This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Falure 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: 140059	Period: From 07/01/2010 To 06/30/2011	Worksheet S Parts I-III Date/Time Prepared: 1/18/2012 4:08 pm

PART I - COST REPORT STATUS

Provider use only

1. [ ] Electronically filed cost report — Date: 1/18/2012 Time: 4:08 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [ ] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [0] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by JERSEY COMMUNITY HOSPITAL DIST for the cost reporting period beginning 07/01/2010 and ending 06/30/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 1/18/2012 Time: 4:08 pm
3CmYvimRqzz9DO1Jg63PWYNGF:27:0
raZ6l0b4Kc0vGHoFX6aWTa9TzWTBkk
GWmO0MXf0L0dL0fq

PI: Date: 1/18/2012 Time: 4:08 pm
iAvLrUm2OkHhRxlIxLQ.7Kfs70WZB0
wr.KS0KjR2Jzq6Rmh1RIaqoIPHj0QC
4AQxHeOH7o0WjRVH

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

_____
Title

_____
Date

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	70,729	33,927	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVIDER I	0	0	0		0	4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	Skilled Nursing Facility	0	0	0		0	7.00
8.00	Nursing Facility	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		21,399		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	70,729	55,326	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Falure 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: 140059	Period: From 07/01/2010 To 06/30/2011	Worksheet S Parts I-III Date/Time Prepared: 1/18/2012 4:08 pm

PART I - COST REPORT STATUS

Provider use only

1. [ ] Electronically filed cost report — Date: 1/18/2012 Time: 4:08 pm
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Contractor use only

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   (2) Settled without Audit
   (3) Settled with Audit
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   (5) Amended
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11. Contractor's Vendor Code: 4
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Encryption Information

ECR: Date: 1/18/2012 Time: 4:08 pm
3CmYvimRqzz9DO1Jg63PWYNGF:27:0
raZ6l0b4Kc0vGHoFX6aWTa9TzWTBkk
GWmO0MXf0L0dL0fq

PI: Date: 1/18/2012 Time: 4:08 pm
iAvLrUm2OkHhRxlIxLQ.7Kfs70WZB0
wr.KS0KjR2Jzq6Rmh1RIaqoIPHj0QC
4AQxHeOH7o0WjRVH

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

_____
Title

_____
Date

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	70,729	33,927	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVIDER I	0	0	0		0	4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	Skilled Nursing Facility	0	0	0		0	7.00
8.00	Nursing Facility	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		21,399		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	70,729	55,326	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-2 Part I | Date/Time Prepared: 1/18/2012 10:50 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 400 MAPLE SUMMIT ROAD	PO Box:			1.00
2.00	City: JERSEYVILLE	State: IL	Zip Code: 62052	County: JERSEY	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	JERSEY COMMUNITY HOSPITAL DIST	140059	41180	1	07/11/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF	JERSEY COMMUNITY HOSPITAL	14U059	41180		08/27/1993	N	P	N	7.00
8.00	Swing Beds - NF						N		N	8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA						N	N	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC	OB/GYN ASSOCIATES	148509	41180		04/05/2010	N	O	N	15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) 1						N	N	N	17.00
17.10	Hospital-Based (CORF) 1						N	N	N	17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2010	06/30/2011	20.00
21.00	Type of Control (see instructions)	11		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify for and receive disproportionate share hospital payment in accordance with 42 CFR Section §412.106, or low income payment in accordance with 42 CFR Section §412.624(e)(2)? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of State Medicaid paid days	Out-of State Medicaid eligible days	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	637	14	0	0	0	0	24.00
25.00	If this provider is an IRF then enter the in-state Mediciad paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0	25.00

		1.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.	1	26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.	1	27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0	35.00

		Beginning: 1.00	Ending: 2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0		37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.			38.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-2 Part I | Date/Time Prepared: 1/18/2012 10:50 am

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				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.				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00

		Y/N	IME Average	Direct GME Average	
		1.00	2.00	3.00	
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)				
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01
	Teaching Hospitals that Claim Residents in Non-Provider Settings				
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1 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 Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1 the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-2 Part I Date/Time Prepared: 1/18/2012 10:50 am

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.	N	80.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.	N	86.00

		V	XIX	
		1.00	2.00	
	Title V or XIX Inpatient Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	Y	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	10.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140059	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/18/2012 10:50 am

		V	XIX	
		1.00	2.00	
	Rural Providers			
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I &R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00

		1.00	2.00	
	Miscellaneous Cost Reporting Information			
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.	N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.	1,000,000	8,000,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N		140.00

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name:	Contractor's Name:	Contractor's Number:	141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:	Zip Code:	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	N	145.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140059	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/18/2012 10:50 am

		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	
		1.00	2.00	
	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	155.00
156.00	Subprovider - IPF	N	N	156.00
157.00	Subprovider - IRF	N	N	157.00
158.00	Subprovider - Other	N	N	158.00
159.00	SNF	N	N	159.00
160.00	HHA	N	N	160.00
161.00	CMHC		N	161.00

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-2 Part II | Date/Time Prepared: 1/18/2012 10:50 am

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y	15.00

			Part A		
		Description	Y/N	Date	
		0	1.00	2.00	
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		Y		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.				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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-2 Part II | Date/Time Prepared: 1/18/2012 10:50 am

		Description	Part A Y/N	Part A Date		
		0	1.00	2.00		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N			21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
				Y/N	Date	
				1.00	2.00	
	Home Office Costs					
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140059	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/18/2012 10:50 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part I Date/Time Prepared: 1/18/2012 10:50 am

	Cost Center Description	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours		
		1.00	2.00	3.00	4.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	41	14,965	0.00		1.00
2.00	HMO						2.00
3.00	HMO IPF						3.00
4.00	HMO IRF						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		41	14,965	0.00		7.00
8.00	INTENSIVE CARE UNIT	31.00	4	1,460	0.00		8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00					13.00
14.00	Total (see instructions)		45	16,425	0.00		14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC	99.00					25.00
25.10	CMHC - CORF	99.10					25.10
26.00	RURAL HEALTH CLINIC	88.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)		45				27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part I | Date/Time Prepared: 1/18/2012 10:50 am

	Cost Center Description	I/P Days / O/P Visits / Trips					
		Title V	Title XVIII	Title XIX	Total All Patients		
		5.00	6.00	7.00	8.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	2,462	451	3,294		1.00
2.00	HMO		0	46			2.00
3.00	HMO IPF		0	0			3.00
4.00	HMO IRF		0	0			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	27	0	51		5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	0	2,489	451	3,345		7.00
8.00	INTENSIVE CARE UNIT	0	180	29	292		8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	0		171	232		13.00
14.00	Total (see instructions)	0	2,669	651	3,869		14.00
15.00	CAH visits	0	0	0	0		15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0		22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC	0	0	0	0		25.00
25.10	CMHC - CORF	0	0	0	0		25.10
26.00	RURAL HEALTH CLINIC	0	166	0	4,123		26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)						27.00
28.00	Observation Bed Days	0		60	317		28.00
29.00	Ambulance Trips		1,792				29.00
30.00	Employee discount days (see instruction)				11		30.00
31.00	Employee discount days - IRF				0		31.00
32.00	Labor & delivery days (see instructions)			0	0		32.00
33.00	LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part I | Date/Time Prepared: 1/18/2012 10:50 am

	Cost Center Description	Full Time Equivalents			Discharges		
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
		9.00	10.00	11.00	12.00	13.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	831	1.00
2.00	HMO					0	2.00
3.00	HMO IPF						3.00
4.00	HMO IRF						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	237.85	0.00	0	831	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00	0.00	0.00			22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC	0.00	0.00	0.00			25.00
25.10	CMHC - CORF	0.00	0.00	0.00			25.10
26.00	RURAL HEALTH CLINIC	0.00	5.30	0.00			26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00	243.15	0.00			27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part I | Date/Time Prepared: 1/18/2012 10:50 am

	Cost Center Description	Discharges			
		Title XIX	Total All Patients		
		14.00	15.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	368	1,243		1.00
2.00	HMO				2.00
3.00	HMO IPF				3.00
4.00	HMO IRF				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF				5.00
6.00	Hospital Adults & Peds. Swing Bed NF				6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00	INTENSIVE CARE UNIT				8.00
9.00	CORONARY CARE UNIT				9.00
10.00	BURN INTENSIVE CARE UNIT				10.00
11.00	SURGICAL INTENSIVE CARE UNIT				11.00
12.00	OTHER SPECIAL CARE (SPECIFY)				12.00
13.00	NURSERY				13.00
14.00	Total (see instructions)	368	1,243		14.00
15.00	CAH visits				15.00
16.00	SUBPROVIDER - IPF				16.00
17.00	SUBPROVIDER - IRF				17.00
18.00	SUBPROVIDER				18.00
19.00	SKILLED NURSING FACILITY				19.00
20.00	NURSING FACILITY				20.00
21.00	OTHER LONG TERM CARE				21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00	HOSPICE				24.00
25.00	CMHC - CMHC				25.00
25.10	CMHC - CORF				25.10
26.00	RURAL HEALTH CLINIC				26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00	Total (sum of lines 14-26)				27.00
28.00	Observation Bed Days				28.00
29.00	Ambulance Trips				29.00
30.00	Employee discount days (see instruction)				30.00
31.00	Employee discount days - IRF				31.00
32.00	Labor & delivery days (see instructions)				32.00
33.00	LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part II Date/Time Prepared: 1/18/2012 10:50 am

		Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	
		1.00	2.00	2.50	3.00	4.00	
	PART II - WAGE DATA						
	SALARIES						
1.00	Total salaries (see instructions)	200.00	11,170,662	0	0	11,170,662	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0	3.00
4.00	Physician-Part A		0	0	0	0	4.00
5.00	Physician-Part B		0	0	0	0	5.00
6.00	Non-physician-Part B		829,056	0	0	829,056	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0	7.00
8.00	Home office personnel		0	0	0	0	8.00
9.00	SNF	44.00	0	0	0	0	9.00
10.00	Excluded area salaries (see instructions)		1,348,942	0	0	1,348,942	10.00
	OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		1,113,602	0	0	1,113,602	11.00
12.00	Management and administrative services		0	0	0	0	12.00
13.00	Contract labor: physician-Part A		0	0	0	0	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0	14.00
15.00	Home office: physician Part A		0	0	0	0	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0	16.00
	WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		2,601,545	0	0	2,601,545	17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25		0	0	0	0	18.00
19.00	Excluded areas		389,845	0	0	389,845	19.00
20.00	Non-physician anesthetist Part A		0	0	0	0	20.00
21.00	Non-physician anesthetist Part B		0	0	0	0	21.00
22.00	Physician Part A		0	0	0	0	22.00
23.00	Physician Part B		0	0	0	0	23.00
24.00	Wage-related costs (RHC/FQHC)		139,406	0	0	139,406	24.00
25.00	Interns & residents (in an approved program)		0	0	0	0	25.00
	OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	141,180	0	0	141,180	26.00
27.00	Administrative & General	5.00	1,343,034	0	0	1,343,034	27.00
28.00	Administrative & General under contract (see inst.)		34,177	0	0	34,177	28.00
29.00	Maintenance & Repairs	6.00	187,713	0	0	187,713	29.00
30.00	Operation of Plant	7.00	0	0	0	0	30.00
31.00	Laundry & Linen Service	8.00	65,482	0	0	65,482	31.00
32.00	Housekeeping	9.00	209,898	0	0	209,898	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0	33.00
34.00	Dietary	10.00	284,902	0	0	284,902	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0	35.00
36.00	Cafeteria	11.00	0	0	0	0	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0	37.00
38.00	Nursing Administration	13.00	523,072	0	0	523,072	38.00
39.00	Central Services and Supply	14.00	0	0	0	0	39.00
40.00	Pharmacy	15.00	0	0	0	0	40.00
41.00	Medical Records & Medical Records Library	16.00	324,430	0	0	324,430	41.00
42.00	Social Service	17.00	0	0	0	0	42.00
43.00	Other General Service	18.00	0	0	0	0	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part II | Date/Time Prepared: 1/18/2012 10:50 am

		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
		5.00	6.00		
	PART II - WAGE DATA				
	SALARIES				
1.00	Total salaries (see instructions)	505,755.00	22.09		1.00
2.00	Non-physician anesthetist Part A	0.00	0.00		2.00
3.00	Non-physician anesthetist Part B	0.00	0.00		3.00
4.00	Physician-Part A	0.00	0.00		4.00
5.00	Physician-Part B	0.00	0.00		5.00
6.00	Non-physician-Part B	11,030.00	75.16		6.00
7.00	Interns & residents (in an approved program)	0.00	0.00		7.00
8.00	Home office personnel	0.00	0.00		8.00
9.00	SNF	0.00	0.00		9.00
10.00	Excluded area salaries (see instructions)	64,432.00	20.94		10.00
	OTHER WAGES & RELATED COSTS				
11.00	Contract labor (see instructions)	14,660.00	75.96		11.00
12.00	Management and administrative services	0.00	0.00		12.00
13.00	Contract labor: physician-Part A	0.00	0.00		13.00
14.00	Home office salaries & wage-related costs	0.00	0.00		14.00
15.00	Home office: physician Part A	0.00	0.00		15.00
16.00	Teaching physician salaries (see instructions)	0.00	0.00		16.00
	WAGE-RELATED COSTS				
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24				17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25				18.00
19.00	Excluded areas				19.00
20.00	Non-physician anesthetist Part A				20.00
21.00	Non-physician anesthetist Part B				21.00
22.00	Physician Part A				22.00
23.00	Physician Part B				23.00
24.00	Wage-related costs (RHC/FQHC)				24.00
25.00	Interns & residents (in an approved program)				25.00
	OVERHEAD COSTS - DIRECT SALARIES				
26.00	Employee Benefits	5,661.00	24.94		26.00
27.00	Administrative & General	59,127.00	22.71		27.00
28.00	Administrative & General under contract (see inst.)	188.00	181.79		28.00
29.00	Maintenance & Repairs	6,325.00	29.68		29.00
30.00	Operation of Plant	0.00	0.00		30.00
31.00	Laundry & Linen Service	5,587.00	11.72		31.00
32.00	Housekeeping	20,318.00	10.33		32.00
33.00	Housekeeping under contract (see instructions)	0.00	0.00		33.00
34.00	Dietary	24,649.00	11.56		34.00
35.00	Dietary under contract (see instructions)	0.00	0.00		35.00
36.00	Cafeteria	0.00	0.00		36.00
37.00	Maintenance of Personnel	0.00	0.00		37.00
38.00	Nursing Administration	17,270.00	30.29		38.00
39.00	Central Services and Supply	0.00	0.00		39.00
40.00	Pharmacy	0.00	0.00		40.00
41.00	Medical Records & Medical Records Library	21,490.00	15.10		41.00
42.00	Social Service	0.00	0.00		42.00
43.00	Other General Service	0.00	0.00		43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part III Date/Time Prepared: 1/18/2012 10:50 am

		Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	
		1.00	2.00	2.50	3.00	4.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)		10,375,783	0	0	10,375,783	1.00
2.00	Excluded area salaries (see instructions)		1,348,942	0	0	1,348,942	2.00
3.00	Subtotal salaries (line 1 minus line 2)		9,026,841	0	0	9,026,841	3.00
4.00	Subtotal other wages & related costs (see inst.)		1,113,602	0	0	1,113,602	4.00
5.00	Subtotal wage-related costs (see inst.)		2,601,545	0	0	2,601,545	5.00
6.00	Total (sum of lines 3 thru 5)		12,741,988	0	0	12,741,988	6.00
7.00	Total overhead cost (see instructions)		3,113,888	0	0	3,113,888	7.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part III | Date/Time Prepared: 1/18/2012 10:50 am

		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
		5.00	6.00		
	PART III - HOSPITAL WAGE INDEX SUMMARY				
1.00	Net salaries (see instructions)	494,913.00	20.96		1.00
2.00	Excluded area salaries (see instructions)	64,432.00	20.94		2.00
3.00	Subtotal salaries (line 1 minus line 2)	430,481.00	20.97		3.00
4.00	Subtotal other wages & related costs (see inst.)	14,660.00	75.96		4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	28.82		5.00
6.00	Total (sum of lines 3 thru 5)	445,141.00	28.62		6.00
7.00	Total overhead cost (see instructions)	160,615.00	19.39		7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part IV | Date/Time Prepared: 1/18/2012 10:50 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	289,019	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	1,506,506	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	184,287	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	619,246	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	2,487	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	2,601,545	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part V | Date/Time Prepared: 1/18/2012 10:50 am

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	1,147,779	0	1.00
2.00	Hospital	1,147,779	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	OTHER (SPECIFY)	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 140059	Period: From 07/01/2010 To 06/30/2011	Worksheet S-7 Date/Time Prepared: 1/18/2012 10:50 am

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	Y		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	Y	08/27/1993	2.00

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
3.00		RUX	0	0	0	3.00
4.00		RUL	0	0	0	4.00
5.00		RVX	0	0	0	5.00
6.00		RVL	0	0	0	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	0	0	0	8.00
9.00		RMX	0	0	0	9.00
10.00		RML	0	0	0	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	0	0	0	12.00
13.00		RUB	0	0	0	13.00
14.00		RUA	0	0	0	14.00
15.00		RVC	0	0	0	15.00
16.00		RVB	0	0	0	16.00
17.00		RVA	0	0	0	17.00
18.00		RHC	0	6	6	18.00
19.00		RHB	0	0	0	19.00
20.00		RHA	0	0	0	20.00
21.00		RMC	0	5	5	21.00
22.00		RMB	0	0	0	22.00
23.00		RMA	0	3	3	23.00
24.00		RLB	0	0	0	24.00
25.00		RLA	0	0	0	25.00
26.00		ES3	0	0	0	26.00
27.00		ES2	0	0	0	27.00
28.00		ES1	0	0	0	28.00
29.00		HE2	0	0	0	29.00
30.00		HE1	0	0	0	30.00
31.00		HD2	0	0	0	31.00
32.00		HD1	0	0	0	32.00
33.00		HC2	0	0	0	33.00
34.00		HC1	0	0	0	34.00
35.00		HB2	0	0	0	35.00
36.00		HB1	0	0	0	36.00
37.00		LE2	0	0	0	37.00
38.00		LE1	0	0	0	38.00
39.00		LD2	0	0	0	39.00
40.00		LD1	0	0	0	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	0	0	0	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	0	0	0	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	0	0	0	46.00
47.00		CD2	0	0	0	47.00
48.00		CD1	0	0	0	48.00
49.00		CC2	0	0	0	49.00
50.00		CC1	0	0	0	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	0	0	0	52.00
53.00		CA2	0	0	0	53.00
54.00		CA1	0	9	9	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	4	4	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	0	0	0	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-7 | Date/Time Prepared: 1/18/2012 10:50 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		0	27	27	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	
	SNF SERVICES			
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	41180	41180	201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	
	A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)				
202.00	Staffing	0	0.00		202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	0			207.00

		1.00	
1.00	Wage Index Factor	0.0000	1.00

		Group	Base Rate Prior to 10/1	Actual Rate for Services Prior to 10/1	Days for Services Prior to 10/1	Base Rate On/After 10/1	
		1.00	2.00	3.00	4.00	5.00	
3.00		RUX	186.11	186.11	0	266.82	3.00
4.00		RUL	164.57	164.57	0	260.04	4.00
5.00		RVX	141.03	141.03	0	241.42	5.00
6.00		RVL	131.67	131.67	0	214.30	6.00
7.00		RHX	119.31	119.31	0	221.85	7.00
8.00		RHL	116.50	116.50	0	195.70	8.00
9.00		RMX	135.32	135.32	0	205.09	9.00
10.00		RML	124.55	124.55	0	187.66	10.00
11.00		RLX	96.17	96.17	0	182.17	11.00
12.00		RUC	159.42	159.42	0	194.65	12.00
13.00		RUB	146.31	146.31	0	194.65	13.00
14.00		RUA	139.76	139.76	0	157.36	14.00
15.00		RVC	126.99	126.99	0	169.25	15.00
16.00		RVB	120.90	120.90	0	143.58	16.00
17.00		RVA	109.67	109.67	0	143.10	17.00
18.00		RHC	109.95	109.95	0	149.69	18.00
19.00		RHB	105.26	105.26	0	133.22	19.00
20.00		RHA	98.24	98.24	0	115.30	20.00
21.00		RMC	101.14	101.14	0	133.41	21.00
22.00		RMB	98.33	98.33	0	123.73	22.00
23.00		RMA	96.46	96.46	0	99.51	23.00
24.00		RLB	88.68	88.68	0	132.28	24.00
25.00		RLA	76.04	76.04	0	80.95	25.00
26.00		ES3	202.92	202.92	0	202.92	26.00
27.00		ES2	158.84	158.84	0	158.84	27.00
28.00		ES1	141.89	141.89	0	141.89	28.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-7 | Date/Time Prepared: 1/18/2012 10:50 am

		Group	Base Rate Prior to 10/1	Actual Rate for Services Prior to 10/1	Days for Services Prior to 10/1	Base Rate On/After 10/1	
		1.00	2.00	3.00	4.00	5.00	
29.00		HE2	137.04	137.04	0	137.04	29.00
30.00		HE1	113.80	113.80	0	113.80	30.00
31.00		HD2	128.33	128.33	0	128.33	31.00
32.00		HD1	107.02	107.02	0	107.02	32.00
33.00		HC2	121.06	121.06	0	121.06	33.00
34.00		HC1	101.20	101.20	0	101.20	34.00
35.00		HB2	119.61	119.61	0	119.61	35.00
36.00		HB1	100.24	100.24	0	100.24	36.00
37.00		LE2	124.45	124.45	0	124.45	37.00
38.00		LE1	104.11	104.11	0	104.11	38.00
39.00		LD2	119.61	119.61	0	119.61	39.00
40.00		LD1	100.24	100.24	0	100.24	40.00
41.00		LC2	105.08	105.08	0	105.08	41.00
42.00		LC1	88.61	88.61	0	88.61	42.00
43.00		LB2	99.75	99.75	0	99.75	43.00
44.00		LB1	84.74	84.74	0	84.74	44.00
45.00		CE2	110.89	110.89	0	110.89	45.00
46.00		CE1	102.17	102.17	0	102.17	46.00
47.00		CD2	105.08	105.08	0	105.08	47.00
48.00		CD1	96.36	96.36	0	96.36	48.00
49.00		CC2	81.44	81.44	0	92.00	49.00
50.00		CC1	74.89	74.89	0	85.22	50.00
51.00		CB2	71.14	71.14	0	85.22	51.00
52.00		CB1	67.86	67.86	0	78.93	52.00
53.00		CA2	67.40	67.40	0	72.14	53.00
54.00		CA1	63.65	63.65	0	67.30	54.00
55.00		SE3	109.06	109.06	0	0.00	55.00
56.00		SE2	93.15	93.15	0	0.00	56.00
57.00		SE1	83.31	83.31	0	0.00	57.00
58.00		SSC	81.91	81.91	0	0.00	58.00
59.00		SSB	77.70	77.70	0	0.00	59.00
60.00		SSA	76.29	76.29	0	0.00	60.00
61.00		IB2	60.84	60.84	0	0.00	61.00
62.00		IB1	59.90	59.90	0	0.00	62.00
63.00		IA2	55.22	55.22	0	0.00	63.00
64.00		IA1	53.35	53.35	0	0.00	64.00
65.00		BB2	60.37	60.37	0	76.50	65.00
66.00		BB1	58.97	58.97	0	73.11	66.00
67.00		BA2	54.76	54.76	0	63.42	67.00
68.00		BA1	51.01	51.01	0	60.52	68.00
69.00		PE2	65.52	65.52	0	102.17	69.00
70.00		PE1	64.59	64.59	0	97.33	70.00
71.00		PD2	62.25	62.25	0	96.36	71.00
72.00		PD1	61.31	61.31	0	91.52	72.00
73.00		PC2	59.44	59.44	0	82.80	73.00
74.00		PC1	58.97	58.97	0	78.93	74.00
75.00		PB2	52.88	52.88	0	70.21	75.00
76.00		PB1	51.95	51.95	0	67.30	76.00
77.00		PA2	51.48	51.48	0	58.10	77.00
78.00		PA1	50.07	50.07	0	55.68	78.00
199.00		AAA	50.07	50.07	0	0.00	199.00
200.00	TOTAL				0		200.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-7 | Date/Time Prepared: 1/18/2012 10:50 am

		Actual Rate for Services On/After 10/1	Days for Services On/After 10/1	Total		
		6.00	7.00	8.00		
3.00		266.82	0	0		3.00
4.00		260.04	0	0		4.00
5.00		241.42	0	0		5.00
6.00		214.30	0	0		6.00
7.00		221.85	0	0		7.00
8.00		195.70	0	0		8.00
9.00		205.09	0	0		9.00
10.00		187.66	0	0		10.00
11.00		182.17	0	0		11.00
12.00		194.65	0	0		12.00
13.00		194.65	0	0		13.00
14.00		157.36	0	0		14.00
15.00		169.25	0	0		15.00
16.00		143.58	0	0		16.00
17.00		143.10	0	0		17.00
18.00		149.69	0	0		18.00
19.00		133.22	0	0		19.00
20.00		115.30	0	0		20.00
21.00		133.41	0	0		21.00
22.00		123.73	0	0		22.00
23.00		99.51	0	0		23.00
24.00		132.28	0	0		24.00
25.00		80.95	0	0		25.00
26.00		202.92	0	0		26.00
27.00		158.84	0	0		27.00
28.00		141.89	0	0		28.00
29.00		137.04	0	0		29.00
30.00		113.80	0	0		30.00
31.00		128.33	0	0		31.00
32.00		107.02	0	0		32.00
33.00		121.06	0	0		33.00
34.00		101.20	0	0		34.00
35.00		119.61	0	0		35.00
36.00		100.24	0	0		36.00
37.00		124.45	0	0		37.00
38.00		104.11	0	0		38.00
39.00		119.61	0	0		39.00
40.00		100.24	0	0		40.00
41.00		105.08	0	0		41.00
42.00		88.61	0	0		42.00
43.00		99.75	0	0		43.00
44.00		84.74	0	0		44.00
45.00		110.89	0	0		45.00
46.00		102.17	0	0		46.00
47.00		105.08	0	0		47.00
48.00		96.36	0	0		48.00
49.00		92.00	0	0		49.00
50.00		85.22	0	0		50.00
51.00		85.22	0	0		51.00
52.00		78.93	0	0		52.00
53.00		72.14	0	0		53.00
54.00		67.30	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
60.00		0.00	0	0		60.00
61.00		0.00	0	0		61.00
62.00		0.00	0	0		62.00
63.00		0.00	0	0		63.00
64.00		0.00	0	0		64.00
65.00		76.50	0	0		65.00
66.00		73.11	0	0		66.00
67.00		63.42	0	0		67.00
68.00		60.52	0	0		68.00
69.00		102.17	0	0		69.00
70.00		97.33	0	0		70.00
71.00		96.36	0	0		71.00
72.00		91.52	0	0		72.00
73.00		82.80	0	0		73.00
74.00		78.93	0	0		74.00
75.00		70.21	0	0		75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 140059	Period: From 07/01/2010 To 06/30/2011	Worksheet S-7 Date/Time Prepared: 1/18/2012 10:50 am

		Actual Rate for Services On/After 10/1	Days for Services On/After 10/1	Total		
		6.00	7.00	8.00		
76.00		67.30	0	0		76.00
77.00		58.10	0	0		77.00
78.00		55.68	0	0		78.00
199.00		0.00	0	0		199.00
200.00	TOTAL		0	0		200.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA

Provider CCN: 140059 Component CCN: 148509

Period: From 07/01/2010 To 06/30/2011

Worksheet S-8

Date/Time Prepared: 1/18/2012 10:50 am

		Rural Health Clinic (RHC) I	Cost
		1.00	
	Clinic Address and Identification		
1.00	Street	1702 W COUNTY RD	1.00
	City	State	Zip Code
	1.00	2.00	3.00
2.00	City, State, Zip Code, County	JERSEYVILLE IL	62052 2.00
			1.00
3.00	FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban		0 3.00
		Grant Award	Date
		1.00	2.00
	Source of Federal Funds		
4.00	Community Health Center (Section 330(d), PHS Act)	0	4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)	0	5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)	0	6.00
7.00	Appalachian Regional Commission	0	7.00
8.00	Look-Alikes	0	8.00
9.00	OTHER (SPECIFY)	0	9.00
		1.00	2.00
10.00	Does this facility operate as other than an RHC or FQHC? Enter "Y" for yes and "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	N	0 10.00

		Sunday		Monday		
		from	to	from	to	
		1.00	2.00	3.00	4.00	
	Facility hours of operations (1)					
11.00	Clinic			09:00	16:00	11.00

		1.00	2.00
12.00	Have you received an approval for an exception to the productivity standard?	N	12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 27, section 508(D)? If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.	N	0 13.00

		Provider name	CCN number
		1.00	2.00
14.00	Provider name, CCN number		14.00

		Y/N	V	XVIII	XIX	
		1.00	2.00	3.00	4.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes and "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. (see instructions)		0	0	0	15.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 140059 Component CCN: 148509	Period: From 07/01/2010 To 06/30/2011	Worksheet S-8 Date/Time Prepared: 1/18/2012 10:50 am
		Rural Health Clinic (RHC) I	Cost

			County				
			4.00				
2.00	City, State, Zip Code, County		JERSEY				2.00
		Tuesday		Wednesday			
		from	to	from	to		
		5.00	6.00	7.00	8.00		
	Facility hours of operations (1)						
11.00	Clinic	09:00	16:00	09:00	16:00		11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 140059 Component CCN: 148509	Period: From 07/01/2010 To 06/30/2011	Worksheet S-8 Date/Time Prepared: 1/18/2012 10:50 am
		Rural Health Clinic (RHC) I	Cost

		Thursday		Friday			
		from	to	from	to		
		9.00	10.00	11.00	12.00		
	Facility hours of operations (1)						
11.00	Clinic	09:00	16:00	09:00	12:00		11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 140059 Component CCN: 148509	Period: From 07/01/2010 To 06/30/2011	Worksheet S-8 Date/Time Prepared: 1/18/2012 10:50 am
		Rural Health Clinic (RHC) I	Cost

		Saturday			
		from	to		
		13.00	14.00		
	Facility hours of operations (1)				
11.00	Clinic	09:00	11:00		11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140059	Period: From 07/01/2010 To 06/30/2011	Worksheet S-10 Date/Time Prepared: 1/18/2012 10:50 am

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)	0.416730	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	3,663,275	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	0	6.00
7.00	Medicaid cost (line 1 times line 6)	0	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)	0	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	0	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	212,425	22,738	235,163	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	88,524	9,476	98,000	21.00
22.00	Partial payment by patients approved for charity care	15,112	7,272	22,384	22.00
23.00	Cost of charity care (line 21 minus line 22)	73,412	2,204	75,616	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	2,504,045	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	221,062	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)	2,282,983	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)	951,388	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	1,027,004	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	1,027,004	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A | Date/Time Prepared: 1/18/2012 10:50 am

	Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT		825,820	825,820	44,045	869,865	1.00
2.00	CAP REL COSTS-MVBLE EQUIP		620,994	620,994	17,516	638,510	2.00
3.00	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	EMPLOYEE BENEFITS	141,180	2,912,437	3,053,617	228,921	3,282,538	4.00
5.00	ADMINISTRATIVE & GENERAL	1,343,034	4,345,844	5,688,878	-242,131	5,446,747	5.00
6.00	MAINTENANCE & REPAIRS	187,713	348,588	536,301	0	536,301	6.00
7.00	OPERATION OF PLANT	0	542,310	542,310	-2,273	540,037	7.00
8.00	LAUNDRY & LINEN SERVICE	65,482	27,024	92,506	0	92,506	8.00
9.00	HOUSEKEEPING	209,898	39,606	249,504	0	249,504	9.00
10.00	DIETARY	284,902	235,911	520,813	0	520,813	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	523,072	23,206	546,278	0	546,278	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	9,859	9,859	0	9,859	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	324,430	58,650	383,080	0	383,080	16.00
19.00	NONPHYSICIAN ANESTHETISTS	0	628,480	628,480	0	628,480	19.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,376,384	104,812	1,481,196	-12,439	1,468,757	30.00
31.00	INTENSIVE CARE UNIT	414,734	14,017	428,751	0	428,751	31.00
43.00	NURSERY	42,412	0	42,412	0	42,412	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	434,735	318,813	753,548	-53,764	699,784	50.00
51.00	RECOVERY ROOM	62,788	1,025	63,813	0	63,813	51.00
52.00	DELIVERY ROOM & LABOR ROOM	50,619	0	50,619	0	50,619	52.00
53.00	ANESTHESIOLOGY	0	24,341	24,341	0	24,341	53.00
54.00	RADIOLOGY - DIAGNOSTIC	677,787	1,325,061	2,002,848	0	2,002,848	54.00
60.00	LABORATORY	893,468	939,289	1,832,757	-7,200	1,825,557	60.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	1,048,322	1,048,322	0	1,048,322	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	272,335	163,295	435,630	-28,712	406,918	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	773,448	773,448	-206,023	567,425	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	259,787	259,787	72.00
73.00	DRUGS CHARGED TO PATIENTS	323,950	1,539,370	1,863,320	0	1,863,320	73.00
75.00	ASC (NON-DISTINCT PART)	536,737	126,840	663,577	0	663,577	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	829,056	197,109	1,026,165	0	1,026,165	88.00
91.00	EMERGENCY	827,004	1,741,504	2,568,508	0	2,568,508	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	673,804	69,352	743,156	0	743,156	95.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
113.00	INTEREST EXPENSE		0	0	0	0	113.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	10,495,524	19,005,327	29,500,851	-2,273	29,498,578	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	374,555	38,848	413,403	2,273	415,676	192.00
192.01	WELLNESS CENTER	300,583	125,023	425,606	0	425,606	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
200.00	TOTAL (SUM OF LINES 118-199)	11,170,662	19,169,198	30,339,860	0	30,339,860	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A | Date/Time Prepared: 1/18/2012 10:50 am

	Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	-91,974	777,891		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	638,510		2.00
3.00	OTHER CAP REL COSTS	0	0		3.00
4.00	EMPLOYEE BENEFITS	-368,826	2,913,712		4.00
5.00	ADMINISTRATIVE & GENERAL	-3,173,210	2,273,537		5.00
6.00	MAINTENANCE & REPAIRS	0	536,301		6.00
7.00	OPERATION OF PLANT	0	540,037		7.00
8.00	LAUNDRY & LINEN SERVICE	-4,732	87,774		8.00
9.00	HOUSEKEEPING	0	249,504		9.00
10.00	DIETARY	-158,761	362,052		10.00
11.00	CAFETERIA	0	0		11.00
13.00	NURSING ADMINISTRATION	0	546,278		13.00
14.00	CENTRAL SERVICES & SUPPLY	0	9,859		14.00
15.00	PHARMACY	-298,597	-298,597		15.00
16.00	MEDICAL RECORDS & LIBRARY	-13,446	369,634		16.00
19.00	NONPHYSICIAN ANESTHETISTS	-628,480	0		19.00
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	1,468,757		30.00
31.00	INTENSIVE CARE UNIT	0	428,751		31.00
43.00	NURSERY	-887	41,525		43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	699,784		50.00
51.00	RECOVERY ROOM	0	63,813		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	50,619		52.00
53.00	ANESTHESIOLOGY	0	24,341		53.00
54.00	RADIOLOGY - DIAGNOSTIC	0	2,002,848		54.00
60.00	LABORATORY	-554	1,825,003		60.00
65.00	RESPIRATORY THERAPY	0	0		65.00
66.00	PHYSICAL THERAPY	0	1,048,322		66.00
67.00	OCCUPATIONAL THERAPY	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	406,918		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	567,425		71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	259,787		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,863,320		73.00
75.00	ASC (NON-DISTINCT PART)	0	663,577		75.00
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	-154,326	871,839		88.00
91.00	EMERGENCY	-1,644,781	923,727		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
	OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	-11,344	731,812		95.00
99.00	CMHC	0	0		99.00
99.10	CORF	0	0		99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.	0	0		100.00
101.00	HOME HEALTH AGENCY	0	0		101.00
	SPECIAL PURPOSE COST CENTERS				
106.00	HEART ACQUISITION	0	0		106.00
113.00	INTEREST EXPENSE	0	0		113.00
114.00	UTILIZATION REVIEW - SNF	0	0		114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-6,549,918	22,948,660		118.00
	NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	415,676		192.00
192.01	WELLNESS CENTER	-5,849	419,757		192.01
193.00	NONPAID WORKERS	0	0		193.00
200.00	TOTAL (SUM OF LINES 118-199)	-6,555,767	23,784,093		200.00

RECLASSIFICATIONS | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-6 | Date/Time Prepared: 1/18/2012 10:50 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - WORKERS COMPENSATION					
1.00	EMPLOYEE BENEFITS	4.00	0	228,921		1.00
	TOTALS		0	228,921		
	B - PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	36,270		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	36,270		
	C - RENTAL EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	44,023		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	17,538		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	TOTALS		0	61,561		
	F - PHYSICIAN OFFICE EXPENSE					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,273		1.00
	TOTALS		0	2,273		
	G - IMPLANTABLE SUPPLIES					
1.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0	259,787		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	259,787		
500.00	Grand Total: Increases		0	588,812		500.00

RECLASSIFICATIONS | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-6 | Date/Time Prepared: 1/18/2012 10:50 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - WORKERS COMPENSATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	228,921	0		1.00
	TOTALS		0	228,921			
	B - PROPERTY INSURANCE						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	11,286	12		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	24,984	12		2.00
	TOTALS		0	36,270			
	C - RENTAL EXPENSE						
1.00	ADULTS & PEDIATRICS	30.00	0	12,439	10		1.00
2.00	LABORATORY	60.00	0	7,200	10		2.00
3.00	ELECTROCARDIOLOGY	69.00	0	28,712	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	13,210	0		4.00
	TOTALS		0	61,561			
	F - PHYSICIAN OFFICE EXPENSE						
1.00	OPERATION OF PLANT	7.00	0	2,273	0		1.00
	TOTALS		0	2,273			
	G - IMPLANTABLE SUPPLIES						
1.00	OPERATING ROOM	50.00	0	53,764	0		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	206,023	0		2.00
	TOTALS		0	259,787			
500.00	Grand Total: Decreases		0	588,812			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-7 Parts I-III | Date/Time Prepared: 1/18/2012 10:50 am

			Acquisitions				
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	55,000	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	14,030,450	337,655	0	337,655	0	3.00
4.00	Building Improvements	4,573,814	300,433	0	300,433	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	8,768,066	296,665	0	296,665	372,600	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	27,427,330	934,753	0	934,753	372,600	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	27,427,330	934,753	0	934,753	372,600	10.00

		SUMMARY OF CAPITAL					
	Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	642,411	0	183,409	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	620,994	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,263,405	0	183,409	0	0	3.00

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
	Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	19,297,352	0	19,297,352	0.689450	25,006	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	8,692,131	0	8,692,131	0.310550	11,264	2.00
3.00	Total (sum of lines 1-2)	27,989,483	0	27,989,483	1.000000	36,270	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-7 Parts I-III | Date/Time Prepared: 1/18/2012 10:50 am

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	55,000	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	14,368,105	0				3.00
4.00	Building Improvements	4,874,247	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	8,692,131	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	27,989,483	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	27,989,483	0				10.00

		SUMMARY OF CAPITAL					
	Cost Center Description	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	825,820				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	620,994				2.00
3.00	Total (sum of lines 1-2)	0	1,446,814				3.00

		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
	Cost Center Description	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	25,006	642,265	44,023	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	11,264	620,994	17,538	2.00
3.00	Total (sum of lines 1-2)	0	0	36,270	1,263,259	61,561	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-7 Parts I-III | Date/Time Prepared: 1/18/2012 10:50 am

	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	91,581	22	0	0	777,891	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	-22	0	0	638,510	2.00
3.00	Total (sum of lines 1-2)	91,581	0	0	0	1,416,401	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8 | Date/Time Prepared: 1/18/2012 10:50 am

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
		Basis/Code (2)	Amount	Cost Center	Line #	
		1.00	2.00	3.00	4.00	
1.00	Investment income - buildings and fixtures (chapter 2)	B	-91,828	CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00	Investment income - movable equipment (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00	Investment income - other (chapter 2)		0		0.00	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	A	-34,107	ADMINISTRATIVE & GENERAL	5.00	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	B	-579	ADMINISTRATIVE & GENERAL	5.00	7.00
8.00	Television and radio service (chapter 21)	A	-146	CAP REL COSTS-BLDG & FIXT	1.00	8.00
9.00	Parking lot (chapter 21)		0		0.00	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,799,107			10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			12.00
13.00	Laundry and linen service	A	-4,732	LAUNDRY & LINEN SERVICE	8.00	13.00
14.00	Cafeteria-employees and guests	B	-158,761	DIETARY	10.00	14.00
15.00	Rental of quarters to employee and others	B	-207,965	ADMINISTRATIVE & GENERAL	5.00	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients	B	-298,597	PHARMACY	15.00	17.00
18.00	Sale of medical records and abstracts	B	-13,446	MEDICAL RECORDS & LIBRARY	16.00	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	19.00
20.00	Vending machines		0		0.00	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW - SNF	114.00	25.00
26.00	Depreciation - buildings and fixtures		0	CAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00	Depreciation - movable equipment		0	CAP REL COSTS-MVBLE EQUIP	2.00	27.00
28.00	Non-physician Anesthetist	A	-628,480	NONPHYSICIAN ANESTHETISTS	19.00	28.00
29.00	Physicians' assistant		0		0.00	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00	30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	32.00
33.00	MISC REV	B	-4,558	ADMINISTRATIVE & GENERAL	5.00	33.00
33.01	EDUCATIONAL PROGRAM FEES	B	-11,344	AMBULANCE SERVICES	95.00	33.01
33.02	FIRST PHOTO	B	-887	NURSERY	43.00	33.02
33.03	PHYSICIAN RECRUITMENT	A	-38,309	ADMINISTRATIVE & GENERAL	5.00	33.03
33.04	NON PATIENT LAB REV	B	-554	LABORATORY	60.00	33.04
33.05	LIFE LINE REVENUE	B	-46,439	ADMINISTRATIVE & GENERAL	5.00	33.05
33.06	BAD DEBTS	A	-2,504,045	ADMINISTRATIVE & GENERAL	5.00	33.06
33.07	SELF INSURANCE CLAIMS	A	-345,920	EMPLOYEE BENEFITS	4.00	33.07
33.08	ADVERTISING	A	-171,979	ADMINISTRATIVE & GENERAL	5.00	33.08
33.09	MARKETING SALARIES	A	-88,101	ADMINISTRATIVE & GENERAL	5.00	33.09
33.10	MARKETING BENEFITS	A	-22,906	EMPLOYEE BENEFITS	4.00	33.10
33.11	LOBBYING EXPENSES	A	-15,197	ADMINISTRATIVE & GENERAL	5.00	33.11
33.12	PROPERTY TAXES	B	-15,638	ADMINISTRATIVE & GENERAL	5.00	33.12
33.13	SALES TAX	B	-2,745	WELLNESS CENTER	192.01	33.13
33.14	ADVERTISING	A	-3,104	WELLNESS CENTER	192.01	33.14
33.15	MISCELLANEOUS EXPENSE	A	-46,131	ADMINISTRATIVE & GENERAL	5.00	33.15
33.16	ELIMINATE LOSS ON DISPOSAL	A	-162	ADMINISTRATIVE & GENERAL	5.00	33.16
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-6,555,767			50.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8 | Date/Time Prepared: 1/18/2012 10:50 am

		Wkst. A-7 Ref. 5.00		
1.00	Investment income - buildings and fixtures (chapter 2)	11		1.00
2.00	Investment income - movable equipment (chapter 2)	0		2.00
3.00	Investment income - other (chapter 2)	0		3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0		4.00
5.00	Refunds and rebates of expenses (chapter 8)	0		5.00
6.00	Rental of provider space by suppliers (chapter 8)	0		6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0		7.00
8.00	Television and radio service (chapter 21)	9		8.00
9.00	Parking lot (chapter 21)	0		9.00
10.00	Provider-based physician adjustment	0		10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0		11.00
12.00	Related organization transactions (chapter 10)	0		12.00
13.00	Laundry and linen service	0		13.00
14.00	Cafeteria-employees and guests	0		14.00
15.00	Rental of quarters to employee and others	0		15.00
16.00	Sale of medical and surgical supplies to other than patients	0		16.00
17.00	Sale of drugs to other than patients	0		17.00
18.00	Sale of medical records and abstracts	0		18.00
19.00	Nursing school (tuition, fees, books, etc.)	0		19.00
20.00	Vending machines	0		20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0		21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0		22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)			23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)			24.00
25.00	Utilization review - physicians' compensation (chapter 21)			25.00
26.00	Depreciation - buildings and fixtures	0		26.00
27.00	Depreciation - movable equipment	0		27.00
28.00	Non-physician Anesthetist			28.00
29.00	Physicians' assistant	0		29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)			30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)			31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0		32.00
33.00	MISC REV	0		33.00
33.01	EDUCATIONAL PROGRAM FEES	0		33.01
33.02	FIRST PHOTO	0		33.02
33.03	PHYSICIAN RECRUITMENT	0		33.03
33.04	NON PATIENT LAB REV	0		33.04
33.05	LIFE LINE REVENUE	0		33.05
33.06	BAD DEBTS	0		33.06
33.07	SELF INSURANCE CLAIMS	0		33.07
33.08	ADVERTISING	0		33.08
33.09	MARKETING SALARIES	0		33.09
33.10	MARKETING BENEFITS	0		33.10
33.11	LOBBYING EXPENSES	0		33.11
33.12	PROPERTY TAXES	0		33.12
33.13	SALES TAX	0		33.13
33.14	ADVERTISING	0		33.14
33.15	MISCELLANEOUS EXPENSE	0		33.15
33.16	ELIMINATE LOSS ON DISPOSAL	0		33.16
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)			50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8-2 | Date/Time Prepared: 1/18/2012 10:50 am

		Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
		1.00	2.00	3.00	4.00	
1.00		91.00	EMERGENCY ROOM	1,644,781	1,644,781	1.00
2.00		88.00	RHC	154,326	154,326	2.00
3.00		0.00		0	0	3.00
4.00		0.00		0	0	4.00
5.00		0.00		0	0	5.00
6.00		0.00		0	0	6.00
7.00		0.00		0	0	7.00
8.00		0.00		0	0	8.00
9.00		0.00		0	0	9.00
10.00		0.00		0	0	10.00
200.00			TOTAL (lines 1.00 through 199.00)	1,799,107	1,799,107	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8-2 | Date/Time Prepared: 1/18/2012 10:50 am

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8-2 | Date/Time Prepared: 1/18/2012 10:50 am

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8-2 | Date/Time Prepared: 1/18/2012 10:50 am

		RCE Disallowance	Adjustment		
		17.00	18.00		
1.00		0	1,644,781		1.00
2.00		0	154,326		2.00
3.00		0	0		3.00
4.00		0	0		4.00
5.00		0	0		5.00
6.00		0	0		6.00
7.00		0	0		7.00
8.00		0	0		8.00
9.00		0	0		9.00
10.00		0	0		10.00
200.00		0	1,799,107		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I | Date/Time Prepared: 1/18/2012 10:50 am

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS	Subtotal	
		0	1.00	2.00	4.00	4A	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	777,891	777,891				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	638,510		638,510			2.00
4.00	EMPLOYEE BENEFITS	2,913,712	2,390	62	2,916,164		4.00
5.00	ADMINISTRATIVE & GENERAL	2,273,537	33,182	175,759	355,094	2,837,572	5.00
6.00	MAINTENANCE & REPAIRS	536,301	0	0	49,631	585,932	6.00
7.00	OPERATION OF PLANT	540,037	24,986	0	0	565,023	7.00
8.00	LAUNDRY & LINEN SERVICE	87,774	6,930	2,199	17,313	114,216	8.00
9.00	HOUSEKEEPING	249,504	505	1,722	55,496	307,227	9.00
10.00	DIETARY	362,052	27,078	4,628	75,327	469,085	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	546,278	7,655	0	138,299	692,232	13.00
14.00	CENTRAL SERVICES & SUPPLY	9,859	37,892	0	0	47,751	14.00
15.00	PHARMACY	-298,597	10,259	2,918	0	-285,420	15.00
16.00	MEDICAL RECORDS & LIBRARY	369,634	14,763	10,052	85,778	480,227	16.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,468,757	100,159	17,515	363,914	1,950,345	30.00
31.00	INTENSIVE CARE UNIT	428,751	9,654	3,999	109,654	552,058	31.00
43.00	NURSERY	41,525	7,705	765	11,214	61,209	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	699,784	33,453	70,690	114,943	918,870	50.00
51.00	RECOVERY ROOM	63,813	3,408	0	16,601	83,822	51.00
52.00	DELIVERY ROOM & LABOR ROOM	50,619	14,649	66	13,384	78,718	52.00
53.00	ANESTHESIOLOGY	24,341	726	17,472	0	42,539	53.00
54.00	RADIOLOGY - DIAGNOSTIC	2,002,848	45,277	142,914	179,205	2,370,244	54.00
60.00	LABORATORY	1,825,003	17,986	39,182	236,230	2,118,401	60.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	1,048,322	25,819	4,513	0	1,078,654	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	406,918	29,689	31,531	72,005	540,143	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	567,425	0	0	0	567,425	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	259,787	0	0	0	259,787	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,863,320	0	0	85,651	1,948,971	73.00
75.00	ASC (NON-DISTINCT PART)	663,577	34,747	30,329	141,912	870,565	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	871,839	17,786	0	219,200	1,108,825	88.00
91.00	EMERGENCY	923,727	33,887	37,508	218,657	1,213,779	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	731,812	17,502	13,592	178,152	941,058	95.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	22,948,660	558,087	607,416	2,737,660	22,519,258	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	2,867	0	0	2,867	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	415,676	35,530	0	99,031	550,237	192.00
192.01	WELLNESS CENTER	419,757	181,407	31,094	79,473	711,731	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
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)	23,784,093	777,891	638,510	2,916,164	23,784,093	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I | Date/Time Prepared: 1/18/2012 10:50 am

	Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	2,837,572					5.00
6.00	MAINTENANCE & REPAIRS	78,307	664,239				6.00
7.00	OPERATION OF PLANT	75,513	22,358	662,894			7.00
8.00	LAUNDRY & LINEN SERVICE	15,265	6,201	6,404	142,086		8.00
9.00	HOUSEKEEPING	41,060	452	467	6,690	355,896	9.00
10.00	DIETARY	62,691	24,230	25,023	0	21,608	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	92,514	6,850	7,074	0	2,542	13.00
14.00	CENTRAL SERVICES & SUPPLY	6,382	33,907	35,017	688	2,542	14.00
15.00	PHARMACY	0	9,180	9,481	0	3,813	15.00
16.00	MEDICAL RECORDS & LIBRARY	64,180	13,210	13,642	0	5,084	16.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	260,656	89,624	92,558	65,608	122,023	30.00
31.00	INTENSIVE CARE UNIT	73,780	8,639	8,922	9,411	10,168	31.00
43.00	NURSERY	8,180	6,895	7,120	0	1,271	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	122,803	29,934	30,914	8,537	41,945	50.00
51.00	RECOVERY ROOM	11,202	3,049	3,149	0	2,542	51.00
52.00	DELIVERY ROOM & LABOR ROOM	10,520	13,108	13,537	0	0	52.00
53.00	ANESTHESIOLOGY	5,685	649	671	0	0	53.00
54.00	RADIOLOGY - DIAGNOSTIC	316,783	40,515	41,841	9,526	21,608	54.00
60.00	LABORATORY	283,116	16,094	16,621	0	15,253	60.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	144,158	23,103	23,859	5,844	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	72,188	26,566	27,436	358	10,168	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	75,834	0	0	0	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	34,719	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	260,472	0	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	116,348	31,093	32,111	11,803	25,421	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	148,190	15,916	16,437	315	0	88.00
91.00	EMERGENCY	162,217	30,322	31,315	16,215	45,758	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	125,769	15,661	16,174	0	0	95.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,668,532	467,556	459,773	134,995	331,746	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	383	2,566	2,650	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	73,537	31,793	32,834	0	0	192.00
192.01	WELLNESS CENTER	95,120	162,324	167,637	7,091	22,879	192.01
193.00	NONPAID WORKERS	0	0	0	0	1,271	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,837,572	664,239	662,894	142,086	355,896	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I | Date/Time Prepared: 1/18/2012 10:50 am

	Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY	602,637					10.00
11.00	CAFETERIA	474,518	474,518				11.00
13.00	NURSING ADMINISTRATION	0	12,724	813,936			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	126,287		14.00
15.00	PHARMACY	0	20,208	0	0	-242,738	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	23,950	0	0	0	16.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	117,796	72,600	280,346	0	0	30.00
31.00	INTENSIVE CARE UNIT	10,323	19,460	68,236	0	0	31.00
43.00	NURSERY	0	0	8,400	0	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	29,938	59,288	0	0	50.00
51.00	RECOVERY ROOM	0	1,497	9,369	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	748	0	0	0	53.00
54.00	RADIOLOGY - DIAGNOSTIC	0	65,115	0	0	0	54.00
60.00	LABORATORY	0	64,367	0	0	0	60.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	7,485	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	87,583	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	38,704	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	49,398	78,603	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	15,717	0	0	0	88.00
91.00	EMERGENCY	0	62,121	144,956	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	21,705	164,738	0	0	95.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	602,637	467,033	813,936	126,287	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	WELLNESS CENTER	0	7,485	0	0	0	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	-242,738	201.00
202.00	TOTAL (sum lines 118-201)	602,637	474,518	813,936	126,287	-242,738	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I | Date/Time Prepared: 1/18/2012 10:50 am

	Cost Center Description	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	19.00	24.00	25.00	26.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY	600,293					16.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0				19.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	141,647	0	3,193,203	0	3,193,203	30.00
31.00	INTENSIVE CARE UNIT	41,865	0	802,862	0	802,862	31.00
43.00	NURSERY	0	0	93,075	0	93,075	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	30,220	0	1,272,449	0	1,272,449	50.00
51.00	RECOVERY ROOM	0	0	114,630	0	114,630	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	115,883	0	115,883	52.00
53.00	ANESTHESIOLOGY	0	0	50,292	0	50,292	53.00
54.00	RADIOLOGY - DIAGNOSTIC	114,146	0	2,979,778	0	2,979,778	54.00
60.00	LABORATORY	59,688	0	2,573,540	0	2,573,540	60.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	1,275,618	0	1,275,618	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	33,818	0	718,162	0	718,162	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	730,842	0	730,842	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	333,210	0	333,210	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	2,209,443	0	2,209,443	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	1,215,342	0	1,215,342	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	1,305,400	0	1,305,400	88.00
91.00	EMERGENCY	107,089	0	1,813,772	0	1,813,772	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	71,820	0	1,356,925	0	1,356,925	95.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	600,293	0	22,154,426	0	22,154,426	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	8,466	0	8,466	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	688,401	0	688,401	192.00
192.01	WELLNESS CENTER	0	0	1,174,267	0	1,174,267	192.01
193.00	NONPAID WORKERS	0	0	1,271	0	1,271	193.00
200.00	Cross Foot Adjustments		0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	-242,738	0	-242,738	201.00
202.00	TOTAL (sum lines 118-201)	600,293	0	23,784,093	0	23,784,093	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II | Date/Time Prepared: 1/18/2012 10:50 am

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS	
		0	1.00	2.00	2A	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	0	2,390	62	2,452	2,452	4.00
5.00	ADMINISTRATIVE & GENERAL	0	33,182	175,759	208,941	298	5.00
6.00	MAINTENANCE & REPAIRS	0	0	0	0	42	6.00
7.00	OPERATION OF PLANT	0	24,986	0	24,986	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	6,930	2,199	9,129	15	8.00
9.00	HOUSEKEEPING	0	505	1,722	2,227	47	9.00
10.00	DIETARY	0	27,078	4,628	31,706	63	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	0	7,655	0	7,655	116	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	37,892	0	37,892	0	14.00
15.00	PHARMACY	0	10,259	2,918	13,177	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	14,763	10,052	24,815	72	16.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	100,159	17,515	117,674	309	30.00
31.00	INTENSIVE CARE UNIT	0	9,654	3,999	13,653	92	31.00
43.00	NURSERY	0	7,705	765	8,470	9	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	33,453	70,690	104,143	97	50.00
51.00	RECOVERY ROOM	0	3,408	0	3,408	14	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	14,649	66	14,715	11	52.00
53.00	ANESTHESIOLOGY	0	726	17,472	18,198	0	53.00
54.00	RADIOLOGY - DIAGNOSTIC	0	45,277	142,914	188,191	150	54.00
60.00	LABORATORY	0	17,986	39,182	57,168	198	60.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	25,819	4,513	30,332	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	29,689	31,531	61,220	60	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	72	73.00
75.00	ASC (NON-DISTINCT PART)	0	34,747	30,329	65,076	119	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	17,786	0	17,786	184	88.00
91.00	EMERGENCY	0	33,887	37,508	71,395	184	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	17,502	13,592	31,094	150	95.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	558,087	607,416	1,165,503	2,302	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	2,867	0	2,867	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	35,530	0	35,530	83	192.00
192.01	WELLNESS CENTER	0	181,407	31,094	212,501	67	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
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)	0	777,891	638,510	1,416,401	2,452	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II | Date/Time Prepared: 1/18/2012 10:50 am

	Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	209,239					5.00
6.00	MAINTENANCE & REPAIRS	5,774	5,816				6.00
7.00	OPERATION OF PLANT	5,568	196	30,750			7.00
8.00	LAUNDRY & LINEN SERVICE	1,126	54	297	10,621		8.00
9.00	HOUSEKEEPING	3,028	4	22	500	5,828	9.00
10.00	DIETARY	4,623	212	1,161	0	354	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	6,822	60	328	0	42	13.00
14.00	CENTRAL SERVICES & SUPPLY	471	297	1,624	51	42	14.00
15.00	PHARMACY	0	80	440	0	62	15.00
16.00	MEDICAL RECORDS & LIBRARY	4,733	116	633	0	83	16.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	19,221	785	4,294	4,905	1,996	30.00
31.00	INTENSIVE CARE UNIT	5,441	76	414	703	167	31.00
43.00	NURSERY	603	60	330	0	21	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	9,055	262	1,434	638	687	50.00
51.00	RECOVERY ROOM	826	27	146	0	42	51.00
52.00	DELIVERY ROOM & LABOR ROOM	776	115	628	0	0	52.00
53.00	ANESTHESIOLOGY	419	6	31	0	0	53.00
54.00	RADIOLOGY - DIAGNOSTIC	23,357	355	1,941	712	354	54.00
60.00	LABORATORY	20,877	141	771	0	250	60.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	10,630	202	1,107	437	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	5,323	233	1,273	27	167	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,592	0	0	0	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	2,560	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	19,207	0	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	8,579	272	1,490	882	416	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	10,927	139	762	24	0	88.00
91.00	EMERGENCY	11,962	265	1,453	1,212	749	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	9,274	137	750	0	0	95.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	196,774	4,094	21,329	10,091	5,432	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	28	22	123	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	5,423	278	1,523	0	0	192.00
192.01	WELLNESS CENTER	7,014	1,422	7,775	530	375	192.01
193.00	NONPAID WORKERS	0	0	0	0	21	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	209,239	5,816	30,750	10,621	5,828	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/18/2012 10:50 am

	Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY	38,119					10.00
11.00	CAFETERIA	30,015	30,015				11.00
13.00	NURSING ADMINISTRATION	0	805	15,828			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	40,377		14.00
15.00	PHARMACY	0	1,278	0	0	15,037	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	1,515	0	0	0	16.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	7,451	4,593	5,451	0	0	30.00
31.00	INTENSIVE CARE UNIT	653	1,231	1,327	0	0	31.00
43.00	NURSERY	0	0	163	0	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	1,894	1,153	0	0	50.00
51.00	RECOVERY ROOM	0	95	182	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	47	0	0	0	53.00
54.00	RADIOLOGY - DIAGNOSTIC	0	4,119	0	0	0	54.00
60.00	LABORATORY	0	4,071	0	0	0	60.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	473	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	28,003	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	12,374	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	3,125	1,529	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	994	0	0	0	88.00
91.00	EMERGENCY	0	3,929	2,819	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	1,373	3,204	0	0	95.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	38,119	29,542	15,828	40,377	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	WELLNESS CENTER	0	473	0	0	0	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	15,037	201.00
202.00	TOTAL (sum lines 118-201)	38,119	30,015	15,828	40,377	15,037	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II | Date/Time Prepared: 1/18/2012 10:50 am

	Cost Center Description	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	19.00	24.00	25.00	26.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY	31,967					16.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0				19.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	7,542		174,221	0	174,221	30.00
31.00	INTENSIVE CARE UNIT	2,229		25,986	0	25,986	31.00
43.00	NURSERY	0		9,656	0	9,656	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	1,609		120,972	0	120,972	50.00
51.00	RECOVERY ROOM	0		4,740	0	4,740	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0		16,245	0	16,245	52.00
53.00	ANESTHESIOLOGY	0		18,701	0	18,701	53.00
54.00	RADIOLOGY - DIAGNOSTIC	6,079		225,258	0	225,258	54.00
60.00	LABORATORY	3,179		86,655	0	86,655	60.00
65.00	RESPIRATORY THERAPY	0		0	0	0	65.00
66.00	PHYSICAL THERAPY	0		42,708	0	42,708	66.00
67.00	OCCUPATIONAL THERAPY	0		0	0	0	67.00
68.00	SPEECH PATHOLOGY	0		0	0	0	68.00
69.00	ELECTROCARDIOLOGY	1,801		70,577	0	70,577	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		33,595	0	33,595	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0		14,934	0	14,934	72.00
73.00	DRUGS CHARGED TO PATIENTS	0		19,279	0	19,279	73.00
75.00	ASC (NON-DISTINCT PART)	0		81,488	0	81,488	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0		30,816	0	30,816	88.00
91.00	EMERGENCY	5,703		99,671	0	99,671	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	3,825		49,807	0	49,807	95.00
99.00	CMHC	0		0	0	0	99.00
99.10	CORF	0		0	0	0	99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.	0		0	0	0	100.00
101.00	HOME HEALTH AGENCY	0		0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
106.00	HEART ACQUISITION	0		0	0	0	106.00
113.00	INTEREST EXPENSE	0		0	0	0	113.00
114.00	UTILIZATION REVIEW - SNF	0		0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	31,967	0	1,125,309	0	1,125,309	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0		3,040	0	3,040	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0		42,837	0	42,837	192.00
192.01	WELLNESS CENTER	0		230,157	0	230,157	192.01
193.00	NONPAID WORKERS	0		21	0	21	193.00
200.00	Cross Foot Adjustments		0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	15,037	0	15,037	201.00
202.00	TOTAL (sum lines 118-201)	31,967	0	1,416,401	0	1,416,401	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/18/2012 10:50 am

	Cost Center Description	CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		1.00	2.00	4.00	5A	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	109,338					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		620,994				2.00
4.00	EMPLOYEE BENEFITS	336	60	11,029,482			4.00
5.00	ADMINISTRATIVE & GENERAL	4,664	170,937	1,343,034	-2,837,572	21,231,941	5.00
6.00	MAINTENANCE & REPAIRS	0	0	187,713	0	585,932	6.00
7.00	OPERATION OF PLANT	3,512	0	0	0	565,023	7.00
8.00	LAUNDRY & LINEN SERVICE	974	2,139	65,482	0	114,216	8.00
9.00	HOUSEKEEPING	71	1,675	209,898	0	307,227	9.00
10.00	DIETARY	3,806	4,501	284,902	0	469,085	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	1,076	0	523,072	0	692,232	13.00
14.00	CENTRAL SERVICES & SUPPLY	5,326	0	0	0	47,751	14.00
15.00	PHARMACY	1,442	2,838	0	285,420	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	2,075	9,776	324,430	0	480,227	16.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	14,078	17,035	1,376,384	0	1,950,345	30.00
31.00	INTENSIVE CARE UNIT	1,357	3,889	414,734	0	552,058	31.00
43.00	NURSERY	1,083	744	42,412	0	61,209	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	4,702	68,751	434,735	0	918,870	50.00
51.00	RECOVERY ROOM	479	0	62,788	0	83,822	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,059	64	50,619	0	78,718	52.00
53.00	ANESTHESIOLOGY	102	16,993	0	0	42,539	53.00
54.00	RADIOLOGY - DIAGNOSTIC	6,364	138,994	677,787	0	2,370,244	54.00
60.00	LABORATORY	2,528	38,107	893,468	0	2,118,401	60.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	3,629	4,389	0	0	1,078,654	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	4,173	30,666	272,335	0	540,143	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	567,425	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	259,787	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	323,950	0	1,948,971	73.00
75.00	ASC (NON-DISTINCT PART)	4,884	29,497	536,737	0	870,565	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	2,500	0	829,056	0	1,108,825	88.00
91.00	EMERGENCY	4,763	36,479	827,004	0	1,213,779	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	2,460	13,219	673,804	0	941,058	95.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	78,443	590,753	10,354,344	-2,552,152	19,967,106	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	403	0	0	0	2,867	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	4,994	0	374,555	0	550,237	192.00
192.01	WELLNESS CENTER	25,498	30,241	300,583	0	711,731	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
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)	777,891	638,510	2,916,164		2,837,572	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7.114553	1.028206	0.264397		0.133646	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			2,452		209,239	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000222		0.009855	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/18/2012 10:50 am

	Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS	104,338					6.00
7.00	OPERATION OF PLANT	3,512	100,826				7.00
8.00	LAUNDRY & LINEN SERVICE	974	974	9,919			8.00
9.00	HOUSEKEEPING	71	71	467	280		9.00
10.00	DIETARY	3,806	3,806	0	17	57,621	10.00
11.00	CAFETERIA	0	0	0	0	45,371	11.00
13.00	NURSING ADMINISTRATION	1,076	1,076	0	2	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	5,326	5,326	48	2	0	14.00
15.00	PHARMACY	1,442	1,442	0	3	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	2,075	2,075	0	4	0	16.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	14,078	14,078	4,580	96	11,263	30.00
31.00	INTENSIVE CARE UNIT	1,357	1,357	657	8	987	31.00
43.00	NURSERY	1,083	1,083	0	1	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	4,702	4,702	596	33	0	50.00
51.00	RECOVERY ROOM	479	479	0	2	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,059	2,059	0	0	0	52.00
53.00	ANESTHESIOLOGY	102	102	0	0	0	53.00
54.00	RADIOLOGY - DIAGNOSTIC	6,364	6,364	665	17	0	54.00
60.00	LABORATORY	2,528	2,528	0	12	0	60.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	3,629	3,629	408	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	4,173	4,173	25	8	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	4,884	4,884	824	20	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	2,500	2,500	22	0	0	88.00
91.00	EMERGENCY	4,763	4,763	1,132	36	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	2,460	2,460	0	0	0	95.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	73,443	69,931	9,424	261	57,621	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	403	403	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	4,994	4,994	0	0	0	192.00
192.01	WELLNESS CENTER	25,498	25,498	495	18	0	192.01
193.00	NONPAID WORKERS	0	0	0	1	0	193.00
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)	664,239	662,894	142,086	355,896	602,637	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	6.366223	6.574634	14.324629	1,271.057143	10.458635	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	5,816	30,750	10,621	5,828	38,119	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.055742	0.304981	1.070773	20.814286	0.661547	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/18/2012 10:50 am

	Cost Center Description	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA	634					11.00
13.00	NURSING ADMINISTRATION	17	200,586				13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	773,448			14.00
15.00	PHARMACY	27	0	0	100		15.00
16.00	MEDICAL RECORDS & LIBRARY	32	0	0	0	43,045	16.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	97	69,088	0	0	10,157	30.00
31.00	INTENSIVE CARE UNIT	26	16,816	0	0	3,002	31.00
43.00	NURSERY	0	2,070	0	0	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	40	14,611	0	0	2,167	50.00
51.00	RECOVERY ROOM	2	2,309	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	1	0	0	0	0	53.00
54.00	RADIOLOGY - DIAGNOSTIC	87	0	0	0	8,185	54.00
60.00	LABORATORY	86	0	0	0	4,280	60.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	10	0	0	0	2,425	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	536,407	0	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	237,041	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	100	0	73.00
75.00	ASC (NON-DISTINCT PART)	66	19,371	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	21	0	0	0	0	88.00
91.00	EMERGENCY	83	35,723	0	0	7,679	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	29	40,598	0	0	5,150	95.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	624	200,586	773,448	100	43,045	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	WELLNESS CENTER	10	0	0	0	0	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
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)	474,518	813,936	126,287	-242,738	600,293	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	748.451104	4.057791	0.163278	0.000000	13.945708	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	30,015	15,828	40,377	15,037	31,967	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	47.342271	0.078909	0.052204	150.370000	0.742641	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/18/2012 10:50 am

	Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
		19.00		
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT			1.00
2.00	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.00	ADMINISTRATIVE & GENERAL			5.00
6.00	MAINTENANCE & REPAIRS			6.00
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
19.00	NONPHYSICIAN ANESTHETISTS	100		19.00
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
43.00	NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0		50.00
51.00	RECOVERY ROOM	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0		52.00
53.00	ANESTHESIOLOGY	100		53.00
54.00	RADIOLOGY - DIAGNOSTIC	0		54.00
60.00	LABORATORY	0		60.00
65.00	RESPIRATORY THERAPY	0		65.00
66.00	PHYSICAL THERAPY	0		66.00
67.00	OCCUPATIONAL THERAPY	0		67.00
68.00	SPEECH PATHOLOGY	0		68.00
69.00	ELECTROCARDIOLOGY	0		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0		73.00
75.00	ASC (NON-DISTINCT PART)	0		75.00
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0		88.00
91.00	EMERGENCY	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	AMBULANCE SERVICES	0		95.00
99.00	CMHC	0		99.00
99.10	CORF	0		99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.	0		100.00
101.00	HOME HEALTH AGENCY	0		101.00
	SPECIAL PURPOSE COST CENTERS			
106.00	HEART ACQUISITION	0		106.00
113.00	INTEREST EXPENSE	0		113.00
114.00	UTILIZATION REVIEW - SNF	0		114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	100		118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0		192.00
192.01	WELLNESS CENTER	0		192.01
193.00	NONPAID WORKERS	0		193.00
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)	0		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet C Part I Date/Time Prepared: 1/18/2012 10:50 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,193,203		3,193,203	0	3,193,203	30.00
31.00	INTENSIVE CARE UNIT	802,862		802,862	0	802,862	31.00
43.00	NURSERY	93,075		93,075	0	93,075	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	1,272,449		1,272,449	0	1,272,449	50.00
51.00	RECOVERY ROOM	114,630		114,630	0	114,630	51.00
52.00	DELIVERY ROOM & LABOR ROOM	115,883		115,883	0	115,883	52.00
53.00	ANESTHESIOLOGY	50,292		50,292	0	50,292	53.00
54.00	RADIOLOGY - DIAGNOSTIC	2,979,778		2,979,778	0	2,979,778	54.00
60.00	LABORATORY	2,573,540		2,573,540	0	2,573,540	60.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	1,275,618	0	1,275,618	0	1,275,618	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	718,162		718,162	0	718,162	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	730,842		730,842	0	730,842	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	333,210		333,210	0	333,210	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,209,443		2,209,443	0	2,209,443	73.00
75.00	ASC (NON-DISTINCT PART)	1,215,342		1,215,342	0	1,215,342	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	1,305,400		1,305,400	0	1,305,400	88.00
91.00	EMERGENCY	1,813,772		1,813,772	0	1,813,772	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	279,489		279,489		279,489	92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	1,356,925		1,356,925	0	1,356,925	95.00
99.00	CMHC	0		0		0	99.00
99.10	CORF	0		0		0	99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.	0		0		0	100.00
101.00	HOME HEALTH AGENCY	0		0		0	101.00
	SPECIAL PURPOSE COST CENTERS						
106.00	HEART ACQUISITION	0		0		0	106.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW - SNF						114.00
200.00	Subtotal (see instructions)	22,433,915	0	22,433,915	0	22,433,915	200.00
201.00	Less Observation Beds	279,489		279,489		279,489	201.00
202.00	Total (see instructions)	22,154,426	0	22,154,426	0	22,154,426	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet C Part I Date/Time Prepared: 1/18/2012 10:50 am

Title XVIII | Hospital | PPS

	Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
		6.00	7.00	8.00	9.00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,888,620		1,888,620			30.00
31.00	INTENSIVE CARE UNIT	347,997		347,997			31.00
43.00	NURSERY	98,406		98,406			43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	687,721	2,705,686	3,393,407	0.374977	0.000000	50.00
51.00	RECOVERY ROOM	16,292	156,096	172,388	0.664953	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	220,597	85,400	305,997	0.378706	0.000000	52.00
53.00	ANESTHESIOLOGY	259,783	1,236,153	1,495,936	0.033619	0.000000	53.00
54.00	RADIOLOGY - DIAGNOSTIC	1,303,588	12,037,251	13,340,839	0.223358	0.000000	54.00
60.00	LABORATORY	5,624,560	7,524,328	13,148,888	0.195723	0.000000	60.00
65.00	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00
66.00	PHYSICAL THERAPY	234,456	3,500,723	3,735,179	0.341515	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	ELECTROCARDIOLOGY	748,789	1,426,005	2,174,794	0.330221	0.000000	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	310,545	284,311	594,856	1.228603	0.000000	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	38,451	205,166	243,617	1.367762	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,239,073	1,694,774	2,933,847	0.753087	0.000000	73.00
75.00	ASC (NON-DISTINCT PART)	102,439	2,477,712	2,580,151	0.471035	0.000000	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	1,091,034	1,091,034			88.00
91.00	EMERGENCY	578,321	3,886,400	4,464,721	0.406245	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	16,756	138,209	154,965	1.803562	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	1,667,598	1,667,598	0.813700	0.000000	95.00
99.00	CMHC	0	0	0			99.00
99.10	CORF	0	0	0			99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0			100.00
101.00	HOME HEALTH AGENCY	0	0	0			101.00
	SPECIAL PURPOSE COST CENTERS						
106.00	HEART ACQUISITION	0	0	0			106.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW - SNF						114.00
200.00	Subtotal (see instructions)	13,716,394	40,116,846	53,833,240			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	13,716,394	40,116,846	53,833,240			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet C Part I Date/Time Prepared: 1/18/2012 10:50 am

Title XVIII | Hospital | PPS

	Cost Center Description	PPS Inpatient Ratio 11.00		
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
43.00	NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.374977		50.00
51.00	RECOVERY ROOM	0.664953		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.378706		52.00
53.00	ANESTHESIOLOGY	0.033619		53.00
54.00	RADIOLOGY - DIAGNOSTIC	0.223358		54.00
60.00	LABORATORY	0.195723		60.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.341515		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.330221		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.228603		71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	1.367762		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.753087		73.00
75.00	ASC (NON-DISTINCT PART)	0.471035		75.00
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC			88.00
91.00	EMERGENCY	0.406245		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.803562		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	AMBULANCE SERVICES	0.813700		95.00
99.00	CMHC			99.00
99.10	CORF			99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.			100.00
101.00	HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
106.00	HEART ACQUISITION			106.00
113.00	INTEREST EXPENSE			113.00
114.00	UTILIZATION REVIEW - SNF			114.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet C Part II Date/Time Prepared: 1/18/2012 10:50 am

Title XIX | Hospital | Cost

	Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	1,272,449	120,972	1,151,477	12,097	0	50.00
51.00	RECOVERY ROOM	114,630	4,740	109,890	474	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	115,883	16,245	99,638	1,624	0	52.00
53.00	ANESTHESIOLOGY	50,292	18,701	31,591	1,870	0	53.00
54.00	RADIOLOGY - DIAGNOSTIC	2,979,778	225,258	2,754,520	22,526	0	54.00
60.00	LABORATORY	2,573,540	86,655	2,486,885	8,665	0	60.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	1,275,618	42,708	1,232,910	4,271	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	718,162	70,577	647,585	7,058	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	730,842	33,595	697,247	3,359	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	333,210	14,934	318,276	1,493	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,209,443	19,279	2,190,164	1,928	0	73.00
75.00	ASC (NON-DISTINCT PART)	1,215,342	81,488	1,133,854	8,149	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	1,305,400	30,816	1,274,584	3,082	0	88.00
91.00	EMERGENCY	1,813,772	99,671	1,714,101	9,967	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	1,356,925	49,807	1,307,118	4,981	0	95.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW - SNF						114.00
200.00	Subtotal (sum of lines 50 thru 199)	18,065,286	915,446	17,149,840	91,544	0	200.00
201.00	Less Observation Beds	0	0	0	0	0	201.00
202.00	Total (line 200 minus line 201)	18,065,286	915,446	17,149,840	91,544	0	202.00

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

Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet C Part II Date/Time Prepared: 1/18/2012 10:50 am

Title XIX | Hospital | Cost

	Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
		6.00	7.00	8.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	1,260,352	3,393,407	0.371412		50.00
51.00	RECOVERY ROOM	114,156	172,388	0.662204		51.00
52.00	DELIVERY ROOM & LABOR ROOM	114,259	305,997	0.373399		52.00
53.00	ANESTHESIOLOGY	48,422	1,495,936	0.032369		53.00
54.00	RADIOLOGY - DIAGNOSTIC	2,957,252	13,340,839	0.221669		54.00
60.00	LABORATORY	2,564,875	13,148,888	0.195064		60.00
65.00	RESPIRATORY THERAPY	0	0	0.000000		65.00
66.00	PHYSICAL THERAPY	1,271,347	3,735,179	0.340371		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000		67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000		68.00
69.00	ELECTROCARDIOLOGY	711,104	2,174,794	0.326975		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	727,483	594,856	1.222956		71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	331,717	243,617	1.361633		72.00
73.00	DRUGS CHARGED TO PATIENTS	2,207,515	2,933,847	0.752430		73.00
75.00	ASC (NON-DISTINCT PART)	1,207,193	2,580,151	0.467877		75.00
	OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	1,302,318	1,091,034	1.193655		88.00
91.00	EMERGENCY	1,803,805	4,464,721	0.404013		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	154,965	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES	1,351,944	1,667,598	0.810713		95.00
99.00	CMHC	0	0	0.000000		99.00
99.10	CORF	0	0	0.000000		99.10
100.00	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0.000000		100.00
101.00	HOME HEALTH AGENCY	0	0	0.000000		101.00
	SPECIAL PURPOSE COST CENTERS					
106.00	HEART ACQUISITION	0	0	0.000000		106.00
113.00	INTEREST EXPENSE					113.00
114.00	UTILIZATION REVIEW - SNF					114.00
200.00	Subtotal (sum of lines 50 thru 199)	17,973,742	0			200.00
201.00	Less Observation Beds	0	0			201.00
202.00	Total (line 200 minus line 201)	17,973,742	105,331,457			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140059	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/18/2012 10:50 am
	Title XVIII	Hospital	PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	174,221	517	173,704	3,611	48.10	30.00
31.00	INTENSIVE CARE UNIT	25,986		25,986	292	88.99	31.00
43.00	NURSERY	9,656		9,656	232	41.62	43.00
200.00	Total (lines 30-199)	209,863		209,346	4,135		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part I Date/Time Prepared: 1/18/2012 10:50 am

Title XVIII | Hospital | PPS

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
		6.00	7.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	2,462	118,422		30.00
31.00	INTENSIVE CARE UNIT	180	16,018		31.00
43.00	NURSERY	0	0		43.00
200.00	Total (lines 30-199)	2,642	134,440		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part II Date/Time Prepared: 1/18/2012 10:50 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	120,972	3,393,407	0.035649	253,345	9,031	50.00
51.00	RECOVERY ROOM	4,740	172,388	0.027496	15,888	437	51.00
52.00	DELIVERY ROOM & LABOR ROOM	16,245	305,997	0.053089	2,824	150	52.00
53.00	ANESTHESIOLOGY	18,701	1,495,936	0.012501	84,245	1,053	53.00
54.00	RADIOLOGY - DIAGNOSTIC	225,258	13,340,839	0.016885	1,151,854	19,449	54.00
60.00	LABORATORY	86,655	13,148,888	0.006590	2,038,575	13,434	60.00
65.00	RESPIRATORY THERAPY	0	0	0.000000	0	0	65.00
66.00	PHYSICAL THERAPY	42,708	3,735,179	0.011434	201,830	2,308	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	70,577	2,174,794	0.032452	739,720	24,005	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	33,595	594,856	0.056476	273,888	15,468	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	14,934	243,617	0.061301	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	19,279	2,933,847	0.006571	946,373	6,219	73.00
75.00	ASC (NON-DISTINCT PART)	81,488	2,580,151	0.031583	51,934	1,640	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	30,816	1,091,034	0.028245	0	0	88.00
91.00	EMERGENCY	99,671	4,464,721	0.022324	533,803	11,917	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	15,294	154,965	0.098693	16,009	1,580	92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	880,933	49,830,619		6,310,288	106,691	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140059	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/18/2012 10:50 am
	Title XVIII	Hospital	PPS

	Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0		0	31.00
43.00	NURSERY	0	0	0		0	43.00
200.00	Total (lines 30-199)	0	0	0		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140059	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/18/2012 10:50 am
	Title XVIII	Hospital	PPS

	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
		6.00	7.00	8.00	9.00	11.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,611	0.00	2,462	0	0	30.00
31.00	INTENSIVE CARE UNIT	292	0.00	180	0	0	31.00
43.00	NURSERY	232	0.00	0	0	0	43.00
200.00	Total (lines 30-199)	4,135		2,642	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140059	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/18/2012 10:50 am
	Title XVIII	Hospital	PPS

	Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost		
		12.00	13.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	0		30.00
31.00	INTENSIVE CARE UNIT	0	0		31.00
43.00	NURSERY	0	0		43.00
200.00	Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/18/2012 10:50 am

Title XVIII | Hospital | PPS

	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY - DIAGNOSTIC	0	0	0	0	0	54.00
60.00	LABORATORY	0	0	0	0	0	60.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/18/2012 10:50 am

Title XVIII | Hospital | PPS

	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)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	3,393,407	0.000000	0.000000	253,345	50.00
51.00	RECOVERY ROOM	0	172,388	0.000000	0.000000	15,888	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	305,997	0.000000	0.000000	2,824	52.00
53.00	ANESTHESIOLOGY	0	1,495,936	0.000000	0.000000	84,245	53.00
54.00	RADIOLOGY - DIAGNOSTIC	0	13,340,839	0.000000	0.000000	1,151,854	54.00
60.00	LABORATORY	0	13,148,888	0.000000	0.000000	2,038,575	60.00
65.00	RESPIRATORY THERAPY	0	0	0.000000	0.000000	0	65.00
66.00	PHYSICAL THERAPY	0	3,735,179	0.000000	0.000000	201,830	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	ELECTROCARDIOLOGY	0	2,174,794	0.000000	0.000000	739,720	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	594,856	0.000000	0.000000	273,888	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	243,617	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	2,933,847	0.000000	0.000000	946,373	73.00
75.00	ASC (NON-DISTINCT PART)	0	2,580,151	0.000000	0.000000	51,934	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	1,091,034	0.000000	0.000000	0	88.00
91.00	EMERGENCY	0	4,464,721	0.000000	0.000000	533,803	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	154,965	0.000000	0.000000	16,009	92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	49,830,619			6,310,288	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/18/2012 10:50 am

Title XVIII | Hospital | PPS

	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	1,141,707	0	0	0	50.00
51.00	RECOVERY ROOM	0	153,404	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	499,409	0	0	0	53.00
54.00	RADIOLOGY - DIAGNOSTIC	0	4,138,502	0	0	0	54.00
60.00	LABORATORY	0	261,995	0	0	0	60.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	3,826	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	493,965	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	127,899	0	0	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	165,329	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,322,412	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	889,169	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	EMERGENCY	0	1,141,391	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	137,335	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	10,476,343	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140059	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/18/2012 10:50 am
	Title XVIII	Hospital	PPS

	Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		23.00	24.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	0		50.00
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	0		53.00
54.00	RADIOLOGY - DIAGNOSTIC	0	0		54.00
60.00	LABORATORY	0	0		60.00
65.00	RESPIRATORY THERAPY	0	0		65.00
66.00	PHYSICAL THERAPY	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0		73.00
75.00	ASC (NON-DISTINCT PART)	0	0		75.00
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0		88.00
91.00	EMERGENCY	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part V Date/Time Prepared: 1/18/2012 10:50 am

Title XVIII | Hospital | PPS

	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see instructions)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
		1.00	2.00	3.00	4.00		
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.374977	1,141,707	0	0		50.00
51.00	RECOVERY ROOM	0.664953	153,404	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.378706	0	0	0		52.00
53.00	ANESTHESIOLOGY	0.033619	499,409	0	0		53.00
54.00	RADIOLOGY - DIAGNOSTIC	0.223358	4,138,502	0	0		54.00
60.00	LABORATORY	0.195723	261,995	0	0		60.00
65.00	RESPIRATORY THERAPY	0.000000	0	0	0		65.00
66.00	PHYSICAL THERAPY	0.341515	3,826	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0.330221	493,965	840	0		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.228603	127,899	0	0		71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	1.367762	165,329	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.753087	1,322,412	0	0		73.00
75.00	ASC (NON-DISTINCT PART)	0.471035	889,169	0	0		75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000					88.00
91.00	EMERGENCY	0.406245	1,141,391	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.803562	137,335	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0.813700		0			95.00
200.00	Subtotal (see instructions)		10,476,343	840	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)		10,476,343	840	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part V Date/Time Prepared: 1/18/2012 10:50 am

Title XVIII | Hospital | PPS

	Cost Center Description	Costs PPS Services (see instructions)	Costs Cost Services Subject To Ded. & Coins. (see instructions)	Costs Cost Services Not Subject To Ded. & Coins. (see instructions)		
		5.00	6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	428,114	0	0		50.00
51.00	RECOVERY ROOM	102,006	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	ANESTHESIOLOGY	16,790	0	0		53.00
54.00	RADIOLOGY - DIAGNOSTIC	924,368	0	0		54.00
60.00	LABORATORY	51,278	0	0		60.00
65.00	RESPIRATORY THERAPY	0	0	0		65.00
66.00	PHYSICAL THERAPY	1,307	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	163,118	277	0		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	157,137	0	0		71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	226,131	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	995,891	0	0		73.00
75.00	ASC (NON-DISTINCT PART)	418,830	0	0		75.00
	OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
91.00	EMERGENCY	463,684	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	247,692	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES		0			95.00
200.00	Subtotal (see instructions)	4,196,346	277	0		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00	Net Charges (line 200 +/- line 201)	4,196,346	277	0		202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140059	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/18/2012 10:50 am
	Title XVIII	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,662	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,611	2.00
3.00	Private room days (excluding swing-bed and observation bed days)	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	3,611	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	26	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)	25	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,462	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)	14	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)	13	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	184.15	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	187.83	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	112.36	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	114.61	20.00
21.00	Total general inpatient routine service cost (see instructions)	3,193,203	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)	4,788	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)	4,696	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)	9,484	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	3,183,719	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	1,745,143	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	1,745,143	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.824331	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)	483.29	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)	3,183,719	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	881.67	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,170,672	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)	2,170,672	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D-1 | Date/Time Prepared: 1/18/2012 10:50 am

Title XVIII | Hospital | PPS

	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)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	802,862	292	2,749.53	180	494,915	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)	2,398,328	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	5,063,915	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)	134,440	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	106,691	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	241,131	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	4,822,784	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)	2,578	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	2,442	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	5,020	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)	317	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	881.67	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	279,489	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D-1 | Date/Time Prepared: 1/18/2012 10:50 am

Title XVIII | Hospital | PPS

	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	174,221	3,183,719	0.054722	279,489	15,294	90.00
91.00	Nursing School cost	0	3,183,719	0.000000	279,489	0	91.00
92.00	Allied health cost	0	3,183,719	0.000000	279,489	0	92.00
93.00	All other Medical Education	0	3,183,719	0.000000	279,489	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 140059	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/18/2012 10:50 am
	Title XVIII	Hospital	PPS

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		1,181,154		30.00
31.00	INTENSIVE CARE UNIT		207,540		31.00
43.00	NURSERY				43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.374977	253,345	94,999	50.00
51.00	RECOVERY ROOM	0.664953	15,888	10,565	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.378706	2,824	1,069	52.00
53.00	ANESTHESIOLOGY	0.033619	84,245	2,832	53.00
54.00	RADIOLOGY - DIAGNOSTIC	0.223358	1,151,854	257,276	54.00
60.00	LABORATORY	0.195723	2,038,575	398,996	60.00
65.00	RESPIRATORY THERAPY	0.000000	0	0	65.00
66.00	PHYSICAL THERAPY	0.341515	201,830	68,928	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.330221	739,720	244,271	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.228603	273,888	336,500	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	1.367762	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.753087	946,373	712,701	73.00
75.00	ASC (NON-DISTINCT PART)	0.471035	51,934	24,463	75.00
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
91.00	EMERGENCY	0.406245	533,803	216,855	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.803562	16,009	28,873	92.00
	OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		6,310,288	2,398,328	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)		6,310,288		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 140059 | Component CCN: 14U059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D-3 | Date/Time Prepared: 1/18/2012 10:50 am

Title XVIII | Swing Beds - SNF | PPS

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
43.00	NURSERY				43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.374977	0	0	50.00
51.00	RECOVERY ROOM	0.664953	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.378706	0	0	52.00
53.00	ANESTHESIOLOGY	0.033619	0	0	53.00
54.00	RADIOLOGY - DIAGNOSTIC	0.223358	970	217	54.00
60.00	LABORATORY	0.195723	3,038	595	60.00
65.00	RESPIRATORY THERAPY	0.000000	0	0	65.00
66.00	PHYSICAL THERAPY	0.341515	7,504	2,563	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.330221	5,575	1,841	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.228603	1,619	1,989	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	1.367762	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.753087	5,702	4,294	73.00
75.00	ASC (NON-DISTINCT PART)	0.471035	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
91.00	EMERGENCY	0.406245	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.803562	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		24,408	11,499	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)		24,408		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140059	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/18/2012 10:50 am
	Title XVIII	Hospital	PPS

		before 1/1	on/after 1/1	
		1.00	1.01	
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS			
1.00	DRG Amounts Other than Outlier Payments	3,852,063		1.00
2.00	Outlier payments for discharges. (see instructions)	0		2.00
3.00	Managed Care Simulated Payments	0		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	43.99		4.00
	Indirect Medical Education Adjustment			
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.	0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00		11.00
12.00	Current year allowable FTE (see instructions)	0.00		12.00
13.00	Total allowable FTE count for the prior year.	0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00		15.00
16.00	Adjustment for residents in initial years of the program	0.00		16.00
17.00	Adjusment for residents displaced by program or hospital closure	0.00		17.00
18.00	Adjusted rolling average FTE count	0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000		21.00
22.00	IME payment adjustment (see instructions)	0		22.00
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA			
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000		26.00
27.00	IME payments adjustment. (see instructions)	0.000000		27.00
28.00	IME Adjustment (see instructions)	0		28.00
29.00	Total IME payment (sum of lines 22 and 28)	0		29.00
	Disproportionate Share Adjustment			
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	4.26		30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)	17.00		31.00
32.00	Sum of lines 30 and 31	21.26		32.00
33.00	Allowable disproportionate share percentage (see instructions)	6.75		33.00
34.00	Disproportionate share adjustment (see instructions)	260,014		34.00
	Additional payment for high percentage of ESRD beneficiary discharges			
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)	0		46.00
47.00	Subtotal (see instructions)	4,112,077		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	4,112,077		49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140059	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/18/2012 10:50 am
	Title XVIII	Hospital	PPS

		before 1/1	on/after 1/1	
		1.00	1.01	
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	311,405		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)	0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).	0		52.00
53.00	Nursing and Allied Health Managed Care payment	0		53.00
54.00	Special add-on payments for new technologies	0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)	0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)	0		56.00
57.00	Routine service other pass through costs	0		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)	0		58.00
59.00	Total (sum of amounts on lines 49 through 58)	4,423,482		59.00
60.00	Primary payer payments	0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	4,423,482		61.00
62.00	Deductibles billed to program beneficiaries	584,750		62.00
63.00	Coinsurance billed to program beneficiaries	3,630		63.00
64.00	Allowable bad debts (see instructions)	172,241		64.00
65.00	Adjusted reimbursable bad debts (see instructions)	120,569		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	134,014		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	3,955,671		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)	0		68.00
69.00	Outlier payments reconciliation	0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		70.00
70.95	Recovery of Accelerated Depreciation	0		70.95
70.96	Low Volume Payment-1	441,161		70.96
70.97	Low Volume Payment-2	0		70.97
70.98	Low Volume Payment-3	0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)	4,396,832		71.00
72.00	Interim payments	4,326,103		72.00
73.00	Tentative settlement (for contractor use only)	0		73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)	70,729		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0		75.00
	TO BE COMPLETED BY CONTRACTOR			
90.00	Operating outlier amount from Worksheet E, Part A line 2	0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2	0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)	0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)	0		93.00
94.00	The rate used to calculate the Time Value of Money	0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)	0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)	0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140059	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/18/2012 10:50 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	277	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	4,196,346	2.00
3.00	PPS payments	3,469,713	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.794	5.00
6.00	Line 2 times line 5	3,331,899	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)	277	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	840	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)	840	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis 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)	840	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	563	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)	277	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)	3,469,713	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	168	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	856,026	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)	2,613,796	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)	2,613,796	30.00
31.00	Primary payer payments	68	31.00
32.00	Subtotal (line 30 minus line 31)	2,613,728	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	143,562	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	100,493	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	90,262	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	2,714,221	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)	2,714,221	40.00
41.00	Interim payments	2,680,294	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)	33,927	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140059	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/18/2012 10:50 am
	Title XVIII	Hospital	PPS

		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet E-1 Part I | Date/Time Prepared: 1/18/2012 10:50 am

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		4,318,791		2,727,056	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		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	02/04/2011	7,312		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0	02/04/2011	46,762	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)		7,312		-46,762	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)		4,326,103		2,680,294	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		70,729		33,927	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,396,832		2,714,221	7.00

			Contractor Number	Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet E-1 Part I | Date/Time Prepared: 1/18/2012 10:50 am

Component CCN: 14U059 | Title XVIII | Swing Beds - SNF | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		7,765		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		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		7,765		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		7,765		0	7.00

			Contractor Number	Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS	Provider CCN: 140059 Component CCN: 14U059	Period: From 07/01/2010 To 06/30/2011	Worksheet E-2 Date/Time Prepared: 1/18/2012 10:50 am
	Title XVIII	Swing Beds - SNF	PPS

		Part A	Part B	
		1.00	2.00	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient routine services - swing bed-SNF (see instructions)	7,765	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, column 3, line 200 for Part A, and sum of Wkst. D, Part V, columns 5 and 7, line 202 for Part B) (For CAH, see instructions)			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	27	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)	7,765	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	7,765	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)	7,765	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	0	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)	7,765	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
17.00	Reimbursable bad debts (see instructions)	0	0	17.00
18.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (sum of lines 15 and 17, plus/minus line 16)	7,765	0	19.00
20.00	Interim payments	7,765	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program (line 19 minus the sum of lines 20 and 21)	0	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	0	23.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet G | Date/Time Prepared: 1/18/2012 10:50 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURENT ASSETS					
1.00	Cash on hand in banks	203,007	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	12,063,623	0	0	0	4.00
5.00	Other receivable	217,488	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-7,857,715	0	0	0	6.00
7.00	Inventory	455,216	0	0	0	7.00
8.00	Prepaid expenses	254,681	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	5,336,300	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	55,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	14,990,312	0	0	0	15.00
16.00	Accumulated depreciation	-7,123,451	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	12,518,580	0	0	0	23.00
24.00	Accumulated depreciation	-8,134,640	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	12,305,801	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	8,027,095	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	157,092	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	8,184,187	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	25,826,288	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	1,399,582	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,038,493	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	61,635	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	2,499,710	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	7,050,000	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	7,050,000	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	9,549,710	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	16,276,578				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	16,276,578	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	25,826,288	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet G-1 | Date/Time Prepared: 1/18/2012 10:50 am

		General Fund		Special Purpose Fund			
		1.00	2.00	3.00	4.00		
1.00	Fund balances at beginning of period		15,108,372		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		1,168,210				2.00
3.00	Total (sum of line 1 and line 2)		16,276,582		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)		16,276,582		0		11.00
12.00	ROUNDING	4		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)		4		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		16,276,578		0		19.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet G-1 | Date/Time Prepared: 1/18/2012 10:50 am

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 140059 | Period: From 07/01/2010 To 06/30/2011 | Worksheet G-2 Parts | Date/Time Prepared: 1/18/2012 10:50 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	2,043,585		2,043,585	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	2,043,585		2,043,585	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	347,997		347,997	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)	347,997		347,997	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	2,391,582		2,391,582	17.00
18.00	Ancillary services	7,955,942	45,815,135	53,771,077	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	1,091,034	1,091,034	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES	0	1,676,122	1,676,122	23.00
24.00	CMHC		0	0	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	NURSERY	99,774	0	99,774	27.00
27.01		0	363,513	363,513	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	10,447,298	48,945,804	59,393,102	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		30,339,860		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)		30,339,860		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 140059	Period: From 07/01/2010 To 06/30/2011	Worksheet G-3 Date/Time Prepared: 1/18/2012 10:50 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	59,393,102	1.00
2.00	Less contractual allowances and discounts on patients' accounts	31,042,400	2.00
3.00	Net patient revenues (line 1 minus line 2)	28,350,702	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	30,339,860	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,989,158	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	24,743	6.00
7.00	Income from investments	91,828	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	34,107	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	141,803	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	311,193	23.00
24.00	WELLNESS CENTER	504,068	24.00
24.01	MISCELLANEOUS REVENUE	605,528	24.01
24.02	GAIN ON SALE OF ASSETS	1,444,098	24.02
24.03		0	24.03
24.04		0	24.04
25.00	Total other income (sum of lines 6-24)	3,157,368	25.00
26.00	Total (line 5 plus line 25)	1,168,210	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	1,168,210	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 140059	Period: From 07/01/2010 To 06/30/2011	Worksheet L Parts I-III Date/Time Prepared: 1/18/2012 10:50 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	311,405	1.00
2.00	Capital DRG outlier payments	0	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	9.85	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)	0.00	8.00
9.00	Sum of lines 7 and 8	0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	311,405	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00

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

Provider CCN: 140059 | Component CCN: 148509 | Period: From 07/01/2010 To 06/30/2011 | Worksheet M-1 | Date/Time Prepared: 1/18/2012 10:50 am

Title XVIII | Rural Health Clinic (RHC) I | Cost

		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	829,056	0	829,056	0	829,056	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	0	0	0	0	0	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	0	0	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	0	0	0	0	9.00
10.00	Subtotal (sum of lines 1-9)	829,056	0	829,056	0	829,056	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	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	1,557	1,557	0	1,557	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	195,552	195,552	0	195,552	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	197,109	197,109	0	197,109	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	829,056	197,109	1,026,165	0	1,026,165	22.00
	COSTS OTHER THAN RHC/FQHC SERVICS						
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0	0	0	0	28.00
	FACILITY OVERHEAD						
29.00	Facility Costs	0	0	0	0	0	29.00
30.00	Administrative Costs	0	0	0	0	0	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	0	0	0	0	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	829,056	197,109	1,026,165	0	1,026,165	32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 140059 Component CCN: 148509	Period: From 07/01/2010 To 06/30/2011	Worksheet M-1 Date/Time Prepared: 1/18/2012 10:50 am
	Title XVIII	Rural Health Clinic (RHC) I	Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)		
		6.00	7.00		
	FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	-154,326	674,730		1.00
2.00	Physician Assistant	0	0		2.00
3.00	Nurse Practitioner	0	0		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	0		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	0		7.00
8.00	Laboratory Technician	0	0		8.00
9.00	Other Facility Health Care Staff Costs	0	0		9.00
10.00	Subtotal (sum of lines 1-9)	-154,326	674,730		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	1,557		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	195,552		19.00
20.00	Allowable GME Costs	0	0		20.00
21.00	Subtotal (sum of lines 15-20)	0	197,109		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-154,326	871,839		22.00
	COSTS OTHER THAN RHC/FQHC SERVICS				
23.00	Pharmacy	0	0		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
26.00	All other nonreimbursable costs	0	0		26.00
27.00	Nonallowable GME costs	0	0		27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0		28.00
	FACILITY OVERHEAD				
29.00	Facility Costs	0	0		29.00
30.00	Administrative Costs	0	0		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	0		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-154,326	871,839		32.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES | Provider CCN: 140059 | Component CCN: 148509 | Period: From 07/01/2010 To 06/30/2011 | Worksheet M-2 | Date/Time Prepared: 1/18/2012 10:50 am

Title XVIII | Rural Health Clinic (RHC) I | Cost

		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
	VISITS AND PRODUCTIVITY						
	Positions						
1.00	Physician	1.08	3,617	4,200	4,536		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	0.44	506	2,100	924		3.00
4.00	Subtotal (sum of lines 1-3)	1.52	4,123		5,460	5,460	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4-7)	1.52	4,123			5,460	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)					871,839	10.00
11.00	Total nonreimbursable costs (from Worksheet M-1, column 7, line 28)					0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					871,839	12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)					1.000000	13.00
14.00	Total facility overhead - (from Worksheet M-1, column 7, line 31)					0	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					433,561	15.00
16.00	Total overhead (sum of lines 14 and 15)					433,561	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Subtract line 17 from line 16					433,561	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)					433,561	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)					1,305,400	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES	Provider CCN: 140059 Component CCN: 148509	Period: From 07/01/2010 To 06/30/2011	Worksheet M-3 Date/Time Prepared: 1/18/2012 10:50 am
	Title XVIII	Rural Health Clinic (RHC) I	Cost

		1.00	
	DETERMINATION OF RATE FOR RHC/FQHC SERVICES		
1.00	Total Allowable Cost of RHC/FQHC Services (from Worksheet M-2, line 20)	1,305,400	1.00
2.00	Cost of vaccines and their administration (from Worksheet M-4, line 15)	0	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)	1,305,400	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)	5,460	4.00
5.00	Physicians visits under agreement (from Worksheet M-2, column 5, line 9)	0	5.00
6.00	Total adjusted visits (line 4 plus line 5)	5,460	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)	239.08	7.00

		Calculation of Limit (1)		
		Prior to January 1	On on After January 1	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 27,Sec. 505 or your contractor)	77.76	78.07	8.00
9.00	Rate for Program covered visits (see instructions)	239.08	239.08	9.00
	CALCULATION OF SETTLEMENT			
10.00	Program covered visits excluding mental health services (from contractor records)	83	83	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	19,844	19,844	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)	0	0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	19,844	19,844	16.00
16.01	Total program charges (see instructions)(from contractor's records)		0	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	16.03
16.04	Total program non-preventive costs ((line 16 minus line 16.03) times 80%)		15,875	16.04
16.05	Total program cost (see instructions)	15,875	15,875	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		0	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		4,112	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		31,750	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		0	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		31,750	22.00
23.00	Reimbursable bad debts (see instructions)		0	23.00
24.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
26.00	Net reimbursable amount (lines 22 plus 23 plus or minus line 25)		31,750	26.00
27.00	Interim payments		10,351	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 27 and 28)		21,399	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

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140059 Component CCN: 148509	Period: From 07/01/2010 To 06/30/2011	Worksheet M-5 Date/Time Prepared: 1/18/2012 10:50 am
	Title XVIII	Rural Health Clinic (RHC) I	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		10,351	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
	Program to Provider			
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
	Provider to Program			
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		10,351	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		21,399	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		31,750	7.00

			Contractor Number	Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00