Jersey Community Hospital

Medicare Cost Report

Fiscal Year Ended 6.30.2012

November 27, 2012

McGladrey

Assurance ▪ Tax ▪ Consulting

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 07/01/2011 To 06/30/2012 | Worksheet S Parts I-III | Date/Time Prepared: 11/27/2012 4:19 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 11/27/2012 Time: 4:19 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. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] 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 07/01/2011 and ending 06/30/2012 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 11/27/2012 Time: 4:19 pm
dQBjSy3wTvMlftBc1VY0ut5Js7RvM0
rw7vz0MZNg:i6iOOIGXAxCpEPdz5rw
vV2d0olbHX0o7O5S

PI: Date: 11/27/2012 Time: 4:19 pm
:lawlAek3ZYbPHLmec6GoMKMMULFT0
D:Pus0md80zJQL7jZGU0pn8hD30WWK
bGx0KiwDTn0CcGyN

(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	206,065	77,460	1,277,209	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		28,466		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	206,065	105,926	1,277,209	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-2 Part I Date/Time Prepared: 11/27/2012 10:15 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)	07/01/2011	06/30/2012	20.00
21.00	Type of Control (see instructions)	11		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible days	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	489	25	0	0	0	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0	25.00

		Urban/Rural S 1.00	Date of Geogr 2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.	1		26.00
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140059	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/27/2012 10:15 am

		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	1		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.	08/07/2011	06/30/2012	38.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				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 in column 1. If yes, complete lines 64-67. (see instructions)	N			63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	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	If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-2 Part I | Date/Time Prepared: 11/27/2012 10:15 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. (see instructions)			0.00	0.00	0.000000	65.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-2 Part I Date/Time Prepared: 11/27/2012 10:15 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.			0.00	0.00	0.000000	67.00

		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	Are you a long term care hospital (LTCH)? Enter in column 1 "Y" for yes and "N" for no. LTCHs can only exist as independent/freestanding facilities. An independent or freestanding facility may exist as an unrelated hospital within a hospital, it must meet the separateness (from the host/co-located provider) requirements identified in 42 CFR 412.22(e.)	N	80.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.	N	86.00

		V	XIX	
		1.00	2.00	
	Title V or XIX Inpatient Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00

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		V	XIX	
		1.00	2.00	
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
	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	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	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

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	Enter the total amount of malpractice premiums paid in column 1, enter the total amount of paid losses in column 2, and enter the total amount of self insurance paid in column 3.	1,000,000	8,000,000	0	118.01

		1.00	2.00	
118.02	Indicate if malpractice premiums and paid losses are reported in other than the Administrative and General cost center. If yes, provide a supporting schedule and list the amounts applicable to each cost center.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	If this is an SCH (or EACH), regardless of bed size, or is rural hospital with 100 or fewer beds that qualifies for the outpatient hold harmless provision in accordance with ACA, section 3121, as amended by the Medicare and Medicaid Extenders Act (MMEA) of 2010, section 108; the Temporary Payroll Tax Cut Continuation Act of 2011, section 308; and the Middle Class Tax Relief and Job Creation Act of 2012, section 3002, enter "Y" for yes or "N" for no in column 1 or column 2, respectively. Note that for SCHs (and EACHs) the outpatient hold harmless provision is effective for services rendered from January 1, 2010 through February 29, 2012 regardless of bed size and from March 1, 2012 through December 31, 2012 to all SCHs (and EACHs) with 100 or fewer beds. These responses impact the TOPs calculation on Worksheet E, Part B, line 8.	N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00

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		1.00	2.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N		140.00

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

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	N	145.00

		1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
161.10	CORF		N	N	N	161.10

		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.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	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)	1.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-2 Part II | Date/Time Prepared: 11/27/2012 10:15 am

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

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

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

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

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

			Part A		
		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)		Y	10/23/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-2 Part II | Date/Time Prepared: 11/27/2012 10:15 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				N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				N	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.				N	33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				N	35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DAVE	KENNETT	41.00
42.00	Enter the employer/company name of the cost report preparer.	JERSEY COMMUNITY HOSPITAL		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	618-498-8350	DKENNETT@JCH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-2 Part II | Date/Time Prepared: 11/27/2012 10:15 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)	Y	10/23/2012		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N			21.00
			3.00		
	Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		DIRECTOR OF FINANCE		41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-3 Part I | Date/Time Prepared: 11/27/2012 10:15 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	15,006	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	15,006	0.00		7.00
8.00	INTENSIVE CARE UNIT	31.00	4	1,464	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	16,470	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 07/01/2011 To 06/30/2012 | Worksheet S-3 Part I | Date/Time Prepared: 11/27/2012 10:15 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	2,217	462	3,555		1.00
2.00	HMO		19	0			2.00
3.00	HMO IPF		0	0			3.00
4.00	HMO IRF		0	0			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	26	0	46		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	2,243	462	3,601		7.00
8.00	INTENSIVE CARE UNIT	0	201	27	283		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		122	200		13.00
14.00	Total (see instructions)	0	2,444	611	4,084		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	186	0	3,382		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		48	328		28.00
29.00	Ambulance Trips		1,756				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)			3	7		32.00
33.00	LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-3 Part I | Date/Time Prepared: 11/27/2012 10:15 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	778	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	246.33	0.00	0	778	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	5.47	0.00			26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00	251.80	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 07/01/2011 To 06/30/2012 | Worksheet S-3 Part I | Date/Time Prepared: 11/27/2012 10:15 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)	300	1,167		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)	300	1,167		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 07/01/2011 To 06/30/2012 | Worksheet S-3 Part II Date/Time Prepared: 11/27/2012 10:15 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
		1.00	2.00	3.00	4.00	5.00	
	PART II - WAGE DATA						
	SALARIES						
1.00	Total salaries (see instructions)	200.00	11,304,551	0	11,304,551	523,756.00	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	5.00
6.00	Non-physician-Part B		813,655	0	813,655	11,388.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	9.00
10.00	Excluded area salaries (see instructions)		2,136,697	0	2,136,697	66,246.00	10.00
	OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		1,155,205	0	1,155,205	12,501.00	11.00
12.00	Contract management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	15.00
16.00	Home office and Contract Physicians Part A - Administrative		0	0	0	0.00	16.00
	WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		2,877,272	0	2,877,272		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25		0	0	0		18.00
19.00	Excluded areas		536,250	0	536,250		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A - Administrative		0	0	0		22.00
22.01	Physician Part A - Teaching		0	0	0		22.01
23.00	Physician Part B		0	0	0		23.00
24.00	Wage-related costs (RHC/FQHC)		146,469	0	146,469		24.00
25.00	Interns & residents (in an approved program)		0	0	0		25.00
	OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	144,826	0	144,826	5,924.00	26.00
27.00	Administrative & General	5.00	1,391,834	0	1,391,834	64,679.00	27.00
28.00	Administrative & General under contract (see inst.)		44,060	0	44,060	198.00	28.00
29.00	Maintenance & Repairs	6.00	185,856	0	185,856	6,567.00	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	30.00
31.00	Laundry & Linen Service	8.00	68,607	0	68,607	5,803.00	31.00
32.00	Housekeeping	9.00	217,385	0	217,385	21,323.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	291,061	0	291,061	25,936.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	558,385	0	558,385	18,562.00	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	319,120	0	319,120	21,936.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-3 Part II | Date/Time Prepared: 11/27/2012 10:15 am

		Average Hourly Wage (col. 4 ÷ col. 5)		
		6.00		
	PART II - WAGE DATA			
	SALARIES			
1.00	Total salaries (see instructions)	21.58		1.00
2.00	Non-physician anesthetist Part A	0.00		2.00
3.00	Non-physician anesthetist Part B	0.00		3.00
4.00	Physician-Part A - Administrative	0.00		4.00
4.01	Physicians - Part A - Teaching	0.00		4.01
5.00	Physician-Part B	0.00		5.00
6.00	Non-physician-Part B	71.45		6.00
7.00	Interns & residents (in an approved program)	0.00		7.00
7.01	Contracted interns and residents (in an approved programs)	0.00		7.01
8.00	Home office personnel	0.00		8.00
9.00	SNF	0.00		9.00
10.00	Excluded area salaries (see instructions)	32.25		10.00
	OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	92.41		11.00
12.00	Contract management and administrative services	0.00		12.00
13.00	Contract labor: Physician-Part A - Administrative	0.00		13.00
14.00	Home office salaries & wage-related costs	0.00		14.00
15.00	Home office: Physician Part A - Administrative	0.00		15.00
16.00	Home office and Contract Physicians Part A - Administrative	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 - Administrative			22.00
22.01	Physician Part A - Teaching			22.01
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	24.45		26.00
27.00	Administrative & General	21.52		27.00
28.00	Administrative & General under contract (see inst.)	222.53		28.00
29.00	Maintenance & Repairs	28.30		29.00
30.00	Operation of Plant	0.00		30.00
31.00	Laundry & Linen Service	11.82		31.00
32.00	Housekeeping	10.19		32.00
33.00	Housekeeping under contract (see instructions)	0.00		33.00
34.00	Dietary	11.22		34.00
35.00	Dietary under contract (see instructions)	0.00		35.00
36.00	Cafeteria	0.00		36.00
37.00	Maintenance of Personnel	0.00		37.00
38.00	Nursing Administration	30.08		38.00
39.00	Central Services and Supply	0.00		39.00
40.00	Pharmacy	0.00		40.00
41.00	Medical Records & Medical Records Library	14.55		41.00
42.00	Social Service	0.00		42.00
43.00	Other General Service	0.00		43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-3 Part III Date/Time Prepared: 11/27/2012 10:15 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
		1.00	2.00	3.00	4.00	5.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)		10,534,956	0	10,534,956	512,566.00	1.00
2.00	Excluded area salaries (see instructions)		2,136,697	0	2,136,697	66,246.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)		8,398,259	0	8,398,259	446,320.00	3.00
4.00	Subtotal other wages & related costs (see inst.)		1,155,205	0	1,155,205	12,501.00	4.00
5.00	Subtotal wage-related costs (see inst.)		2,877,272	0	2,877,272	0.00	5.00
6.00	Total (sum of lines 3 thru 5)		12,430,736	0	12,430,736	458,821.00	6.00
7.00	Total overhead cost (see instructions)		3,221,134	0	3,221,134	170,928.00	7.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-3 Part III Date/Time Prepared: 11/27/2012 10:15 am

		Average Hourly Wage (col. 4 ÷ col. 5)		
		6.00		
	PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	20.55		1.00
2.00	Excluded area salaries (see instructions)	32.25		2.00
3.00	Subtotal salaries (line 1 minus line 2)	18.82		3.00
4.00	Subtotal other wages & related costs (see inst.)	92.41		4.00
5.00	Subtotal wage-related costs (see inst.)	34.26		5.00
6.00	Total (sum of lines 3 thru 5)	27.09		6.00
7.00	Total overhead cost (see instructions)	18.84		7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-3 Part IV | Date/Time Prepared: 11/27/2012 10:15 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	270,801	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	1,849,603	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	170,604	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	574,655	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 (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	11,608	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	2,877,271	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 07/01/2011 To 06/30/2012 | Worksheet S-3 Part V Date/Time Prepared: 11/27/2012 10:15 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	1,199,264	0	1.00
2.00	Hospital	1,199,264	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	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-7 | Date/Time Prepared: 11/27/2012 10:15 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	0	0	18.00
19.00		RHB	0	0	0	19.00
20.00		RHA	0	0	0	20.00
21.00		RMC	0	0	0	21.00
22.00		RMB	0	0	0	22.00
23.00		RMA	0	9	9	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	1	1	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	2	2	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	5	5	52.00
53.00		CA2	0	0	0	53.00
54.00		CA1	0	1	1	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	0	0	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	4	4	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-7 | Date/Time Prepared: 11/27/2012 10:15 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	4	4	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	26	26	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

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

Provider CCN: 140059 Component CCN: 148509 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-8 | Date/Time Prepared: 11/27/2012 10:15 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 or "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)				N	0	10.00
		Sunday		Monday			
		from	to	from	to		
		1.00	2.00	3.00	4.00		
	Facility hours of operations (1)						
11.00	Clinic			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	Total Visits	
		1.00	2.00	3.00	4.00	5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable, and the total number of visits in column 5. (see instructions)		0	0	0	0	15.00

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

Provider CCN: 140059
Component CCN: 148509

Period: From 07/01/2011 To 06/30/2012

Worksheet S-8
Date/Time Prepared: 11/27/2012 10:15 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 07/01/2011
To 06/30/2012

Worksheet S-8
Date/Time Prepared:
11/27/2012 10:15 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 07/01/2011 To 06/30/2012	Worksheet S-8 Date/Time Prepared: 11/27/2012 10:15 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 07/01/2011 To 06/30/2012 | Worksheet S-10 | Date/Time Prepared: 11/27/2012 10:15 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)	0.415792	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	3,088,750	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	9,470,342	6.00
7.00	Medicaid cost (line 1 times line 6)	3,937,692	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)	848,942	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)	848,942	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	193,851	22,219	216,070	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	80,602	9,238	89,840	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	80,602	9,238	89,840	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	2,652,239	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	265,220	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)	2,387,019	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)	992,503	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	1,082,343	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	1,931,285	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A | Date/Time Prepared: 11/27/2012 10:15 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	00100	CAP REL COSTS-BLDG & FIXT		862,504	862,504	52,790	915,294	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		644,989	644,989	811,300	1,456,289	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	144,826	3,368,080	3,512,906	230,855	3,743,761	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,391,834	5,162,676	6,554,510	-243,265	6,311,245	5.00
6.00	00600	MAINTENANCE & REPAIRS	185,856	289,973	475,829	0	475,829	6.00
7.00	00700	OPERATION OF PLANT	0	523,003	523,003	-20,865	502,138	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	68,607	24,310	92,917	0	92,917	8.00
9.00	00900	HOUSEKEEPING	217,385	35,199	252,584	0	252,584	9.00
10.00	01000	DIETARY	291,061	235,185	526,246	0	526,246	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	558,385	21,953	580,338	0	580,338	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	18,346	18,346	0	18,346	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	319,120	57,832	376,952	0	376,952	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	618,247	618,247	0	618,247	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,336,262	94,908	1,431,170	-7,467	1,423,703	30.00
31.00	03100	INTENSIVE CARE UNIT	406,671	9,817	416,488	0	416,488	31.00
43.00	04300	NURSERY	42,622	0	42,622	0	42,622	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	367,793	355,558	723,351	-37,704	685,647	50.00
51.00	05100	RECOVERY ROOM	98,462	296	98,758	0	98,758	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	48,885	0	48,885	0	48,885	52.00
53.00	05300	ANESTHESIOLOGY	0	25,761	25,761	0	25,761	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	723,888	1,287,771	2,011,659	-800,940	1,210,719	54.00
60.00	06000	LABORATORY	892,089	920,396	1,812,485	-7,200	1,805,285	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,099,349	1,099,349	0	1,099,349	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	249,926	134,829	384,755	-35,573	349,182	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	787,206	787,206	-41,034	746,172	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	78,238	78,238	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	339,580	1,496,517	1,836,097	0	1,836,097	73.00
75.00	07500	ASC (NON-DISTINCT PART)	533,481	108,339	641,820	0	641,820	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	813,655	170,872	984,527	0	984,527	88.00
91.00	09100	EMERGENCY	951,121	2,040,301	2,991,422	0	2,991,422	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	651,503	80,232	731,735	0	731,735	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,633,012	20,474,449	31,107,461	-20,865	31,086,596	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	365,940	37,235	403,175	20,865	424,040	192.00
192.01	19201	WELLNESS CENTER	305,599	144,031	449,630	0	449,630	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	11,304,551	20,655,715	31,960,266	0	31,960,266	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A | Date/Time Prepared: 11/27/2012 10:15 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	-111,276	804,018		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	1,456,289		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS	-760,529	2,983,232		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-4,007,267	2,303,978		5.00
6.00	00600	MAINTENANCE & REPAIRS	0	475,829		6.00
7.00	00700	OPERATION OF PLANT	0	502,138		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	92,917		8.00
9.00	00900	HOUSEKEEPING	0	252,584		9.00
10.00	01000	DIETARY	-141,689	384,557		10.00
11.00	01100	CAFETERIA	0	0		11.00
13.00	01300	NURSING ADMINISTRATION	0	580,338		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	18,346		14.00
15.00	01500	PHARMACY	-319,992	-319,992		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-11,062	365,890		16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-618,247	0		19.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	1,423,703		30.00
31.00	03100	INTENSIVE CARE UNIT	0	416,488		31.00
43.00	04300	NURSERY	0	42,622		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	685,647		50.00
51.00	05100	RECOVERY ROOM	0	98,758		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	48,885		52.00
53.00	05300	ANESTHESIOLOGY	0	25,761		53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	0	1,210,719		54.00
60.00	06000	LABORATORY	-3,914	1,801,371		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	1,099,349		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	349,182		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	746,172		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	78,238		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,836,097		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	641,820		75.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	-198,708	785,819		88.00
91.00	09100	EMERGENCY	-1,910,081	1,081,341		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	-12,941	718,794		95.00
99.00	09900	CMHC	0	0		99.00
99.10	09910	CORF	0	0		99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
		SPECIAL PURPOSE COST CENTERS				
106.00	10600	HEART ACQUISITION	0	0		106.00
113.00	11300	INTEREST EXPENSE	0	0		113.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0		114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-8,095,706	22,990,890		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	424,040		192.00
192.01	19201	WELLNESS CENTER	-1,761	447,869		192.01
193.00	19300	NONPAID WORKERS	0	0		193.00
200.00		TOTAL (SUM OF LINES 118-199)	-8,097,467	23,862,799		200.00

RECLASSIFICATIONS | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-6 | Date/Time Prepared: 11/27/2012 10:15 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	230,855		1.00
	TOTALS		0	230,855		
	B - PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	37,581		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	37,581		
	C - RENTAL EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	52,770		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	811,320		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
	TOTALS		0	864,090		
	D - PHYSICIAN OFFICE EXPENSE					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	20,865		1.00
	TOTALS		0	20,865		
	E - IMPLANTABLE SUPPLIES					
1.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0	78,238		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	78,238		
500.00	Grand Total: Increases		0	1,231,629		500.00

RECLASSIFICATIONS | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-6 | Date/Time Prepared: 11/27/2012 10:15 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	230,855	0		1.00
	TOTALS		0	230,855			
	B - PROPERTY INSURANCE						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	11,386	12		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	26,195	12		2.00
	TOTALS		0	37,581			
	C - RENTAL EXPENSE						
1.00	ADULTS & PEDIATRICS	30.00	0	7,467	10		1.00
2.00	LABORATORY	60.00	0	7,200	10		2.00
3.00	ELECTROCARDIOLOGY	69.00	0	35,573	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	12,410	0		4.00
5.00	RADIOLOGY - DIAGNOSTIC	54.00	0	800,940	0		5.00
6.00	OPERATING ROOM	50.00	0	500	0		6.00
	TOTALS		0	864,090			
	D - PHYSICIAN OFFICE EXPENSE						
1.00	OPERATION OF PLANT	7.00	0	20,865	0		1.00
	TOTALS		0	20,865			
	E - IMPLANTABLE SUPPLIES						
1.00	OPERATING ROOM	50.00	0	37,204	0		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	41,034	0		2.00
	TOTALS		0	78,238			
500.00	Grand Total: Decreases		0	1,231,629			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-7 Parts I-III Date/Time Prepared: 11/27/2012 10:15 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	14,368,105	2,572,457	0	2,572,457	0	3.00
4.00	Building Improvements	4,874,247	93,469	0	93,469	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	8,692,131	886,359	0	886,359	55,900	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	27,989,483	3,552,285	0	3,552,285	55,900	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	27,989,483	3,552,285	0	3,552,285	55,900	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	668,876	0	193,628	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	644,989	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,313,865	0	193,628	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	21,963,279	0	21,963,279	0.697560	26,215	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	9,522,590	0	9,522,590	0.302440	11,366	2.00
3.00	Total (sum of lines 1-2)	31,485,869	0	31,485,869	1.000000	37,581	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-7 Parts I-III | Date/Time Prepared: 11/27/2012 10:15 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	16,940,562	0		3.00
4.00	Building Improvements	4,967,716	0		4.00
5.00	Fixed Equipment	0	0		5.00
6.00	Movable Equipment	9,522,590	0		6.00
7.00	HIT designated Assets	0	0		7.00
8.00	Subtotal (sum of lines 1-7)	31,485,868	0		8.00
9.00	Reconciling Items	0	0		9.00
10.00	Total (line 8 minus line 9)	31,485,868	0		10.00

	Cost Center Description	SUMMARY OF CAPITAL			
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
		14.00	15.00		
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2				
1.00	CAP REL COSTS-BLDG & FIXT	0	862,504		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	644,989		2.00
3.00	Total (sum of lines 1-2)	0	1,507,493		3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	26,215	668,718	52,770	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	11,366	644,989	811,320	2.00
3.00	Total (sum of lines 1-2)	0	0	37,581	1,313,707	864,090	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-7 Parts I-III | Date/Time Prepared: 11/27/2012 10:15 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	82,510	20	0	0	804,018	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	-20	0	0	1,456,289	2.00
3.00	Total (sum of lines 1-2)	82,510	0	0	0	2,260,307	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-8 | Date/Time Prepared: 11/27/2012 10:15 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	
		1.00	2.00	3.00	4.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-111,118	CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00	Investment income - other (chapter 2)		0		0.00	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	A	-28,712	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	-1,602	ADMINISTRATIVE & GENERAL	5.00	7.00
8.00	Television and radio service (chapter 21)	A	-158	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	-2,108,175			10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Cafeteria-employees and guests	B	-137,890	DIETARY	10.00	14.00
15.00	Rental of quarters to employee and others	B	-218,990	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	-319,992	PHARMACY	15.00	17.00
18.00	Sale of medical records and abstracts	B	-11,062	MEDICAL RECORDS & LIBRARY	16.00	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	19.00
20.00	Vending machines	B	-3,799	DIETARY	10.00	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	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 - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	27.00
28.00	Non-physician Anesthetist	A	-618,247	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	-5,912	ADMINISTRATIVE & GENERAL	5.00	33.00
33.01	EDUCATIONAL PROGRAM FEES	B	-12,941	AMBULANCE SERVICES	95.00	33.01
33.02	OBSTETRICS -OTHER REV	B	-614	RURAL HEALTH CLINIC	88.00	33.02
33.03	PHYSICIAN RECRUITMENT	A	-738,013	ADMINISTRATIVE & GENERAL	5.00	33.03
33.04	NON PATIENT LAB REV	B	-3,914	LABORATORY	60.00	33.04
33.05	LIFE LINE REVENUE	B	-44,509	ADMINISTRATIVE & GENERAL	5.00	33.05
33.06	BAD DEBTS	A	-2,652,239	ADMINISTRATIVE & GENERAL	5.00	33.06
33.07	SELF INSURANCE CLAIMS	A	-732,369	EMPLOYEE BENEFITS	4.00	33.07
33.08	ADVERTISING	A	-166,277	ADMINISTRATIVE & GENERAL	5.00	33.08
33.09	MARKETING SALARIES	A	-56,714	ADMINISTRATIVE & GENERAL	5.00	33.09
33.10	MARKETING BENEFITS	A	-16,844	EMPLOYEE BENEFITS	4.00	33.10
33.11	LOBBYING EXPENSES	A	-9,460	ADMINISTRATIVE & GENERAL	5.00	33.11
33.12	PROPERTY TAXES	B	-15,996	ADMINISTRATIVE & GENERAL	5.00	33.12
33.13	PERSONNEL OTHER INCOME	B	-129	ADMINISTRATIVE & GENERAL	5.00	33.13
33.14	ADVERTISING	A	-1,761	WELLNESS CENTER	192.01	33.14
33.15	MISCELLANEOUS EXPENSE	A	-30,519	ADMINISTRATIVE & GENERAL	5.00	33.15
33.16	ELIMINATE LOSS ON DISPOSAL	A	-94	ADMINISTRATIVE & GENERAL	5.00	33.16
33.17	FOUNDATION SALARIES	A	-38,101	ADMINISTRATIVE & GENERAL	5.00	33.17
33.18	FOUNDATION BENEFITS	A	-11,316	EMPLOYEE BENEFITS	4.00	33.18

ADJUSTMENTS TO EXPENSES | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-8 | Date/Time Prepared: 11/27/2012 10:15 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	
		1.00	2.00	3.00	4.00	
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-8,097,467			50.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-8 | Date/Time Prepared: 11/27/2012 10:15 am

	Cost Center Description	Wkst. A-7 Ref.					
		5.00					
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	11					1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0					2.00
3.00	Investment income - other (chapter 2)	0					3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0					4.00
5.00	Refunds and rebates of expenses (chapter 8)	0					5.00
6.00	Rental of provider space by suppliers (chapter 8)	0					6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0					7.00
8.00	Television and radio service (chapter 21)	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 - CAP REL COSTS-BLDG & FIXT	0					26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	0					27.00
28.00	Non-physician Anesthetist						28.00
29.00	Physicians' assistant	0					29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)						30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)						31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0					32.00
33.00	MISC REV	0					33.00
33.01	EDUCATIONAL PROGRAM FEES	0					33.01
33.02	OBSTETRICS -OTHER REV	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	PERSONNEL OTHER INCOME	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
33.17	FOUNDATION SALARIES	0					33.17
33.18	FOUNDATION BENEFITS	0					33.18
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 07/01/2011 To 06/30/2012 | Worksheet A-8-2 | Date/Time Prepared: 11/27/2012 10:15 am

		Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
		1.00	2.00	3.00	4.00	
1.00		88.00	RURAL HEALTH CLINIC	198,094	198,094	1.00
2.00		91.00	EMERGENCY	1,910,081	1,910,081	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				2,108,175	2,108,175	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-8-2 | Date/Time Prepared: 11/27/2012 10:15 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 07/01/2011 To 06/30/2012 | Worksheet A-8-2 | Date/Time Prepared: 11/27/2012 10:15 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 07/01/2011 To 06/30/2012 | Worksheet A-8-2 | Date/Time Prepared: 11/27/2012 10:15 am

		RCE Disallowance	Adjustment		
		17.00	18.00		
1.00		0	198,094		1.00
2.00		0	1,910,081		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	2,108,175		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/27/2012 10:15 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	00100	CAP REL COSTS-BLDG & FIXT	804,018	804,018				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,456,289		1,456,289			2.00
4.00	00400	EMPLOYEE BENEFITS	2,983,232	2,381	60	2,985,673		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,303,978	33,048	197,249	372,372	2,906,647	5.00
6.00	00600	MAINTENANCE & REPAIRS	475,829	0	0	49,724	525,553	6.00
7.00	00700	OPERATION OF PLANT	502,138	24,885	0	0	527,023	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	92,917	6,902	2,154	18,355	120,328	8.00
9.00	00900	HOUSEKEEPING	252,584	503	1,850	58,159	313,096	9.00
10.00	01000	DIETARY	384,557	26,968	4,783	77,870	494,178	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	580,338	7,624	0	149,390	737,352	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	18,346	37,739	0	0	56,085	14.00
15.00	01500	PHARMACY	-319,992	10,218	3,823	0	-305,951	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	365,890	14,703	10,090	85,377	476,060	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,423,703	106,853	15,311	357,504	1,903,371	30.00
31.00	03100	INTENSIVE CARE UNIT	416,488	9,615	3,870	108,801	538,774	31.00
43.00	04300	NURSERY	42,622	7,674	749	11,403	62,448	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	685,647	33,317	75,910	98,399	893,273	50.00
51.00	05100	RECOVERY ROOM	98,758	3,394	0	26,343	128,495	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	48,885	14,590	0	13,079	76,554	52.00
53.00	05300	ANESTHESIOLOGY	25,761	723	17,648	0	44,132	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	1,210,719	45,094	929,869	193,669	2,379,351	54.00
60.00	06000	LABORATORY	1,801,371	10,813	39,621	238,669	2,090,474	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,099,349	25,714	6,937	0	1,132,000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	349,182	29,569	29,405	66,865	475,021	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	746,172	0	0	0	746,172	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	78,238	0	0	0	78,238	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,836,097	0	0	90,851	1,926,948	73.00
75.00	07500	ASC (NON-DISTINCT PART)	641,820	34,607	21,495	142,728	840,650	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	785,819	17,714	0	217,685	1,021,218	88.00
91.00	09100	EMERGENCY	1,081,341	63,028	54,089	254,463	1,452,921	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	718,794	17,431	13,227	174,303	923,755	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	22,990,890	585,107	1,428,140	2,806,009	22,564,166	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	2,856	0	0	2,856	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	424,040	35,386	0	97,904	557,330	192.00
192.01	19201	WELLNESS CENTER	447,869	180,669	28,149	81,760	738,447	192.01
193.00	19300	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)	23,862,799	804,018	1,456,289	2,985,673	23,862,799	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/27/2012 10:15 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	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,906,647					5.00
6.00	00600	MAINTENANCE & REPAIRS	71,846	597,399				6.00
7.00	00700	OPERATION OF PLANT	72,047	19,342	618,412			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	16,450	5,364	5,739	147,881		8.00
9.00	00900	HOUSEKEEPING	42,802	391	418	7,421	364,128	9.00
10.00	01000	DIETARY	67,557	20,962	22,425	0	22,927	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	100,800	5,926	6,340	0	2,697	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,667	29,333	31,381	625	1,349	14.00
15.00	01500	PHARMACY	0	7,942	8,496	0	4,046	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	65,080	11,428	12,226	0	5,394	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	260,202	83,053	88,851	55,762	120,027	30.00
31.00	03100	INTENSIVE CARE UNIT	73,654	7,474	7,995	5,859	10,789	31.00
43.00	04300	NURSERY	8,537	5,965	6,381	0	1,349	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	122,116	25,896	27,704	8,687	45,853	50.00
51.00	05100	RECOVERY ROOM	17,566	2,638	2,822	0	1,349	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,465	11,340	12,132	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,033	562	601	0	0	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	325,264	35,050	37,497	17,030	22,927	54.00
60.00	06000	LABORATORY	285,780	8,404	8,991	0	16,183	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	154,751	19,987	21,382	5,156	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	64,938	22,983	24,587	312	9,440	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	102,006	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	10,696	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	263,425	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	114,922	26,899	28,777	16,343	25,624	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	139,607	13,769	14,730	0	0	88.00
91.00	09100	EMERGENCY	198,623	48,989	52,409	22,749	48,550	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	126,283	13,548	14,494	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,729,117	427,245	436,378	139,944	338,504	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	390	2,220	2,374	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	76,190	27,504	29,425	0	0	192.00
192.01	19201	WELLNESS CENTER	100,950	140,430	150,235	7,937	24,275	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	1,349	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)	2,906,647	597,399	618,412	147,881	364,128	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/27/2012 10:15 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	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	628,049					10.00
11.00	01100	CAFETERIA	500,075	500,075				11.00
13.00	01300	NURSING ADMINISTRATION	0	0	853,115			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	126,440		14.00
15.00	01500	PHARMACY	0	23,295	0	0	-262,172	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	23,295	0	0	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	118,446	104,055	285,030	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,528	26,401	72,492	0	0	31.00
43.00	04300	NURSERY	0	0	8,903	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	18,636	51,823	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	13,368	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	6,212	0	0	0	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	0	46,591	0	0	0	54.00
60.00	06000	LABORATORY	0	69,886	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	113,873	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	12,567	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	52,803	81,485	0	0	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	88,523	170,746	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	24,848	169,268	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	628,049	484,545	853,115	126,440	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	WELLNESS CENTER	0	15,530	0	0	0	192.01
193.00	19300	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	-262,172	201.00
202.00		TOTAL (sum lines 118-201)	628,049	500,075	853,115	126,440	-262,172	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/27/2012 10:15 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	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	593,483					16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	135,172	0	3,153,969	0	3,153,969	30.00
31.00	03100	INTENSIVE CARE UNIT	24,262	0	777,228	0	777,228	31.00
43.00	04300	NURSERY	0	0	93,583	0	93,583	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	32,831	0	1,226,819	0	1,226,819	50.00
51.00	05100	RECOVERY ROOM	0	0	166,238	0	166,238	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	110,491	0	110,491	52.00
53.00	05300	ANESTHESIOLOGY	0	0	57,540	0	57,540	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	111,842	0	2,975,552	0	2,975,552	54.00
60.00	06000	LABORATORY	95,607	0	2,575,325	0	2,575,325	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,333,276	0	1,333,276	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	27,810	0	625,091	0	625,091	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	962,051	0	962,051	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	101,501	0	101,501	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,190,373	0	2,190,373	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	1,187,503	0	1,187,503	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	1,189,324	0	1,189,324	88.00
91.00	09100	EMERGENCY	97,711	0	2,181,221	0	2,181,221	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	68,248	0	1,340,444	0	1,340,444	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	593,483	0	22,247,529	0	22,247,529	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	7,840	0	7,840	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	690,449	0	690,449	192.00
192.01	19201	WELLNESS CENTER	0	0	1,177,804	0	1,177,804	192.01
193.00	19300	NONPAID WORKERS	0	0	1,349	0	1,349	193.00
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	-262,172	0	-262,172	201.00
202.00		TOTAL (sum lines 118-201)	593,483	0	23,862,799	0	23,862,799	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II | Date/Time Prepared: 11/27/2012 10:15 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	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS	0	2,381	60	2,441	2,441	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	33,048	197,249	230,297	300	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	41	6.00
7.00	00700	OPERATION OF PLANT	0	24,885	0	24,885	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	6,902	2,154	9,056	15	8.00
9.00	00900	HOUSEKEEPING	0	503	1,850	2,353	48	9.00
10.00	01000	DIETARY	0	26,968	4,783	31,751	64	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	7,624	0	7,624	122	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	37,739	0	37,739	0	14.00
15.00	01500	PHARMACY	0	10,218	3,823	14,041	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	14,703	10,090	24,793	70	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	106,853	15,311	122,164	293	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,615	3,870	13,485	89	31.00
43.00	04300	NURSERY	0	7,674	749	8,423	9	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	33,317	75,910	109,227	81	50.00
51.00	05100	RECOVERY ROOM	0	3,394	0	3,394	22	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	14,590	0	14,590	11	52.00
53.00	05300	ANESTHESIOLOGY	0	723	17,648	18,371	0	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	0	45,094	929,869	974,963	159	54.00
60.00	06000	LABORATORY	0	10,813	39,621	50,434	195	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	25,714	6,937	32,651	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	29,569	29,405	58,974	55	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	74	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	34,607	21,495	56,102	117	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	17,714	0	17,714	178	88.00
91.00	09100	EMERGENCY	0	63,028	54,089	117,117	208	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	17,431	13,227	30,658	143	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	585,107	1,428,140	2,013,247	2,294	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	2,856	0	2,856	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	35,386	0	35,386	80	192.00
192.01	19201	WELLNESS CENTER	0	180,669	28,149	208,818	67	192.01
193.00	19300	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	804,018	1,456,289	2,260,307	2,441	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II | Date/Time Prepared: 11/27/2012 10:15 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	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	230,597					5.00
6.00	00600	MAINTENANCE & REPAIRS	5,700	5,741				6.00
7.00	00700	OPERATION OF PLANT	5,716	186	30,787			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,305	52	286	10,714		8.00
9.00	00900	HOUSEKEEPING	3,396	4	21	538	6,360	9.00
10.00	01000	DIETARY	5,359	201	1,116	0	400	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	7,997	57	316	0	47	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	608	282	1,562	45	24	14.00
15.00	01500	PHARMACY	0	76	423	0	71	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,163	110	609	0	94	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	20,642	798	4,423	4,040	2,095	30.00
31.00	03100	INTENSIVE CARE UNIT	5,843	72	398	424	188	31.00
43.00	04300	NURSERY	677	57	318	0	24	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	9,688	249	1,379	629	801	50.00
51.00	05100	RECOVERY ROOM	1,394	25	141	0	24	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	830	109	604	0	0	52.00
53.00	05300	ANESTHESIOLOGY	479	5	30	0	0	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	25,812	337	1,867	1,234	400	54.00
60.00	06000	LABORATORY	22,671	81	448	0	283	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	12,277	192	1,064	374	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,152	221	1,224	23	165	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,092	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	848	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,898	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	9,117	258	1,433	1,184	448	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	11,075	132	733	0	0	88.00
91.00	09100	EMERGENCY	15,757	471	2,609	1,648	848	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	10,018	130	722	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	216,514	4,105	21,726	10,139	5,912	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	31	21	118	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,044	264	1,465	0	0	192.00
192.01	19201	WELLNESS CENTER	8,008	1,351	7,478	575	424	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	24	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)	230,597	5,741	30,787	10,714	6,360	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/27/2012 10:15 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	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	38,891					10.00
11.00	01100	CAFETERIA	30,966	30,966				11.00
13.00	01300	NURSING ADMINISTRATION	0	0	16,163			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	40,260		14.00
15.00	01500	PHARMACY	0	1,443	0	0	16,054	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,443	0	0	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,335	6,440	5,400	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	590	1,635	1,373	0	0	31.00
43.00	04300	NURSERY	0	0	169	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,154	982	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	253	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	385	0	0	0	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	0	2,885	0	0	0	54.00
60.00	06000	LABORATORY	0	4,328	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	36,259	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	4,001	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,270	1,544	0	0	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	5,482	3,235	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	1,539	3,207	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	38,891	30,004	16,163	40,260	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	WELLNESS CENTER	0	962	0	0	0	192.01
193.00	19300	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	16,054	201.00
202.00		TOTAL (sum lines 118-201)	38,891	30,966	16,163	40,260	16,054	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II | Date/Time Prepared: 11/27/2012 10:15 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	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	32,282					16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,352		180,982	0	180,982	30.00
31.00	03100	INTENSIVE CARE UNIT	1,320		25,417	0	25,417	31.00
43.00	04300	NURSERY	0		9,677	0	9,677	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,786		125,976	0	125,976	50.00
51.00	05100	RECOVERY ROOM	0		5,253	0	5,253	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		16,144	0	16,144	52.00
53.00	05300	ANESTHESIOLOGY	0		19,270	0	19,270	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	6,084		1,013,741	0	1,013,741	54.00
60.00	06000	LABORATORY	5,200		83,640	0	83,640	60.00
65.00	06500	RESPIRATORY THERAPY	0		0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0		46,558	0	46,558	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0		0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,513		67,327	0	67,327	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		44,351	0	44,351	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0		4,849	0	4,849	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		20,972	0	20,972	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0		73,473	0	73,473	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		29,832	0	29,832	88.00
91.00	09100	EMERGENCY	5,315		152,690	0	152,690	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	3,712		50,129	0	50,129	95.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	32,282	0	1,970,281	0	1,970,281	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0		3,026	0	3,026	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		43,239	0	43,239	192.00
192.01	19201	WELLNESS CENTER	0		227,683	0	227,683	192.01
193.00	19300	NONPAID WORKERS	0		24	0	24	193.00
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	16,054	0	16,054	201.00
202.00		TOTAL (sum lines 118-201)	32,282	0	2,260,307	0	2,260,307	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/27/2012 10:15 am

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS 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	00100	CAP REL COSTS-BLDG & FIXT	113,470					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,445,929				2.00
4.00	00400	EMPLOYEE BENEFITS	336	60	11,159,725			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,664	195,846	1,391,834	-2,906,647	21,262,103	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	185,856	0	525,553	6.00
7.00	00700	OPERATION OF PLANT	3,512	0	0	0	527,023	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	974	2,139	68,607	0	120,328	8.00
9.00	00900	HOUSEKEEPING	71	1,837	217,385	0	313,096	9.00
10.00	01000	DIETARY	3,806	4,749	291,061	0	494,178	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,076	0	558,385	0	737,352	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,326	0	0	0	56,085	14.00
15.00	01500	PHARMACY	1,442	3,796	0	305,951	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,075	10,018	319,120	0	476,060	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,080	15,202	1,336,262	0	1,903,371	30.00
31.00	03100	INTENSIVE CARE UNIT	1,357	3,842	406,671	0	538,774	31.00
43.00	04300	NURSERY	1,083	744	42,622	0	62,448	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,702	75,370	367,793	0	893,273	50.00
51.00	05100	RECOVERY ROOM	479	0	98,462	0	128,495	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,059	0	48,885	0	76,554	52.00
53.00	05300	ANESTHESIOLOGY	102	17,522	0	0	44,132	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	6,364	923,253	723,888	0	2,379,351	54.00
60.00	06000	LABORATORY	1,526	39,339	892,089	0	2,090,474	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,629	6,888	0	0	1,132,000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,173	29,196	249,926	0	475,021	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	746,172	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	78,238	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	339,580	0	1,926,948	73.00
75.00	07500	ASC (NON-DISTINCT PART)	4,884	21,342	533,481	0	840,650	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	2,500	0	813,655	0	1,021,218	88.00
91.00	09100	EMERGENCY	8,895	53,704	951,121	0	1,452,921	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	2,460	13,133	651,503	0	923,755	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	82,575	1,417,980	10,488,186	-2,600,696	19,963,470	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	403	0	0	0	2,856	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,994	0	365,940	0	557,330	192.00
192.01	19201	WELLNESS CENTER	25,498	27,949	305,599	0	738,447	192.01
193.00	19300	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)	804,018	1,456,289	2,985,673		2,906,647	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.085732	1.007165	0.267540		0.136706	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			2,441		230,597	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000219		0.010845	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/27/2012 10:15 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	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	108,470					6.00
7.00	00700	OPERATION OF PLANT	3,512	104,958				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	974	974	9,465			8.00
9.00	00900	HOUSEKEEPING	71	71	475	270		9.00
10.00	01000	DIETARY	3,806	3,806	0	17	57,017	10.00
11.00	01100	CAFETERIA	0	0	0	0	45,399	11.00
13.00	01300	NURSING ADMINISTRATION	1,076	1,076	0	2	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,326	5,326	40	1	0	14.00
15.00	01500	PHARMACY	1,442	1,442	0	3	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,075	2,075	0	4	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,080	15,080	3,569	89	10,753	30.00
31.00	03100	INTENSIVE CARE UNIT	1,357	1,357	375	8	865	31.00
43.00	04300	NURSERY	1,083	1,083	0	1	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,702	4,702	556	34	0	50.00
51.00	05100	RECOVERY ROOM	479	479	0	1	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,059	2,059	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	102	102	0	0	0	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	6,364	6,364	1,090	17	0	54.00
60.00	06000	LABORATORY	1,526	1,526	0	12	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,629	3,629	330	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,173	4,173	20	7	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	4,884	4,884	1,046	19	0	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	2,500	2,500	0	0	0	88.00
91.00	09100	EMERGENCY	8,895	8,895	1,456	36	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	2,460	2,460	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	77,575	74,063	8,957	251	57,017	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	403	403	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,994	4,994	0	0	0	192.00
192.01	19201	WELLNESS CENTER	25,498	25,498	508	18	0	192.01
193.00	19300	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)	597,399	618,412	147,881	364,128	628,049	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.507504	5.891995	15.623983	1,348.622222	11.015118	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	5,741	30,787	10,714	6,360	38,891	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.052927	0.293327	1.131960	23.555556	0.682095	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/27/2012 10:15 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	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	322					11.00
13.00	01300	NURSING ADMINISTRATION	0	207,276				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	787,206			14.00
15.00	01500	PHARMACY	15	0	0	100		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	15	0	0	0	19,740	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	67	69,252	0	0	4,496	30.00
31.00	03100	INTENSIVE CARE UNIT	17	17,613	0	0	807	31.00
43.00	04300	NURSERY	0	2,163	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12	12,591	0	0	1,092	50.00
51.00	05100	RECOVERY ROOM	0	3,248	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4	0	0	0	0	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	30	0	0	0	3,720	54.00
60.00	06000	LABORATORY	45	0	0	0	3,180	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	925	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	708,968	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	78,238	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	100	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	34	19,798	0	0	0	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	57	41,485	0	0	3,250	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	16	41,126	0	0	2,270	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	312	207,276	787,206	100	19,740	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	WELLNESS CENTER	10	0	0	0	0	192.01
193.00	19300	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)	500,075	853,115	126,440	-262,172	593,483	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,553.027950	4.115841	0.160619	0.000000	30.064995	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	30,966	16,163	40,260	16,054	32,282	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	96.167702	0.077978	0.051143	160.540000	1.635360	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/27/2012 10:15 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			19.00	
		GENERAL SERVICE COST CENTERS		
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	100	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	100	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	0	54.00
60.00	06000	LABORATORY	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
		OUTPATIENT SERVICE COST CENTERS		
88.00	08800	RURAL HEALTH CLINIC	0	88.00
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
		OTHER REIMBURSABLE COST CENTERS		
95.00	09500	AMBULANCE SERVICES	0	95.00
99.00	09900	CMHC	0	99.00
99.10	09910	CORF	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
		SPECIAL PURPOSE COST CENTERS		
106.00	10600	HEART ACQUISITION	0	106.00
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW - SNF		114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	100	118.00
		NONREIMBURSABLE COST CENTERS		
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201	WELLNESS CENTER	0	192.01
193.00	19300	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 07/01/2011 To 06/30/2012 | Worksheet C Part I Date/Time Prepared: 11/27/2012 10:15 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	03000	ADULTS & PEDIATRICS	3,153,969		3,153,969	0	3,153,969	30.00
31.00	03100	INTENSIVE CARE UNIT	777,228		777,228	0	777,228	31.00
43.00	04300	NURSERY	93,583		93,583	0	93,583	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,226,819		1,226,819	0	1,226,819	50.00
51.00	05100	RECOVERY ROOM	166,238		166,238	0	166,238	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	110,491		110,491	0	110,491	52.00
53.00	05300	ANESTHESIOLOGY	57,540		57,540	0	57,540	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	2,975,552		2,975,552	0	2,975,552	54.00
60.00	06000	LABORATORY	2,575,325		2,575,325	0	2,575,325	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,333,276	0	1,333,276	0	1,333,276	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	625,091		625,091	0	625,091	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	962,051		962,051	0	962,051	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	101,501		101,501	0	101,501	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,190,373		2,190,373	0	2,190,373	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,187,503		1,187,503	0	1,187,503	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	1,189,324		1,189,324	0	1,189,324	88.00
91.00	09100	EMERGENCY	2,181,221		2,181,221	0	2,181,221	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	265,677		265,677		265,677	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,340,444		1,340,444	0	1,340,444	95.00
99.00	09900	CMHC	0		0		0	99.00
99.10	09910	CORF	0		0		0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0		0		0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0		0		0	106.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	22,513,206	0	22,513,206	0	22,513,206	200.00
201.00		Less Observation Beds	265,677		265,677		265,677	201.00
202.00		Total (see instructions)	22,247,529	0	22,247,529	0	22,247,529	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet C Part I Date/Time Prepared: 11/27/2012 10:15 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	03000	ADULTS & PEDIATRICS	1,813,826		1,813,826			30.00
31.00	03100	INTENSIVE CARE UNIT	348,310		348,310			31.00
43.00	04300	NURSERY	96,250		96,250			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	771,754	2,557,565	3,329,319	0.368489	0.000000	50.00
51.00	05100	RECOVERY ROOM	47,845	153,777	201,622	0.824503	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	196,643	78,701	275,344	0.401283	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	241,096	1,567,919	1,809,015	0.031807	0.000000	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	1,230,409	12,121,974	13,352,383	0.222848	0.000000	54.00
60.00	06000	LABORATORY	5,797,628	7,927,172	13,724,800	0.187640	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	209,953	3,685,974	3,895,927	0.342223	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	545,739	1,073,310	1,619,049	0.386085	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	141,923	549,660	691,583	1.391085	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	15,858	155,756	171,614	0.591449	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,162,208	1,595,759	2,757,967	0.794198	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	86,606	2,507,486	2,594,092	0.457772	0.000000	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	926,873	926,873			88.00
91.00	09100	EMERGENCY	522,691	4,174,154	4,696,845	0.464401	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	36,983	140,190	177,173	1.499534	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	1,663,348	1,663,348	0.805871	0.000000	95.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0			106.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	13,265,722	40,879,618	54,145,340			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	13,265,722	40,879,618	54,145,340			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet C Part I Date/Time Prepared: 11/27/2012 10:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.368489		50.00
51.00	05100	RECOVERY ROOM	0.824503		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.401283		52.00
53.00	05300	ANESTHESIOLOGY	0.031807		53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	0.222848		54.00
60.00	06000	LABORATORY	0.187640		60.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.342223		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.386085		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.391085		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.591449		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.794198		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.457772		75.00
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC			88.00
91.00	09100	EMERGENCY	0.464401		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.499534		92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.805871		95.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
106.00	10600	HEART ACQUISITION			106.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW - SNF			114.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet C Part I Date/Time Prepared: 11/27/2012 10:15 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,153,969		3,153,969	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	777,228		777,228	0	0	31.00
43.00	04300	NURSERY	93,583		93,583	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,226,819		1,226,819	0	0	50.00
51.00	05100	RECOVERY ROOM	166,238		166,238	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	110,491		110,491	0	0	52.00
53.00	05300	ANESTHESIOLOGY	57,540		57,540	0	0	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	2,975,552		2,975,552	0	0	54.00
60.00	06000	LABORATORY	2,575,325		2,575,325	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,333,276	0	1,333,276	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	625,091		625,091	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	962,051		962,051	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	101,501		101,501	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,190,373		2,190,373	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,187,503		1,187,503	0	0	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	1,189,324		1,189,324	0	0	88.00
91.00	09100	EMERGENCY	2,181,221		2,181,221	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	265,677		265,677		0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,340,444		1,340,444	0	0	95.00
99.00	09900	CMHC	0		0		0	99.00
99.10	09910	CORF	0		0		0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0		0		0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0		0		0	106.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	22,513,206	0	22,513,206	0	0	200.00
201.00		Less Observation Beds	265,677		265,677		0	201.00
202.00		Total (see instructions)	22,247,529	0	22,247,529	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet C Part I Date/Time Prepared: 11/27/2012 10:15 am

Title XIX | Hospital | Cost

		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	03000	ADULTS & PEDIATRICS	1,813,826		1,813,826			30.00
31.00	03100	INTENSIVE CARE UNIT	348,310		348,310			31.00
43.00	04300	NURSERY	96,250		96,250			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	771,754	2,557,565	3,329,319	0.368489	0.000000	50.00
51.00	05100	RECOVERY ROOM	47,845	153,777	201,622	0.824503	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	196,643	78,701	275,344	0.401283	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	241,096	1,567,919	1,809,015	0.031807	0.000000	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	1,230,409	12,121,974	13,352,383	0.222848	0.000000	54.00
60.00	06000	LABORATORY	5,797,628	7,927,172	13,724,800	0.187640	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	209,953	3,685,974	3,895,927	0.342223	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	545,739	1,073,310	1,619,049	0.386085	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	141,923	549,660	691,583	1.391085	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	15,858	155,756	171,614	0.591449	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,162,208	1,595,759	2,757,967	0.794198	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	86,606	2,507,486	2,594,092	0.457772	0.000000	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	926,873	926,873	1.283157	0.000000	88.00
91.00	09100	EMERGENCY	522,691	4,174,154	4,696,845	0.464401	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	36,983	140,190	177,173	1.499534	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	1,663,348	1,663,348	0.805871	0.000000	95.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0			106.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	13,265,722	40,879,618	54,145,340			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	13,265,722	40,879,618	54,145,340			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet C Part I Date/Time Prepared: 11/27/2012 10:15 am

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	0.000000		54.00
60.00	06000	LABORATORY	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
106.00	10600	HEART ACQUISITION			106.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW - SNF			114.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

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

Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet C Part II Date/Time Prepared: 11/27/2012 10:15 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	05000	OPERATING ROOM	1,226,819	125,976	1,100,843	12,598	0	50.00
51.00	05100	RECOVERY ROOM	166,238	5,253	160,985	525	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	110,491	16,144	94,347	1,614	0	52.00
53.00	05300	ANESTHESIOLOGY	57,540	19,270	38,270	1,927	0	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	2,975,552	1,013,741	1,961,811	101,374	0	54.00
60.00	06000	LABORATORY	2,575,325	83,640	2,491,685	8,364	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,333,276	46,558	1,286,718	4,656	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	625,091	67,327	557,764	6,733	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	962,051	44,351	917,700	4,435	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	101,501	4,849	96,652	485	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,190,373	20,972	2,169,401	2,097	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,187,503	73,473	1,114,030	7,347	0	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	1,189,324	29,832	1,159,492	2,983	0	88.00
91.00	09100	EMERGENCY	2,181,221	152,690	2,028,531	15,269	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	265,677	15,288	250,389	1,529	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,340,444	50,129	1,290,315	5,013	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (sum of lines 50 thru 199)	18,488,426	1,769,493	16,718,933	176,949	0	200.00
201.00		Less Observation Beds	265,677	15,288	250,389	1,529	0	201.00
202.00		Total (line 200 minus line 201)	18,222,749	1,754,205	16,468,544	175,420	0	202.00

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

Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet C Part II Date/Time Prepared: 11/27/2012 10:15 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	05000	OPERATING ROOM	1,214,221	3,329,319	0.364706		50.00
51.00	05100	RECOVERY ROOM	165,713	201,622	0.821899		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	108,877	275,344	0.395422		52.00
53.00	05300	ANESTHESIOLOGY	55,613	1,809,015	0.030742		53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	2,874,178	13,352,383	0.215256		54.00
60.00	06000	LABORATORY	2,566,961	13,724,800	0.187031		60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,328,620	3,895,927	0.341028		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	618,358	1,619,049	0.381927		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	957,616	691,583	1.384673		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	101,016	171,614	0.588623		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,188,276	2,757,967	0.793438		73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,180,156	2,594,092	0.454940		75.00
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	1,186,341	926,873	1.279939		88.00
91.00	09100	EMERGENCY	2,165,952	4,696,845	0.461150		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	264,148	177,173	1.490904		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	1,335,431	1,663,348	0.802857		95.00
99.00	09900	CMHC	0	0	0.000000		99.00
99.10	09910	CORF	0	0	0.000000		99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0.000000		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0.000000		101.00
		SPECIAL PURPOSE COST CENTERS					
106.00	10600	HEART ACQUISITION	0	0	0.000000		106.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW - SNF					114.00
200.00		Subtotal (sum of lines 50 thru 199)	18,311,477	51,886,954			200.00
201.00		Less Observation Beds	264,148	0			201.00
202.00		Total (line 200 minus line 201)	18,047,329	51,886,954			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part I Date/Time Prepared: 11/27/2012 10:15 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	03000	ADULTS & PEDIATRICS	180,982	503	180,479	3,883	46.48	30.00
31.00	03100	INTENSIVE CARE UNIT	25,417		25,417	283	89.81	31.00
43.00	04300	NURSERY	9,677		9,677	200	48.39	43.00
200.00		Total (lines 30-199)	216,076		215,573	4,366		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part I Date/Time Prepared: 11/27/2012 10:15 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	03000	ADULTS & PEDIATRICS	2,217	103,046		30.00
31.00	03100	INTENSIVE CARE UNIT	201	18,052		31.00
43.00	04300	NURSERY	0	0		43.00
200.00		Total (lines 30-199)	2,418	121,098		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part II Date/Time Prepared: 11/27/2012 10:15 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	05000	OPERATING ROOM	125,976	3,329,319	0.037838	326,083	12,338	50.00
51.00	05100	RECOVERY ROOM	5,253	201,622	0.026054	17,444	454	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,144	275,344	0.058632	1,549	91	52.00
53.00	05300	ANESTHESIOLOGY	19,270	1,809,015	0.010652	104,920	1,118	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	1,013,741	13,352,383	0.075922	1,142,880	86,770	54.00
60.00	06000	LABORATORY	83,640	13,724,800	0.006094	2,034,687	12,399	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0.000000	0	0	65.00
66.00	06600	PHYSICAL THERAPY	46,558	3,895,927	0.011950	177,928	2,126	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	67,327	1,619,049	0.041584	492,514	20,481	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	44,351	691,583	0.064130	94,561	6,064	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	4,849	171,614	0.028255	15,213	430	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,972	2,757,967	0.007604	890,587	6,772	73.00
75.00	07500	ASC (NON-DISTINCT PART)	73,473	2,594,092	0.028323	48,074	1,362	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	29,832	926,873	0.032186	0	0	88.00
91.00	09100	EMERGENCY	152,690	4,696,845	0.032509	503,990	16,384	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	15,288	177,173	0.086289	29,890	2,579	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	1,719,364	50,223,606		5,880,320	169,368	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part III Date/Time Prepared: 11/27/2012 10:15 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	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
43.00	04300	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 07/01/2011 To 06/30/2012 | Worksheet D Part III Date/Time Prepared: 11/27/2012 10:15 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)		
			6.00	7.00	8.00	9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,883	0.00	2,217	0		30.00
31.00	03100	INTENSIVE CARE UNIT	283	0.00	201	0		31.00
43.00	04300	NURSERY	200	0.00	0	0		43.00
200.00		Total (lines 30-199)	4,366		2,418	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part IV Date/Time Prepared: 11/27/2012 10:15 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	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	0	0	0	0	0	54.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	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 07/01/2011 To 06/30/2012 | Worksheet D Part IV Date/Time Prepared: 11/27/2012 10:15 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	05000	OPERATING ROOM	0	3,329,319	0.000000	0.000000	326,083	50.00
51.00	05100	RECOVERY ROOM	0	201,622	0.000000	0.000000	17,444	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	275,344	0.000000	0.000000	1,549	52.00
53.00	05300	ANESTHESIOLOGY	0	1,809,015	0.000000	0.000000	104,920	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	0	13,352,383	0.000000	0.000000	1,142,880	54.00
60.00	06000	LABORATORY	0	13,724,800	0.000000	0.000000	2,034,687	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	3,895,927	0.000000	0.000000	177,928	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,619,049	0.000000	0.000000	492,514	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	691,583	0.000000	0.000000	94,561	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	171,614	0.000000	0.000000	15,213	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,757,967	0.000000	0.000000	890,587	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	2,594,092	0.000000	0.000000	48,074	75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	926,873	0.000000	0.000000	0	88.00
91.00	09100	EMERGENCY	0	4,696,845	0.000000	0.000000	503,990	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	177,173	0.000000	0.000000	29,890	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	50,223,606			5,880,320	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part IV Date/Time Prepared: 11/27/2012 10:15 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)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	1,115,976	0		50.00
51.00	05100	RECOVERY ROOM	0	143,330	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	535,651	0		53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	0	4,181,699	0		54.00
60.00	06000	LABORATORY	0	209,628	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	474	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	543,319	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	128,436	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	146,442	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,122,162	0		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	974,376	0		75.00
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
91.00	09100	EMERGENCY	0	1,160,201	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	131,771	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	10,393,465	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part V Date/Time Prepared: 11/27/2012 10:15 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	05000	OPERATING ROOM	0.368489	1,115,976	0	0		50.00
51.00	05100	RECOVERY ROOM	0.824503	143,330	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.401283	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0.031807	535,651	0	0		53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	0.222848	4,181,699	0	0		54.00
60.00	06000	LABORATORY	0.187640	209,628	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0.342223	474	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0.386085	543,319	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.391085	128,436	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.591449	146,442	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.794198	1,122,162	0	218		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.457772	974,376	0	0		75.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000					88.00
91.00	09100	EMERGENCY	0.464401	1,160,201	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.499534	131,771	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.805871		0			95.00
200.00		Subtotal (see instructions)		10,393,465	0	218		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		10,393,465	0	218		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part V Date/Time Prepared: 11/27/2012 10:15 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	05000	OPERATING ROOM	411,225	0	0		50.00
51.00	05100	RECOVERY ROOM	118,176	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	17,037	0	0		53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	931,883	0	0		54.00
60.00	06000	LABORATORY	39,335	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	162	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	209,767	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	178,665	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	86,613	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	891,219	0	173		73.00
75.00	07500	ASC (NON-DISTINCT PART)	446,042	0	0		75.00
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
91.00	09100	EMERGENCY	538,799	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	197,595	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES		0			95.00
200.00		Subtotal (see instructions)	4,066,518	0	173		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00		Net Charges (line 200 +/- line 201)	4,066,518	0	173		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D-1 | Date/Time Prepared: 11/27/2012 10:15 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)	3,929	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,883	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	3,555	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	23	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)	23	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)	2,217	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)	13	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	188.27	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	192.90	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	3,153,969	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)	4,330	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)	4,437	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)	8,767	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	3,145,202	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	1,990,999	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	1,990,999	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.579710	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)	560.06	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)	3,145,202	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)	809.99	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,795,748	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,795,748	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D-1 | Date/Time Prepared: 11/27/2012 10:15 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	777,228	283	2,746.39	201	552,024	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)	2,174,744	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	4,522,516	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)	121,098	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	169,368	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	290,466	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	4,232,050	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)	2,448	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	2,508	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	4,956	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)	328	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	809.99	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	265,677	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D-1 | Date/Time Prepared: 11/27/2012 10:15 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	180,982	3,145,202	0.057542	265,677	15,288	90.00
91.00	Nursing School cost	0	3,145,202	0.000000	265,677	0	91.00
92.00	Allied health cost	0	3,145,202	0.000000	265,677	0	92.00
93.00	All other Medical Education	0	3,145,202	0.000000	265,677	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D-3 | Date/Time Prepared: 11/27/2012 10:15 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	03000	ADULTS & PEDIATRICS		1,110,502		30.00
31.00	03100	INTENSIVE CARE UNIT		240,047		31.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.368489	326,083	120,158	50.00
51.00	05100	RECOVERY ROOM	0.824503	17,444	14,383	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.401283	1,549	622	52.00
53.00	05300	ANESTHESIOLOGY	0.031807	104,920	3,337	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	0.222848	1,142,880	254,689	54.00
60.00	06000	LABORATORY	0.187640	2,034,687	381,789	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.342223	177,928	60,891	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.386085	492,514	190,152	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.391085	94,561	131,542	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.591449	15,213	8,998	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.794198	890,587	707,302	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.457772	48,074	22,007	75.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
91.00	09100	EMERGENCY	0.464401	503,990	234,053	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.499534	29,890	44,821	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		5,880,320	2,174,744	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)		5,880,320		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 140059 | Component CCN: 14U059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D-3 | Date/Time Prepared: 11/27/2012 10:15 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	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.368489	0	0	50.00
51.00	05100	RECOVERY ROOM	0.824503	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.401283	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.031807	0	0	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	0.222848	0	0	54.00
60.00	06000	LABORATORY	0.187640	3,160	593	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.342223	7,593	2,598	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.386085	1,785	689	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.391085	226	314	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.591449	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.794198	7,773	6,173	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.457772	0	0	75.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
91.00	09100	EMERGENCY	0.464401	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.499534	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		20,537	10,367	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)		20,537		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet E Part A Date/Time Prepared: 11/27/2012 10:15 am

Title XVIII | Hospital | PPS

		MDH	Non MDH	
		1.00	1.01	
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS			
1.00	DRG Amounts Other than Outlier Payments	2,902,064	326,372	1.00
2.00	Outlier payments for discharges. (see instructions)	2,646	298	2.00
2.01	For inpatient PPS services rendered during the cost reporting period enter the operating outlier reconciliation amount for operating expenses from line 92.	0	0	2.01
3.00	Managed Care Simulated Payments	0	0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	43.98		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	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	0	28.00
29.00	Total IME payment (sum of lines 22 and 28)	0	0	29.00
	Disproportionate Share Adjustment			
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	3.88		30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)	12.67		31.00
32.00	Sum of lines 30 and 31	16.55		32.00
33.00	Allowable disproportionate share percentage (see instructions)	3.52	3.52	33.00
34.00	Disproportionate share adjustment (see instructions)	102,153	11,488	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)	3,006,863	338,158	47.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140059	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part A Date/Time Prepared: 11/27/2012 10:15 am
	Title XVIII	Hospital	PPS

		MDH	Non MDH	
		1.00	1.01	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	4,057,256	0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	4,132,816		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	287,869		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)	4,420,685		59.00
60.00	Primary payer payments	0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	4,420,685		61.00
62.00	Deductibles billed to program beneficiaries	580,596		62.00
63.00	Coinsurance billed to program beneficiaries	4,853		63.00
64.00	Allowable bad debts (see instructions)	158,864		64.00
65.00	Adjusted reimbursable bad debts (see instructions)	111,205		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	127,442		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	3,946,441		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)	0		68.00
69.00	Enter the time value of money for operating expenses, the capital outlier reconciliation amount and time value of money for capital related expenses by entering the sum of lines 93, 95 and 96. For SCH, if the hospital specific payment amount on line 48, is greater than the federal specific payment amount on line 47, do not complete this line.	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	583,596		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)	4,530,037		71.00
72.00	Interim payments	4,323,972		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)	206,065		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	291,744		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 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/27/2012 10:15 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	173	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	4,066,518	2.00
3.00	PPS payments	3,181,765	3.00
4.00	Outlier payment (see instructions)	3,473	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	173	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	218	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)	218	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)	218	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	45	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)	173	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)	3,185,238	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	803,853	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)	2,381,558	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)	2,381,558	30.00
31.00	Primary payer payments	46	31.00
32.00	Subtotal (line 30 minus line 31)	2,381,512	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)	220,022	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	154,015	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	183,478	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	2,535,527	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)	2,535,527	40.00
41.00	Interim payments	2,458,067	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)	77,460	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet E-1 Part I Date/Time Prepared: 11/27/2012 10:15 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		4,242,170		2,451,653	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	04/16/2012	81,802	04/16/2012	6,414	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)		81,802		6,414	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)		4,323,972		2,458,067	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		206,065		77,460	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,530,037		2,535,527	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 | Component CCN: 14U059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet E-1 Part I | Date/Time Prepared: 11/27/2012 10:15 am

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		5,966		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)		5,966		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)		5,966		0	7.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 140059	Period: From 07/01/2011 To 06/30/2012	Worksheet E-1 Part II Date/Time Prepared: 11/27/2012 10:15 am
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14	1,167	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	2,418	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2	19	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	3,838	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	54,145,340	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	216,070	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	1,277,209	8.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)	1,277,209	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS	Provider CCN: 140059 Component CCN: 14U059	Period: From 07/01/2011 To 06/30/2012	Worksheet E-2 Date/Time Prepared: 11/27/2012 10:15 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)	6,674	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	26	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)	6,674	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	6,674	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)	6,674	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	708	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)	5,966	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)	5,966	0	19.00
20.00	Interim payments	5,966	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 07/01/2011 To 06/30/2012 | Worksheet G | Date/Time Prepared: 11/27/2012 10:15 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	304,254	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	15,546,993	0	0	0	4.00
5.00	Other receivable	259,739	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-11,363,656	0	0	0	6.00
7.00	Inventory	420,750	0	0	0	7.00
8.00	Prepaid expenses	182,990	0	0	0	8.00
9.00	Other current assets	300,285	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)	5,651,355	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	15,209,811	0	0	0	15.00
16.00	Accumulated depreciation	-7,606,140	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	13,050,047	0	0	0	23.00
24.00	Accumulated depreciation	-8,922,479	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)	11,786,239	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	8,795,435	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	144,440	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	8,939,875	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	26,377,469	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	2,536,192	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,097,357	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	400,000	0	0	0	40.00
41.00	Deferred income	64,392	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)	4,097,941	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	6,650,000	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	6,650,000	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	10,747,941	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	15,629,528				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)	15,629,528	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	26,377,469	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet G-1 | Date/Time Prepared: 11/27/2012 10:15 am

		General Fund		Special Purpose Fund			
		1.00	2.00	3.00	4.00		
1.00	Fund balances at beginning of period		16,276,578		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-647,050				2.00
3.00	Total (sum of line 1 and line 2)		15,629,528		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0			4.00
5.00		0		0			5.00
6.00		0		0			6.00
7.00		0		0			7.00
8.00		0		0			8.00
9.00		0		0			9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		15,629,528		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0			12.00
13.00		0		0			13.00
14.00		0		0			14.00
15.00		0		0			15.00
16.00		0		0			16.00
17.00		0		0			17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		15,629,528		0		19.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet G-1 | Date/Time Prepared: 11/27/2012 10:15 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	Deductions (debit adjustments) (specify)	0		0			12.00
13.00		0		0			13.00
14.00		0		0			14.00
15.00		0		0			15.00
16.00		0		0			16.00
17.00		0		0			17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet G-2 Parts I & II Date/Time Prepared: 11/27/2012 10:15 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	1,990,999		1,990,999	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)	1,990,999		1,990,999	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	348,310		348,310	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)	348,310		348,310	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	2,339,309		2,339,309	17.00
18.00	Ancillary services	6,317,228	40,304,408	46,621,636	18.00
19.00	Outpatient services	688,556	7,463,702	8,152,258	19.00
20.00	RURAL HEALTH CLINIC	0	926,873	926,873	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	1,671,912	1,671,912	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	96,468	0	96,468	27.00
27.01	PHYSICIANS PRIVATE OFFICES	0	313,690	313,690	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	9,441,561	50,680,585	60,122,146	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		31,960,266		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)		31,960,266		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 140059 | Period: From 07/01/2011 To 06/30/2012 | Worksheet G-3 | Date/Time Prepared: 11/27/2012 10:15 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	60,122,146	1.00
2.00	Less contractual allowances and discounts on patients' accounts	32,596,503	2.00
3.00	Net patient revenues (line 1 minus line 2)	27,525,643	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	31,960,266	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-4,434,623	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	50,086	6.00
7.00	Income from investments	111,118	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	28,712	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	137,890	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	11,062	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	3,799	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	WELLNESS CENTER	513,624	24.00
24.01	MISC REVENUE	923,299	24.01
24.02	GAIN ON SALE OF ASSETS	80,743	24.02
24.03	GRANT REVENUE	1,927,240	24.03
25.00	Total other income (sum of lines 6-24)	3,787,573	25.00
26.00	Total (line 5 plus line 25)	-647,050	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)	-647,050	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 140059	Period: From 07/01/2011 To 06/30/2012	Worksheet L Parts I-III Date/Time Prepared: 11/27/2012 10:15 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	287,869	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)	10.52	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)	287,869	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 07/01/2011 To 06/30/2012 | Worksheet M-1 | Date/Time Prepared: 11/27/2012 10:15 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	813,655	0	813,655	0	813,655	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)	813,655	0	813,655	0	813,655	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	342	342	0	342	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	170,530	170,530	0	170,530	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	170,872	170,872	0	170,872	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	813,655	170,872	984,527	0	984,527	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)	813,655	170,872	984,527	0	984,527	32.00

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

Provider CCN: 140059 | Component CCN: 148509 | Period: From 07/01/2011 To 06/30/2012 | Worksheet M-1 | Date/Time Prepared: 11/27/2012 10:15 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	-198,708	614,947		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)	-198,708	614,947		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	342		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	170,530		19.00
20.00	Allowable GME Costs	0	0		20.00
21.00	Subtotal (sum of lines 15-20)	0	170,872		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-198,708	785,819		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)	-198,708	785,819		32.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

Provider CCN: 140059 | Component CCN: 148509 | Period: From 07/01/2011 To 06/30/2012 | Worksheet M-2 | Date/Time Prepared: 11/27/2012 10:15 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	0.84	3,213	4,200	3,528		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	0.16	169	2,100	336		3.00
4.00	Subtotal (sum of lines 1-3)	1.00	3,382		3,864	3,864	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)	1.00	3,382			3,864	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)					785,819	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)					785,819	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)					403,505	15.00
16.00	Total overhead (sum of lines 14 and 15)					403,505	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Subtract line 17 from line 16					403,505	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)					403,505	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)					1,189,324	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES	Provider CCN: 140059 Component CCN: 148509	Period: From 07/01/2011 To 06/30/2012	Worksheet M-3 Date/Time Prepared: 11/27/2012 10:15 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)		1,189,324	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)		1,189,324	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		3,864	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)		3,864	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		307.80	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)	78.07	78.54	8.00
9.00	Rate for Program covered visits (see instructions)	307.80	307.80	9.00
	CALCULATION OF SETTLEMENT			
10.00	Program covered visits excluding mental health services (from contractor records)	0	186	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	57,251	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)	0	0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	57,251	16.00
16.01	Total program charges (see instructions)(from contractor's records)		22,087	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		328	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		850	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		43,634	16.04
16.05	Total program cost (see instructions)		44,484	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		1,858	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		3,980	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		44,484	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)		44,484	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)		44,484	26.00
27.00	Interim payments		16,018	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)		28,466	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 07/01/2011 To 06/30/2012	Worksheet M-5 Date/Time Prepared: 11/27/2012 10:15 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		11,932	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		04/16/2012	4,086	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)		4,086	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		16,018	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		28,466	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		44,484	7.00

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

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