from Worksheet M-1, column 7, line 22)	1,291,582	1,291,582	6.00
7.00	Total overhead (from Worksheet M-2, line 16)	1,364,670	1,364,670	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.003388	0.007716	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	4,624	10,530	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	9,000	20,496	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	44	429	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	204.55	47.78	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	10	152	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	2,046	7,263	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)		29,496	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of columns 1 and 2, line 14) (transfer this amount to Worksheet M-3, line 21)		9,309	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 141307 Component CCN: 143412	Period: From 05/01/2012 To 04/30/2013	Worksheet M-5 Date/Time Prepared: 9/6/2013 9:50 am
		Rural Health Clinic (RHC) I	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		562,277	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		10/11/2012	27,311	3.01
3.02		03/13/2013	11,312	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)		38,623	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		600,900	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		30,383	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		631,283	7.00
		Contractor Number	Date (Mo/Day/Yr)	
		0	1.00	2.00
8.00	Name of Contractor			8.00