

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 05/01/2013 To 04/30/2014	Worksheet S Parts I-III Date/Time Prepared: 9/3/2014 10:53 am
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 9/3/2014	Time: 10:53 am
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 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 05/01/2013 and ending 04/30/2014 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 XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	68,442	-397,720	54,268	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	88,067	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
10.00 RURAL HEALTH CLINIC I	0	0	48,549	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	156,509	-349,171	54,268	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 05/01/2013 To 04/30/2014	Worksheet S-2 Part I Date/Time Prepared: 9/3/2014 10:52 am
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1.00	Hospital and Hospital Health Care Complex Address:	2.00	3.00	4.00	1.00
2.00	Street: 101 N. WALNUT ST. City: PINCKNEYVILLE	PO Box: State: IL	Zip Code: 62274-1034	County: PERRY	2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	PINCKNEYVILLE COMMUNITY HOSPITAL	141307	99914	1	11/30/2000	N	0	0	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF	PINCKNEYVILLE CRITICAL ACC SWING BED	14Z307	99914		02/06/2001	N	0	N	7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC	PINCKNEYVILLE HOSPITAL RHC	143412	99914		03/27/1995	N	0	N	15.00
16.00	Hospital-Based Health Clinic - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					05/01/2013	04/30/2014	20.00	
21.00	Type of Control (see instructions)					11		21.00	

Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N	N	22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							22.01	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2	N	23.00	

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00	0	0	0	0	0	0	24.00
25.00	0	0	0	0	0	0	25.00

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		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	2				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	2				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					39.00
		V	XVII	XIX		
		1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
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
<b>Teaching Hospitals</b>						
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	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>							
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	
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>							
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 Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. 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
		Program Name	Program Code	Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	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 associated with primary care FTEs for each primary care program in which you trained residents. 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

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(see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)</td> <td></td> <td></td> <td>0</td> </tr> <tr> <td colspan="6">Inpatient Rehabilitation Facility PPS</td> </tr> <tr> <td>75.00</td> <td>Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.</td> <td></td> <td></td> <td>N</td> </tr> <tr> <td>76.00</td> <td>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. 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(see instructions) Enter "Y" for yes or "N" for no in the applicable column.</td> <td></td> <td></td> <td>N</td> </tr> <tr> <td>93.00</td> <td>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.</td> <td></td> <td>N</td> <td>N</td> </tr> <tr> <td>94.00</td> <td>Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.</td> <td></td> <td>N</td> <td>N</td> </tr> <tr> <td>95.00</td> <td>If line 94 is "Y", enter the reduction percentage in the applicable column.</td> <td></td> <td>0.00</td> <td>0.00</td> </tr> </tbody> </table> </td> </tr> </tbody> </table> </td></tr></tbody></table>								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.			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		V	XIX			
		1.00	2.00			
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. Rural Providers	0.00	0.00	97.00		
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	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	
				1.00	2.00	3.00
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. 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		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			Y		
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		
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	45,299	483	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 high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y		
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N		
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.					
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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.					

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		1.00		2.00									
All Providers													
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			N		140.00							
		1.00		2.00		3.00							
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.													
141.00	Name:		Contractor's Name:		Contractor's Number:			141.00					
142.00	Street:		PO Box:					142.00					
143.00	City:		State:		Zip Code:			143.00					
		1.00		2.00		3.00							
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00							
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			N		145.00							
		1.00		2.00									
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N		146.00							
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00							
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00							
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00							
		Part A		Part B		Title V		Title XIX					
		1.00		2.00		3.00		4.00					
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)													
155.00	Hospital		N		N		N		155.00				
156.00	Subprovider - IPF		N		N		N		156.00				
157.00	Subprovider - IRF		N		N		N		157.00				
158.00	SUBPROVIDER								158.00				
159.00	SNF		N		N		N		159.00				
160.00	HOME HEALTH AGENCY		N		N		N		160.00				
161.00	CMHC								161.00				
161.10	CORF				N		N		161.10				
		1.00		2.00		3.00		4.00					
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	
		1.00		2.00		3.00		4.00		5.00			
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)			60,329		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							
		Beginning		Ending									
		1.00		2.00									
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			10/01/2013		09/30/2014		170.00					

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 141307	Period: From 05/01/2013 To 04/30/2014	Worksheet S-2 Part II Date/Time Prepared: 9/3/2014 10:52 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	
		Description	Y/N	Date	Y/N
		0	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	06/11/2014	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 05/01/2013  
To 04/30/2014

Worksheet S-2  
Part II  
Date/Time Prepared:  
9/3/2014 10:52 am

	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	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			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
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			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
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			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
<b>Cost Report Preparer Contact Information</b>					
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.	REBECCA		HAVLI CEK	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.	414.290.8025		RHAVLI CEK@WI PFLI .COM	43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
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)	06/11/2014	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	
<b>Cost Report Preparer Contact Information</b>			
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 05/01/2013  
To 04/30/2014

Worksheet S-3  
Part I  
Date/Time Prepared:  
9/3/2014 10:52 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P 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)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	25	9,125	33,788.25	0	1.00
2.00 HMO and other (see instructions)						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	33,788.25	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	33,788.25	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	17.00
18.00 SUBPROVIDER	42.00	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
24.10 HOSPICE (non-distinct part)	30.00					24.10
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)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet S-3  
Part I  
Date/Time Prepared:  
9/3/2014 10:52 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title VIII	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)(see instructions for col. 2 for the portion of LDP room available beds)	946	99	1,430			1.00
2.00 HMO and other (see instructions)	68	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	1,061	0	1,061			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	161			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	2,007	99	2,652			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)	2,007	99	2,652	0.00	149.88	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
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	5,001	3,292	16,852	0.00	27.89	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	177.77	27.00
28.00 Observation Bed Days		7	105			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			39			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet S-3  
Part I  
Date/Time Prepared:  
9/3/2014 10:52 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)(see instructions for col. 2 for the portion of LDP room available beds)			0	253	32	416	1.00
2.00 HMO and other (see instructions)				19			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		253	32	416	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0		0	0	0	17.00
18.00 SUBPROVIDER	0.00	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
24.10 HOSPICE (non-distinct part)							24.10
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
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
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 05/01/2013 To 04/30/2014	Worksheet S-8 Date/Time Prepared: 9/3/2014 10:52 am
			Rural Health Clinic (RHC) I	Cost

				1.00		
1.00	Clinic Address and Identification		101 NORTH WALNUT STREET			1.00
		Street	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		
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)		08:30		18:00	08:30
		Clinic				11.00
				1.00		
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. 100-04, 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				Total Visits	14.00
		Y/N	V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)		N		0	0
			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)		18:00		08:30	18:00
		Clinic				11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 141307 Component CCN: 143412	Period: From 05/01/2013 To 04/30/2014	Worksheet S-8 Date/Time Prepared: 9/3/2014 10:52 am Cost
		Rural Health Clinic (RHC) I	

	Friday		Saturday				
	from	to	from	to			
	11.00	11.00	12.00	13.00			14.00
11.00	Facility hours of operations (1) Clinic		08:30	18:00	09:00	12:00	11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 141307	Period: From 05/01/2013 To 04/30/2014	Worksheet S-10 Date/Time Prepared: 9/3/2014 10:52 am
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.533133	1.00	
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		1,011,129	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		58,264	5.00	
6.00	Medicaid charges		2,930,099	6.00	
7.00	Medicaid cost (line 1 times line 6)		1,562,132	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)		492,739	8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		282,100	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		492,739	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	324,393	60,186	384,579	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	172,945	32,087	205,032	21.00
22.00	Partial payment by patients approved for charity care	15	0	15	22.00
23.00	Cost of charity care (line 21 minus line 22)	172,930	32,087	205,017	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		937,874	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		393,726	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		544,148	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		290,103	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		495,120	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		987,859	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet A  
Date/Time Prepared:  
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Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		150,891	150,891	-145,290	5,601	1.00
1.01	00101		0	0	82,505	82,505	1.01
1.02	00102		0	0	9,084	9,084	1.02
1.03	00103		0	0	89,585	89,585	1.03
1.04	00104		0	0	6,491	6,491	1.04
2.00	00200		428,300	428,300	0	428,300	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	65,431	2,318,455	2,383,886	0	2,383,886	4.00
5.06	00515	0	71,893	71,893	0	71,893	5.06
5.08	00517	38,623	135	38,758	0	38,758	5.08
5.09	00518	151,615	6,236	157,851	0	157,851	5.09
5.10	00519	375,849	75,428	451,277	0	451,277	5.10
5.11	00560	540,350	858,849	1,399,199	-31,628	1,367,571	5.11
6.00	00600	215,751	308,303	524,054	0	524,054	6.00
8.00	00800	51,915	8,670	60,585	0	60,585	8.00
9.00	00900	252,747	32,686	285,433	0	285,433	9.00
10.00	01000	287,278	120,760	408,038	-227,318	180,720	10.00
11.00	01100	0	0	0	227,318	227,318	11.00
13.00	01300	501,558	24,324	525,882	0	525,882	13.00
14.00	01400	20,950	4,507	25,457	0	25,457	14.00
15.00	01500	193,772	1,917,546	2,111,318	0	2,111,318	15.00
16.00	01600	356,639	50,145	406,784	0	406,784	16.00
17.00	01700	26,287	4,456	30,743	0	30,743	17.00
19.00	01900	0	277,869	277,869	0	277,869	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,150,944	79,146	1,230,090	217,067	1,447,157	30.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	125,802	204,638	330,440	-14,830	315,610	50.00
53.00	05300	0	7,948	7,948	0	7,948	53.00
54.00	05400	421,770	335,234	757,004	0	757,004	54.00
54.01	03481	232,038	345,333	577,371	0	577,371	54.01
56.00	05600	59,504	84,800	144,304	0	144,304	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	369,496	499,954	869,450	5,283	874,733	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	221,188	82,405	303,593	0	303,593	65.00
65.01	06501	21,152	126	21,278	0	21,278	65.01
66.00	06600	451,201	21,505	472,706	0	472,706	66.00
69.00	06900	6,211	15,239	21,450	0	21,450	69.00
70.00	07000	278	1,543	1,821	0	1,821	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	14,830	14,830	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03950	125,355	104,952	230,307	0	230,307	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	1,814,382	129,452	1,943,834	-222,350	1,721,484	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	28,280	3,818	32,098	0	32,098	90.00
91.00	09100	428,179	1,107,244	1,535,423	0	1,535,423	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
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		10,747	10,747	-10,747	0	113.00
118.00		8,534,545	9,693,537	18,228,082	0	18,228,082	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	53	0	53	0	53	192.00
192.01	19201	61,337	2,672	64,009	0	64,009	192.01
192.02	19202	22,388	0	22,388	0	22,388	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 05/01/2013 To 04/30/2014		Worksheet A Date/Time Prepared: 9/3/2014 10:52 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)	8,618,323	9,696,209	18,314,532	0	18,314,532	200.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet A  
Date/Time Prepared:  
9/3/2014 10:52 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	5,601	1.00
1.01	00101	NEW CAP REL COSTS-NEW BLDG	0	82,505	1.01
1.02	00102	NEW CAP REL COSTS-PT BLDG	0	9,084	1.02
1.03	00103	NEW CAP REL COSTS-RHC BLDG	-10,747	78,838	1.03
1.04	00104	CAP REL COSTS-15 N MAIN BLDG	0	6,491	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-73,680	354,620	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	2,383,886	4.00
5.06	00515	NONPATIENT TELEPHONES	0	71,893	5.06
5.08	00517	PURCHASING, RECEIVING AND STORES	0	38,758	5.08
5.09	00518	ADMITTING	0	157,851	5.09
5.10	00519	CASHIERING/ACCOUNTS RECEIVABLE	0	451,277	5.10
5.11	00560	OTHER ADMINISTRATIVE AND GENERAL	-100,577	1,266,994	5.11
6.00	00600	MAINTENANCE & REPAIRS	-29,757	494,297	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	60,585	8.00
9.00	00900	HOUSEKEEPING	-54	285,379	9.00
10.00	01000	DIETARY	-53,060	127,660	10.00
11.00	01100	CAFETERIA	0	227,318	11.00
13.00	01300	NURSING ADMINISTRATION	0	525,882	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-59	25,398	14.00
15.00	01500	PHARMACY	-42,472	2,068,846	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-86	406,698	16.00
17.00	01700	SOCIAL SERVICE	0	30,743	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	277,869	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-206,090	1,241,067	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-72,015	243,595	50.00
53.00	05300	ANESTHESIOLOGY	0	7,948	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-7,444	749,560	54.00
54.01	03481	ONCOLOGY	-324,000	253,371	54.01
56.00	05600	RADIOISOTOPE	0	144,304	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	-13,257	861,476	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-6,641	296,952	65.00
65.01	06501	CARDIAC REHAB	0	21,278	65.01
66.00	06600	PHYSICAL THERAPY	-40,710	431,996	66.00
69.00	06900	ELECTROCARDIOLOGY	-9,632	11,818	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,821	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,830	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	230,307	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	-1,266	1,720,218	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	32,098	90.00
91.00	09100	EMERGENCY	-518,603	1,016,820	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>					
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	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-1,510,150	16,717,932	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	53	192.00
192.01	19201	FITNESS CENTER	0	64,009	192.01
192.02	19202	RETAIL PHARMACY	0	22,388	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)	-1,510,150	16,804,382	200.00

RECLASSIFICATIONS

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet A-6

Date/Time Prepared:  
9/3/2014 10:52 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - INTEREST EXPENSE</b>					
1.00	NEW CAP REL COSTS-RHC BLDG	1.03	0	10,747	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	10,747	
<b>B - CAFETERIA RECLASS</b>					
1.00	CAFETERIA	11.00	160,043	67,275	1.00
	TOTALS		160,043	67,275	
<b>C - RHC PHYSICIAN RECLASS</b>					
1.00	ADULTS & PEDIATRICS	30.00	206,090	10,977	1.00
	TOTALS		206,090	10,977	
<b>D - DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-NEW BLDG	1.01	0	58,962	1.00
2.00	NEW CAP REL COSTS-PT BLDG	1.02	0	6,059	2.00
3.00	NEW CAP REL COSTS-RHC BLDG	1.03	0	74,150	3.00
4.00	CAP REL COSTS-15 N MAIN BLDG	1.04	0	6,119	4.00
	TOTALS		0	145,290	
<b>E - RHC LAB EXPENSE</b>					
1.00	LABORATORY	60.00	2,343	2,940	1.00
	TOTALS		2,343	2,940	
<b>F - PROPERTY INSURANCE RECLASS</b>					
1.00	NEW CAP REL COSTS-NEW BLDG	1.01	0	23,543	1.00
2.00	NEW CAP REL COSTS-PT BLDG	1.02	0	3,025	2.00
3.00	NEW CAP REL COSTS-RHC BLDG	1.03	0	4,688	3.00
4.00	CAP REL COSTS-15 N MAIN BLDG	1.04	0	372	4.00
	TOTALS		0	31,628	
<b>G - IMPLANTABLE DEVICES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	14,830	1.00
	TOTALS		0	14,830	
500.00	Grand Total: Increases		368,476	283,687	500.00

RECLASSIFICATIONS

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet A-6

Date/Time Prepared:  
9/3/2014 10:52 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - INTEREST EXPENSE</b>							
1.00	INTEREST EXPENSE	113.00	0	10,747		11	1.00
2.00		0.00	0	0		11	2.00
	TOTALS		0	10,747			
<b>B - CAFETERIA RECLASS</b>							
1.00	DIETARY	10.00	160,043	67,275		0	1.00
	TOTALS		160,043	67,275			
<b>C - RHC PHYSICIAN RECLASS</b>							
1.00	RURAL HEALTH CLINIC	88.00	206,090	10,977		0	1.00
	TOTALS		206,090	10,977			
<b>D - DEPRECIATION</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	145,290		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	145,290			
<b>E - RHC LAB EXPENSE</b>							
1.00	RURAL HEALTH CLINIC	88.00	2,343	2,940		0	1.00
	TOTALS		2,343	2,940			
<b>F - PROPERTY INSURANCE RECLASS</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.11	0	31,628		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	31,628			
<b>G - IMPLANTABLE DEVICES</b>							
1.00	OPERATING ROOM	50.00	0	14,830		0	1.00
	TOTALS		0	14,830			
500.00	Grand Total: Decreases		368,476	283,687			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet A-7  
Part I  
Date/Time Prepared:  
9/3/2014 10:52 am

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
		1.00	2.00	3.00			4.00
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	650,483	7,744	0	7,744	0	1.00
2.00	Land Improvements	246,028	0	0	0	0	2.00
3.00	Buildings and Fixtures	5,759,216	19,349	0	19,349	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	4,988,751	188,134	0	188,134	491,774	6.00
7.00	HIT designated Assets	1,082,493	60,329	0	60,329	0	7.00
8.00	Subtotal (sum of lines 1-7)	12,726,971	275,556	0	275,556	491,774	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	12,726,971	275,556	0	275,556	491,774	10.00
	Ending Balance		Fully Depreciated Assets				
	6.00		7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	658,227	0				1.00
2.00	Land Improvements	246,028	0				2.00
3.00	Buildings and Fixtures	5,778,565	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	4,685,111	0				6.00
7.00	HIT designated Assets	1,142,822	0				7.00
8.00	Subtotal (sum of lines 1-7)	12,510,753	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	12,510,753	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet A-7  
Part II  
Date/Time Prepared:  
9/3/2014 10:52 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	150,891	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	428,300	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	579,191	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	150,891				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	428,300				2.00
3.00	Total (sum of lines 1-2)	0	579,191				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet A-7  
Part III  
Date/Time Prepared:  
9/3/2014 10:52 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	5,759,217	0	5,759,217	0.537223	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	4,961,134	0	4,961,134	0.462777	0	2.00
3.00	Total (sum of lines 1-2)	10,720,351	0	10,720,351	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 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	5,601	0	1.00
1.01	NEW CAP REL COSTS-NEW BLDG	0	0	0	58,962	0	1.01
1.02	NEW CAP REL COSTS-PT BLDG	0	0	0	6,059	0	1.02
1.03	NEW CAP REL COSTS-RHC BLDG	0	0	0	74,150	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	354,620	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	505,511	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 cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	5,601	1.00
1.01	NEW CAP REL COSTS-NEW BLDG	0	23,543	0	0	82,505	1.01
1.02	NEW CAP REL COSTS-PT BLDG	0	3,025	0	0	9,084	1.02
1.03	NEW CAP REL COSTS-RHC BLDG	0	4,688	0	0	78,838	1.03
1.04	CAP REL COSTS-15 N MAIN BLDG	0	372	0	0	6,491	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	354,620	2.00
3.00	Total (sum of lines 1-2)	0	31,628	0	0	537,139	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet A-8

Date/Time Prepared:  
9/3/2014 10:52 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	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)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01 Investment income - NEW CAP REL COSTS-NEW BLDG (chapter 2)			0	NEW CAP REL COSTS-NEW BLDG	1.01	0	1.01
1.02 Investment income - NEW CAP REL COSTS-PT BLDG (chapter 2)			0	NEW CAP REL COSTS-PT BLDG	1.02	0	1.02
1.03 Investment income - NEW CAP REL COSTS-RHC BLDG (chapter 2)	B	-10,747	0	NEW CAP REL COSTS-RHC BLDG	1.03	11	1.03
1.04 Investment income - CAP REL COSTS-15 N MAIN BLDG (chapter 2)			0	CAP REL COSTS-15 N MAIN BLDG	1.04	0	1.04
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	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	-19,571	0	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)	A	-3,532	0	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	-1,132,525	0		0.00	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		0.00	0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-51,621	0	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	-83	0	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	-104	0	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	0	0	RESPIRATORY THERAPY	65.00	0	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	PHYSICAL THERAPY	66.00	0	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00	0	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01 Depreciation - NEW CAP REL COSTS-NEW BLDG			0	NEW CAP REL COSTS-NEW BLDG	1.01	0	26.01
26.02 Depreciation - NEW CAP REL COSTS-PT BLDG			0	NEW CAP REL COSTS-PT BLDG	1.02	0	26.02
26.03 Depreciation - NEW CAP REL COSTS-RHC BLDG			0	NEW CAP REL COSTS-RHC BLDG	1.03	0	26.03

ADJUSTMENTS TO EXPENSES

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet A-8

Date/Time Prepared:  
9/3/2014 10:52 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	0 30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00	0 30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	68.00	0 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	-73,680		CAP REL COSTS-MVBLE EQUIP	2.00	9 32.00
33.00		0			0.00	0 33.00
34.00 MISCELLANEOUS INCOME	B	-177		OTHER ADMINISTRATIVE AND GENERAL	5.11	0 34.00
35.00 COMMUNICATIONS REBATE	B	-1,432		OTHER ADMINISTRATIVE AND GENERAL	5.11	0 35.00
36.00 RHC RENT	B	-555		RURAL HEALTH CLINIC	88.00	0 36.00
37.00		0			0.00	0 37.00
38.00 CENTRAL SUPPLY REBATE	B	-59		CENTRAL SERVICES & SUPPLY	14.00	0 38.00
39.00 DIETARY REBATE	B	-1,433		DIETARY	10.00	0 39.00
40.00 MOBILE PET SCAN PAD RENTAL	B	-5,500		RADIOLOGY-DIAGNOSTIC	54.00	0 40.00
41.00 HOUSEKEEPING REBATE	B	-54		HOUSEKEEPING	9.00	0 41.00
42.00		0			0.00	0 42.00
43.00		0			0.00	0 43.00
44.00 NON-ALLOW LOBBY DUES	A	-12,780		OTHER ADMINISTRATIVE AND GENERAL	5.11	0 44.00
45.00 NON-ALLOW LOBBY DUES	A	-6		DIETARY	10.00	0 45.00
45.01 NON-ALLOW LOBBY DUES	A	-3		MEDICAL RECORDS & LIBRARY	16.00	0 45.01
45.02 NON-ALLOW LOBBY DUES	A	-15		OPERATING ROOM	50.00	0 45.02
45.03		0			0.00	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	-711		RURAL HEALTH CLINIC	88.00	0 45.05
45.06 GIFTS & DONATIONS	A	-12,897		OTHER ADMINISTRATIVE AND GENERAL	5.11	0 45.06
45.07 PROMOTIONAL ITEMS	A	-256		OTHER ADMINISTRATIVE AND GENERAL	5.11	0 45.07
45.08 OTHER ENTERTAINMENT	A	-6,544		OTHER ADMINISTRATIVE AND GENERAL	5.11	0 45.08
45.09 NON-ALLOW ADVERTISING	A	-40,601		OTHER ADMINISTRATIVE AND GENERAL	5.11	0 45.09
45.10 NON-ALLOW ADVERTISING SALARIES	A	-3,642		OTHER ADMINISTRATIVE AND GENERAL	5.11	0 45.10
45.11		0			0.00	0 45.11
45.12 COMMUNITY EDUCATION SALARY & EXP	A	-17,512		OTHER ADMINISTRATIVE AND GENERAL	5.11	0 45.12
45.13 OUTSIDE LAB SERVICES	B	-13,257		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	-40,710		PHYSICAL THERAPY	66.00	0 45.15
45.16		0			0.00	0 45.16
45.17 SPECIALTY CLINIC SERVICES	B	-4,441		RESPIRATORY THERAPY	65.00	0 45.17
45.18		0			0.00	0 45.18
45.19 DONATED AND TRIAL RX	A	-22,901		PHARMACY	15.00	0 45.19
45.20 X-RAY FILM RECYCLING	B	-586		RADIOLOGY-DIAGNOSTIC	54.00	0 45.20
45.21 VACANT SPACE UTILITY EXPENSES	A	-29,757		MAINTENANCE & REPAIRS	6.00	0 45.21
45.22 OUTSIDE IMAGING SERVICES	B	-883		RADIOLOGY-DIAGNOSTIC	54.00	0 45.22
45.23 OUTSIDE CT SERVICES	B	-446		RADIOLOGY-DIAGNOSTIC	54.00	0 45.23
45.24		0			0.00	0 45.24
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-1,510,150				0 50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

ADJUSTMENTS TO EXPENSES

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet A-8

Date/Time Prepared:  
9/3/2014 10:52 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	4.00	5.00

B. Amount Received - if cost cannot be determined.  
 (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.  
 Note: See instructions for column 5 referencing to Worksheet A-7.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet A-8-2

Date/Time Prepared:  
9/3/2014 10:52 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	30.00	DR. F	109,362	109,362	0	0	0	1.00
2.00	30.00	DR. R	52,976	52,976	0	0	0	2.00
3.00	30.00	DR. B	43,752	43,752	0	0	0	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	72,000	72,000	0	0	0	4.00
5.00	54.01	AGGREGATE-ONCOLOGY	324,000	324,000	0	0	0	5.00
6.00	60.00	AGGREGATE-LABORATORY	20,898	0	20,898	0	0	6.00
7.00	65.00	AGGREGATE-RESPIRATORY THERAPY	2,200	2,200	0	0	0	7.00
8.00	91.00	AGGREGATE-EMERGENCY	1,042,506	518,603	523,903	0	0	8.00
9.00	76.00	DR. J	28,125	0	28,125	0	0	9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	9,632	9,632	0	0	0	10.00
200.00			1,705,451	1,132,525	572,926		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	30.00	DR. F	0	0	0	0	0	1.00
2.00	30.00	DR. R	0	0	0	0	0	2.00
3.00	30.00	DR. B	0	0	0	0	0	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	4.00
5.00	54.01	AGGREGATE-ONCOLOGY	0	0	0	0	0	5.00
6.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	6.00
7.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	0	0	7.00
8.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	8.00
9.00	76.00	DR. J	0	0	0	0	0	9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	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	30.00	DR. F	0	0	0	109,362		1.00
2.00	30.00	DR. R	0	0	0	52,976		2.00
3.00	30.00	DR. B	0	0	0	43,752		3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	72,000		4.00
5.00	54.01	AGGREGATE-ONCOLOGY	0	0	0	324,000		5.00
6.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		6.00
7.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	2,200		7.00
8.00	91.00	AGGREGATE-EMERGENCY	0	0	0	518,603		8.00
9.00	76.00	DR. J	0	0	0	0		9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	9,632		10.00
200.00			0	0	0	1,132,525		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B  
Part I  
Date/Time Prepared:  
9/3/2014 10:52 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	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	5,601	5,601			1.00
1.01 00101	NEW CAP REL COSTS-NEW BLDG	82,505	0	82,505		1.01
1.02 00102	NEW CAP REL COSTS-PT BLDG	9,084	0	0	9,084	1.02
1.03 00103	NEW CAP REL COSTS-RHC BLDG	78,838	0	0	0	1.03
1.04 00104	CAP REL COSTS-15 N MAIN BLDG	6,491	0	0	0	1.04
2.00 00200	CAP REL COSTS-MVBLE EQUIP	354,620				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,383,886	0	0	0	4.00
5.06 00515	NONPATIENT TELEPHONES	71,893	0	0	0	5.06
5.08 00517	PURCHASING, RECEIVING AND STORES	38,758	115	0	0	5.08
5.09 00518	ADMINISTRATIVE	157,851	58	0	0	5.09
5.10 00519	CASHIERING/ACCOUNTS RECEIVABLE	451,277	58	0	0	5.10
5.11 00560	OTHER ADMINISTRATIVE AND GENERAL	1,266,994	1,701	26,859	0	5.11
6.00 00600	MAINTENANCE & REPAIRS	494,297	651	7,440	0	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	60,585	0	1,690	0	8.00
9.00 00900	HOUSEKEEPING	285,379	130	383	0	9.00
10.00 01000	DIETARY	127,660	0	7,807	0	10.00
11.00 01100	CAFETERIA	227,318	0	6,392	0	11.00
13.00 01300	NURSING ADMINISTRATION	525,882	156	0	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	25,398	126	5,100	0	14.00
15.00 01500	PHARMACY	2,068,846	0	2,584	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	406,698	131	0	0	16.00
17.00 01700	SOCIAL SERVICE	30,743	57	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	277,869	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	1,241,067	0	13,380	0	30.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	243,595	207	0	0	50.00
53.00 05300	ANESTHESIOLOGY	7,948	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	749,560	490	0	0	54.00
54.01 03481	ONCOLOGY	253,371	0	3,578	0	54.01
56.00 05600	RADIOISOTOPE	144,304	71	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	861,476	252	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	296,952	0	1,747	0	65.00
65.01 06501	CARDIAC REHAB	21,278	0	1,946	0	65.01
66.00 06600	PHYSICAL THERAPY	431,996	0	1,250	9,084	66.00
69.00 06900	ELECTROCARDIOLOGY	11,818	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,821	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	14,830	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03950	SENIOR LIFE SOLUTIONS	230,307	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	1,720,218	0	0	0	39,419
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	32,098	151	0	0	0
91.00 09100	EMERGENCY	1,016,820	165	0	0	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
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)	16,717,932	4,519	80,156	9,084	78,838
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	53	0	2,349	0	0
192.01 19201	FITNESS CENTER	64,009	0	0	0	0
192.02 19202	RETAIL PHARMACY	22,388	0	0	0	0
192.03 19203	LEASED SPACE	0	165	0	0	0
192.04 19204	VACANT SPACE	0	917	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B  
Part I  
Date/Time Prepared:  
9/3/2014 10:52 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	
		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		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	16,804,382	5,601	82,505	9,084	78,838	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B  
Part I  
Date/Time Prepared:  
9/3/2014 10:52 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND STORES	
			15 N MAIN BLDG	MVBLE EQUIP				
			1.04	2.00				
<b>GENERAL SERVICE COST CENTERS</b>								
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	6,491					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP		354,620				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	2,383,886			4.00
5.06	00515	NONPATIENT TELEPHONES	0	0	0	71,893		5.06
5.08	00517	PURCHASING, RECEIVING AND STORES	0	0	10,850	428	50,151	5.08
5.09	00518	ADMITTING	0	64	42,594	1,284	414	5.09
5.10	00519	CASHIERING/ACCOUNTS RECEIVABLE	0	0	105,588	4,707	1,160	5.10
5.11	00560	OTHER ADMINISTRATIVE AND GENERAL	3,246	52,547	145,410	8,559	2,923	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	2,118	60,612	1,284	367	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,070	14,585	0	101	8.00
9.00	00900	HOUSEKEEPING	0	200	71,005	1,712	1,761	9.00
10.00	01000	DIETARY	0	4,406	35,745	1,712	1,244	10.00
11.00	01100	CAFETERIA	0	176	44,961	428	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	140,904	1,712	236	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	5,886	428	212	14.00
15.00	01500	PHARMACY	0	5,121	54,437	1,712	881	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,694	100,192	2,996	352	16.00
17.00	01700	SOCIAL SERVICE	0	0	7,385	428	23	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	40,982	381,236	3,423	4,032	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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	13,910	35,342	1,712	2,853	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	328	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	119,084	118,489	5,135	2,433	54.00
54.01	03481	ONCOLOGY	0	1,919	65,187	1,284	1,210	54.01
56.00	05600	RADIOISOTOPE	0	0	16,717	0	3,257	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	37,784	104,462	2,568	17,432	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	4,877	62,139	3,851	964	65.00
65.01	06501	CARDIAC REHAB	0	4,849	5,942	0	8	65.01
66.00	06600	PHYSICAL THERAPY	0	2,856	114,242	2,996	358	66.00
69.00	06900	ELECTROCARDIOLOGY	0	8,728	1,745	0	33	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	78	0	56	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	3,245	1,188	35,216	1,712	199	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	33,194	451,165	17,543	4,273	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	7,945	0	254	90.00
91.00	09100	EMERGENCY	0	14,271	120,290	3,851	2,755	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
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)	6,491	354,038	2,360,349	71,465	50,119	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	15	0	0	192.00
192.01	19201	FITNESS CENTER	0	582	17,232	428	32	192.01
192.02	19202	RETAIL PHARMACY	0	0	6,290	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 05/01/2013  
To 04/30/2014

Worksheet B  
Part I  
Date/Time Prepared:  
9/3/2014 10:52 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND STORES	
	15 N MAIN BLDG	MVBLE EQUIP				
	1.04	2.00				
200.00   Cross Foot Adjustments			4.00	5.06	5.08	200.00
201.00   Negative Cost Centers	0	0	0	0	0	201.00
202.00   TOTAL (sum lines 118-201)	6,491	354,620	2,383,886	71,893	50,151	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B  
Part I  
Date/Time Prepared:  
9/3/2014 10:52 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	
<b>GENERAL SERVICE COST CENTERS</b>								
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 DEPARTMENT						4.00
5.06	00515	NONPATIENT TELEPHONES						5.06
5.08	00517	PURCHASING, RECEIVING AND STORES						5.08
5.09	00518	ADMINISTRATIVE	202,265					5.09
5.10	00519	CASHIERING/ACCOUNTS RECEIVABLE	0	570,889				5.10
5.11	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	1,539,559	1,539,559		5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	566,769	57,163	623,932	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	78,031	7,870	7,278	8.00
9.00	00900	HOUSEKEEPING	0	0	360,570	36,366	13,194	9.00
10.00	01000	DIETARY	0	0	178,574	18,010	33,626	10.00
11.00	01100	CAFETERIA	0	0	279,275	28,167	27,529	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	668,890	67,462	13,920	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	37,150	3,747	33,211	14.00
15.00	01500	PHARMACY	0	0	2,133,581	215,187	11,131	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	515,063	51,948	11,624	16.00
17.00	01700	SOCIAL SERVICE	0	0	38,636	3,897	5,085	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	277,869	28,025	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	68,896	34,383	1,787,399	180,272	57,627	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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	139	14,392	312,150	31,483	18,383	50.00
53.00	05300	ANESTHESIOLOGY	63	8,309	16,648	1,679	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,092	122,042	1,144,325	115,413	43,603	54.00
54.01	03481	ONCOLOGY	7	5,988	332,544	33,539	15,412	54.01
56.00	05600	RADIOISOTOPE	1,922	10,101	176,372	17,788	6,357	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	30,557	110,514	1,165,045	117,503	22,392	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	16,829	16,098	403,457	40,691	7,524	65.00
65.01	06501	CARDIAC REHAB	0	2,009	36,032	3,634	8,381	65.01
66.00	06600	PHYSICAL THERAPY	17,582	35,296	615,660	62,094	106,938	66.00
69.00	06900	ELECTROCARDIOLOGY	882	4,619	27,825	2,806	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12	57	2,024	204	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	960	15,790	1,593	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,187	124,261	159,448	16,081	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	12,191	284,058	28,649	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	39,333	2,305,145	232,485	127,799	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	952	41,400	4,175	13,401	90.00
91.00	09100	EMERGENCY	3,097	29,384	1,190,633	120,084	14,686	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
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)	202,265	570,889	16,689,922	1,528,015	599,101	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2,417	244	10,119	192.00
192.01	19201	FITNESS CENTER	0	0	82,283	8,299	0	192.01
192.02	19202	RETAIL PHARMACY	0	0	28,678	2,892	0	192.02
192.03	19203	LEASED SPACE	0	0	165	17	14,712	192.03
192.04	19204	VACANT SPACE	0	0	917	92	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			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B  
Part I  
Date/Time Prepared:  
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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)	202,265	570,889	16,804,382	1,539,559	623,932	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

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Part I  
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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	
<b>GENERAL SERVICE COST CENTERS</b>							
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 DEPARTMENT					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	93,179				8.00
9.00	00900	HOUSEKEEPING	15,016	425,146			9.00
10.00	01000	DIETARY	3,055	34,778	268,043		10.00
11.00	01100	CAFETERIA	0	0	160,157	495,128	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,420	0	35,017	786,709
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,307	0	3,674	0
15.00	01500	PHARMACY	0	4,968	0	12,819	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,968	0	45,140	0
17.00	01700	SOCIAL SERVICE	0	0	0	3,048	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	57,192	119,062	92,128	100,167	515,554
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,773	28,745	1,345	9,575	50,037
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,463	19,873	0	29,819	0
54.01	03481	ONCOLOGY	0	13,840	2,838	13,561	72,090
56.00	05600	RADIOISOTOPE	0	0	0	3,986	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	259	17,921	0	34,470	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	324	10,292	0	13,874	0
65.01	06501	CARDIAC REHAB	0	2,662	0	1,368	0
66.00	06600	PHYSICAL THERAPY	2,084	35,311	0	31,422	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	703	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	39	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	8,340	11,575	10,357	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	67,427	0	109,000	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	1,407	7,798
91.00	09100	EMERGENCY	5,916	53,232	0	27,162	141,230
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	91,082	425,146	268,043	486,608	786,709
<b>NONREIMBURSABLE COST CENTERS</b>							
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	2,097	0	0	6,722	0
192.02	19202	RETAIL PHARMACY	0	0	0	1,798	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					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	93,179	425,146	268,043	495,128	786,709

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B  
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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 DEPARTMENT						4.00
5.06	00515	NONPATIENT TELEPHONES						5.06
5.08	00517	PURCHASING, RECEIVING AND STORES						5.08
5.09	00518	ADMINITTING						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	80,089					14.00
15.00	01500	PHARMACY	3,566	2,381,252				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	628,743			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	50,666		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	305,894	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,317	0	195,205	48,194	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	11,545	0	9,656	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	305,894	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,848	0	24,139	0	0	54.00
54.01	03481	ONCOLOGY	4,897	0	127,454	2,472	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	3,899	0	13,840	0	0	65.00
65.01	06501	CARDIAC REHAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	1,449	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	2,381,252	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	17,292	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	11,147	0	258,449	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)	79,960	2,381,252	628,743	50,666	305,894	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	129	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	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
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 05/01/2013  
To 04/30/2014

Worksheet B  
Part I  
Date/Time Prepared:  
9/3/2014 10:52 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	
202.00   TOTAL (sum lines 118-201)	80,089	2,381,252	628,743	50,666	305,894	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B  
Part I  
Date/Time Prepared:  
9/3/2014 10:52 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	3,169,117	0	3,169,117	30.00
41.00	04100	0	0	0	41.00
42.00	04200	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	474,692	0	474,692	50.00
53.00	05300	324,221	0	324,221	53.00
54.00	05400	1,392,483	0	1,392,483	54.00
54.01	03481	618,647	0	618,647	54.01
56.00	05600	204,503	0	204,503	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	1,357,590	0	1,357,590	60.00
60.01	06001	0	0	0	60.01
65.00	06500	493,901	0	493,901	65.00
65.01	06501	52,077	0	52,077	65.01
66.00	06600	854,958	0	854,958	66.00
69.00	06900	31,334	0	31,334	69.00
70.00	07000	2,267	0	2,267	70.00
71.00	07100	0	0	0	71.00
72.00	07200	17,383	0	17,383	72.00
73.00	07300	2,556,781	0	2,556,781	73.00
76.00	03950	342,979	0	342,979	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	2,859,148	0	2,859,148	88.00
89.00	08900	0	0	0	89.00
90.00	09000	68,181	0	68,181	90.00
91.00	09100	1,822,539	0	1,822,539	91.00
92.00	09200	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>					
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		16,642,801	0	16,642,801	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	0	0	0	190.00
192.00	19200	12,780	0	12,780	192.00
192.01	19201	99,530	0	99,530	192.01
192.02	19202	33,368	0	33,368	192.02
192.03	19203	14,894	0	14,894	192.03
192.04	19204	1,009	0	1,009	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 05/01/2013  
To 04/30/2014

Worksheet B  
Part I  
Date/Time Prepared:  
9/3/2014 10:52 am

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	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	16,804,382	0	16,804,382	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B  
Part II  
Date/Time Prepared:  
9/3/2014 10:52 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	
<b>GENERAL SERVICE COST CENTERS</b>							
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 DEPARTMENT	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	115	0	0	5.08
5.09	00518	ADMINISTRATIVE	0	58	0	0	5.09
5.10	00519	CASHIERING/ACCOUNTS RECEIVABLE	0	58	0	0	5.10
5.11	00560	OTHER ADMINISTRATIVE AND GENERAL	0	1,701	26,859	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	651	7,440	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,690	0	8.00
9.00	00900	HOUSEKEEPING	0	130	383	0	9.00
10.00	01000	DIETARY	0	0	7,807	0	10.00
11.00	01100	CAFETERIA	0	0	6,392	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	156	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	126	5,100	0	14.00
15.00	01500	PHARMACY	0	0	2,584	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	131	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	57	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	0	13,380	0	30.00
41.00	04100	SUBPROVIDER - I R F	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	207	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	490	0	0	54.00
54.01	03481	ONCOLOGY	0	0	3,578	0	54.01
56.00	05600	RADIOISOTOPE	0	71	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	252	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	1,747	0	65.00
65.01	06501	CARDIAC REHAB	0	0	1,946	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	1,250	9,084	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	39,419	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	151	0	0	90.00
91.00	09100	EMERGENCY	0	165	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
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	4,519	80,156	9,084	78,838
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2,349	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	165	0	0	192.03
192.04	19204	VACANT SPACE	0	917	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 05/01/2013  
To 04/30/2014

Worksheet B  
Part II  
Date/Time Prepared:  
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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		0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	0	5,601	82,505	9,084	78,838	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B  
Part II  
Date/Time Prepared:  
9/3/2014 10:52 am

Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
	15 N MAIN BLDG	MVBLE EQUIP				
	1.04	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
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 DEPARTMENT	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	115	0	5.08
5.09 00518	ADMITTING	0	64	122	0	5.09
5.10 00519	CASHIERING/ACCOUNTS RECEIVABLE	0	0	8,157	0	5.10
5.11 00560	OTHER ADMINISTRATIVE AND GENERAL	3,246	52,547	115,673	0	5.11
6.00 00600	MAINTENANCE & REPAIRS	0	2,118	10,209	0	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	1,070	2,760	0	8.00
9.00 00900	HOUSEKEEPING	0	200	713	0	9.00
10.00 01000	DIETARY	0	4,406	12,213	0	10.00
11.00 01100	CAFETERIA	0	176	6,568	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	0	156	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	5,226	0	14.00
15.00 01500	PHARMACY	0	5,121	7,705	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	4,694	4,825	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	57	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	40,982	54,362	0	30.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	13,910	14,117	0	50.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	119,084	119,574	0	54.00
54.01 03481	ONCOLOGY	0	1,919	5,497	0	54.01
56.00 05600	RADIOISOTOPE	0	0	71	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	37,784	38,036	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	4,877	6,624	0	65.00
65.01 06501	CARDIAC REHAB	0	4,849	6,795	0	65.01
66.00 06600	PHYSICAL THERAPY	0	2,856	13,190	0	66.00
69.00 06900	ELECTROCARDIOLOGY	0	8,728	8,728	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	3,245	1,188	4,433	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	33,194	72,613	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	151	0	90.00
91.00 09100	EMERGENCY	0	14,271	14,436	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
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)	6,491	354,038	533,126	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	2,349	0	192.00
192.01 19201	FITNESS CENTER	0	582	582	0	192.01
192.02 19202	RETAIL PHARMACY	0	0	0	0	192.02
192.03 19203	LEASED SPACE	0	0	165	0	192.03
192.04 19204	VACANT SPACE	0	0	917	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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
	15 N MAIN BLDG	MVBLE EQUIP				
	1.04	2.00				
200.00	Cross Foot Adjustments		0			200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	6,491	354,620	537,139	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B  
Part II  
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9/3/2014 10:52 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	
<b>GENERAL SERVICE COST CENTERS</b>								
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 DEPARTMENT						4.00
5.06	00515	NONPATIENT TELEPHONES						5.06
5.08	00517	PURCHASING, RECEIVING AND STORES	115					5.08
5.09	00518	ADMINITTING	1	123				5.09
5.10	00519	CASHIERING/ACCOUNTS RECEIVABLE	3	0	8,160			5.10
5.11	00560	OTHER ADMINISTRATIVE AND GENERAL	7	0	0	115,680		5.11
6.00	00600	MAINTENANCE & REPAIRS	1	0	0	4,295	14,505	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	591	169	8.00
9.00	00900	HOUSEKEEPING	4	0	0	2,732	307	9.00
10.00	01000	DIETARY	3	0	0	1,353	782	10.00
11.00	01100	CAFETERIA	0	0	0	2,116	640	11.00
13.00	01300	NURSING ADMINISTRATION	1	0	0	5,069	324	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	282	772	14.00
15.00	01500	PHARMACY	2	0	0	16,168	259	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1	0	0	3,903	270	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	293	118	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	2,106	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	9	41	492	13,545	1,340	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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	7	0	206	2,365	427	50.00
53.00	05300	ANESTHESIOLOGY	1	0	119	126	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6	17	1,746	8,672	1,014	54.00
54.01	03481	ONCOLOGY	3	0	86	2,520	358	54.01
56.00	05600	RADIOISOTOPE	7	1	145	1,337	148	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	39	19	1,581	8,829	521	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	2	10	230	3,057	175	65.00
65.01	06501	CARDIAC REHAB	0	0	29	273	195	65.01
66.00	06600	PHYSICAL THERAPY	1	11	505	4,665	2,486	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1	66	211	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1	15	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	14	120	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	21	1,769	1,208	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	0	174	2,153	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	10	0	563	17,472	2,970	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1	0	14	314	312	90.00
91.00	09100	EMERGENCY	6	2	420	9,023	341	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
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)	115	123	8,160	114,813	13,928	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	18	235	192.00
192.01	19201	FITNESS CENTER	0	0	0	624	0	192.01
192.02	19202	RETAIL PHARMACY	0	0	0	217	0	192.02
192.03	19203	LEASED SPACE	0	0	0	1	342	192.03
192.04	19204	VACANT SPACE	0	0	0	7	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

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141307			Period: From 05/01/2013 To 04/30/2014		Worksheet B Part II Date/Time Prepared: 9/3/2014 10:52 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)	115	123	8,160	115,680	14,505	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B  
Part II  
Date/Time Prepared:  
9/3/2014 10:52 am

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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 DEPARTMENT					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	3,520				8.00
9.00	00900	HOUSEKEEPING	567	4,323			9.00
10.00	01000	DIETARY	115	354	14,820		10.00
11.00	01100	CAFETERIA	0	0	8,855	18,179	11.00
13.00	01300	NURSING ADMINISTRATION	0	14	0	1,286	6,850
14.00	01400	CENTRAL SERVICES & SUPPLY	0	23	0	135	0
15.00	01500	PHARMACY	0	51	0	471	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	51	0	1,657	0
17.00	01700	SOCIAL SERVICE	0	0	0	112	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	2,162	1,210	5,094	3,678	4,488
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	67	292	74	352	436
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	206	202	0	1,095	0
54.01	03481	ONCOLOGY	0	141	157	498	628
56.00	05600	RADIOISOTOPE	0	0	0	146	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	10	182	0	1,266	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	12	105	0	509	0
65.01	06501	CARDIAC REHAB	0	27	0	50	0
66.00	06600	PHYSICAL THERAPY	79	359	0	1,154	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	26	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	85	640	380	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	686	0	4,001	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	52	68
91.00	09100	EMERGENCY	223	541	0	997	1,230
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	3,441	4,323	14,820	17,866	6,850
<b>NONREIMBURSABLE COST CENTERS</b>							
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	79	0	0	247	0
192.02	19202	RETAIL PHARMACY	0	0	0	66	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)	3,520	4,323	14,820	18,179	6,850

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B  
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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	
<b>GENERAL SERVICE COST CENTERS</b>								
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 DEPARTMENT						4.00
5.06	00515	NONPATIENT TELEPHONES						5.06
5.08	00517	PURCHASING, RECEIVING AND STORES						5.08
5.09	00518	ADMINITTING						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	6,438					14.00
15.00	01500	PHARMACY	287	24,943				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	10,707			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	580		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	2,106	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,312	0	3,324	552		30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0	0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	928	0	164	0		50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	792	0	411	0		54.00
54.01	03481	ONCOLOGY	394	0	2,170	28		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	313	0	236	0		65.00
65.01	06501	CARDIAC REHAB	0	0	0	0		65.01
66.00	06600	PHYSICAL THERAPY	116	0	0	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	24,943	0	0		73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	0	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	1,390	0	0	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	896	0	4,402	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
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)	6,428	24,943	10,707	580	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201	FITNESS CENTER	10	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
192.06	19206	15 N MAIN BUILDING	0	0	0	0		192.06
200.00		Cross Foot Adjustments					2,106	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141307			Period: From 05/01/2013 To 04/30/2014		Worksheet B Part II Date/Time Prepared: 9/3/2014 10:52 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		
202.00	TOTAL (sum lines 118-201)	6,438	24,943	10,707	580	2,106		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	91,609	0	91,609	30.00
41.00	04100	0	0	0	41.00
42.00	04200	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	19,435	0	19,435	50.00
53.00	05300	246	0	246	53.00
54.00	05400	133,735	0	133,735	54.00
54.01	03481	12,480	0	12,480	54.01
56.00	05600	1,855	0	1,855	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	50,483	0	50,483	60.00
60.01	06001	0	0	0	60.01
65.00	06500	11,273	0	11,273	65.00
65.01	06501	7,369	0	7,369	65.01
66.00	06600	22,566	0	22,566	66.00
69.00	06900	9,032	0	9,032	69.00
70.00	07000	17	0	17	70.00
71.00	07100	0	0	0	71.00
72.00	07200	134	0	134	72.00
73.00	07300	27,941	0	27,941	73.00
76.00	03950	7,865	0	7,865	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	99,705	0	99,705	88.00
89.00	08900	0	0	0	89.00
90.00	09000	912	0	912	90.00
91.00	09100	32,517	0	32,517	91.00
92.00	09200		0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>					
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				113.00
118.00		529,174	0	529,174	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	0	0	0	190.00
192.00	19200	2,602	0	2,602	192.00
192.01	19201	1,542	0	1,542	192.01
192.02	19202	283	0	283	192.02
192.03	19203	508	0	508	192.03
192.04	19204	924	0	924	192.04
192.05	19205	0	0	0	192.05
192.06	19206	0	0	0	192.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B  
Part II  
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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	2,106	0	2,106	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	537,139	0	537,139	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B-1  
Date/Time Prepared:  
9/3/2014 10:52 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	
<b>GENERAL SERVICE COST CENTERS</b>							
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 DEPARTMENT	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
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
<b>ANCILLARY SERVICE COST CENTERS</b>							
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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
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
<b>NONREIMBURSABLE COST CENTERS</b>							
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 05/01/2013  
To 04/30/2014

Worksheet B-1

Date/Time Prepared:  
9/3/2014 10:52 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)	5,601	82,505	9,084	78,838	6,491	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.145810	3.012121	1.160450	4.001523	1.931845	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 05/01/2013  
To 04/30/2014

Worksheet B-1  
Date/Time Prepared:  
9/3/2014 10:52 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIE)	NONPATIENT TELEPHONES (# OF PHONES)	PURCHASING, RECEIVING AND STORES (COST OF SUPPLIE)	ADMITTING (GROSS I/P CHARGES)	
	MVBLE EQUIP (DEPRECIATI I ON)						
	2.00		4.00	5.06	5.08	5.09	
<b>GENERAL SERVICE COST CENTERS</b>							
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	428,300					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	8,485,589				4.00
5.06 00515	NONPATIENT TELEPHONES	0	0	168			5.06
5.08 00517	PURCHASING, RECEIVING AND STORES	0	38,623	1	754,872		5.08
5.09 00518	ADMITTING	77	151,615	3	6,236	4,566,130	5.09
5.10 00519	CASHIERING/ACCOUNTS RECEIVABLE	0	375,849	11	17,459	0	5.10
5.11 00560	OTHER ADMINISTRATIVE AND GENERAL	63,465	517,597	20	43,991	0	5.11
6.00 00600	MAINTENANCE & REPAIRS	2,558	215,751	3	5,522	0	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,292	51,915	0	1,514	0	8.00
9.00 00900	HOUSEKEEPING	241	252,747	4	26,512	0	9.00
10.00 01000	DIETARY	5,322	127,235	4	18,721	0	10.00
11.00 01100	CAFETERIA	213	160,043	1	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	501,558	4	3,555	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	20,950	1	3,188	0	14.00
15.00 01500	PHARMACY	6,185	193,772	4	13,265	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,669	356,639	7	5,301	0	16.00
17.00 01700	SOCIAL SERVICE	0	26,287	1	339	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	49,497	1,357,034	8	60,692	1,555,316	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
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	16,800	125,802	4	42,941	3,133	50.00
53.00 05300	ANESTHESIOLOGY	0	0	0	4,938	1,423	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	143,824	421,770	12	36,629	611,598	54.00
54.01 03481	ONCOLOGY	2,318	232,038	3	18,214	165	54.01
56.00 05600	RADIOISOTOPE	0	59,504	0	49,030	43,387	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	45,635	371,839	6	262,393	689,829	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	5,890	221,188	9	14,503	379,908	65.00
65.01 06501	CARDIAC REHAB	5,857	21,152	0	126	0	65.01
66.00 06600	PHYSICAL THERAPY	3,450	406,651	7	5,389	396,923	66.00
69.00 06900	ELECTROCARDIOLOGY	10,542	6,211	0	494	19,921	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	278	0	843	263	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	794,346	73.00
76.00 03950	SENIOR LIFE SOLUTIONS	1,435	125,355	4	2,994	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800	RURAL HEALTH CLINIC	40,091	1,605,949	41	64,323	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	0	28,280	0	3,818	0	90.00
91.00 09100	EMERGENCY	17,236	428,179	9	41,464	69,918	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	427,597	8,401,811	167	754,394	4,566,130	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	53	0	0	0	192.00
192.01 19201	FITNESS CENTER	703	61,337	1	478	0	192.01
192.02 19202	RETAIL PHARMACY	0	22,388	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 05/01/2013  
To 04/30/2014

Worksheet B-1

Date/Time Prepared:  
9/3/2014 10:52 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (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)	354,620	2,383,886	71,893	50,151	202,265	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.827971	0.280933	427.934524	0.066436	0.044297	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		0	0	115	123	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.000000	0.000000	0.000152	0.000027	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B-1  
Date/Time Prepared:  
9/3/2014 10:52 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	
<b>GENERAL SERVICE COST CENTERS</b>								
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 DEPARTMENT						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	30,478,539					5.10
5.11	00560	OTHER ADMINISTRATIVE AND GENERAL	0	-1,539,559	15,264,823			5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	566,769	48,094		6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	78,031	561	35,990	8.00
9.00	00900	HOUSEKEEPING	0	0	360,570	1,017	5,800	9.00
10.00	01000	DIETARY	0	0	178,574	2,592	1,180	10.00
11.00	01100	CAFETERIA	0	0	279,275	2,122	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	668,890	1,073	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	37,150	2,560	0	14.00
15.00	01500	PHARMACY	0	0	2,133,581	858	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	515,063	896	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	38,636	392	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	277,869	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,835,615	0	1,787,399	4,442	22,090	30.00
41.00	04100	SUBPROVIDER - I R F	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	768,353	0	312,150	1,417	685	50.00
53.00	05300	ANESTHESIOLOGY	443,582	0	16,648	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,515,503	0	1,144,325	3,361	2,110	54.00
54.01	03481	ONCOLOGY	319,709	0	332,544	1,188	0	54.01
56.00	05600	RADIOISOTOPE	539,256	0	176,372	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	5,900,062	0	1,165,045	1,726	100	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	859,433	0	403,457	580	125	65.00
65.01	06501	CARDIAC REHAB	107,256	0	36,032	646	0	65.01
66.00	06600	PHYSICAL THERAPY	1,884,380	0	615,660	8,243	805	66.00
69.00	06900	ELECTROCARDIOLOGY	246,611	0	27,825	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,028	0	2,024	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	51,240	0	15,790	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,634,191	0	159,448	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	650,864	0	284,058	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	2,099,895	0	2,305,145	9,851	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	50,806	0	41,400	1,033	0	90.00
91.00	09100	EMERGENCY	1,568,755	0	1,190,633	1,132	2,285	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
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)	30,478,539	-1,539,559	15,150,363	46,180	35,180	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2,417	780	0	192.00
192.01	19201	FITNESS CENTER	0	0	82,283	0	810	192.01
192.02	19202	RETAIL PHARMACY	0	0	28,678	0	0	192.02
192.03	19203	LEASED SPACE	0	0	165	1,134	0	192.03
192.04	19204	VACANT SPACE	0	0	917	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 05/01/2013  
To 04/30/2014

Worksheet B-1

Date/Time Prepared:  
9/3/2014 10:52 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)	570,889		1,539,559	623,932	93,179	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.018731		0.100857	12.973178	2.589025	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	8,160		115,680	14,505	3,520	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000268		0.007578	0.301597	0.097805	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B-1  
Date/Time Prepared:  
9/3/2014 10:52 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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	2,396					9.00
10.00	01000	196	48,838				10.00
11.00	01100	0	29,181	12,669			11.00
13.00	01300	8	0	896	76,270		13.00
14.00	01400	13	0	94	0	297,898	14.00
15.00	01500	28	0	328	0	13,265	15.00
16.00	01600	28	0	1,155	0	0	16.00
17.00	01700	0	0	78	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	671	16,786	2,563	49,982	60,692	30.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	162	245	245	4,851	42,941	50.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	112	0	763	0	36,629	54.00
54.01	03481	78	517	347	6,989	18,214	54.01
56.00	05600	0	0	102	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	101	0	882	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	58	0	355	0	14,503	65.00
65.01	06501	15	0	35	0	0	65.01
66.00	06600	199	0	804	0	5,389	66.00
69.00	06900	0	0	18	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	47	2,109	265	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	380	0	2,789	0	64,323	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	36	756	0	90.00
91.00	09100	300	0	695	13,692	41,464	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
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						113.00
118.00		2,396	48,838	12,451	76,270	297,420	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
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	478	192.01
192.02	19202	0	0	46	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 05/01/2013  
To 04/30/2014

Worksheet B-1

Date/Time Prepared:  
9/3/2014 10:52 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)	425,146	268,043	495,128	786,709	80,089	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	177.439900	5.488411	39.081853	10.314790	0.268847	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4,323	14,820	18,179	6,850	6,438	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.804257	0.303452	1.434920	0.089813	0.021611	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet B-1  
Date/Time Prepared:  
9/3/2014 10:52 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	
<b>GENERAL SERVICE COST CENTERS</b>						
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	1,822,109				15.00
16.00	01600	0	3,907			16.00
17.00	01700	0	0	1,312		17.00
19.00	01900	0	0	0	100	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	0	1,213	1,248		30.00
41.00	04100	0	0	0		41.00
42.00	04200	0	0	0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	0	60	0	0	50.00
53.00	05300	0	0	0	100	53.00
54.00	05400	0	150	0	0	54.00
54.01	03481	0	792	64	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	86	0	0	65.00
65.01	06501	0	0	0	0	65.01
66.00	06600	0	0	0	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	0	0	0	0	73.00
76.00	03950	1,822,109	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	1,606	0	0	91.00
92.00	09200	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
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		1,822,109	3,907	1,312	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
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	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 05/01/2013  
To 04/30/2014

Worksheet B-1

Date/Time Prepared:  
9/3/2014 10:52 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)	2,381,252	628,743	50,666	305,894		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.306866	160.927310	38.617378	3,058.940000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	24,943	10,707	580	2,106		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.013689	2.740466	0.442073	21.060000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet C  
Part I  
Date/Time Prepared:  
9/3/2014 10:52 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS		3,169,117	0	0	30.00
41.00	04100	SUBPROVIDER - IRF		0	0	0	41.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM		474,692	0	0	50.00
53.00	05300	ANESTHESIOLOGY		324,221	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,392,483	0	0	54.00
54.01	03481	ONCOLOGY		618,647	0	0	54.01
56.00	05600	RADIOISOTOPE		204,503	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		1,357,590	0	0	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	493,901	0	0	65.00
65.01	06501	CARDIAC REHAB	0	52,077	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	854,958	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY		31,334	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		2,267	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		17,383	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		2,556,781	0	0	73.00
76.00	03950	SENIOR LIFE SOLUTIONS		342,979	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC		2,859,148	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000	CLINIC		68,181	0	0	90.00
91.00	09100	EMERGENCY		1,822,539	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		128,181	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
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
200.00		Subtotal (see instructions)	0	16,770,982	0	0	200.00
201.00		Less Observation Beds		128,181			201.00
202.00		Total (see instructions)	0	16,642,801	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet C  
Part I  
Date/Time Prepared:  
9/3/2014 10:52 am

		Title XVIII			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,555,316		1,555,316		30.00
41.00	04100	SUBPROVIDER - I RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	3,133	765,220	768,353	0.617805	50.00
53.00	05300	ANESTHESIOLOGY	1,423	636,011	637,434	0.508635	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	611,598	5,903,905	6,515,503	0.213718	54.00
54.01	03481	ONCOLOGY	165	319,544	319,709	1.935032	54.01
56.00	05600	RADIOISOTOPE	43,387	495,869	539,256	0.379232	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	689,829	5,210,233	5,900,062	0.230098	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	379,908	479,525	859,433	0.574682	65.00
65.01	06501	CARDIAC REHAB	0	107,256	107,256	0.485539	65.01
66.00	06600	PHYSICAL THERAPY	396,923	1,487,457	1,884,380	0.453708	66.00
69.00	06900	ELECTROCARDIOLOGY	19,921	226,690	246,611	0.127058	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	263	2,765	3,028	0.748679	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	51,240	51,240	0.339247	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	794,346	6,384,437	7,178,783	0.356158	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	650,864	650,864	0.526960	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	2,099,895	2,099,895		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	50,806	50,806	1.341987	90.00
91.00	09100	EMERGENCY	69,918	1,498,837	1,568,755	1.161774	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	280,299	280,299	0.457301	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	4,566,130	26,650,853	31,216,983		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	4,566,130	26,650,853	31,216,983		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141307	Period: From 05/01/2013 To 04/30/2014	Worksheet C Part I Date/Time Prepared: 9/3/2014 10:52 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
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 05/01/2013  
To 04/30/2014

Worksheet C  
Part I  
Date/Time Prepared:  
9/3/2014 10:52 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	Hospital		
					RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	3,169,117		3,169,117	0	3,169,117	30.00
41.00	04100 SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	474,692		474,692	0	474,692	50.00
53.00	05300 ANESTHESIOLOGY	324,221		324,221	0	324,221	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,392,483		1,392,483	0	1,392,483	54.00
54.01	03481 ONCOLOGY	618,647		618,647	0	618,647	54.01
56.00	05600 RADIOISOTOPE	204,503		204,503	0	204,503	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	1,357,590		1,357,590	0	1,357,590	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	493,901	0	493,901	0	493,901	65.00
65.01	06501 CARDIAC REHAB	52,077	0	52,077	0	52,077	65.01
66.00	06600 PHYSICAL THERAPY	854,958	0	854,958	0	854,958	66.00
69.00	06900 ELECTROCARDIOLOGY	31,334		31,334	0	31,334	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,267		2,267	0	2,267	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	17,383		17,383	0	17,383	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,556,781		2,556,781	0	2,556,781	73.00
76.00	03950 SENIOR LIFE SOLUTIONS	342,979		342,979	0	342,979	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	2,859,148		2,859,148	0	2,859,148	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	68,181		68,181	0	68,181	90.00
91.00	09100 EMERGENCY	1,822,539		1,822,539	0	1,822,539	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	128,181		128,181	0	128,181	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0		0		0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	16,770,982	0	16,770,982	0	16,770,982	200.00
201.00	Less Observation Beds	128,181		128,181		128,181	201.00
202.00	Total (see instructions)	16,642,801	0	16,642,801	0	16,642,801	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet C  
Part I  
Date/Time Prepared:  
9/3/2014 10:52 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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,555,316		1,555,316		30.00
41.00	04100	SUBPROVIDER - I RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	3,133	765,220	768,353	0.617805	50.00
53.00	05300	ANESTHESIOLOGY	1,423	636,011	637,434	0.508635	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	611,598	5,903,905	6,515,503	0.213718	54.00
54.01	03481	ONCOLOGY	165	319,544	319,709	1.935032	54.01
56.00	05600	RADIOISOTOPE	43,387	495,869	539,256	0.379232	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	689,829	5,210,233	5,900,062	0.230098	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	379,908	479,525	859,433	0.574682	65.00
65.01	06501	CARDIAC REHAB	0	107,256	107,256	0.485539	65.01
66.00	06600	PHYSICAL THERAPY	396,923	1,487,457	1,884,380	0.453708	66.00
69.00	06900	ELECTROCARDIOLOGY	19,921	226,690	246,611	0.127058	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	263	2,765	3,028	0.748679	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	51,240	51,240	0.339247	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	794,346	6,384,437	7,178,783	0.356158	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	650,864	650,864	0.526960	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	2,099,895	2,099,895	1.361567	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	50,806	50,806	1.341987	90.00
91.00	09100	EMERGENCY	69,918	1,498,837	1,568,755	1.161774	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	280,299	280,299	0.457301	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	4,566,130	26,650,853	31,216,983		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	4,566,130	26,650,853	31,216,983		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141307	Period: From 05/01/2013 To 04/30/2014	Worksheet C Part I Date/Time Prepared: 9/3/2014 10:52 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS		30.00
41.00	04100	SUBPROVIDER - I RF		41.00
42.00	04200	SUBPROVIDER		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910	CORF		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
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 05/01/2013 To 04/30/2014	Worksheet D Part II Date/Time Prepared: 9/3/2014 10:52 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	19,435	768,353	0.025294	0	0	50.00
53.00	05300 ANESTHESIOLOGY	246	637,434	0.000386	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	133,735	6,515,503	0.020526	293,014	6,014	54.00
54.01	03481 ONCOLOGY	12,480	319,709	0.039035	0	0	54.01
56.00	05600 RADIOISOTOPE	1,855	539,256	0.003440	25,339	87	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	50,483	5,900,062	0.008556	371,956	3,182	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	11,273	859,433	0.013117	167,686	2,200	65.00
65.01	06501 CARDIAC REHAB	7,369	107,256	0.068705	0	0	65.01
66.00	06600 PHYSICAL THERAPY	22,566	1,884,380	0.011975	25,452	305	66.00
69.00	06900 ELECTROCARDIOLOGY	9,032	246,611	0.036624	12,977	475	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	17	3,028	0.005614	263	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	134	51,240	0.002615	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	27,941	7,178,783	0.003892	317,677	1,236	73.00
76.00	03950 SENIOR LIFE SOLUTIONS	7,865	650,864	0.012084	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	99,705	2,099,895	0.047481	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	912	50,806	0.017951	0	0	90.00
91.00	09100 EMERGENCY	32,517	1,568,755	0.020728	412	9	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	6,266	280,299	0.022355	0	0	92.00
200.00	Total (lines 50-199)	443,831	29,661,667		1,214,776	13,509	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet D  
Part IV  
Date/Time Prepared:  
9/3/2014 10:52 am

Cost Center Description		Title XVIII				Hospital		Cost	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
53.00	05300	ANESTHESIOLOGY	305,894	0	0	0	305,894	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)	305,894	0	0	0	305,894	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet D  
Part IV  
Date/Time Prepared:  
9/3/2014 10:52 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital			
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	768,353	0.000000	0.000000	0	50.00
53.00	05300	ANESTHESIOLOGY	0	637,434	0.479883	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,515,503	0.000000	0.000000	293,014	54.00
54.01	03481	ONCOLOGY	0	319,709	0.000000	0.000000	0	54.01
56.00	05600	RADIOISOTOPE	0	539,256	0.000000	0.000000	25,339	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	5,900,062	0.000000	0.000000	371,956	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	859,433	0.000000	0.000000	167,686	65.00
65.01	06501	CARDIAC REHAB	0	107,256	0.000000	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	0	1,884,380	0.000000	0.000000	25,452	66.00
69.00	06900	ELECTROCARDIOLOGY	0	246,611	0.000000	0.000000	12,977	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,028	0.000000	0.000000	263	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	51,240	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,178,783	0.000000	0.000000	317,677	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0	650,864	0.000000	0.000000	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	2,099,895	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	50,806	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	1,568,755	0.000000	0.000000	412	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	280,299	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	29,661,667			1,214,776	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 141307	Period: From 05/01/2013 To 04/30/2014	Worksheet D Part IV Date/Time Prepared: 9/3/2014 10:52 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Cost
		11.00	12.00	13.00	
Title XVIII Hospital					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
53.00	05300 ANESTHESIOLOGY	0	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)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 141307	Period: From 05/01/2013 To 04/30/2014	Worksheet D Part V Date/Time Prepared: 9/3/2014 10:52 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 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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0.617805	0	429,009	0	0
53.00	05300 ANESTHESIOLOGY	0.508635	0	331,783	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.213718	0	2,381,342	0	0
54.01	03481 ONCOLOGY	1.935032	0	166,091	0	0
56.00	05600 RADIOISOTOPE	0.379232	0	254,845	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	0.230098	0	2,619,452	0	0
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0
65.00	06500 RESPIRATORY THERAPY	0.574682	0	226,651	0	0
65.01	06501 CARDIAC REHAB	0.485539	0	72,591	0	0
66.00	06600 PHYSICAL THERAPY	0.453708	0	406,421	0	0
69.00	06900 ELECTROCARDIOLOGY	0.127058	0	127,941	0	0
70.00	07000 ELECTROENCEPHALOGRAPHY	0.748679	0	560	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.339247	0	41,973	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.356158	0	4,182,918	318	0
76.00	03950 SENIOR LIFE SOLUTIONS	0.526960	0	552,167	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0.000000				0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00	09000 CLINIC	1.341987	0	43,353	0	0
91.00	09100 EMERGENCY	1.161774	0	549,256	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.457301	0	150,782	0	0
200.00	Subtotal (see instructions)		0	12,537,135	318	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	12,537,135	318	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 141307	Period: From 05/01/2013 To 04/30/2014	Worksheet D Part V Date/Time Prepared: 9/3/2014 10:52 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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	265,044	0		50.00
53.00 05300 ANESTHESIOLOGY	168,756	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	508,936	0		54.00
54.01 03481 ONCOLOGY	321,391	0		54.01
56.00 05600 RADIOISOTOPE	96,645	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	602,731	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	130,252	0		65.00
65.01 06501 CARDIAC REHAB	35,246	0		65.01
66.00 06600 PHYSICAL THERAPY	184,396	0		66.00
69.00 06900 ELECTROCARDIOLOGY	16,256	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	419	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	14,239	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,489,780	113		73.00
76.00 03950 SENIOR LIFE SOLUTIONS	290,970	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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	58,179	0		90.00
91.00 09100 EMERGENCY	638,111	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	68,953	0		92.00
200.00 Subtotal (see instructions)	4,890,304	113		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	4,890,304	113		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 141307

Period: From 05/01/2013

Worksheet D

Component CCN: 14Z307

To 04/30/2014

Part V  
Date/Time Prepared:  
9/3/2014 10:52 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
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.617805	0	0	0	0 50.00
53.00 05300 ANESTHESIOLOGY	0.508635	0	0	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.213718	0	0	0	0 54.00
54.01 03481 ONCOLOGY	1.935032	0	0	0	0 54.01
56.00 05600 RADIOISOTOPE	0.379232	0	0	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	0.230098	0	0	0	0 60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0 60.01
65.00 06500 RESPIRATORY THERAPY	0.574682	0	0	0	0 65.00
65.01 06501 CARDIAC REHAB	0.485539	0	0	0	0 65.01
66.00 06600 PHYSICAL THERAPY	0.453708	0	0	0	0 66.00
69.00 06900 ELECTROCARDIOLOGY	0.127058	0	0	0	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.748679	0	0	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	0.339247	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.356158	0	0	0	0 73.00
76.00 03950 SENIOR LIFE SOLUTIONS	0.526960	0	0	0	0 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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	1.341987	0	0	0	0 90.00
91.00 09100 EMERGENCY	1.161774	0	0	0	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.457301	0	0	0	0 92.00
200.00 Subtotal (see instructions)		0	0	0	0 200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	0	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 141307	Period: From 05/01/2013 To 04/30/2014	Worksheet D Part V Date/Time Prepared: 9/3/2014 10:52 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			
<b>ANCILLARY SERVICE COST CENTERS</b>					
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
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 141307	Period: From 05/01/2013 To 04/30/2014	Worksheet D Part V Date/Time Prepared: 9/3/2014 10:52 am
		Title XIX	Hospital	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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0.617805	0	62,449	0	50.00
53.00	05300 ANESTHESIOLOGY	0.508635	0	56,995	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.213718	0	818,923	0	54.00
54.01	03481 ONCOLOGY	1.935032	0	84,286	0	54.01
56.00	05600 RADIOISOTOPE	0.379232	0	46,139	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000 LABORATORY	0.230098	0	530,920	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.574682	0	67,221	0	65.00
65.01	06501 CARDIAC REHAB	0.485539	0	1,169	0	65.01
66.00	06600 PHYSICAL THERAPY	0.453708	0	130,365	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.127058	0	24,435	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.748679	0	543	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.339247	0	2,100	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.356158	0	222,540	0	73.00
76.00	03950 SENIOR LIFE SOLUTIONS	0.526960	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	1.361567				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	09000 CLINIC	1.341987	0	2,218	0	90.00
91.00	09100 EMERGENCY	1.161774	0	578,171	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.457301	0	25,792	0	92.00
200.00	Subtotal (see instructions)		0	2,654,266	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	2,654,266	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 141307	Period: From 05/01/2013 To 04/30/2014	Worksheet D Part V Date/Time Prepared: 9/3/2014 10:52 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	38,581	0	50.00
53.00	05300 ANESTHESIOLOGY	28,990	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	175,019	0	54.00
54.01	03481 ONCOLOGY	163,096	0	54.01
56.00	05600 RADIOISOTOPE	17,497	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	122,164	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	38,631	0	65.00
65.01	06501 CARDIAC REHAB	568	0	65.01
66.00	06600 PHYSICAL THERAPY	59,148	0	66.00
69.00	06900 ELECTROCARDIOLOGY	3,105	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	407	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	712	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	79,259	0	73.00
76.00	03950 SENIOR LIFE SOLUTIONS	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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	2,977	0	90.00
91.00	09100 EMERGENCY	671,704	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	11,795	0	92.00
200.00	Subtotal (see instructions)	1,413,653	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (Line 200 +/- Line 201)	1,413,653	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141307	Period: From 05/01/2013 To 04/30/2014	Worksheet D-1 Date/Time Prepared: 9/3/2014 10:52 am
Cost Center Description		Title XVIII	Hospital	Cost
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,757	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,535	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)		1,430	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		804	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)		257	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		60	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)		101	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		946	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)		804	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)		257	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,169,117	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)		1,295,237	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,873,880	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,873,880	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,220.77	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,154,848	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)		1,154,848	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 141307	Period: From 05/01/2013 To 04/30/2014	Worksheet D-1 Date/Time Prepared: 9/3/2014 10:52 am		
Cost Center Description			Title XVIII		Hospital		
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
			1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					381,199	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,536,047	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)					981,499	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					313,738	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					1,295,237	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)					105	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,220.77	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					128,181	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141307		Period: From 05/01/2013 To 04/30/2014		Worksheet D-1 Date/Time Prepared: 9/3/2014 10:52 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	91,609	1,873,880	0.048887	128,181	6,266	90.00
91.00	Nursing School cost	0	1,873,880	0.000000	128,181	0	91.00
92.00	Allied health cost	0	1,873,880	0.000000	128,181	0	92.00
93.00	All other Medical Education	0	1,873,880	0.000000	128,181	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141307	Period: From 05/01/2013 To 04/30/2014	Worksheet D-3 Date/Time Prepared: 9/3/2014 10:52 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		1,115,485		30.00
41.00	04100 SUBPROVIDER - I RF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.617805	0	0	50.00
53.00	05300 ANESTHESIOLOGY	0.508635	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.213718	293,014	62,622	54.00
54.01	03481 ONCOLOGY	1.935032	0	0	54.01
56.00	05600 RADIOISOTOPE	0.379232	25,339	9,609	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	0.230098	371,956	85,586	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.574682	167,686	96,366	65.00
65.01	06501 CARDIAC REHAB	0.485539	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.453708	25,452	11,548	66.00
69.00	06900 ELECTROCARDIOLOGY	0.127058	12,977	1,649	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.748679	263	197	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.339247	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.356158	317,677	113,143	73.00
76.00	03950 SENIOR LIFE SOLUTIONS	0.526960	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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	1.341987	0	0	90.00
91.00	09100 EMERGENCY	1.161774	412	479	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.457301	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,214,776	381,199	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		1,214,776		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141307	Period: From 05/01/2013 To 04/30/2014	Worksheet D-3	
		Component CCN: 14Z307		Date/Time Prepared: 9/3/2014 10:52 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.617805	0	50.00
53.00	05300	ANESTHESIOLOGY	0.508635	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.213718	79,560	54.00
54.01	03481	ONCOLOGY	1.935032	0	54.01
56.00	05600	RADIOISOTOPE	0.379232	3,982	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	0.230098	150,325	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.574682	134,048	65.00
65.01	06501	CARDIAC REHAB	0.485539	0	65.01
66.00	06600	PHYSICAL THERAPY	0.453708	301,240	66.00
69.00	06900	ELECTROCARDIOLOGY	0.127058	2,633	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.748679	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.339247	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.356158	299,888	73.00
76.00	03950	SENIOR LIFE SOLUTIONS	0.526960	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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	1.341987	0	90.00
91.00	09100	EMERGENCY	1.161774	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.457301	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		971,676	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)		971,676	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141307	Period: From 05/01/2013 To 04/30/2014	Worksheet D-3 Date/Time Prepared: 9/3/2014 10:52 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		86,808		30.00
41.00	04100 SUBPROVIDER - I RF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.617805	1,768	1,092	50.00
53.00	05300 ANESTHESIOLOGY	0.508635	1,423	724	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.213718	63,102	13,486	54.00
54.01	03481 ONCOLOGY	1.935032	67	130	54.01
56.00	05600 RADIOISOTOPE	0.379232	3,603	1,366	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	0.230098	41,220	9,485	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.574682	13,069	7,511	65.00
65.01	06501 CARDIAC REHAB	0.485539	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.453708	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.127058	1,488	189	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.748679	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.339247	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.356158	34,349	12,234	73.00
76.00	03950 SENIOR LIFE SOLUTIONS	0.526960	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	1.361567	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	1.341987	0	0	90.00
91.00	09100 EMERGENCY	1.161774	18,512	21,507	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.457301	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		178,601	67,724	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)		178,601		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141307	Period: From 05/01/2013 To 04/30/2014	Worksheet E Part B Date/Time Prepared: 9/3/2014 10:52 am
		Title XVII	Hospital	Cost
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			4,890,417 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)			4,890,417 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			4,939,321 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)			21,764 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			1,984,427 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)			2,933,130 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)			2,933,130 30.00
31.00	Primary payer payments			240 31.00
32.00	Subtotal (line 30 minus line 31)			2,932,890 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			405,456 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			356,801 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			366,781 36.00
37.00	Subtotal (see instructions)			3,289,691 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	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			3,289,691 40.00
40.01	Sequestration adjustment (see instructions)			65,794 40.01
41.00	Interim payments			3,621,617 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			-397,720 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)			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 05/01/2013  
To 04/30/2014

Worksheet E-1  
Part I  
Date/Time Prepared:  
9/3/2014 10:52 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		1,309,732		3,621,279	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0	10/30/2013	338	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	10/30/2013	44,712		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)		-44,712		338	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)		1,265,020		3,621,617	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		68,442		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		397,720	6.02	
7.00	Total Medicare program liability (see instructions)		1,333,462		3,223,897	7.00	
				Contractor Number	NPR 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 05/01/2013  
To 04/30/2014

Worksheet E-1  
Part I  
Date/Time Prepared:  
9/3/2014 10:52 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		1,564,244		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	10/30/2013	51,375		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)		-51,375		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)		1,512,869		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		88,067		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,600,936		0	7.00
				Contractor Number	NPR 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 05/01/2013  
To 04/30/2014

Worksheet E-1  
Part II  
Date/Time Prepared:  
9/3/2014 10:52 am

		Title VIII	Hospital	Cost
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			416 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			946 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			68 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			1,430 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			31,216,983 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			384,579 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			60,329 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			55,376 8.00
9.00	Sequestration adjustment amount (see instructions)			1,108 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			54,268 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			54,268 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

Provider CCN: 141307

Period:

Worksheet E-2

Component CCN: 14Z307

From 05/01/2013

Date/Time Prepared:

To 04/30/2014

9/3/2014 10:52 am

		Title XVIII		Swing Beds - SNF	
		Part A	Part B	Cost	
		1.00	2.00		
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient routine services - swing bed-SNF (see instructions)	1,308,189	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 6 and 7, line 202 for Part B) (For CAH, see instructions)	377,695	0	3.00	
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00	
5.00	Program days	1,061	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)	1,685,884	0	8.00	
9.00	Primary payer payments (see instructions)	0	0	9.00	
10.00	Subtotal (line 8 minus line 9)	1,685,884	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)	1,685,884	0	12.00	
13.00	Coinurance billed to program patients (from provider records) (exclude coinurance for physician professional services)	52,276	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)	1,633,608	0	15.00	
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00	
16.50	RURAL DEMONSTRATION PROJECT	0		16.50	
17.00	Allowable bad debts (see instructions)	0	0	17.00	
17.01	Adjusted reimbursable bad debts (see instructions)	0	0	17.01	
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00	
19.00	Total (see instructions)	1,633,608	0	19.00	
19.01	Sequestration adjustment (see instructions)	32,672	0	19.01	
20.00	Interim payments	1,512,869	0	20.00	
21.00	Tentative settlement (for contractor use only)	0	0	21.00	
22.00	Balance due provider/program line 19 minus lines 19.01, 20 and 21	88,067	0	22.00	
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	0	23.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141307	Period: From 05/01/2013 To 04/30/2014	Worksheet E-3 Part V Date/Time Prepared: 9/3/2014 10:52 am
		Title XVIII	Hospital	Cost
		1.00		
<b>PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT (CAHs)</b>				
1.00	Inpatient services		1,536,047	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)		1,536,047	4.00
5.00	Primary payer payments		1,083	5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)		1,550,324	6.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
7.00	Routine service charges		0	7.00
8.00	Ancillary service charges		0	8.00
9.00	Organ acquisition charges, net of revenue		0	9.00
10.00	Total reasonable charges		0	10.00
<b>Customary charges</b>				
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	11.00
12.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)		0.000000	13.00
14.00	Total customary charges (see instructions)		0	14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)		0	15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)		0	16.00
17.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	17.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)		1,550,324	19.00
20.00	Deductibles (exclude professional component)		200,653	20.00
21.00	Excess reasonable cost (from line 16)		0	21.00
22.00	Subtotal (line 19 minus line 20 and 21)		1,349,671	22.00
23.00	Coinsurance		25,920	23.00
24.00	Subtotal (line 22 minus line 23)		1,323,751	24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		41,960	25.00
26.00	Adjusted reimbursable bad debts (see instructions)		36,925	26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		27,167	27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)		1,360,676	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)		1,360,676	30.00
30.01	Sequestration adjustment (see instructions)		27,214	30.01
31.00	Interim payments		1,265,020	31.00
32.00	Tentative settlement (for contractor use only)		0	32.00
33.00	Balance due provider/program line 30 minus lines 30.01, 31, and 32		68,442	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 05/01/2013  
To 04/30/2014

Worksheet G

Date/Time Prepared:  
9/3/2014 10:52 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	4,866,781	0	0	0	1.00
2.00	Temporary investments	701,526	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	3,344,991	0	0	0	4.00
5.00	Other receivable	206,662	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-727,462	0	0	0	6.00
7.00	Inventory	210,114	0	0	0	7.00
8.00	Prepaid expenses	223,998	0	0	0	8.00
9.00	Other current assets	31,322	0	0	131,567	9.00
10.00	Due from other funds	5,755	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	8,863,687	0	0	131,567	11.00
<b>FIXED ASSETS</b>						
12.00	Land	658,227	0	0	0	12.00
13.00	Land improvements	246,028	0	0	0	13.00
14.00	Accumulated depreciation	-235,034	0	0	0	14.00
15.00	Buildings	10,287,921	0	0	0	15.00
16.00	Accumulated depreciation	-5,218,682	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	4,743,777	0	0	0	23.00
24.00	Accumulated depreciation	-3,791,563	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	1,084,155	0	0	0	27.00
28.00	Accumulated depreciation	-918,837	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)	6,855,992	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	3,483,044	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,483,044	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	19,202,723	0	0	131,567	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	1,895,558	0	0	0	37.00
38.00	Salaries, wages, and fees payable	810,851	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	81,000	0	0	0	40.00
41.00	Deferred income	197,514	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	336,528	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	3,321,451	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	83,000	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)	83,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	3,404,451	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	15,798,272	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	131,567	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	15,798,272	0	0	131,567	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	19,202,723	0	0	131,567	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet G-1

Date/Time Prepared:  
9/3/2014 10:52 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		14,689,760		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		1,108,512			2.00
3.00	Total (sum of line 1 and line 2)		15,798,272		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)		15,798,272		0	11.00
12.00	CASH DISBURSEMENT (ONC, HOSPICE)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		15,798,272		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		141,976		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		141,976		3.00
4.00	Additions (credit adjustments) (specify)		0			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		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		141,976		11.00
12.00	CASH DISBURSEMENT (ONC, HOSPICE)		10,409			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		10,409		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		131,567		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
9/3/2014 10:52 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	1,555,316		1,555,316	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	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	1,555,316		1,555,316	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)	1,555,316		1,555,316	17.00
18.00	Ancillary services	2,940,896	21,982,572	24,923,468	18.00
19.00	Outpatient services	69,918	1,829,942	1,899,860	19.00
20.00	RURAL HEALTH CLINIC	0	2,099,895	2,099,895	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	1,503,473	0	1,503,473	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	6,069,603	25,912,409	31,982,012	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		18,314,532		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)		18,314,532		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 141307

Period:  
From 05/01/2013  
To 04/30/2014

Worksheet G-3

Date/Time Prepared:  
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	31,982,012	1.00
2.00	Less contractual allowances and discounts on patients' accounts	13,731,370	2.00
3.00	Net patient revenues (line 1 minus line 2)	18,250,642	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	18,314,532	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-63,890	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	26,203	6.00
7.00	Income from investments	58,674	7.00
8.00	Revenues from telephone and other miscellaneous communication services	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	392,024	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	51,621	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	586	16.00
17.00	Revenue from sale of drugs to other than patients	5,108	17.00
18.00	Revenue from sale of medical records and abstracts	83	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	335	21.00
22.00	Rental of hospital space	18,917	22.00
23.00	Governmental appropriations	307,075	23.00
24.00	<b>CONTRACT SERVICES</b>	71,189	24.00
24.01	MISC OPERATING REVENUE	235,786	24.01
24.02	MISC NON-OPERATING REVENUE	-5,608	24.02
25.00	Total other income (sum of lines 6-24)	1,161,993	25.00
26.00	Total (line 5 plus line 25)	1,098,103	26.00
27.00	PLANT CASH DISBURSED-ONC., HOSPICE	-10,409	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-10,409	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	1,108,512	29.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 141307 Component CCN: 143412	Period: From 05/01/2013 To 04/30/2014	Worksheet M-1 Date/Time Prepared: 9/3/2014 10:52 am
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		Compensation	Other Costs	Total (col. 1 + col. 2)	Rural Health Clinic (RHC) I Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	Cost
		1.00	2.00	3.00	4.00	5.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>							
1.00	Physician	897,486	899	898,385	-206,090	692,295	1.00
2.00	Physician Assistant	258,405	0	258,405	0	258,405	2.00
3.00	Nurse Practitioner	65,210	0	65,210	0	65,210	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	258,175	0	258,175	0	258,175	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	24,684	24,684	-2,343	22,341	9.00
10.00	Subtotal (sum of lines 1-9)	1,479,276	25,583	1,504,859	-208,433	1,296,426	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	64,322	64,322	0	64,322	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	17,906	17,906	-2,940	14,966	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	82,228	82,228	-2,940	79,288	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	1,479,276	107,811	1,587,087	-211,373	1,375,714	22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0	0	0	0	28.00
<b>FACILITY OVERHEAD</b>							
29.00	Facility Costs	0	0	0	0	0	29.00
30.00	Administrative Costs	335,106	21,641	356,747	-10,977	345,770	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	335,106	21,641	356,747	-10,977	345,770	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	1,814,382	129,452	1,943,834	-222,350	1,721,484	32.00

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

Provider CCN: 141307

Period: From 05/01/2013

Worksheet M-1

Component CCN: 143412

To 04/30/2014

Date/Time Prepared: 9/3/2014 10:52 am

Rural Health Clinic (RHC) I

Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>				
1.00	Physician	0	692,295	1.00
2.00	Physician Assistant	0	258,405	2.00
3.00	Nurse Practitioner	0	65,210	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	258,175	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	22,341	9.00
10.00	Subtotal (sum of lines 1-9)	0	1,296,426	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	64,322	15.00
16.00	Transportation (Health Care Staff)	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	17.00
18.00	Professional Liability Insurance	0	0	18.00
19.00	Other Health Care Costs	0	14,966	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	79,288	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	1,375,714	22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>				
23.00	Pharmacy	0	0	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0	28.00
<b>FACILITY OVERHEAD</b>				
29.00	Facility Costs	0	0	29.00
30.00	Administrative Costs	-1,266	344,504	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-1,266	344,504	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-1,266	1,720,218	32.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 141307 Component CCN: 143412	Period: From 05/01/2013 To 04/30/2014	Worksheet M-2 Date/Time Prepared: 9/3/2014 10:52 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	
<b>VISITS AND PRODUCTIVITY</b>						
<b>Positions</b>						
1.00	Physician	2.01	9,177	4,200	8,442	1.00
2.00	Physician Assistant	1.77	6,104	2,100	3,717	2.00
3.00	Nurse Practitioner	0.58	1,571	2,100	1,218	3.00
4.00	Subtotal (sum of lines 1-3)	4.36	16,852		13,377	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)	4.36	16,852			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)		1,375,714
11.00	Total nonreimbursable costs (from Worksheet M-1, column 7, line 28)		0
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)		1,375,714
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)		1.000000
14.00	Total facility overhead - (from Worksheet M-1, column 7, line 31)		344,504
15.00	Parent provider overhead allocated to facility (see instructions)		1,138,930
16.00	Total overhead (sum of lines 14 and 15)		1,483,434
17.00	Allowable GME overhead (see instructions)		0
18.00	Subtract line 17 from line 16		1,483,434
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)		1,483,434
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)		2,859,148

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 141307 Component CCN: 143412	Period: From 05/01/2013 To 04/30/2014	Worksheet M-3 Date/Time Prepared: 9/3/2014 10:52 am
		Title XVIII	Rural Health Clinic (RHC) I	Cost
				1.00
<b>DETERMINATION OF RATE FOR RHC/FQHC SERVICES</b>				
1.00	Total Allowable Cost of RHC/FQHC Services (from Worksheet M-2, line 20)		2,859,148	1.00
2.00	Cost of vaccines and their administration (from Worksheet M-4, line 15)		26,333	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		2,832,815	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		16,852	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)		16,852	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		168.10	7.00
		<b>Calculation of Limit (1)</b>		
		Prior to January 1	On or After January 1	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	79.17	79.80	8.00
9.00	Rate for Program covered visits (see instructions)	168.10	168.10	9.00
<b>CALCULATION OF SETTLEMENT</b>				
10.00	Program covered visits excluding mental health services (from contractor records)	2,927	2,074	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	492,029	348,639	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) *		840,668	16.00
16.01	Total program charges (see instructions)(from contractor's records)		554,913	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.)		628,778	16.04
16.05	Total program cost (see instructions)		628,778	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		54,695	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		100,044	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		628,778	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		13,754	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		642,532	22.00
23.00	Allowable bad debts (see instructions)		0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)		0	23.01
24.00	Allowable 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 (see instructions)		642,532	26.00
26.01	Sequestration adjustment (see instructions)		12,851	26.01
27.00	Interim payments		581,132	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program line 26 minus lines 26.01, 27 and 28		48,549	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 05/01/2013 To 04/30/2014	Worksheet M-4 Date/Time Prepared: 9/3/2014 10:52 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)	1,296,426	1,296,426	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.000290	0.002491	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	376	3,229	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	3,476	5,589	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	3,852	8,818	5.00
6.00	Total direct cost of the facility (from Worksheet M-1, column 7, line 22)	1,375,714	1,375,714	6.00
7.00	Total overhead (from Worksheet M-2, line 16)	1,483,434	1,483,434	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.002800	0.006410	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	4,154	9,509	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	8,006	18,327	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	453	53	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	17.67	345.79	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	250	27	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	4,418	9,336	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)		26,333	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)		13,754	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 05/01/2013 To 04/30/2014	Worksheet M-5 Date/Time Prepared: 9/3/2014 10:52 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		568,868	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		10/30/2013	12,264	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		12,264	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		581,132	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		48,549	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		629,681	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00
8.00	Name of Contractor			8.00