THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)). FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	PROVIDER NO: 15-1319	PERIOD FROM 10/ 1/2009 TO 9/30/2010	INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS	DATE RECEIVED: / / INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 2/23/2011 TIME 15:12

PART I - 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 BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISIONMENT 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:
GIBSON GENERAL HOSPITAL 15-1319
FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2009 AND ENDING 9/30/2010 AND THAT 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, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

Susan M Howes
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

VP Finance, CFO
TITLE

2/28/2011
DATE

ECR ENCRYPTION INFORMATION
DATE: 2/23/2011 TIME 15:12

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PI ENCRYPTION INFORMATION
DATE: 2/23/2011 TIME 15:12

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PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII A	TITLE XVIII B	TITLE XIX
		1	2	3	4
1	HOSPITAL	0	74,000	188,194	0
3	SWING BED - SNF	0	22,421	0	0
5	HOSPITAL-BASED SNF	0	10,939	0	0
7	HOSPITAL-BASED HHA	0	0	0	0
100	TOTAL	0	107,360	188,194	0

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO: 15-1319 | PERIOD: FROM 10/ 1/2009 TO 9/30/2010 | PREPARED 2/23/2011 | WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
01 STREET: 1800 SHERMAN DRIVE P.O. BOX:
01 CITY: PRINCETON STATE: IN ZIP CODE: 47670- COUNTY: GIBSON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N) V	XVIII	XIX
0	1	2	2.01	3	4	5	6
02.00 HOSPITAL	GIBSON GENERAL HOSPITAL	15-1319		12/16/2003	N	O	P
04.00 SWING BED - SNF	GIBSON GENERAL SWING BED	15-Z319		12/16/2003	N	O	N
06.00 HOSPITAL-BASED SNF	GIBSON GENERAL SNF	15-5093		6/14/1969	N	P	N
09.00 HOSPITAL-BASED HHA	GIBSON HOME HEALTH	15-7445		10/19/1995	N	O	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/ 1/2009 TO: 9/30/2010

		1	2
18	TYPE OF CONTROL	2	

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1	
20	SUBPROVIDER		

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.		
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.	N	
21.02	HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).		
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	2 N	Y 15999
.4	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL	2	
21.05	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL	2	
21.06	DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO.	N	
21.07	DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS)	N	N
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.	2	N
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	N	
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.	N	
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.		/ / / /
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.		/ / / /
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.		/ / / /
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.		/ / / /
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.		/ / / /
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.		/ / / /
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.		/ / / /
24	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY)		/ /
24.01	IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy).		/ /

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?	N
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	N
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH),ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /	
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /	
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N / /
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02	N

	1	2	3	4
28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)	100	0.0000	0.8529	
28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY	0.00	2	15	99915

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 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. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

		%	Y/N
28.03	STAFFING	50.01%	Y
28.04	RECRUITMENT	0.00%	
28.05	RETENTION	0.00%	
28.06	TRAINING	0.00%	

29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	Y
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70	N
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).	
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II	N
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N

MISCELLANEOUS COST REPORT INFORMATION

32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N

		V	XVIII	XIX
	SPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL	1	2	3
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	N
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	N	N
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	N
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?	N	N	N

TITLE XIX INPATIENT SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	Y
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	N
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	N
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	N
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). N

40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
40.02 STREET: P.O. BOX:
40.03 CITY: STATE: ZIP CODE: -

41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y	
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY?	N	
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.	N	00/00/0000
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		
45.03	WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).		

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A 1	PART B 2	OUTPATIENT ASC 3	OUTPATIENT RADIOLOGY 4	OUTPATIENT DIAGNOSTIC 5
49.00 HOSPITAL	N	N	N	N	N
49.00 SNF	N	N			
50.00 HHA	N	N			

52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)	N
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV	N
53	IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0
53.01	MDH PERIOD: BEGINNING: / / ENDING: / /	

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:

PREMIUMS:	0
PAID LOSSES:	0
AND/OR SELF INSURANCE:	0

54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.	N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEES 4
56		N	0.00		0
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N

ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N

58.01 IF LINE 58 COLUMN 1 IS Y, DOES 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. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). 0

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00						0.00

LEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). / /

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 15-1319 | PERIOD: FROM 10/ 1/2009 TO 9/30/2010 | PREPARED 2/23/2011 | WORKSHEET S-3 PART I

	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	I/P DAYS / O/P VISITS / TRIPS: TITLE V 3	TITLE XVIII 4	NOT LTCH N/A 4.01	TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	20	7,300	54,960.00		1,407		141
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF					623		
4	ADULTS & PED-SB NF							114
5	TOTAL ADULTS AND PEDS	20	7,300	54,960.00		2,030		255
6	INTENSIVE CARE UNIT	5	1,825	6,120.00		146		
12	TOTAL	25	9,125	61,080.00		2,176		255
13	RPCH VISITS							
15	SKILLED NURSING FACILITY	45	16,425			1,604		8,800
18	HOME HEALTH AGENCY					3,719		162
25	TOTAL	70						
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

	COMPONENT	I/P DAYS / TITLE XIX ADMITTED 5.01	OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1	ADULTS & PEDIATRICS			2,247				
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF			623				
4	ADULTS & PED-SB NF			114				
5	TOTAL ADULTS AND PEDS			2,984				
6	INTENSIVE CARE UNIT			257				
12	TOTAL			3,241				
13	RPCH VISITS							
15	SKILLED NURSING FACILITY			14,477				
18	HOME HEALTH AGENCY			4,749				
25	TOTAL							
26	OBSERVATION BED DAYS			509				
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

	COMPONENT	I & R FTES NET 9	FULL TIME EQUIV: EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	DISCHARGES: TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS					401	42	681
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6	INTENSIVE CARE UNIT							
12	TOTAL		261.38			401	42	681
13	RPCH VISITS							
15	SKILLED NURSING FACILITY		31.24					
18	HOME HEALTH AGENCY		5.31					
25	TOTAL		297.93					
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: 15-1319 I PERIOD: I FROM 10/ 1/2009 I TO 9/30/2010 I PREPARED 2/23/2011 I WORKSHEET S-3 I PARTS II & III

	II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
	SALARIES						
1	TOTAL SALARY	13,189,336		13,189,336	975,375.00	13.52	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A						
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B						
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)						
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF	1,104,473		1,104,473			
8.01	EXCLUDED AREA SALARIES	3,359,159	-16,253	3,342,906			
	OTHER WAGES & RELATED COSTS						
9	CONTRACT LABOR:						
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONRACT						
10	CONTRACT LABOR: PHYS PART A						
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS						
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
	WAGE RELATED COSTS						
13	WAGE-RELATED COSTS (CORE)						CMS 339
4	WAGE-RELATED COSTS (OTHER)						CMS 339
5	EXCLUDED AREAS						CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A						CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B						CMS 339
19.01	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)						CMS 339
	OVERHEAD COSTS - DIRECT SALARIES						
21	EMPLOYEE BENEFITS	140,971	16,253	157,224	4,785.00	32.86	
22	ADMINISTRATIVE & GENERAL	1,571,544	3,680	1,575,224	77,817.00	20.24	
22.01	A & G UNDER CONTRACT						
23	MAINTENANCE & REPAIRS						
24	OPERATION OF PLANT	277,246		277,246	13,956.00	19.87	
25	LAUNDRY & LINEN SERVICE	63,547		63,547	7,022.00	9.05	
26	HOUSEKEEPING	307,069		307,069	29,620.00	10.37	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	393,863	-294,022	99,841	8,228.00	12.13	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA		294,022	294,022	24,743.00	11.88	
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	123,637		123,637	2,086.00	59.27	
31	CENTRAL SERVICE AND SUPPLY						
32	PHARMACY						
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	213,536		213,536	15,568.00	13.72	
34	SOCIAL SERVICE						
35	OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES	13,189,336		13,189,336	975,375.00	13.52
2	EXCLUDED AREA SALARIES	4,463,632	-16,253	4,447,379		
3	SUBTOTAL SALARIES	8,725,704	16,253	8,741,957	975,375.00	8.96
4	SUBTOTAL OTHER WAGES & RELATED COSTS					
5	SUBTOTAL WAGE-RELATED COSTS					
6	TOTAL	8,725,704	16,253	8,741,957	975,375.00	8.96
7	NET SALARIES					
8	EXCLUDED AREA SALARIES					
9	SUBTOTAL SALARIES					
10	SUBTOTAL OTHER WAGES & RELATED COSTS					
11	SUBTOTAL WAGE-RELATED COSTS					
12	TOTAL					
13	TOTAL OVERHEAD COSTS	3,091,413	19,933	3,111,346	183,825.00	16.93

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED 2/23/2011
15-1319	FROM 10/ 1/2009	WORKSHEET S-4
HHA NO:	TO 9/30/2010	
15-7445		
COUNTY:	GIBSON	

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

		TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1	HOME HEALTH AIDE HOURS	0	0	0	0
2	UNDUPLICATED CENSUS COUNT		153.00		29.00

		TOTAL 5
1	HOME HEALTH AIDE HOURS	0
2	UNDUPLICATED CENSUS COUNT	182.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES
(FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

		STAFF 1	CONTRACT 2	TOTAL 3
3	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4	DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5	OTHER ADMINISTRATIVE PERSONEL			
6	DIRECTING NURSING SERVICE			
7	NURSING SUPERVISOR			
8	PHYSICAL THERAPY SERVICE			
9	PHYSICAL THERAPY SUPERVISOR			
10	OCCUPATIONAL THERAPY SERVICE			
11	OCCUPATIONAL THERAPY SUPERVISOR			
12	SPEECH PATHOLOGY SERVICE			
13	SPEECH PATHOLOGY SUPERVISOR			
14	MEDICAL SOCIAL SERVICE			
5	MEDICAL SOCIAL SERVICE SUPERVISOR			
6	HOME HEALTH AIDE			
17	HOME HEALTH AIDE SUPERVISOR			
18				
	HOME HEALTH AGENCY MSA CODES	1	1.01	
19	HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	1	
20	LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	9915	99915	

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON
OR AFTER OCTOBER 1, 2000

		FULL EPISODES WITHOUT OUTLIERS 1	FULL EPISODES WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4
21	SKILLED NURSING VISITS	1,619	0	36	18
22	SKILLED NURSING VISIT CHARGES	209,434	0	4,657	2,328
23	PHYSICAL THERAPY VISITS	1,061	0	8	30
24	PHYSICAL THERAPY VISIT CHARGES	139,755	0	1,054	3,952
25	OCCUPATIONAL THERAPY VISITS	236	0	1	3
26	OCCUPATIONAL THERAPY VISIT CHARGES	31,086	0	132	395
27	SPEECH PATHOLOGY VISITS	66	0	0	2
28	SPEECH PATHOLOGY VISIT CHARGES	8,694	0	0	263
29	MEDICAL SOCIAL SERVICE VISITS	2	0	0	0
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	351	0	0	0
31	HOME HEALTH AIDE VISITS	637	0	0	0
32	HOME HEALTH AIDE VISIT CHARGES	46,106	0	0	0
33	TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	3,621	0	45	53
34	OTHER CHARGES	4,355	0	137	26
35	TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	439,781	0	5,980	6,964
36	TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	172	0	18	4
37	TOTAL NUMBER OF OUTLIER EPISODES	0	0	0	0
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	477	0	34	2

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 15-1319
HHA NO: 15-7445
COUNTY: GIBSON

PERIOD: FROM 10/ 1/2009 TO 9/30/2010

PREPARED 2/23/2011
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON
OR AFTER OCTOBER 1, 2000

		SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21	SKILLED NURSING VISITS	0	0	1,673
22	SKILLED NURSING VISIT CHARGES	0	0	216,419
23	PHYSICAL THERAPY VISITS	0	0	1,099
24	PHYSICAL THERAPY VISIT CHARGES	0	0	144,761
25	OCCUPATIONAL THERAPY VISITS	0	0	240
26	OCCUPATIONAL THERAPY VISIT CHARGES	0	0	31,613
27	SPEECH PATHOLOGY VISITS	0	0	68
28	SPEECH PATHOLOGY VISIT CHARGES	0	0	8,957
29	MEDICAL SOCIAL SERVICE VISITS	0	0	2
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	351
31	HOME HEALTH AIDE VISITS	0	0	637
32	HOME HEALTH AIDE VISIT CHARGES	0	0	46,106
33	TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	3,719
34	OTHER CHARGES	0	0	4,518
35	TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	452,725
36	TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	194
37	TOTAL NUMBER OF OUTLIER EPISODES	0	0	0
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	513

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-1319 | PERIOD: FROM 10/ 1/2009 TO 9/30/2010 | PREPARED 2/23/2011 | WORKSHEET S-7

GROUP(1) 1	M3PI REVENUE CODE 2	SERVICES PRIOR TO 10/1 RATE 3	SERVICES PRIOR TO 10/1 DAYS 3.01	SERVICES ON/AFTER 10/1 RATE 4	SERVICES ON/AFTER 10/1 DAYS 4.01	SRVCS 4/1/01 TO 9/30/01 RATE 4.02	SRVCS 4/1/01 TO 9/30/01 DAYS 4.03
1	RUC						
2	RUB		16				
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC		14				
5	RVB		75				
6	RVA						
6 .01	RVX						
6 .02	RVL		16				
7	RHC		300				
8	RHB		350				
9	RHA		82				
9 .01	RHX						
9 .02	RHL						
10	RMC		47				
11	RMB		35				
12	RMA		19				
12 .01	RMX		276				
12 .02	RML		175				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3		17				
16	SE2		74				
17	SE1		4				
18	SSC		20				
19	SSB						
20	SSA		60				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1		24				
27	IB2						
28	IB1						
[illegible]	IA2						
[illegible]	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA						
45 .01	ES3						
45 .02	ES2						
45 .03	ES1						
45 .04	HE2						
45 .05	HE1						
45 .06	HD2						
45 .07	HD1						
45 .08	HC2						
45 .09	HC1						
45 .10	HB2						
45 .11	HB1						
45 .12	LE2						
45 .13	LE1						
45 .14	LD2						
45 .15	LD1						
45 .16	LC2						
45 .17	LC1						
45 .18	LB2						
45 .19	LB1						
45 .20	CE2						
45 .21	CE1						
45 .22	CD2						
45 .23	CD1						
	TOTAL		1,604				

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-1319
PERIOD: FROM 10/ 1/2009 TO 9/30/2010
PREPARED 2/23/2011
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	DAYS	SERVICES ON/AFTER 10/1 RATE	DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS
1	2	3	3.01	4	4.01	4.02	4.03

Worksheet S-2 reference data:

Transition Period	100% Federal
Wage Index Factor (before 10/01)	0.0000
Wage Index Factor (after 10/01)	0.8529
SNF Facility Specific Rate	0.00
Urban/Rural Designation	RURAL
SNF MSA Code	15
SNF CBSA Code	99915

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGS DAYS	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC			
2	RUB			
3	RUA			
3 .01	RUX			
3 .02	RUL			
4	RVC			
5	RVB			
6	RVA			
6 .01	RVX			
6 .02	RVL			
7	RHC			
8	RHB			
9	RHA			
9 .01	RHX			
9 .02	RHL			
10	RMC			
11	RMB			
12	RMA			
12 .01	RMX			
12 .02	RML			
13	RLB			
14	RLA			
14 .01	RLX			
	SE3			
[illegible]	SE2			
17	SE1			
18	SSC			
19	SSB			
20	SSA			
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	AAA			
45 .01	ES3			
45 .02	ES2			
45 .03	ES1			
45 .04	HE2			
45 .05	HE1			
45 .06	HD2			
45 .07	HD1			
45 .08	HC2			
45 .09	HC1			
.10	HB2			
.11	HB1			
45 .12	LE2			
45 .13	LE1			
45 .14	LD2			
45 .15	LD1			
45 .16	LC2			
45 .17	LC1			
45 .18	LB2			

	GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs DAYS	SWING BED SNF DAYS	TOTAL
	1	2	4.05	4.06	5
45 .19	LB1				
45 .20	CE2				
45 .21	CE1				
45 .22	CD2				
45 .23	CD1				
46	TOTAL				

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

(4) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11,2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

NOTE: The default line code designation has been changed to "AAA".

Worksheet S-2 reference data:

Transition Period :	100% Federal
Wage Index Factor (before 10/01):	0.0000
Wage Index Factor (after 10/01) :	0.8529
SNF Facility Specific Rate :	0.00
Urban/Rural Designation :	RURAL
SNF MSA Code :	15
SNF CBSA Code :	99915

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-1319
PERIOD: FROM 10/ 1/2009 TO 9/30/2010
PREPARED 2/23/2011
WORKSHEET S-7
NOT A CMS WORKSHEET
SERVICES THROUGH 12/31/2005

GROUP(1) 1	M3PI REVENUE CODE	SERVICES BASE RATE 3a	PRIOR TO RATE 3	OCTOBER 1ST DAYS 3.01	SERVICES BASE RATE 4a	ON OR AFTER RATE 4	OCTOBER 1ST DAYS 4.01
1	RUC	169.51			504.29		
2	RUB	156.99			467.04	467.04	16
3	RUA	150.72			448.40		
3 .01	RUX	195.01			580.15		
3 .02	RUL	174.43			518.93		
4	RVC	132.66			394.68	394.68	14
5	RVB	126.85			377.38	377.38	75
6	RVA	116.12			345.45		
6 .01	RVX	146.09			434.61		
6 .02	RVL	137.14			407.99	407.99	16
7	RHC	113.11			336.49	336.49	300
8	RHB	108.63			323.19	323.19	350
9	RHA	101.92			303.22	303.22	82
9 .01	RHX	122.05			363.11		
9 .02	RHL	119.37			355.12		
10	RMC	103.51			307.94	307.94	47
11	RMB	100.82			299.96	299.96	35
12	RMA	99.04			294.64	294.64	19
12 .01	RMX	136.16			405.09	405.09	276
12 .02	RML	125.88			374.48	374.48	175
13	RLB	89.24			265.48		
14	RLA	77.16			229.55		
14 .01	RLX	96.39			286.77		
15	SE3	106.23			316.04	316.04	17
16	SE2	91.03			270.80	270.80	74
17	SE1	81.63			242.85	242.85	4
18	SSC	80.29			238.86	238.86	20
19	SSB	76.27			226.89		
20	SSA	74.92			222.90	222.90	60
21	CC2	79.84			237.53		
22	CC1	73.58			218.91		
23	CB2	70.00			208.26		
24	CB1	66.87			198.94		
25	CA2	66.42			197.61		
26	CA1	62.84			186.96	186.96	24
27	IB2	60.16			178.98		
[illegible]	IB1	59.27			176.32		
[illegible]	IA2	54.79			163.01		
[illegible]	IA1	53.00			157.68		
31	BB2	59.71			177.65		
32	BB1	58.37			173.66		
33	BA2	54.35			161.68		
34	BA1	50.77			151.04		
35	PE2	64.63			192.28		
36	PE1	63.74			189.63		
37	PD2	61.50			182.97		
38	PD1	60.61			180.31		
39	PC2	58.82			174.98		
40	PC1	58.37			173.66		
41	PB2	52.56			156.36		
42	PB1	51.66			153.70		
43	PA2	51.21			152.36		
44	PA1	49.87			148.37		
45	AAA	49.87			148.37		
45 .01	ES3						
45 .02	ES2						
45 .03	ES1						
45 .04	HE2						
45 .05	HE1						
45 .06	HD2						
45 .07	HD1						
45 .08	HC2						
45 .09	HC1						
45 .10	HB2						
45 .11	HB1						
45 .12	LE2						
45 .13	LE1						
45 .14	LD2						
45 .15	LD1						
45 .16	LC2						
45 .17	LC1						
45 .18	LB2						
45 .19	LB1						
45 .20	CE2						
45 .21	CE1						
45 .22	CD2						
[illegible] .23	CD1						
	TOTAL						1,604

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-1319
PERIOD: FROM 10/ 1/2009 TO 9/30/2010
PREPARED 2/23/2011
WORKSHEET S-7
NOT A CMS WORKSHEET
SERVICES THROUGH 12/31/2005

GROUP(1)	M3PI REVENUE CODE	SERVICES BASE RATE	PRIOR TO RATE	OCTOBER 1ST DAYS	SERVICES BASE RATE	ON OR AFTER RATE	OCTOBER 1ST DAYS
1		3a	3	3.01	4a	4	4.01

Worksheet S-2 reference data:

Transition Period	100% Federal
Wage Index Factor (before 10/01)	0.0000
Wage Index Factor (after 10/01)	0.8529
SNF Facility Specific Rate	0.00
Urban/Rural Designation	RURAL
SNF MSA Code	15
SNF CBSA Code	99915

Non-CMS S-7 options selected:
[x] Calculate Total Days from this worksheet.
[x] Transfer total to settlement worksheet.

GROUP(1)	M3PI REVENUE CODE	A I D S DIAGNOSIS CODE 042 SERV PRIOR TO OCT. 1ST RATE	DAYS	SERV ON/AFTEER OCT. 1ST RATE	DAYS	SWING BED SNF DAYS	TOTAL
1	2	4.02	4.03	4.04	4.05	4.06	5
1	RUC	386.48		1,149.78			
2	RUB	357.94		1,064.85			7,473
3	RUA	343.64		1,022.35			
3 .01	RUX	444.62		1,322.74			
3 .02	RUL	397.70		1,183.16			
4	RVC	302.46		899.87			5,526
5	RVB	289.22		860.43			28,304
6	RVA	264.75		787.63			
6 .01	RVX	333.09		990.91			
6 .02	RVL	312.68		930.22			6,528
7	RHC	257.89		767.20			100,947
8	RHB	247.68		736.87			113,117
9	RHA	232.38		691.34			24,864
9 .01	RHX	278.27		827.89			
9 .02	RHL	272.16		809.67			
10	RMC	236.00		702.10			14,473
11	RMB	229.87		683.91			10,499
12	RMA	225.81		671.78			5,598
.01	RMX	310.44		923.61			111,805
2 .02	RML	287.01		853.81			65,534
13	RLB	203.47		605.29			
14	RLA	175.92		523.37			
14 .01	RLX	219.77		653.84			
15	SE3	242.20		720.57			5,373
16	SE2	207.55		617.42			20,039
17	SE1	186.12		553.70			971
18	SSC	183.06		544.60			4,777
19	SSB	173.90		517.31			
20	SSA	170.82		508.21			13,374
21	CC2	182.04		541.57			
22	CC1	167.76		499.11			
23	CB2	159.60		474.83			
24	CB1	152.46		453.58			
25	CA2	151.44		450.55			
26	CA1	143.28		426.27			4,487
27	IB2	137.16		408.07			
28	IB1	135.14		402.01			
29	IA2	124.92		371.66			
30	IA1	120.84		359.51			
31	BB2	136.14		405.04			
32	BB1	133.08		395.94			
33	BA2	123.92		368.63			
34	BA1	115.76		344.37			
35	PE2	147.36		438.40			
36	PE1	145.33		432.36			
37	PD2	140.22		417.17			
38	PD1	138.19		411.11			
39	PC2	134.11		398.95			
40	PC1	133.08		395.94			
41	PB2	119.84		356.50			
42	PB1	117.78		350.44			
43	PA2	116.76		347.38			
44	PA1	113.70		338.28			
45	AAA	113.70		338.28			
45 .01	ES3						
45 .02	ES2						
45 .03	ES1						
5 .04	HE2						
.05	HE1						
5 .06	HD2						
45 .07	HD1						
45 .08	HC2						
45 .09	HC1						
45 .10	HB2						
45 .11	HB1						
45 .12	LE2						
45 .13	LE1						

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-1319 | PERIOD: FROM 10/ 1/2009 TO 9/30/2010 | PREPARED 2/23/2011 | WORKSHEET S-7 | NOT A CMS WORKSHEET
SERVICES THROUGH 12/31/2005

GROUP(1)	M3PI REVENUE CODE 2	A I D S DIAGNOSIS CODE 042 SERV PRIOR TO OCT. 1ST RATE 4.02	DAYS 4.03	SERV ON/AFTEER OCT. 1ST RATE 4.04	DAYS 4.05	SWING BED SNF DAYS 4.06	TOTAL 5
45 .14	LD2						
45 .15	LD1						
45 .16	LC2						
45 .17	LC1						
45 .18	LB2						
45 .19	LB1						
45 .20	CE2						
45 .21	CE1						
45 .22	CD2						
45 .23	CD1						
46	TOTAL						543,689

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

(4) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11,2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

NOTE: The default line code designation has been changed to "AAA".

Worksheet S-2 reference data:

Transition Period	100% Federal
Wage Index Factor (before 10/01)	0.0000
Wage Index Factor (after 10/01)	0.8529
SNF Facility Specific Rate	0.00
Urban/Rural Designation	RURAL
SNF MSA Code	15
SNF CBSA Code	99915

Non-CMS S-7 options selected:
[x] Calculate Total Days from this worksheet.
[x] Transfer total to settlement worksheet.

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO: 15-1319 | PERIOD: FROM 10/ 1/2009 TO 9/30/2010 | PREPARED 2/23/2011 WORKSHEET S-10

	DESCRIPTION	
	UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04	OTHER METHODS OF WRITE-OFFS (SPEC.)	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
1	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
	UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE	59,659
17.01	GROSS MEDICAID REVENUES	3,861,654
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	3,921,313
	UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
4	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.460081
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	3,861,654

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO: 15-1319
PERIOD: FROM 10/ 1/2009 TO 9/30/2010
PREPARED 2/23/2011
WORKSHEET S-10

	DESCRIPTION	
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	1,776,674
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	1,776,674

Health Financial Systems MCRIF32 FOR GIBSON GENERAL HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1996)

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-1319 I PERIOD: FROM 10/ 1/2009 TO 9/30/2010 I PREPARED 2/23/2011 WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		GENERAL SERVICE COST CNTR					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		2,320,365	2,320,365	-868,738	1,451,627
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				1,717,144	1,717,144
5	0500	EMPLOYEE BENEFITS	140,971	-279,179	-138,208	28,867	-109,341
6	0600	ADMINISTRATIVE & GENERAL	1,571,544	2,189,227	3,760,771	-42,809	3,717,962
8	0800	OPERATION OF PLANT	277,246	896,427	1,173,673	-478	1,173,195
9	0900	LAUNDRY & LINEN SERVICE	63,547	77,004	140,551		140,551
10	1000	HOUSEKEEPING	307,069	183,778	490,847		490,847
11	1100	DIETARY	393,863	360,101	753,964	-566,941	187,023
12	1200	CAFETERIA				562,840	562,840
14	1400	NURSING ADMINISTRATION	123,637	28,777	152,414		152,414
17	1700	MEDICAL RECORDS & LIBRARY	213,536	229,822	443,358		443,358
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	1,087,499	469,188	1,556,687	-27,053	1,529,634
26	2600	INTENSIVE CARE UNIT	303,850	94,668	398,518	-7,703	390,815
34	3400	SKILLED NURSING FACILITY	1,104,473	491,273	1,595,746	-2,253	1,593,493
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	381,677	2,054,323	2,436,000	-425,583	2,010,417
41	4100	RADIOLOGY-DIAGNOSTIC	618,107	645,176	1,263,283	-8,976	1,254,307
41.03	3450	NUCLEAR MEDICINE-DIAGNOSTIC		172,272	172,272		172,272
44	4400	LABORATORY	662,213	847,350	1,509,563	-27,736	1,481,827
49	4900	RESPIRATORY THERAPY	323,066	332,023	655,089	-61,381	593,708
50	5000	PHYSICAL THERAPY	697,725	260,035	957,760	-26,302	931,458
51	5100	OCCUPATIONAL THERAPY	253,089	107,447	360,536		360,536
52	5200	SPEECH PATHOLOGY	60,754	38,259	99,013		99,013
53	5300	ELECTROCARDIOLOGY					
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				501,257	501,257
56	5600	DRUGS CHARGED TO PATIENTS	237,797	476,201	713,998	-46,440	667,558
59	3550	GERI PSYCH	147,636	201,411	349,047	-5,488	343,559
59.01	3020	DIABETES	74,303	25,133	99,436		99,436
59.02	3021	OP PSYCH	48,020	78,298	126,318		126,318
		OUTPAT SERVICE COST CNTRS					
61	6100	EMERGENCY	738,555	499,895	1,238,450	-23,154	1,215,296
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950	CARDIAC REHAB					
		OTHER REIMBURS COST CNTRS					
71	7100	HOME HEALTH AGENCY	255,960	131,360	387,320	-1,310	386,010
		SPEC PURPOSE COST CENTERS					
	8800	INTEREST EXPENSE		488,124	488,124	-488,124	
		SUBTOTALS	10,086,137	13,418,758	23,504,895	179,639	23,684,534
		NONREIMBURS COST CENTERS					
100	7950	OTHER NONREIMBURSABLE COST CENTERS	3,103,199	2,229,936	5,333,135	-179,639	5,153,496
101		TOTAL	13,189,336	15,648,694	28,838,030	-0-	28,838,030

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-1319 I PERIOD: I FROM 10/ 1/2009 I TO 9/30/2010 I PREPARED 2/23/2011 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
		GENERAL SERVICE COST CNTR		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	120	1,451,747
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	-34,418	1,682,726
5	0500	EMPLOYEE BENEFITS		-109,341
6	0600	ADMINISTRATIVE & GENERAL	-304,241	3,413,721
8	0800	OPERATION OF PLANT	-9,254	1,163,941
9	0900	LAUNDRY & LINEN SERVICE		140,551
10	1000	HOUSEKEEPING		490,847
11	1100	DIETARY		187,023
12	1200	CAFETERIA	-165,159	397,681
14	1400	NURSING ADMINISTRATION		152,414
17	1700	MEDICAL RECORDS & LIBRARY	-10,389	432,969
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS		1,529,634
26	2600	INTENSIVE CARE UNIT		390,815
34	3400	SKILLED NURSING FACILITY		1,593,493
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM	-461,011	1,549,406
41	4100	RADIOLOGY-DIAGNOSTIC		1,254,307
41.03	3450	NUCLEAR MEDICINE-DIAGNOSTIC		172,272
44	4400	LABORATORY		1,481,827
49	4900	RESPIRATORY THERAPY	-22,100	571,608
50	5000	PHYSICAL THERAPY		931,458
51	5100	OCCUPATIONAL THERAPY		360,536
52	5200	SPEECH PATHOLOGY		99,013
53	5300	ELECTROCARDIOLOGY		
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		501,257
56	5600	DRUGS CHARGED TO PATIENTS		667,558
59	3550	GERI PSYCH		343,559
59.01	3020	DIABETES		99,436
59.02	3021	OP PSYCH	-64,088	62,230
		OUTPAT SERVICE COST CNTRS		
61	6100	EMERGENCY		1,215,296
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950	CARDIAC REHAB		
		OTHER REIMBURS COST CNTRS		
71	7100	HOME HEALTH AGENCY		386,010
		SPEC PURPOSE COST CENTERS		
	8800	INTEREST EXPENSE		-0-
		SUBTOTALS	-1,070,540	22,613,994
		NONREIMBURS COST CENTERS		
100	7950	OTHER NONREIMBURSABLE COST CENTERS		5,153,496
101		TOTAL	-1,070,540	27,767,490

COST CENTERS USED IN COST REPORT

I PROVIDER NO: 15-1319 I PERIOD: I FROM 10/ 1/2009 I TO 9/30/2010 I PREPARED 2/23/2011 I NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.03	NUCLEAR MEDICINE-DIAGNOSTIC	3450	NUCLEAR MEDICINE-DIAGNOSTIC
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	GERI PSYCH	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.01	DIABETES	3020	ACUPUNCTURE
59.02	OP PSYCH	3021	ACUPUNCTURE
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	CARDIAC REHAB	4950	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 2	LINE NO 3	INCREASE SALARY 4	INCREASE OTHER 5
1	INSURANCE	A	NEW CAP REL COSTS-MVBLE EQUIP	4		22,761
2	DEPRECIATION	B	NEW CAP REL COSTS-MVBLE EQUIP	4		842,078
3	CAFETERIA	D	CAFETERIA	12	294,022	268,818
4	MED SUPPLY	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		501,257
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16	RENTAL	F	NEW CAP REL COSTS-MVBLE EQUIP	4		360,342
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33	BUSINESS HEALTH	H	EMPLOYEE BENEFITS	5	16,253	12,614
34	INTEREST	I				
35			NEW CAP REL COSTS-MVBLE EQUIP	4		489,774
	INTEREST	I	ADMINISTRATIVE & GENERAL	6		60
2	PROPERTY TAX	J	NEW CAP REL COSTS-MVBLE EQUIP	4		2,189
3	QUALITY SERVICES	K	ADMINISTRATIVE & GENERAL	6	3,680	1,142
36	TOTAL RECLASSIFICATIONS				313,955	2,501,035

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	INSURANCE	A	NEW CAP REL COSTS-BLDG & FIXT	3		22,761	11
2	DEPRECIATION	B	NEW CAP REL COSTS-BLDG & FIXT	3		842,078	9
3	CAFETERIA	D	DIETARY	11	294,022	268,818	
4	MED SUPPLY	E	ADULTS & PEDIATRICS	25		4,575	
5			INTENSIVE CARE UNIT	26		1,400	
6			SKILLED NURSING FACILITY	34		1,264	
7			OPERATING ROOM	37		402,694	
8			RADIOLOGY-DIAGNOSTIC	41		805	
9			LABORATORY	44		1,988	
10			RESPIRATORY THERAPY	49		10,693	
11			PHYSICAL THERAPY	50		4,162	
12			DRUGS CHARGED TO PATIENTS	56		2,256	
13			EMERGENCY	61		11,574	
14			HOME HEALTH AGENCY	71		656	
15			OTHER NONREIMBURSABLE COST CENTERS	100		59,190	
16	RENTAL	F					11
17			ADMINISTRATIVE & GENERAL	6		47,691	
18			OPERATION OF PLANT	8		478	
19			DIETARY	11		4,101	
20			ADULTS & PEDIATRICS	25		17,656	
21			INTENSIVE CARE UNIT	26		6,303	
22			SKILLED NURSING FACILITY	34		989	
23			OPERATING ROOM	37		22,889	
24			RADIOLOGY-DIAGNOSTIC	41		8,171	
25			LABORATORY	44		25,748	
26			RESPIRATORY THERAPY	49		50,688	
27			PHYSICAL THERAPY	50		22,140	
28			DRUGS CHARGED TO PATIENTS	56		44,184	
29			GERI PSYCH	59		5,488	
30			EMERGENCY	61		11,580	
31			HOME HEALTH AGENCY	71		654	
32			OTHER NONREIMBURSABLE COST CENTERS	100		91,582	
33	BUSINESS HEALTH	H	OTHER NONREIMBURSABLE COST CENTERS	100	16,253	12,614	
34	INTEREST	I	INTEREST EXPENSE	88		488,124	10
35			NEW CAP REL COSTS-BLDG & FIXT	3		1,710	10
	INTEREST	I					
2	PROPERTY TAX	J	NEW CAP REL COSTS-BLDG & FIXT	3		2,189	11
3	QUALITY SERVICES	K	ADULTS & PEDIATRICS	25	3,680	1,142	
36	TOTAL RECLASSIFICATIONS				313,955	2,501,035	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASS CODE: A
EXPLANATION : INSURANCE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	22,761	NEW CAP REL COSTS-BLDG & FIXT	3	22,761
TOTAL RECLASSIFICATIONS FOR CODE A			22,761			22,761

RECLASS CODE: B
EXPLANATION : DEPRECIATION

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	842,078	NEW CAP REL COSTS-BLDG & FIXT	3	842,078
TOTAL RECLASSIFICATIONS FOR CODE B			842,078			842,078

RECLASS CODE: D
EXPLANATION : CAFETERIA

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	562,840	DIETARY	11	562,840
TOTAL RECLASSIFICATIONS FOR CODE D			562,840			562,840

RECLASS CODE: E
EXPLANATION : MED SUPPLY

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	501,257	ADULTS & PEDIATRICS	25	4,575
2.00			0	INTENSIVE CARE UNIT	26	1,400
3.00			0	SKILLED NURSING FACILITY	34	1,264
4.00			0	OPERATING ROOM	37	402,694
5.00			0	RADIOLOGY-DIAGNOSTIC	41	805
9.00			0	LABORATORY	44	1,988
10.00			0	RESPIRATORY THERAPY	49	10,693
11.00			0	PHYSICAL THERAPY	50	4,162
15.00			0	DRUGS CHARGED TO PATIENTS	56	2,256
16.00			0	EMERGENCY	61	11,574
18.00			0	HOME HEALTH AGENCY	71	656
19.00			0	OTHER NONREIMBURSABLE COST CEN	100	59,190
TOTAL RECLASSIFICATIONS FOR CODE E			501,257			501,257

RECLASS CODE: F
EXPLANATION : RENTAL

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	360,342			0
2.00			0	ADMINISTRATIVE & GENERAL	6	47,691
3.00			0	OPERATION OF PLANT	8	478
5.00			0	DIETARY	11	4,101
8.00			0	ADULTS & PEDIATRICS	25	17,656
9.00			0	INTENSIVE CARE UNIT	26	6,303
10.00			0	SKILLED NURSING FACILITY	34	989
11.00			0	OPERATING ROOM	37	22,889
12.00			0	RADIOLOGY-DIAGNOSTIC	41	8,171
13.00			0	LABORATORY	44	25,748
14.00			0	RESPIRATORY THERAPY	49	50,688
15.00			0	PHYSICAL THERAPY	50	22,140
19.00			0	DRUGS CHARGED TO PATIENTS	56	44,184
20.00			0	GERI PSYCH	59	5,488
21.00			0	EMERGENCY	61	11,580
23.00			0	HOME HEALTH AGENCY	71	654
24.00			0	OTHER NONREIMBURSABLE COST CEN	100	91,582
TOTAL RECLASSIFICATIONS FOR CODE F			360,342			360,342

RECLASS CODE: H
EXPLANATION : BUSINESS HEALTH

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	28,867	OTHER NONREIMBURSABLE COST CEN	100	28,867
TOTAL RECLASSIFICATIONS FOR CODE H			28,867			28,867

RECLASS CODE: I
EXPLANATION : INTEREST

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00			0	INTEREST EXPENSE	88	488,124

RECLASS CODE: I
EXPLANATION : INTEREST

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	489,774	NEW CAP REL COSTS-BLDG & FIXT	3	1,710
3.00	ADMINISTRATIVE & GENERAL	6	60			0
TOTAL RECLASSIFICATIONS FOR CODE I			489,834			489,834

RECLASS CODE: J
EXPLANATION : PROPERTY TAX

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	2,189	NEW CAP REL COSTS-BLDG & FIXT	3	2,189
TOTAL RECLASSIFICATIONS FOR CODE J			2,189			2,189

RECLASS CODE: K
EXPLANATION : QUALITY SERVICES

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	4,822	ADULTS & PEDIATRICS	25	4,822
TOTAL RECLASSIFICATIONS FOR CODE K			4,822			4,822

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS PURCHASES 2	DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS PURCHASES 2	DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	421,244					421,244	
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE	17,443,157	649,233		649,233		18,092,390	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	12,072,748	332,307		332,307		12,405,055	
7	SUBTOTAL	29,937,149	981,540		981,540		30,918,689	
8	RECONCILING ITEMS							
9	TOTAL	29,937,149	981,540		981,540		30,918,689	

III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
		GROSS ASSETS	CAPITLIZED GROSS ASSETS LEASES	FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	13,423,732		13,423,732	.579740				
4	NEW CAP REL COSTS-MV	9,730,997		9,730,997	.420260				
5	TOTAL	23,154,729		23,154,729	1.000000				

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,478,287	-1,710	-24,830				1,451,747
4	NEW CAP REL COSTS-MV	842,078	489,774	350,874				1,682,726
5	TOTAL	2,320,365	488,064	326,044				3,134,473

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	2,320,365						2,320,365
4	NEW CAP REL COSTS-MV							
5	TOTAL	2,320,365						2,320,365

* All lines numbers except line 5 are to be consistent with Workhseet A line numbers for capital cost centers.
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on Worksheet A, column 7, lines 1 thru 4.
Columns 9 through 14 should include related Worksheet A-6 reclassifications and Worksheet A-8 adjustments. (See instructions).

Health Financial Systems MCRIF32 FOR GIBSON GENERAL HOSPITAL IN LIEU OF FORM CMS-2552-96(05/1999)

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: 15-1319 I PERIOD: I FROM 10/ 1/2009 I TO 9/30/2010 I PREPARED 2/23/2011 I WORKSHEET A-8

	DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
1	INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3	INVST INCOME-NEW BLDGS AND FIXTURES	B	120	NEW CAP REL COSTS-BLDG &	3	11
4	INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-34,418	NEW CAP REL COSTS-MVBLE E	4	11
5	INVESTMENT INCOME-OTHER					
6	TRADE, QUANTITY AND TIME DISCOUNTS					
7	REFUNDS AND REBATES OF EXPENSES					
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9	TELEPHONE SERVICES	A	-9,254	OPERATION OF PLANT	8	
10	TELEVISION AND RADIO SERVICE					
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-547,199			
13	SALE OF SCRAP, WASTE, ETC.					
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15	LAUNDRY AND LINEN SERVICE					
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-165,159	CAFETERIA	12	
17	RENTAL OF QTRS TO EMPLYEE AND OTHRS	B	-600	ADMINISTRATIVE & GENERAL	6	
18	SALE OF MED AND SURG SUPPLIES					
19	SALE OF DRUGS TO OTHER THAN PATIENTS					
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-10,389	MEDICAL RECORDS & LIBRARY	17	
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22	VENDING MACHINES					
23	INCOME FROM IMPOSITION OF INTEREST					
24	INTRST EXP ON MEDICARE OVERPAYMENTS					
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28	UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30	DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33	NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34	PHYSICIANS' ASSISTANT					
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
	ADJUSTMENT FOR OCCUPATIONAL THERAPY					
.01	ADJUSTMENT FOR SPEECH PATHOLOGY					
37.02	MISCELLANEOUS INCOME	B	-47,654	ADMINISTRATIVE & GENERAL	6	
37.03	PHYSICIAN RECRUITING	A	-39,082	ADMINISTRATIVE & GENERAL	6	
37.04						
38	ADVERTISING	A	-216,905	ADMINISTRATIVE & GENERAL	6	
39	OTHER ADJUSTMENTS (SPECIFY)					
40	OTHER ADJUSTMENTS (SPECIFY)					
41	OTHER ADJUSTMENTS (SPECIFY)					
42	OTHER ADJUSTMENTS (SPECIFY)					
43	OTHER ADJUSTMENTS (SPECIFY)					
44	OTHER ADJUSTMENTS (SPECIFY)					
45	OTHER ADJUSTMENTS (SPECIFY)					
46	OTHER ADJUSTMENTS (SPECIFY)					
47	OTHER ADJUSTMENTS (SPECIFY)					
48	OTHER ADJUSTMENTS (SPECIFY)					
49	OTHER ADJUSTMENTS (SPECIFY)					
50	TOTAL (SUM OF LINES 1 THRU 49)		-1,070,540			

(1) Description - all chapter references in this columnpertain to CMS Pub. 15-I.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7

Health Financial Systems MCRIF32 FOR GIBSON GENERAL HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1996)

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: 15-1319 I PERIOD: I FROM 10/ 1/2009 I TO 9/30/2010 I PREPARED 2/23/2011 I WORKSHEET A-8-2 I GROUP 1

	WKSHT A LINE NO. 1		COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN-ERATION 3	PROFES-SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	37		SURGERY	461,011	461,011					
2	49		RT	72,800	22,100	50,700				
3										
4			0							
5	59		GERI PSYCH	36,769		36,769				
6	59	2	OP PSYCH	64,088	64,088					
7	61		ER	124,908		124,908				
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
101			TOTAL	759,576	547,199	212,377				

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: 15-1319 I PERIOD: I FROM 10/ 1/2009 I TO 9/30/2010 I PREPARED 2/23/2011 I WORKSHEET A-8-2 I GROUP 1

	WKSHT A LINE NO. 10		COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DIS-ALLOWANCE 17	ADJUSTMENT 18
1	37		SURGERY							461,011
2	49		RT							22,100
3										
4			0							
5	59		GERI PSYCH							
6	59	2	OP PSYCH							64,088
7	61		ER							
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
101			TOTAL							547,199

Health Financial Systems MCRIF32 FOR GIBSON GENERAL HOSPITAL IN LIEU OF FORM CMS-2552-96(7/2009)

COST ALLOCATION STATISTICS

I PROVIDER NO: 15-1319 I PERIOD: I FROM 10/ 1/2009 I TO 9/30/2010 I PREPARED 2/23/2011 I NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE FEET	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	FTE'S	ENTERED
14	NURSING ADMINISTRATION	13	NRSE FTE'S	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-1319 | PERIOD: FROM 10/ 1/2009 TO 9/30/2010 | PREPARED 2/23/2011 | WORKSHEET B PART I

	COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
		0	3	4	5	5a.00	6	8
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &	1,451,747	1,451,747					
004	NEW CAP REL COSTS-MVBLE E	1,682,726		1,682,726				
005	EMPLOYEE BENEFITS	-109,341	9,478	10,986	-88,877			
006	ADMINISTRATIVE & GENERAL	3,413,721	105,501	122,287		3,641,509	3,641,509	
008	OPERATION OF PLANT	1,163,941	196,405	227,655		1,588,001	238,808	1,826,809
009	LAUNDRY & LINEN SERVICE	140,551	26,722	30,974		198,247	29,813	42,808
010	HOUSEKEEPING	490,847	14,257	16,526		521,630	78,444	22,840
011	DIETARY	187,023	71,287	82,629		340,939	51,271	114,198
012	CAFETERIA	397,681				397,681	59,804	
014	NURSING ADMINISTRATION	152,414	4,586	5,315		162,315	24,409	7,346
017	MEDICAL RECORDS & LIBRARY	432,969	25,382	29,421		487,772	73,353	40,661
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	1,529,634	149,000	172,706		1,851,340	278,410	238,690
026	INTENSIVE CARE UNIT	390,815	33,052	38,311		462,178	69,504	52,948
034	SKILLED NURSING FACILITY	1,593,493	145,851	169,057		1,908,401	286,991	233,647
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	1,549,406	83,461	96,740		1,729,607	260,103	133,701
041	RADIOLOGY-DIAGNOSTIC	1,254,307	54,301	62,940		1,371,548	206,258	86,987
041 03	NUCLEAR MEDICINE-DIAGNOST	172,272	6,782	7,860		186,914	28,109	10,864
044	LABORATORY	1,481,827	31,486	36,495		1,549,808	233,065	50,439
049	RESPIRATORY THERAPY	571,608	21,120	24,480		617,208	92,818	33,833
050	PHYSICAL THERAPY	931,458	51,604	59,815		1,042,877	156,831	82,668
051	OCCUPATIONAL THERAPY	360,536	13,192	15,291		389,019	58,502	21,132
052	SPEECH PATHOLOGY	99,013	1,001	1,160		101,174	15,215	1,604
053	ELECTROCARDIOLOGY							
055	MEDICAL SUPPLIES CHARGED	501,257	57,950	67,170		626,377	94,196	92,833
056	DRUGS CHARGED TO PATIENTS	667,558	18,262	21,167		706,987	106,319	29,254
059	GERI PSYCH	343,559	34,715	40,238		418,512	62,937	55,612
059 01	DIABETES	99,436	22,573	26,164		148,173	22,283	36,161
059 02	OP PSYCH	62,230	3,245	3,762		69,237	10,412	5,199
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	1,215,296	143,381	166,193		1,524,870	229,315	229,690
062	OBSERVATION BEDS (NON-DIS							
063	CARDIAC REHAB							
	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY	386,010	6,991	8,104		401,105	60,319	11,200
	SPEC PURPOSE COST CENTERS							
	SUBTOTALS	22,613,994	1,331,585	1,543,446		22,443,429	2,827,489	1,634,315
	NONREIMBURS COST CENTERS							
100	OTHER NONREIMBURSABLE COS	5,153,496	120,162	139,280		5,412,938	814,020	192,494
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER				-88,877	-88,877		
103	TOTAL	27,767,490	1,451,747	1,682,726		27,767,490	3,641,509	1,826,809

	COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	MEDICAL RECOR DS & LIBRARY	SUBTOTAL
		9	10	11	12	14	17	25
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE	270,868						
010	HOUSEKEEPING	11,954	634,868					
011	DIETARY	3,814	41,166	551,388				
012	CAFETERIA				457,485			
014	NURSING ADMINISTRATION		2,648		2,759	199,477		
017	MEDICAL RECORDS & LIBRARY		14,658		20,588		637,032	
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	91,391	86,045	182,679	71,821	66,953	203,469	3,070,798
026	INTENSIVE CARE UNIT	1,235	19,087		14,795	13,792	7,606	641,145
034	SKILLED NURSING FACILITY	85,185	84,226	368,709	82,791	77,182	5,705	3,132,837
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	17,714	48,197		15,268		64,654	2,269,244
041	RADIOLOGY-DIAGNOSTIC	13,350	31,357		35,920		87,473	1,832,893
041 03	NUCLEAR MEDICINE-DIAGNOST		3,916					229,803
044	LABORATORY		18,182		40,777		38,032	1,930,303
049	RESPIRATORY THERAPY	4,678	12,196		55,227		26,622	842,582
050	PHYSICAL THERAPY	20,224	29,800		34,628		11,410	1,378,438
051	OCCUPATIONAL THERAPY		7,618		11,613			487,884
052	SPEECH PATHOLOGY		578		2,346			120,917
053	ELECTROCARDIOLOGY							
055	MEDICAL SUPPLIES CHARGED		33,465		2,506			849,377
056	DRUGS CHARGED TO PATIENTS		10,546		9,726			862,832
059	GERI PSYCH		20,047		2,759		1,902	561,769
059 01	DIABETES		13,035		3,966	3,697		227,315
059 02	OP PSYCH		1,874		9,390			96,112
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	21,323	82,799		40,605	37,853	186,356	2,352,811
062	OBSERVATION BEDS (NON-DIS							
063	CARDIAC REHAB							
	OTHER REIMBURS COST CNTRS							
71	HOME HEALTH AGENCY		4,037					476,661
	SPEC PURPOSE COST CENTERS							
3	SUBTOTALS	270,868	565,477	551,388	457,485	199,477	633,229	21,363,721
	NONREIMBURS COST CENTERS							
100	OTHER NONREIMBURSABLE COS		69,391				3,803	6,492,646
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							-88,877
103	TOTAL	270,868	634,868	551,388	457,485	199,477	637,032	27,767,490

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-1319
PERIOD: FROM 10/ 1/2009 TO 9/30/2010

PREPARED 2/23/2011
WORKSHEET C
PART II

T A NO.		COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
			7	8	9
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	4,993,846	.454408	.454408
41		RADIOLOGY-DIAGNOSTIC	9,804,899	.186936	.186936
41	03	NUCLEAR MEDICINE-DIAGNOST	315,814	.727653	.727653
44		LABORATORY	7,074,596	.272850	.272850
49		RESPIRATORY THERAPY	2,011,317	.418921	.418921
50		PHYSICAL THERAPY	3,684,841	.374083	.374083
51		OCCUPATIONAL THERAPY	1,478,876	.329902	.329902
52		SPEECH PATHOLOGY	331,592	.364656	.364656
53		ELECTROCARDIOLOGY			
55		MEDICAL SUPPLIES CHARGED	1,993,074	.426164	.426164
56		DRUGS CHARGED TO PATIENTS	2,307,664	.373898	.373898
59		GERI PSYCH	271,993	2.065380	2.065380
59	01	DIABETES	30,088	7.555005	7.555005
59	02	OP PSYCH			
		OUTPAT SERVICE COST CNTRS			
61		EMERGENCY	6,365,781	.369603	.369603
62		OBSERVATION BEDS (NON-DIS	332,042	1.385900	1.385900
63		CARDIAC REHAB			
		OTHER REIMBURS COST CNTRS			
101		SUBTOTAL	40,996,423		
102		LESS OBSERVATION BEDS	332,042		
103		TOTAL	40,664,381		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

PROVIDER NO: 15-1319
PERIOD: FROM 10/ 1/2009 TO 9/30/2010
PREPARED 2/23/2011
WORKSHEET C
PART III

A NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27	TOTAL ANCILLARY CHARGES	TOTAL INP ANCILLARY CHARGES	CHARGE TO CHARGE RATIO	TOTAL INPATIENT COST
		1	2	3	4	5
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,930,853	6,345,953			
41	RADIOLOGY-DIAGNOSTIC	1,784,324	10,498,849			
41 03	NUCLEAR MEDICINE-DIAGNOST	306,971	429,730			
44	LABORATORY	1,759,664	6,952,019			
49	RESPIRATORY THERAPY	633,000	866,976			
50	PHYSICAL THERAPY	1,221,689	3,403,937			
51	OCCUPATIONAL THERAPY	438,820	1,263,474			
52	SPEECH PATHOLOGY	197,797	517,797			
53	ELECTROCARDIOLOGY	168,181	792,787			
55	MEDICAL SUPPLIES CHARGED	712,116	1,666,001			
56	DRUGS CHARGED TO PATIENTS	942,644	2,548,970			
59	GERI PSYCH	547,572	163,908			
59 01	DIABETES	284,413	38,696			
59 02	OP PSYCH	68,242	110,432			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	1,686,686	3,513,522			
62	OBSERVATION BEDS (NON-DIS	538,381	380,900			
63	CARDIAC REHAB	33,267	304,367			
	OTHER REIMBURS COST CNTRS					
101	TOTAL	14,254,620	39,798,318			

COMPUTATION OF OUTPATIENT COST PER VISIT - RURAL PRIMARY CARE HOSPITAL

PROVIDER NO: 15-1319 | PERIOD: FROM 10/ 1/2009 TO 9/30/2010 | PREPARED 2/23/2011 | WORKSHEET C PART V

A NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT-PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT-PATIENT COSTS 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM	2,930,853	717,246	3,648,099	6,345,953			
41	RADIOLOGY-DIAGNOSTIC	1,784,324		1,784,324	10,498,849			
41 03	NUCLEAR MEDICINE-DIAGNOST	306,971		306,971	429,730			
44	LABORATORY	1,759,664		1,759,664	6,952,019			
49	RESPIRATORY THERAPY	633,000	17,572	650,572	866,976			
50	PHYSICAL THERAPY	1,221,689		1,221,689	3,403,937			
51	OCCUPATIONAL THERAPY	438,820		438,820	1,263,474			
52	SPEECH PATHOLOGY	197,797		197,797	517,797			
53	ELECTROCARDIOLOGY	168,181		168,181	792,787			
55	MEDICAL SUPPLIES CHARGED	712,116		712,116	1,666,001			
56	DRUGS CHARGED TO PATIENTS	942,644		942,644	2,548,970			
59	GERI PSYCH	547,572		547,572	163,908			
59 01	DIABETES	284,413		284,413	38,696			
59 02	OP PSYCH	68,242	41,247	109,489	110,432			
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	1,686,686		1,686,686	3,513,522			
62	OBSERVATION BEDS (NON-DIS	538,381		538,381	380,900			
63	CARDIAC REHAB	33,267		33,267	304,367			
	OTHER REIMBURS COST CNTRS							
101	TOTAL	14,254,620	776,065	15,030,685	39,798,318			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-1319 | PERIOD: FROM 10/ 1/2009 TO 9/30/2010 | PREPARED 2/23/2011

COMPONENT NO: 15-1319 | WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

	Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
		1	1.01	1.02	2	3
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.454408		.454408		
41	RADIOLOGY-DIAGNOSTIC	.186936		.186936		
41 03	NUCLEAR MEDICINE-DIAGNOSTIC	.727653		.727653		
44	LABORATORY	.272850		.272850		
49	RESPIRATORY THERAPY	.418921		.418921		
50	PHYSICAL THERAPY	.374083		.374083		
51	OCCUPATIONAL THERAPY	.329902		.329902		
52	SPEECH PATHOLOGY	.364656		.364656		
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.426164		.426164		
56	DRUGS CHARGED TO PATIENTS	.373898		.373898		
59	GERI PSYCH	2.065380		2.065380		
59 01	DIABETES	7.555005		7.555005		
59 02	OP PSYCH					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	.369603		.369603		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.385900		1.385900		
63	CARDIAC REHAB					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES					

(A) WORKSHEET A LINE NUMBERS
(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-1319 | PERIOD: FROM 10/ 1/2009 TO 9/30/2010 | PREPARED 2/23/2011
COMPONENT NO: 15-1319 | WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

	Cost Center Description	Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radialogy	Other Outpatient Diagnostic
		4	5	6	7	8
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		835,563			
41	RADIOLOGY-DIAGNOSTIC		2,494,063			
41 03	NUCLEAR MEDICINE-DIAGNOSTIC		93,871			
44	LABORATORY		1,958,420			
49	RESPIRATORY THERAPY		404,113			
50	PHYSICAL THERAPY		1,057,667			
51	OCCUPATIONAL THERAPY		208,743			
52	SPEECH PATHOLOGY		43,566			
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		134,114			
56	DRUGS CHARGED TO PATIENTS		361,794			
59	GERI PSYCH		269,117			
59 01	DIABETES		7,068			
59 02	OP PSYCH					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY		1,299,552			
62	OBSERVATION BEDS (NON-DISTINCT PART)		116,124			
63	CARDIAC REHAB					
101	SUBTOTAL		9,283,775			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES		9,283,775			

(A) WORKSHEET A LINE NUMBERS
(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-1319 | PERIOD: FROM 10/ 1/2009 TO 9/30/2010 | PREPARED 2/23/2011
COMPONENT NO: 15-1319 | WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

			All Other	Hospital I/P Part B Charges	Hospital I/P Part B Costs
		Cost Center Description	9	10	11
(A)		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	379,687		
41		RADIOLOGY-DIAGNOSTIC	466,230		
41	03	NUCLEAR MEDICINE-DIAGNOSTIC	68,306		
44		LABORATORY	534,355		
49		RESPIRATORY THERAPY	169,291		
50		PHYSICAL THERAPY	395,655		
51		OCCUPATIONAL THERAPY	68,865		
52		SPEECH PATHOLOGY	15,887		
53		ELECTROCARDIOLOGY			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	57,155		
56		DRUGS CHARGED TO PATIENTS	135,274		
59		GERI PSYCH	555,829		
59	01	DIABETES	53,399		
59	02	OP PSYCH			
		OUTPAT SERVICE COST CNTRS			
61		EMERGENCY	480,318		
62		OBSERVATION BEDS (NON-DISTINCT PART)	160,936		
63		CARDIAC REHAB			
101		SUBTOTAL	3,541,187		
102		CRNA CHARGES			
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104		NET CHARGES	3,541,187		

(A) WORKSHEET A LINE NUMBERS
(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED 2/23/2011
15-1319	FROM 10/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 9/30/2010	PART VI
15-1319		

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

		1
1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	.373898
2	PROGRAM VACCINE CHARGES	26
3	PROGRAM COSTS	10

Health Financial Systems MCRIF32 FOR GIBSON GENERAL HOSPITAL IN LIEU OF FORM CMS-2552-96(09/1996)

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-1319 | PERIOD: FROM 10/ 1/2009 TO 9/30/2010 | PREPARED 2/23/2011

COMPONENT NO: 15-5093 | WORKSHEET D PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

A NO.		COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
41		RADIOLOGY-DIAGNOSTIC						
41	03	NUCLEAR MEDICINE-DIAGNOST						
44		LABORATORY						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
59		GERI PSYCH						
59	01	DIABETES						
59	02	OP PSYCH						
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
63		CARDIAC REHAB						
		OTHER REIMBURS COST CNTRS						
101		TOTAL						

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-1319 | PERIOD: FROM 10/ 1/2009 TO 9/30/2010 | PREPARED 2/23/2011 | WORKSHEET B PART I

	COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
	GENERAL SERVICE COST CNTR		
003	NEW CAP REL COSTS-BLDG &		
004	NEW CAP REL COSTS-MVBLE E		
005	EMPLOYEE BENEFITS		
006	ADMINISTRATIVE & GENERAL		
008	OPERATION OF PLANT		
009	LAUNDRY & LINEN SERVICE		
010	HOUSEKEEPING		
011	DIETARY		
012	CAFETERIA		
014	NURSING ADMINISTRATION		
017	MEDICAL RECORDS & LIBRARY		
	INPAT ROUTINE SRVC CNTRS		
025	ADULTS & PEDIATRICS		3,070,798
026	INTENSIVE CARE UNIT		641,145
034	SKILLED NURSING FACILITY		3,132,837
	ANCILLARY SRVC COST CNTRS		
037	OPERATING ROOM		2,269,244
041	RADIOLOGY-DIAGNOSTIC		1,832,893
041 03	NUCLEAR MEDICINE-DIAGNOST		229,803
044	LABORATORY		1,930,303
049	RESPIRATORY THERAPY		842,582
050	PHYSICAL THERAPY		1,378,438
051	OCCUPATIONAL THERAPY		487,884
052	SPEECH PATHOLOGY		120,917
053	ELECTROCARDIOLOGY		
055	MEDICAL SUPPLIES CHARGED		849,377
056	DRUGS CHARGED TO PATIENTS		862,832
059	GERI PSYCH		561,769
059 01	DIABETES		227,315
059 02	OP PSYCH		96,112
	OUTPAT SERVICE COST CNTRS		
061	EMERGENCY		2,352,811
062	OBSERVATION BEDS (NON-DIS		
063	CARDIAC REHAB		
	OTHER REIMBURS COST CNTRS		
071	HOME HEALTH AGENCY		476,661
	SPEC PURPOSE COST CENTERS		
	SUBTOTALS		21,363,721
	NONREIMBURS COST CENTERS		
100	OTHER NONREIMBURSABLE COS		6,492,646
101	CROSS FOOT ADJUSTMENT		
102	NEGATIVE COST CENTER		-88,877
103	TOTAL		27,767,490

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-1319 | PERIOD: FROM 10/ 1/2009 TO 9/30/2010 | PREPARED 2/23/2011 | WORKSHEET B PART III

	COST CENTER DESCRIPTION	DIR ASSGNED NEW CAPITAL REL COSTS	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
		0	3	4	4a	5	6	8
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS		9,478	10,986	20,464	20,464		
006	ADMINISTRATIVE & GENERAL		105,501	122,287	227,788		227,788	
008	OPERATION OF PLANT		196,405	227,655	424,060		14,938	438,998
009	LAUNDRY & LINEN SERVICE		26,722	30,974	57,696		1,865	10,287
010	HOUSEKEEPING		14,257	16,526	30,783		4,907	5,489
011	DIETARY		71,287	82,629	153,916		3,207	27,443
012	CAFETERIA						3,741	
014	NURSING ADMINISTRATION		4,586	5,315	9,901		1,527	1,765
017	MEDICAL RECORDS & LIBRARY		25,382	29,421	54,803		4,588	9,771
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		149,000	172,706	321,706		17,416	57,360
026	INTENSIVE CARE UNIT		33,052	38,311	71,363		4,348	12,724
034	SKILLED NURSING FACILITY		145,851	169,057	314,908		17,952	56,147
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		83,461	96,740	180,201		16,270	32,130
041	RADIOLOGY-DIAGNOSTIC		54,301	62,940	117,241		12,902	20,904
041 03	NUCLEAR MEDICINE-DIAGNOST		6,782	7,860	14,642		1,758	2,611
044	LABORATORY		31,486	36,495	67,981		14,579	12,121
049	RESPIRATORY THERAPY		21,120	24,480	45,600		5,806	8,130
050	PHYSICAL THERAPY		51,604	59,815	111,419		9,810	19,866
051	OCCUPATIONAL THERAPY		13,192	15,291	28,483		3,660	5,078
052	SPEECH PATHOLOGY		1,001	1,160	2,161		952	385
053	ELECTROCARDIOLOGY							
055	MEDICAL SUPPLIES CHARGED		57,950	67,170	125,120		5,892	22,309
056	DRUGS CHARGED TO PATIENTS		18,262	21,167	39,429		6,651	7,030
059	GERI PSYCH		34,715	40,238	74,953		3,937	13,364
059 01	DIABETES		22,573	26,164	48,737		1,394	8,690
059 02	OP PSYCH		3,245	3,762	7,007		651	1,249
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY		143,381	166,193	309,574		14,344	55,196
062	OBSERVATION BEDS (NON-DIS							
063	CARDIAC REHAB							
	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY		6,991	8,104	15,095		3,773	2,691
	SPEC PURPOSE COST CENTERS							
	SUBTOTALS		1,331,585	1,543,446	2,875,031		176,868	392,740
	NONREIMBURS COST CENTERS							
100	OTHER NONREIMBURSABLE COS		120,162	139,280	259,442		50,920	46,258
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER					20,464		
103	TOTAL		1,451,747	1,682,726	3,134,473	20,464	227,788	438,998

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SUBTOTAL
		9	10	11	12	14	17	25
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE	69,848						
010	HOUSEKEEPING	3,082	44,261					
011	DIETARY	983	2,870	188,419				
012	CAFETERIA				3,741			
014	NURSING ADMINISTRATION		185		23	13,401		
017	MEDICAL RECORDS & LIBRARY		1,022		168		70,352	
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	23,568	5,998	62,424	587	4,498	22,471	516,028
026	INTENSIVE CARE UNIT	318	1,331		121	927	840	91,972
034	SKILLED NURSING FACILITY	21,967	5,872	125,995	677	5,185	630	549,333
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	4,568	3,360		125		7,140	243,794
041	RADIOLOGY-DIAGNOSTIC	3,443	2,186		294		9,660	166,630
041 03	NUCLEAR MEDICINE-DIAGNOST		273					19,284
044	LABORATORY		1,268		333		4,200	100,482
049	RESPIRATORY THERAPY	1,206	850		452		2,940	64,984
050	PHYSICAL THERAPY	5,215	2,078		283		1,260	149,931
051	OCCUPATIONAL THERAPY		531		95			37,847
052	SPEECH PATHOLOGY		40		19			3,557
053	ELECTROCARDIOLOGY							
055	MEDICAL SUPPLIES CHARGED		2,333		20			155,674
056	DRUGS CHARGED TO PATIENTS		735		80			53,925
059	GERI PSYCH		1,398		23		210	93,885
059 01	DIABETES		909		32	248		60,010
059 02	OP PSYCH		131		77			9,115
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	5,498	5,772		332	2,543	20,581	413,840
062	OBSERVATION BEDS (NON-DIS							
063	CARDIAC REHAB							
	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY		281					21,840
	SPEC PURPOSE COST CENTERS							
	SUBTOTALS	69,848	39,423	188,419	3,741	13,401	69,932	2,752,131
	NONREIMBURS COST CENTERS							
100	OTHER NONREIMBURSABLE COS		4,838				420	361,878
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							20,464
103	TOTAL	69,848	44,261	188,419	3,741	13,401	70,352	3,134,473

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-1319 | PERIOD: FROM 10/ 1/2009 TO 9/30/2010 | PREPARED 2/23/2011 | WORKSHEET B PART III

	COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
	GENERAL SERVICE COST CNTR		
003	NEW CAP REL COSTS-BLDG &		
004	NEW CAP REL COSTS-MVBLE E		
005	EMPLOYEE BENEFITS		
006	ADMINISTRATIVE & GENERAL		
008	OPERATION OF PLANT		
009	LAUNDRY & LINEN SERVICE		
010	HOUSEKEEPING		
011	DIETARY		
012	CAFETERIA		
014	NURSING ADMINISTRATION		
017	MEDICAL RECORDS & LIBRARY		
	INPAT ROUTINE SRVC CNTRS		
025	ADULTS & PEDIATRICS		516,028
026	INTENSIVE CARE UNIT		91,972
034	SKILLED NURSING FACILITY		549,333
	ANCILLARY SRVC COST CNTRS		
037	OPERATING ROOM		243,794
041	RADIOLOGY-DIAGNOSTIC		166,630
041 03	NUCLEAR MEDICINE-DIAGNOST		19,284
044	LABORATORY		100,482
049	RESPIRATORY THERAPY		64,984
050	PHYSICAL THERAPY		149,931
051	OCCUPATIONAL THERAPY		37,847
052	SPEECH PATHOLOGY		3,557
053	ELECTROCARDIOLOGY		
055	MEDICAL SUPPLIES CHARGED		155,674
056	DRUGS CHARGED TO PATIENTS		53,925
059	GERI PSYCH		93,885
059 01	DIABETES		60,010
059 02	OP PSYCH		9,115
	OUTPAT SERVICE COST CNTRS		
061	EMERGENCY		413,840
062	OBSERVATION BEDS (NON-DIS		
063	CARDIAC REHAB		
	OTHER REIMBURS COST CNTRS		
071	HOME HEALTH AGENCY		21,840
	SPEC PURPOSE COST CENTERS		
	SUBTOTALS		2,752,131
	NONREIMBURS COST CENTERS		
100	OTHER NONREIMBURSABLE COS		361,878
101	CROSS FOOT ADJUSTMENTS		
102	NEGATIVE COST CENTER		20,464
103	TOTAL		3,134,473

	COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE E (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCIL-IATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)
		3	4	5	6a.00	6	8
	GENERAL SERVICE COST						
003	NEW CAP REL COSTS-BLD	89,911					
004	NEW CAP REL COSTS-MVB		89,911				
005	EMPLOYEE BENEFITS	587	587	13,032,112			
006	ADMINISTRATIVE & GENE	6,534	6,534	1,575,224	-3,641,509	24,214,858	
008	OPERATION OF PLANT	12,164	12,164	277,246		1,588,001	70,626
009	LAUNDRY & LINEN SERVI	1,655	1,655	63,547		198,247	1,655
010	HOUSEKEEPING	883	883	307,069		521,630	883
011	DIETARY	4,415	4,415	99,841		340,939	4,415
012	CAFETERIA			294,022		397,681	
014	NURSING ADMINISTRATIO	284	284	123,637		162,315	284
017	MEDICAL RECORDS & LIB	1,572	1,572	213,536		487,772	1,572
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS	9,228	9,228	1,083,819		1,851,340	9,228
026	INTENSIVE CARE UNIT	2,047	2,047	303,850		462,178	2,047
034	SKILLED NURSING FACIL	9,033	9,033	1,104,473		1,908,401	9,033
	ANCILLARY SRVC COST C						
037	OPERATING ROOM	5,169	5,169	381,677		1,729,607	5,169
041	RADIOLOGY-DIAGNOSTIC	3,363	3,363	618,107		1,371,548	3,363
041 03	NUCLEAR MEDICINE-DIAG	420	420			186,914	420
044	LABORATORY	1,950	1,950	662,213		1,549,808	1,950
049	RESPIRATORY THERAPY	1,308	1,308	323,066		617,208	1,308
050	PHYSICAL THERAPY	3,196	3,196	697,725		1,042,877	3,196
051	OCCUPATIONAL THERAPY	817	817	253,089		389,019	817
052	SPEECH PATHOLOGY	62	62	60,754		101,174	62
053	ELECTROCARDIOLOGY						
055	MEDICAL SUPPLIES CHAR	3,589	3,589			626,377	3,589
056	DRUGS CHARGED TO PATI	1,131	1,131	237,797		706,987	1,131
059	GERI PSYCH	2,150	2,150	147,636		418,512	2,150
059 01	DIABETES	1,398	1,398	74,303		148,173	1,398
059 02	OP PSYCH	201	201	48,020		69,237	201
	OUTPAT SERVICE COST C						
061	EMERGENCY	8,880	8,880	738,555		1,524,870	8,880
	OBSERVATION BEDS (NON						
	CARDIAC REHAB						
	OTHER REIMBURS COST C						
071	HOME HEALTH AGENCY	433	433	255,960		401,105	433
	SPEC PURPOSE COST CEN						
095	SUBTOTALS	82,469	82,469	9,945,166	-3,641,509	18,801,920	63,184
	NONREIMBURS COST CENT						
100	OTHER NONREIMBURSABLE	7,442	7,442	3,086,946		5,412,938	7,442
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	1,451,747	1,682,726	-88,877		3,641,509	1,826,809
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	16.146489	18.715463			.150383	25.865956
105	COST TO BE ALLOCATED (WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107	COST TO BE ALLOCATED (WRKSHT B, PART III			20,464		227,788	438,998
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)					.009407	6.215813

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NRSE FTE'S)	MEDICAL RECORDS & LIBRARY (TIME SPENT)
		9	10	11	12	14	17
	GENERAL SERVICE COST						
003	NEW CAP REL COSTS-BLD						
004	NEW CAP REL COSTS-MVB						
005	EMPLOYEE BENEFITS						
006	ADMINISTRATIVE & GENE						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVI	594,482					
010	HOUSEKEEPING	26,235	68,088				
011	DIETARY	8,370	4,415	66,286			
012	CAFETERIA				345,930		
014	NURSING ADMINISTRATIO		284		2,086	161,802	
017	MEDICAL RECORDS & LIB		1,572		15,568		335
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS	200,581	9,228	21,961	54,308	54,308	107
026	INTENSIVE CARE UNIT	2,710	2,047		11,187	11,187	4
034	SKILLED NURSING FACIL	186,959	9,033	44,325	62,604	62,604	3
	ANCILLARY SRVC COST C						
037	OPERATING ROOM	38,877	5,169		11,545		34
041	RADIOLOGY-DIAGNOSTIC	29,300	3,363		27,161		46
041 03	NUCLEAR MEDICINE-DIAG		420				
044	LABORATORY		1,950		30,834		20
049	RESPIRATORY THERAPY	10,266	1,308		41,760		14
050	PHYSICAL THERAPY	44,386	3,196		26,184		6
051	OCCUPATIONAL THERAPY		817		8,781		
052	SPEECH PATHOLOGY		62		1,774		
053	ELECTROCARDIOLOGY						
055	MEDICAL SUPPLIES CHAR		3,589		1,895		
056	DRUGS CHARGED TO PATI		1,131		7,354		
059	GERI PSYCH		2,150		2,086		1
059 01	DIABETES		1,398		2,999	2,999	
059 02	OP PSYCH		201		7,100		
	OUTPAT SERVICE COST C						
061	EMERGENCY	46,798	8,880		30,704	30,704	98
	OBSERVATION BEDS (NON						
	CARDIAC REHAB						
	OTHER REIMBURS COST C						
071	HOME HEALTH AGENCY		433				
	SPEC PURPOSE COST CEN						
095	SUBTOTALS	594,482	60,646	66,286	345,930	161,802	333
	NONREIMBURS COST CENT						
100	OTHER NONREIMBURSABLE		7,442				2
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED	270,868	634,868	551,388	457,485	199,477	637,032
	(PER WRKSHT B, PART						
104	UNIT COST MULTIPLIER		9.324227		1.322479		1,901.588060
	(WRKSHT B, PT I)	.455637		8.318318		1.232846	
105	COST TO BE ALLOCATED						
	(PER WRKSHT B, PART						
106	UNIT COST MULTIPLIER						
	(WRKSHT B, PT II)						
107	COST TO BE ALLOCATED	69,848	44,261	188,419	3,741	13,401	70,352
	(PER WRKSHT B, PART						
108	UNIT COST MULTIPLIER		.650056		.010814		210.005970
	(WRKSHT B, PT III)	.117494		2.842516		.082823	

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 15-1319 | PERIOD: FROM 10/ 1/2009 TO 9/30/2010 | PREPARED 2/23/2011 | WORKSHEET C PART I

WKST A NO.		COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
		INPAT ROUTINE SRVC CNTRS					
25		ADULTS & PEDIATRICS	3,070,798		3,070,798		3,070,798
26		INTENSIVE CARE UNIT	641,145		641,145		641,145
34		SKILLED NURSING FACILITY	3,132,837		3,132,837		3,132,837
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	2,269,244		2,269,244		2,269,244
41		RADIOLOGY-DIAGNOSTIC	1,832,893		1,832,893		1,832,893
41	03	NUCLEAR MEDICINE-DIAGNOST	229,803		229,803		229,803
44		LABORATORY	1,930,303		1,930,303		1,930,303
49		RESPIRATORY THERAPY	842,582		842,582		842,582
50		PHYSICAL THERAPY	1,378,438		1,378,438		1,378,438
51		OCCUPATIONAL THERAPY	487,884		487,884		487,884
52		SPEECH PATHOLOGY	120,917		120,917		120,917
53		ELECTROCARDIOLOGY					
55		MEDICAL SUPPLIES CHARGED	849,377		849,377		849,377
56		DRUGS CHARGED TO PATIENTS	862,832		862,832		862,832
59		GERI PSYCH	561,769		561,769		561,769
59	01	DIABETES	227,315		227,315		227,315
59	02	OP PSYCH	96,112		96,112		96,112
		OUTPAT SERVICE COST CNTRS					
61		EMERGENCY	2,352,811		2,352,811		2,352,811
62		OBSERVATION BEDS (NON-DIS	460,177		460,177		460,177
63		CARDIAC REHAB					
		OTHER REIMBURS COST CNTRS					
101		SUBTOTAL	21,347,237		21,347,237		21,347,237
102		LESS OBSERVATION BEDS	460,177		460,177		460,177
103		TOTAL	20,887,060		20,887,060		20,887,060

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: 15-1319 I PERIOD: I FROM 10/ 1/2009 I TO 9/30/2010 I PREPARED 2/23/2011 I WORKSHEET C I PART I

CT A NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	1,875,887		1,875,887			
26	INTENSIVE CARE UNIT	326,391		326,391			
34	SKILLED NURSING FACILITY	2,200,006		2,200,006			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	830,845	4,163,001	4,993,846	.454408	.454408	.454408
41	RADIOLOGY-DIAGNOSTIC	313,219	9,491,680	9,804,899	.186936	.186936	.186936
41 03	NUCLEAR MEDICINE-DIAGNOST	32,744	283,070	315,814	.727653	.727653	.727653
44	LABORATORY	961,545	6,113,051	7,074,596	.272850	.272850	.272850
49	RESPIRATORY THERAPY	629,942	1,381,375	2,011,317	.418921	.418921	.418921
50	PHYSICAL THERAPY	799,852	2,884,989	3,684,841	.374083	.374083	.374083
51	OCCUPATIONAL THERAPY	376,390	1,102,486	1,478,876	.329902	.329902	.329902
52	SPEECH PATHOLOGY	39,650	291,942	331,592	.364656	.364656	.364656
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED	1,528,600	464,474	1,993,074	.426164	.426164	.426164
56	DRUGS CHARGED TO PATIENTS	1,048,149	1,259,515	2,307,664	.373898	.373898	.373898
59	GERI PSYCH		271,993	271,993	2.065380	2.065380	2.065380
59 01	DIABETES		30,088	30,088	7.555005	7.555005	7.555005
59 02	OP PSYCH						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	29,450	6,336,331	6,365,781	.369603	.369603	.369603
62	OBSERVATION BEDS (NON-DIS	10,667	321,375	332,042	1.385900	1.385900	1.385900
63	CARDIAC REHAB						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	11,003,337	34,395,370	45,398,707			
102	LESS OBSERVATION BEDS						
103	TOTAL	11,003,337	34,395,370	45,398,707			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-1319
PERIOD: FROM 10/ 1/2009 TO 9/30/2010
PREPARED 2/23/2011
WORKSHEET C
PART I

WKST A NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	3,070,798		3,070,798		3,070,798
26	INTENSIVE CARE UNIT	641,145		641,145		641,145
34	SKILLED NURSING FACILITY	3,132,837		3,132,837		3,132,837
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,269,244		2,269,244		2,269,244
41	RADIOLOGY-DIAGNOSTIC	1,832,893		1,832,893		1,832,893
41 03	NUCLEAR MEDICINE-DIAGNOST	229,803		229,803		229,803
44	LABORATORY	1,930,303		1,930,303		1,930,303
49	RESPIRATORY THERAPY	842,582		842,582		842,582
50	PHYSICAL THERAPY	1,378,438		1,378,438		1,378,438
51	OCCUPATIONAL THERAPY	487,884		487,884		487,884
52	SPEECH PATHOLOGY	120,917		120,917		120,917
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED	849,377		849,377		849,377
56	DRUGS CHARGED TO PATIENTS	862,832		862,832		862,832
59	GERI PSYCH	561,769		561,769		561,769
59 01	DIABETES	227,315		227,315		227,315
59 02	OP PSYCH	96,112		96,112		96,112
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,352,811		2,352,811		2,352,811
62	OBSERVATION BEDS (NON-DIS	460,177		460,177		460,177
63	CARDIAC REHAB					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	21,347,237		21,347,237		21,347,237
102	LESS OBSERVATION BEDS	460,177		460,177		460,177
103	TOTAL	20,887,060		20,887,060		20,887,060

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-1319
PERIOD: FROM 10/ 1/2009 TO 9/30/2010

PREPARED 2/23/2011
WORKSHEET C
PART I

T A NO.		COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	1,875,887		1,875,887			
26		INTENSIVE CARE UNIT	326,391		326,391			
34		SKILLED NURSING FACILITY	2,200,006		2,200,006			
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	830,845	4,163,001	4,993,846	.454408	.454408	.454408
41		RADIOLOGY-DIAGNOSTIC	313,219	9,491,680	9,804,899	.186936	.186936	.186936
41	03	NUCLEAR MEDICINE-DIAGNOST	32,744	283,070	315,814	.727653	.727653	.727653
44		LABORATORY	961,545	6,113,051	7,074,596	.272850	.272850	.272850
49		RESPIRATORY THERAPY	629,942	1,381,375	2,011,317	.418921	.418921	.418921
50		PHYSICAL THERAPY	799,852	2,884,989	3,684,841	.374083	.374083	.374083
51		OCCUPATIONAL THERAPY	376,390	1,102,486	1,478,876	.329902	.329902	.329902
52		SPEECH PATHOLOGY	39,650	291,942	331,592	.364656	.364656	.364656
53		ELECTROCARDIOLOGY						
55		MEDICAL SUPPLIES CHARGED	1,528,600	464,474	1,993,074	.426164	.426164	.426164
56		DRUGS CHARGED TO PATIENTS	1,048,149	1,259,515	2,307,664	.373898	.373898	.373898
59		GERI PSYCH		271,993	271,993	2.065380	2.065380	2.065380
59	01	DIABETES		30,088	30,088	7.555005	7.555005	7.555005
59	02	OP PSYCH						
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY	29,450	6,336,331	6,365,781	.369603	.369603	.369603
62		OBSERVATION BEDS (NON-DIS	10,667	321,375	332,042	1.385900	1.385900	1.385900
63		CARDIAC REHAB						
		OTHER REIMBURS COST CNTRS						
101		SUBTOTAL	11,003,337	34,395,370	45,398,707			
102		LESS OBSERVATION BEDS						
103		TOTAL	11,003,337	34,395,370	45,398,707			

Health Financial Systems MCRIF32 FOR GIBSON GENERAL HOSPITAL IN LIEU OF FORM CMS-2552-96(09/2000)

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

PROVIDER NO: 15-1319

PERIOD: FROM 10/ 1/2009 TO 9/30/2010

PREPARED 2/23/2011

WORKSHEET C PART II

A NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III,COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,269,244	243,794	2,025,450			2,269,244
41	RADIOLOGY-DIAGNOSTIC	1,832,893	166,630	1,666,263			1,832,893
41 03	NUCLEAR MEDICINE-DIAGNOST	229,803	19,284	210,519			229,803
44	LABORATORY	1,930,303	100,482	1,829,821			1,930,303
49	RESPIRATORY THERAPY	842,582	64,984	777,598			842,582
50	PHYSICAL THERAPY	1,378,438	149,931	1,228,507			1,378,438
51	OCCUPATIONAL THERAPY	487,884	37,847	450,037			487,884
52	SPEECH PATHOLOGY	120,917	3,557	117,360			120,917
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED	849,377	155,674	693,703			849,377
56	DRUGS CHARGED TO PATIENTS	862,832	53,925	808,907			862,832
59	GERI PSYCH	561,769	93,885	467,884			561,769
59 01	DIABETES	227,315	60,010	167,305			227,315
59 02	OP PSYCH	96,112	9,115	86,997			96,112
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,352,811	413,840	1,938,971			2,352,811
62	OBSERVATION BEDS (NON-DIS	460,177		460,177			460,177
63	CARDIAC REHAB						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	14,502,457	1,572,958	12,929,499			14,502,457
102	LESS OBSERVATION BEDS	460,177		460,177			460,177
103	TOTAL	14,042,280	1,572,958	12,469,322			14,042,280

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

PROVIDER NO: 15-1319 | PERIOD: FROM 10/ 1/2009 TO 9/30/2010 | PREPARED 2/23/2011 | WORKSHEET C PART II

A NO.		COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
			7	8	9
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	4,993,846	.454408	.454408
41		RADIOLOGY-DIAGNOSTIC	9,804,899	.186936	.186936
41	03	NUCLEAR MEDICINE-DIAGNOST	315,814	.727653	.727653
44		LABORATORY	7,074,596	.272850	.272850
49		RESPIRATORY THERAPY	2,011,317	.418921	.418921
50		PHYSICAL THERAPY	3,684,841	.374083	.374083
51		OCCUPATIONAL THERAPY	1,478,876	.329902	.329902
52		SPEECH PATHOLOGY	331,592	.364656	.364656
53		ELECTROCARDIOLOGY			
55		MEDICAL SUPPLIES CHARGED	1,993,074	.426164	.426164
56		DRUGS CHARGED TO PATIENTS	2,307,664	.373898	.373898
59		GERI PSYCH	271,993	2.065380	2.065380
59	01	DIABETES	30,088	7.555005	7.555005
59	02	OP PSYCH			
		OUTPAT SERVICE COST CNTRS			
61		EMERGENCY	6,365,781	.369603	.369603
62		OBSERVATION BEDS (NON-DIS	332,042	1.385900	1.385900
63		CARDIAC REHAB			
		OTHER REIMBURS COST CNTRS			
101		SUBTOTAL	40,996,423		
102		LESS OBSERVATION BEDS	332,042		
103		TOTAL	40,664,381		

Health Financial Systems MCRIF32 FOR GIBSON GENERAL HOSPITAL **NOT A CMS WORKSHEET ** (09/2000)

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-1319 PERIOD: FROM 10/ 1/2009 TO 9/30/2010 PREPARED 2/23/2011 WORKSHEET C PART II

	A NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III,COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	2,269,244	243,794	2,025,450			2,269,244
41		RADIOLOGY-DIAGNOSTIC	1,832,893	166,630	1,666,263			1,832,893
41	03	NUCLEAR MEDICINE-DIAGNOST	229,803	19,284	210,519			229,803
44		LABORATORY	1,930,303	100,482	1,829,821			1,930,303
49		RESPIRATORY THERAPY	842,582	64,984	777,598			842,582
50		PHYSICAL THERAPY	1,378,438	149,931	1,228,507			1,378,438
51		OCCUPATIONAL THERAPY	487,884	37,847	450,037			487,884
52		SPEECH PATHOLOGY	120,917	3,557	117,360			120,917
53		ELECTROCARDIOLOGY						
55		MEDICAL SUPPLIES CHARGED	849,377	155,674	693,703			849,377
56		DRUGS CHARGED TO PATIENTS	862,832	53,925	808,907			862,832
59		GERI PSYCH	561,769	93,885	467,884			561,769
59	01	DIABETES	227,315	60,010	167,305			227,315
59	02	OP PSYCH	96,112	9,115	86,997			96,112
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY	2,352,811	413,840	1,938,971			2,352,811
62		OBSERVATION BEDS (NON-DIS	460,177		460,177			460,177
63		CARDIAC REHAB						
		OTHER REIMBURS COST CNTRS						
101		SUBTOTAL	14,502,457	1,572,958	12,929,499			14,502,457
102		LESS OBSERVATION BEDS	460,177		460,177			460,177
103		TOTAL	14,042,280	1,572,958	12,469,322			14,042,280

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-1319	PERIOD: FROM 10/ 1/2009	PREPARED 2/23/2011
COMPONENT NO: 15-5093	TO 9/30/2010	WORKSHEET D PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

A NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM		
41		RADIOLOGY-DIAGNOSTIC		
41	03	NUCLEAR MEDICINE-DIAGNOST		
44		LABORATORY		
49		RESPIRATORY THERAPY		
50		PHYSICAL THERAPY		
51		OCCUPATIONAL THERAPY		
52		SPEECH PATHOLOGY		
53		ELECTROCARDIOLOGY		
55		MEDICAL SUPPLIES CHARGED		
56		DRUGS CHARGED TO PATIENTS		
59		GERI PSYCH		
59	01	DIABETES		
59	02	OP PSYCH		
		OUTPAT SERVICE COST CNTRS		
61		EMERGENCY		
62		OBSERVATION BEDS (NON-DIS		
63		CARDIAC REHAB		
		OTHER REIMBURS COST CNTRS		
101		TOTAL		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-1319	PERIOD: FROM 10/ 1/2009 TO 9/30/2010	PREPARED 2/23/2011	
COMPONENT NO: 15-5093		WORKSHEET D PART IV	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

A NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
41	RADIOLOGY-DIAGNOSTIC						
41 03	NUCLEAR MEDICINE-DIAGNOST						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	GERI PSYCH						
59 01	DIABETES						
59 02	OP PSYCH						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	CARDIAC REHAB						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-1319
COMPONENT NO: 15-5093
PERIOD: FROM 10/ 1/2009 TO 9/30/2010
PREPARED 2/23/2011
WORKSHEET D
PART IV

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

A NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			4,993,846				
41	RADIOLOGY-DIAGNOSTIC			9,804,899			11,392	
41 03	NUCLEAR MEDICINE-DIAGNOST			315,814				
44	LABORATORY			7,074,596			65,062	
49	RESPIRATORY THERAPY			2,011,317			35,353	
50	PHYSICAL THERAPY			3,684,841			342,583	
51	OCCUPATIONAL THERAPY			1,478,876			190,286	
52	SPEECH PATHOLOGY			331,592			17,215	
53	ELECTROCARDIOLOGY							
55	MEDICAL SUPPLIES CHARGED			1,993,074			14,262	
56	DRUGS CHARGED TO PATIENTS			2,307,664			65,568	
59	GERI PSYCH			271,993				
59 01	DIABETES			30,088				
59 02	OP PSYCH							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			6,365,781				
62	OBSERVATION BEDS (NON-DIS			332,042				
63	CARDIAC REHAB							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			40,996,423			741,721	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

A NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
41	RADIOLOGY-DIAGNOSTIC						
41 03	NUCLEAR MEDICINE-DIAGNOST						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	GERI PSYCH						
59 01	DIABETES						
59 02	OP PSYCH						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	CARDIAC REHAB						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

Health Financial Systems MCRIF32 FOR GIBSON GENERAL HOSPITAL IN LIEU OF FORM CMS-2552-96(09/1997)

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-1319

PERIOD: FROM 10/ 1/2009 TO 9/30/2010

PREPARED 2/23/2011

WORKSHEET D PART I

TITLE XIX PPS

A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAP RELATED COST 3	NEW CAPITAL CAPITAL REL COST (B,III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				516,028		516,028
26	INTENSIVE CARE UNIT				91,972		91,972
101	TOTAL				608,000		608,000

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-1319

PERIOD: FROM 10/ 1/2009 TO 9/30/2010

PREPARED 2/23/2011

WORKSHEET D PART I

TITLE XIX PPS

A NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	2,756	141			187.24	26,401
26	INTENSIVE CARE UNIT	257				357.87	
101	TOTAL	3,013	141				26,401

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-1319
COMPONENT NO: 15-1319
PERIOD: FROM 10/ 1/2009 TO 9/30/2010
PREPARED 2/23/2011
WORKSHEET D
PART II

TITLE XIX HOSPITAL PPS

A NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		243,794	4,993,846	32,162		
41	RADIOLOGY-DIAGNOSTIC		166,630	9,804,899	13,589		
41 03	NUCLEAR MEDICINE-DIAGNOST		19,284	315,814	2,892		
44	LABORATORY		100,482	7,074,596	59,769		
49	RESPIRATORY THERAPY		64,984	2,011,317	79,292		
50	PHYSICAL THERAPY		149,931	3,684,841	6,464		
51	OCCUPATIONAL THERAPY		37,847	1,478,876	914		
52	SPEECH PATHOLOGY		3,557	331,592			
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED		155,674	1,993,074			
56	DRUGS CHARGED TO PATIENTS		53,925	2,307,664	59,124		
59	GERI PSYCH		93,885	271,993			
59 01	DIABETES		60,010	30,088			
59 02	OP PSYCH		9,115				
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		413,840	6,365,781	5,891		
62	OBSERVATION BEDS (NON-DIS			332,042			
63	CARDIAC REHAB						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		1,572,958	40,996,423	260,097		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-1319
COMPONENT NO: 15-1319
PERIOD: FROM 10/ 1/2009 TO 9/30/2010
PREPARED 2/23/2011
WORKSHEET D
PART II

TITLE XIX HOSPITAL PPS

A NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.048819	1,570
41		RADIOLOGY-DIAGNOSTIC	.016995	231
41	03	NUCLEAR MEDICINE-DIAGNOST	.061061	177
44		LABORATORY	.014203	849
49		RESPIRATORY THERAPY	.032309	2,562
50		PHYSICAL THERAPY	.040689	263
51		OCCUPATIONAL THERAPY	.025592	23
52		SPEECH PATHOLOGY	.010727	
53		ELECTROCARDIOLOGY		
55		MEDICAL SUPPLIES CHARGED	.078107	
56		DRUGS CHARGED TO PATIENTS	.023368	1,382
59		GERI PSYCH	.345174	
59	01	DIABETES	1.994483	
59	02	OP PSYCH		
		OUTPAT SERVICE COST CNTRS		
61		EMERGENCY	.065010	383
62		OBSERVATION BEDS (NON-DIS		
63		CARDIAC REHAB		
		OTHER REIMBURS COST CNTRS		
101		TOTAL		7,440

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

I PROVIDER NO: 15-1319
I PERIOD: FROM 10/ 1/2009 TO 9/30/2010
PPS
I PREPARED 2/23/2011
WORKSHEET D
PART III

A NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					2,756	
26	INTENSIVE CARE UNIT					257	
34	SKILLED NURSING FACILITY					14,477	
101	TOTAL					17,490	

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

PROVIDER NO: 15-1319
PERIOD: FROM 10/ 1/2009 TO 9/30/2010
PREPARED 2/23/2011
WORKSHEET D
PART III

A NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	141	
26	INTENSIVE CARE UNIT		
34	SKILLED NURSING FACILITY	8,800	
101	TOTAL	8,941	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-1319
COMPONENT NO: 15-1319
PERIOD: FROM 10/ 1/2009 TO 9/30/2010
PREPARED 2/23/2011
WORKSHEET D
PART IV

TITLE XIX HOSPITAL PPS

A NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
41	RADIOLOGY-DIAGNOSTIC						
41 03	NUCLEAR MEDICINE-DIAGNOST						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	GERI PSYCH						
59 01	DIABETES						
59 02	OP PSYCH						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	CARDIAC REHAB						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-1319
COMPONENT NO: 15-1319
PERIOD: FROM 10/ 1/2009 TO 9/30/2010
PREPARED 2/23/2011
WORKSHEET D
PART IV

TITLE XIX HOSPITAL PPS

A NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			4,993,846			32,162	
41	RADIOLOGY-DIAGNOSTIC			9,804,899			13,589	
41 03	NUCLEAR MEDICINE-DIAGNOST			315,814			2,892	
44	LABORATORY			7,074,596			59,769	
49	RESPIRATORY THERAPY			2,011,317			79,292	
50	PHYSICAL THERAPY			3,684,841			6,464	
51	OCCUPATIONAL THERAPY			1,478,876			914	
52	SPEECH PATHOLOGY			331,592				
53	ELECTROCARDIOLOGY							
55	MEDICAL SUPPLIES CHARGED			1,993,074				
56	DRUGS CHARGED TO PATIENTS			2,307,664			59,124	
59	GERI PSYCH			271,993				
59 01	DIABETES			30,088				
59 02	OP PSYCH							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			6,365,781			5,891	
62	OBSERVATION BEDS (NON-DIS			332,042				
63	CARDIAC REHAB							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			40,996,423			260,097	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-1319
COMPONENT NO: 15-1319
PERIOD: FROM 10/ 1/2009 TO 9/30/2010
PREPARED 2/23/2011
WORKSHEET D
PART IV

TITLE XIX HOSPITAL PPS

A NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	291,721					
41	RADIOLOGY-DIAGNOSTIC	1,164,151					
41 03	NUCLEAR MEDICINE-DIAGNOST	11,826					
44	LABORATORY	706,953					
49	RESPIRATORY THERAPY	113,894					
50	PHYSICAL THERAPY	139,947					
51	OCCUPATIONAL THERAPY	123,389					
52	SPEECH PATHOLOGY	138,476					
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	95,728					
59	GERI PSYCH						
59 01	DIABETES	2,045					
59 02	OP PSYCH						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,300,649					
62	OBSERVATION BEDS (NON-DIS						
63	CARDIAC REHAB						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	4,088,779					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-1319
COMPONENT NO: 15-1319
PERIOD: FROM 10/ 1/2009 TO 9/30/2010
PREPARED 2/23/2011
WORKSHEET D
PART V

TITLE XIX - O/P HOSPITAL

		Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
			1	2	3	4	5
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	.454408				291,721
41		RADIOLOGY-DIAGNOSTIC	.186936				1,164,151
41	03	NUCLEAR MEDICINE-DIAGNOSTIC	.727653				11,826
44		LABORATORY	.272850				706,953
49		RESPIRATORY THERAPY	.418921				113,894
50		PHYSICAL THERAPY	.374083				139,947
51		OCCUPATIONAL THERAPY	.329902				123,389
52		SPEECH PATHOLOGY	.364656				138,476
53		ELECTROCARDIOLOGY					
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.426164				
56		DRUGS CHARGED TO PATIENTS	.373898				95,728
59		GERI PSYCH	2.065380				
59	01	DIABETES	7.555005				2,045
59	02	OP PSYCH					
		OUTPAT SERVICE COST CNTRS					
61		EMERGENCY	.369603				1,300,649
62		OBSERVATION BEDS (NON-DISTINCT PART)	1.385900				
63		CARDIAC REHAB					
101		SUBTOTAL					4,088,779
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104		NET CHARGES					4,088,779

(A) WORKSHEET A LINE NUMBERS
(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-1319 | PERIOD: FROM 10/ 1/2009 TO 9/30/2010 | PREPARED 2/23/2011
COMPONENT NO: 15-1319 | WORKSHEET D PART V

TITLE XIX - O/P HOSPITAL

		PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radialogy
	Cost Center Description	5.01	5.02	5.03	6	7
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
41	RADIOLOGY-DIAGNOSTIC					
41 03	NUCLEAR MEDICINE-DIAGNOSTIC					
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	DRUGS CHARGED TO PATIENTS					
59	GERI PSYCH					
59 01	DIABETES					
59 02	OP PSYCH					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
63	CARDIAC REHAB					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES					

(A) WORKSHEET A LINE NUMBERS
(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-1319
COMPONENT NO: 15-1319
PERIOD: FROM 10/ 1/2009 TO 9/30/2010
PREPARED 2/23/2011
WORKSHEET D
PART V

TITLE XIX - O/P HOSPITAL

		Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
			8	9	9.01	9.02	9.03
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM		132,560			
41		RADIOLOGY-DIAGNOSTIC		217,622			
41	03	NUCLEAR MEDICINE-DIAGNOSTIC		8,605			
44		LABORATORY		192,892			
49		RESPIRATORY THERAPY		47,713			
50		PHYSICAL THERAPY		52,352			
51		OCCUPATIONAL THERAPY		40,706			
52		SPEECH PATHOLOGY		50,496			
53		ELECTROCARDIOLOGY					
55		MEDICAL SUPPLIES CHARGED TO PATIENTS					
56		DRUGS CHARGED TO PATIENTS		35,793			
59		GERI PSYCH					
59	01	DIABETES		15,450			
59	02	OP PSYCH					
		OUTPAT SERVICE COST CNTRS					
61		EMERGENCY		480,724			
62		OBSERVATION BEDS (NON-DISTINCT PART)					
63		CARDIAC REHAB					
101		SUBTOTAL		1,274,913			
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104		NET CHARGES		1,274,913			

(A) WORKSHEET A LINE NUMBERS
(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 2/23/2011
15-1319	FROM 10/ 1/2009	WORKSHEET D-1
COMPONENT NO:	TO 9/30/2010	PART I
15-1319		

TITLE XVIII PART A HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,493
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,756
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,756
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	468
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	155
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	85
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	29
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,407
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	468
11	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)	155
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	
	SWING-BED ADJUSTMENT	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
.8	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	139.61
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	139.61
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,070,798
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	11,867
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	4,049
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	579,158
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,491,640
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,213,909
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,213,909
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.125448
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	803.31
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,491,640

TITLE XVIII PART A HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		1
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	904.08
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,272,041
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,272,041

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)					
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	641,145	257	2,494.73	146	364,231
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					
						1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					1,149,139
49	TOTAL PROGRAM INPATIENT COSTS					2,785,411

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
52 TOTAL PROGRAM EXCLUDABLE COST
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
55 TARGET AMOUNT PER DISCHARGE
56 TARGET AMOUNT
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58 BONUS PAYMENT
58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04 RELIEF PAYMENT
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
59.03 PROGRAM DISCHARGES AFTER JULY 1
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	423,109
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	140,132
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	563,241
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

	TITLE XVIII PART A	HOSPITAL	OTHER

PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & ICF/MR ONLY

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	509
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	904.08
85	OBSERVATION BED COST	460,177

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST					
87	NEW CAPITAL-RELATED COST					
8	NON PHYSICIAN ANESTHETIST					
,9	MEDICAL EDUCATION					
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII PART A SNF PPS

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	14,477
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	14,477
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	14,477
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,604
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	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)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	
	SWING-BED ADJUSTMENT	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	139.61
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	139.61
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,132,837
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,132,837
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,203,984
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,203,984
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.421443
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	152.24
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,132,837

TITLE XVIII PART A SNF PPS

PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & ICF/MR ONLY

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	3,132,837
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	216.40
68	PROGRAM ROUTINE SERVICE COST	347,106
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	347,106
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	549,333
72	PER DIEM CAPITAL-RELATED COSTS	37.95
73	PROGRAM CAPITAL-RELATED COSTS	60,872
74	INPATIENT ROUTINE SERVICE COST	286,234
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	286,234
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	216.70
78	INPATIENT ROUTINE SERVICE COST LIMITATION	347,587
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	347,106
80	PROGRAM INPATIENT ANCILLARY SERVICES	262,494
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	609,600

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
85	OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST					
87	NEW CAPITAL-RELATED COST					
88	NON PHYSICIAN ANESTHETIST					
89	MEDICAL EDUCATION					
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

TITLE XIX - I/P SNF PPS

PART I - ALL PROVIDER COMPONENTS 1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	14,477
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	14,477
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	14,477
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	8,800
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	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)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	139.61
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	139.61
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,203,984
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,203,984
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	152.24
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	

TITLE XIX - I/P SNF PPS

PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & ICF/MR ONLY

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	549,333
72	PER DIEM CAPITAL-RELATED COSTS	37.95
73	PROGRAM CAPITAL-RELATED COSTS	333,960
74	INPATIENT ROUTINE SERVICE COST	-333,960
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	-333,960
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST					
87	NEW CAPITAL-RELATED COST					
88	NON PHYSICIAN ANESTHETIST					
89	MEDICAL EDUCATION					
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-1319 | PERIOD: FROM 10/ 1/2009 TO 9/30/2010 | PREPARED 2/23/2011 WORKSHEET D-4

COMPONENT NO: 15-1319

TITLE XVIII, PART A HOSPITAL OTHER

A NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		881,415	
26	INTENSIVE CARE UNIT		196,547	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.454408	443,342	201,458
41	RADIOLOGY-DIAGNOSTIC	.186936	152,422	28,493
41 03	NUCLEAR MEDICINE-DIAGNOSTIC	.727653	16,418	11,947
44	LABORATORY	.272850	516,998	141,063
49	RESPIRATORY THERAPY	.418921	238,914	100,086
50	PHYSICAL THERAPY	.374083	165,027	61,734
51	OCCUPATIONAL THERAPY	.329902	47,574	15,695
52	SPEECH PATHOLOGY	.364656	9,370	3,417
53	ELECTROCARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.426164	1,054,120	449,228
56	DRUGS CHARGED TO PATIENTS	.373898	359,225	134,314
59	GERI PSYCH	2.065380		
59 01	DIABETES	7.555005		
59 02	OP PSYCH			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.369603	4,610	1,704
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.385900		
63	CARDIAC REHAB			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		3,008,020	1,149,139
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,008,020	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-1319 | PERIOD: FROM 10/ 1/2009 TO 9/30/2010 | PREPARED 2/23/2011 | WORKSHEET D-4

COMPONENT NO: 15-Z319

TITLE XVIII, PART A SWING BED SNF OTHER

A NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.454408	280	127
41	RADIOLOGY-DIAGNOSTIC	.186936	22,985	4,297
41 03	NUCLEAR MEDICINE-DIAGNOSTIC	.727653		
44	LABORATORY	.272850	96,007	26,196
49	RESPIRATORY THERAPY	.418921	63,908	26,772
50	PHYSICAL THERAPY	.374083	143,186	53,563
51	OCCUPATIONAL THERAPY	.329902	58,223	19,208
52	SPEECH PATHOLOGY	.364656	6,836	2,493
53	ELECTROCARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.426164	62,932	26,819
56	DRUGS CHARGED TO PATIENTS	.373898	114,059	42,646
59	GERI PSYCH	2.065380		
59 01	DIABETES	7.555005		
59 02	OP PSYCH			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.369603		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.385900		
63	CARDIAC REHAB			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		568,416	202,121
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		568,416	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-1319 | PERIOD: FROM 10/ 1/2009 TO 9/30/2010 | PREPARED 2/23/2011 | WORKSHEET D-4

COMPONENT NO: 15-5093

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

A NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.454408		
41	RADIOLOGY-DIAGNOSTIC	.186936	11,392	2,130
41 03	NUCLEAR MEDICINE-DIAGNOSTIC	.727653		
44	LABORATORY	.272850	65,062	17,752
49	RESPIRATORY THERAPY	.418921	35,353	14,810
50	PHYSICAL THERAPY	.374083	342,583	128,154
51	OCCUPATIONAL THERAPY	.329902	190,286	62,776
52	SPEECH PATHOLOGY	.364656	17,215	6,278
53	ELECTROCARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.426164	14,262	6,078
56	DRUGS CHARGED TO PATIENTS	.373898	65,568	24,516
59	GERI PSYCH	2.065380		
59 01	DIABETES	7.555005		
59 02	OP PSYCH			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.369603		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.385900		
63	CARDIAC REHAB			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		741,721	262,494
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		741,721	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-1319 I COMPONENT NO: 15-1319 I PERIOD: I FROM 10/ 1/2009 I TO 9/30/2010 I PREPARED 2/23/2011 I WORKSHEET D-4

TITLE XIX HOSPITAL PPS

A NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		142,585	
26	INTENSIVE CARE UNIT		10,657	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.454408	32,162	14,615
41	RADIOLOGY-DIAGNOSTIC	.186936	13,589	2,540
41 03	NUCLEAR MEDICINE-DIAGNOSTIC	.727653	2,892	2,104
44	LABORATORY	.272850	59,769	16,308
49	RESPIRATORY THERAPY	.418921	79,292	33,217
50	PHYSICAL THERAPY	.374083	6,464	2,418
51	OCCUPATIONAL THERAPY	.329902	914	302
52	SPEECH PATHOLOGY	.364656		
53	ELECTROCARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.426164		
56	DRUGS CHARGED TO PATIENTS	.373898	59,124	22,106
59	GERI PSYCH	2.065380		
59 01	DIABETES	7.555005		
59 02	OP PSYCH			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.369603	5,891	2,177
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.385900		
63	CARDIAC REHAB			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		260,097	95,787
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		260,097	

T B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL
1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,541,197
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9,02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	3,541,197
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	3,576,609
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	CAH DEDUCTIBLES	35,778
18.01	CAH ACTUAL BILLED COINSURANCE LINE 17.01 (SEE INSTRUCTIONS)	1,465,123
19	SUBTOTAL (SEE INSTRUCTIONS)	2,075,708
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	2,075,708
24	PRIMARY PAYER PAYMENTS	803
25	SUBTOTAL	2,074,905
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	326,128
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	326,128
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	326,128
28	SUBTOTAL	2,401,033
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	2,401,033
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,212,839
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	188,194
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	
	TO BE COMPLETED BY CONTRACTOR	
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

T B - MEDICAL AND OTHER HEALTH SERVICES

SNF

1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
1.04 LINE 1.01 TIMES LINE 1.03.
1.05 LINE 1.02 DIVIDED BY LINE 1.04.
1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9,02) LINE 101.
2 INTERNS AND RESIDENTS
3 ORGAN ACQUISITIONS
4 COST OF TEACHING PHYSICIANS
5 TOTAL COST (SEE INSTRUCTIONS)

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES
6 ANCILLARY SERVICE CHARGES
7 INTERNS AND RESIDENTS SERVICE CHARGES
8 ORGAN ACQUISITION CHARGES
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
10 TOTAL REASONABLE CHARGES

CUSTOMARY CHARGES
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).
13 RATIO OF LINE 11 TO LINE 12
14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)
17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)

COMPUTATION OF REIMBURSEMENT SETTLEMENT
8 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
19 SUBTOTAL (SEE INSTRUCTIONS)
20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
22 ESRD DIRECT MEDICAL EDUCATION COSTS
23 SUBTOTAL
24 PRIMARY PAYER PAYMENTS
25 SUBTOTAL

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
26 COMPOSITE RATE ESRD
27 BAD DEBTS (SEE INSTRUCTIONS)
27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
28 SUBTOTAL
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
30 OTHER ADJUSTMENTS (SPECIFY)
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
32 SUBTOTAL
33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
34 INTERIM PAYMENTS
34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
35 BALANCE DUE PROVIDER/PROGRAM
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2

TO BE COMPLETED BY CONTRACTOR
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)
54 TOTAL (SUM OF LINES 51 AND 53)

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED 2/23/2011
15-1319	FROM 10/ 1/2009	WORKSHEET E-1
COMPONENT NO:	TO 9/30/2010	
15-1319		

TITLE XVIII HOSPITAL

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			2,264,744		2,213,251
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.			NONE		NONE
3	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)					
	ADJUSTMENTS TO PROVIDER	.01	4/29/2010	138,309	4/29/2010	49
	ADJUSTMENTS TO PROVIDER	.02	9/23/2010	46,317		
	ADJUSTMENTS TO PROVIDER	.03				
	ADJUSTMENTS TO PROVIDER	.04				
	ADJUSTMENTS TO PROVIDER	.05				
	ADJUSTMENTS TO PROGRAM	.50			9/23/2010	461
	ADJUSTMENTS TO PROGRAM	.51				
	ADJUSTMENTS TO PROGRAM	.52				
	ADJUSTMENTS TO PROGRAM	.53				
	ADJUSTMENTS TO PROGRAM	.54				
	SUBTOTAL	.99		184,626		-412
4	TOTAL INTERIM PAYMENTS			2,449,370		2,212,839
	TO BE COMPLETED BY INTERMEDIARY					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	TENTATIVE TO PROVIDER	.01				
	TENTATIVE TO PROVIDER	.02				
	TENTATIVE TO PROVIDER	.03				
	TENTATIVE TO PROGRAM	.50				
	TENTATIVE TO PROGRAM	.51				
	TENTATIVE TO PROGRAM	.52				
	SUBTOTAL	.99		NONE		NONE
	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1) — SETTLEMENT TO PROVIDER	.01		74,000		188,194
	SETTLEMENT TO PROGRAM	.02				
7	TOTAL MEDICARE PROGRAM LIABILITY			2,523,370		2,401,033

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED 2/23/2011
15-1319	FROM 10/ 1/2009	WORKSHEET E-1
COMPONENT NO:	TO 9/30/2010	
15-5093		

TITLE XVIII SNF

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			409,205		
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.			NONE		NONE
3	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)					
		ADJUSTMENTS TO PROVIDER .01				
		ADJUSTMENTS TO PROVIDER .02				
		ADJUSTMENTS TO PROVIDER .03				
		ADJUSTMENTS TO PROVIDER .04				
		ADJUSTMENTS TO PROVIDER .05				
		ADJUSTMENTS TO PROGRAM .50				
		ADJUSTMENTS TO PROGRAM .51				
		ADJUSTMENTS TO PROGRAM .52				
		ADJUSTMENTS TO PROGRAM .53				
		ADJUSTMENTS TO PROGRAM .54				
	SUBTOTAL	.99		NONE		NONE
4	TOTAL INTERIM PAYMENTS			409,205		
	TO BE COMPLETED BY INTERMEDIARY					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
		TENTATIVE TO PROVIDER .01				
		TENTATIVE TO PROVIDER .02				
		TENTATIVE TO PROVIDER .03				
		TENTATIVE TO PROGRAM .50				
		TENTATIVE TO PROGRAM .51				
		TENTATIVE TO PROGRAM .52				
	SUBTOTAL	.99		NONE		NONE
6	DETERMINED NET SETTLEMENT	SETTLEMENT TO PROVIDER .01		10,939		
	AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROGRAM .02				
7	TOTAL MEDICARE PROGRAM LIABILITY			420,144		

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED 2/23/2011
15-1319	FROM 10/ 1/2009	WORKSHEET E-1
COMPONENT NO:	TO 9/30/2010	
15-Z319		

TITLE XVIII SWING BED SNF

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			702,914		
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.			NONE		NONE
3	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)					
	ADJUSTMENTS TO PROVIDER	.01	4/29/2010	27,251		
	ADJUSTMENTS TO PROVIDER	.02	9/23/2010	14,399		
	ADJUSTMENTS TO PROVIDER	.03				
	ADJUSTMENTS TO PROVIDER	.04				
	ADJUSTMENTS TO PROVIDER	.05				
	ADJUSTMENTS TO PROGRAM	.50				
	ADJUSTMENTS TO PROGRAM	.51				
	ADJUSTMENTS TO PROGRAM	.52				
	ADJUSTMENTS TO PROGRAM	.53				
	ADJUSTMENTS TO PROGRAM	.54				
	SUBTOTAL	.99		41,650		NONE
4	TOTAL INTERIM PAYMENTS			744,564		
	TO BE COMPLETED BY INTERMEDIARY					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	TENTATIVE TO PROVIDER	.01				
	TENTATIVE TO PROVIDER	.02				
	TENTATIVE TO PROVIDER	.03				
	TENTATIVE TO PROGRAM	.50				
	TENTATIVE TO PROGRAM	.51				
	TENTATIVE TO PROGRAM	.52				
	SUBTOTAL	.99		NONE		NONE
	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1) SETTLEMENT TO PROVIDER	.01		22,421		
	SETTLEMENT TO PROGRAM	.02				
7	TOTAL MEDICARE PROGRAM LIABILITY			766,985		

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED 2/23/2011
15-1319	FROM 10/ 1/2009	
COMPONENT NO:	TO 9/30/2010	WORKSHEET E-2
15-Z319		

TITLE XVIII SWING BED SNF

	COMPUTATION OF NET COST OF COVERED SERVICES	PART A 1	PART B 2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	568,873	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	204,142	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	623	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	773,015	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	773,015	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	773,015	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	9,266	
14	80% OF PART B COSTS		
15	SUBTOTAL	763,749	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS	3,236	
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	3,236	
18	TOTAL	766,985	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	744,564	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	22,421	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 2/23/2011
15-1319	FROM 10/ 1/2009	WORKSHEET E-3
COMPONENT NO:	TO 9/30/2010	PART II
15-1319		

T II - MEDICARE PART A SERVICES - COST REIMBURSEMENT
HOSPITAL

1	INPATIENT SERVICES	2,785,411
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	2,785,411
5	PRIMARY PAYER PAYMENTS	3,358
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	2,809,874
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
	CUSTOMARY CHARGES	
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	2,809,874
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	348,468
21	EXCESS REASONABLE COST	
22	SUBTOTAL	2,461,406
23	COINSURANCE	1,100
24	SUBTOTAL	2,460,306
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	63,064
5.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	63,064
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	63,064
26	SUBTOTAL	2,523,370
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	2,523,370
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	2,449,370
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	74,000
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 2/23/2011
15-1319	FROM 10/ 1/2009	WORKSHEET E-3
COMPONENT NO:	TO 9/30/2010	PART III
15-5093		

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XVIII SNF	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE		
1	INPATIENT HOSPITAL/SNF/NF SERVICES		
2	MEDICAL AND OTHER SERVICES		
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
6	SUBTOTAL		
7	INPATIENT PRIMARY PAYER PAYMENTS		
8	OUTPATIENT PRIMARY PAYER PAYMENTS		
9	SUBTOTAL		
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES		
11	ANCILLARY SERVICE CHARGES		
12	INTERNS AND RESIDENTS SERVICE CHARGES		
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
14	TEACHING PHYSICIANS		
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		
16	TOTAL REASONABLE CHARGES		
	CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
19	RATIO OF LINE 17 TO LINE 18		
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES		
	PROSPECTIVE PAYMENT AMOUNT		
4	OTHER THAN OUTLIER PAYMENTS		543,689
5	OUTLIER PAYMENTS		
26	PROGRAM CAPITAL PAYMENTS		
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
30	SUBTOTAL		543,689
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		543,689
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL		543,689
36	COINSURANCE		123,545
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
39	UTILIZATION REVIEW		
40	SUBTOTAL (SEE INSTRUCTIONS)		420,144
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50	OTHER ADJUSTMENTS (SPECIFY)		
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52	SUBTOTAL		420,144
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		420,144
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS		409,205
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM		10,939
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 15-1319	PERIOD: FROM 10/ 1/2009 TO 9/30/2010	PREPARED 2/23/2011
COMPONENT NO: 15-5093		WORKSHEET E-3 PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

	ASSETS	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
	CURRENT ASSETS				
1	CASH ON HAND AND IN BANKS	7,490,080			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	7,000,569			
5	OTHER RECEIVABLES	649,288			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-3,918,131			
7	INVENTORY	641,822			
8	PREPAID EXPENSES	108,735			
9	OTHER CURRENT ASSETS	104,563			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	12,076,926			
	FIXED ASSETS				
12	LAND	421,244			
12.01					
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	18,092,390			
14.01	LESS ACCUMULATED DEPRECIATION	-16,647,786			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	12,405,055			
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	14,270,903			
	OTHER ASSETS				
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS				
26	TOTAL OTHER ASSETS				
27	TOTAL ASSETS	26,347,829			

	LIABILITIES AND FUND BALANCE	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
	CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE	436,233			
29	SALARIES, WAGES & FEES PAYABLE	1,439,789			
30	PAYROLL TAXES PAYABLE				
31	NOTES AND LOANS PAYABLE (SHORT TERM)	821,815			
32	DEFERRED INCOME				
33	ACCELERATED PAYMENTS				
34	DUE TO OTHER FUNDS	406,000			
35	OTHER CURRENT LIABILITIES	340,772			
36	TOTAL CURRENT LIABILITIES	3,444,609			
	LONG TERM LIABILITIES				
37	MORTGAGE PAYABLE				
38	NOTES PAYABLE	11,022,652			
39	UNSECURED LOANS				
40.01	LOANS PRIOR TO 7/1/66				
40.02	ON OR AFTER 7/1/66				
41	OTHER LONG TERM LIABILITIES				
42	TOTAL LONG-TERM LIABILITIES	11,022,652			
43	TOTAL LIABILITIES	14,467,261			
	CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE	11,880,568			
45	SPECIFIC PURPOSE FUND				
46	DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47	DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48	GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49	PLANT FUND BALANCE-INVESTED IN PLANT				
50	PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51	TOTAL FUND BALANCES	11,880,568			
52	TOTAL LIABILITIES AND FUND BALANCES	26,347,829			

STATEMENT OF CHANGES IN FUND BALANCES

PROVIDER NO: 15-1319 | PERIOD: FROM 10/ 1/2009 TO 9/30/2010 | PREPARED 2/23/2011 WORKSHEET G-1

		GENERAL FUND 1	GENERAL FUND 2	SPECIFIC PURPOSE FUND 3	SPECIFIC PURPOSE FUND 4
1	FUND BALANCE AT BEGINNING OF PERIOD		10,613,069		
2	NET INCOME (LOSS)		1,231,392		
3	TOTAL		11,844,461		
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4	ADDITIONS (CREDIT ADJUSTM	36,107			
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS		36,107		
11	SUBTOTAL		11,880,568		
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	DEDUCTIONS (DEBIT ADJUSTM				
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		11,880,568		

		ENDOWMENT FUND 5	ENDOWMENT FUND 6	PLANT FUND 7	PLANT FUND 8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4	ADDITIONS (CREDIT ADJUSTM				
5					
6					
7					
8					
9					
.0	TOTAL ADDITIONS				
11	SUBTOTAL				
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	DEDUCTIONS (DEBIT ADJUSTM				
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 15-1319

PERIOD: FROM 10/ 1/2009 TO 9/30/2010

PREPARED 2/23/2011

WORKSHEET G-2 PARTS I & II

PART I - PATIENT REVENUES

		REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
		GENERAL INPATIENT ROUTINE CARE SERVICES			
1	00	HOSPITAL	2,213,909		2,213,909
4	00	SWING BED - SNF			
5	00	SWING BED - NF			
6	00	SKILLED NURSING FACILITY	2,203,984		2,203,984
9	00	TOTAL GENERAL INPATIENT ROUTINE CARE	4,417,893		4,417,893
		INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10	00	INTENSIVE CARE UNIT	328,559		328,559
15	00	TOTAL INTENSIVE CARE TYPE INPAT HOSP	328,559		328,559
16	00	TOTAL INPATIENT ROUTINE CARE SERVICE	4,746,452		4,746,452
17	00	ANCILLARY SERVICES	6,572,129	34,065,035	40,637,164
18	00	OUTPATIENT SERVICES			
19	00	HOME HEALTH AGENCY		616,786	616,786
24	00			216,755	216,755
25	00	TOTAL PATIENT REVENUES	11,318,581	34,898,576	46,217,157

PART II-OPERATING EXPENSES

26	00	OPERATING EXPENSES		28,838,030
		ADD (SPECIFY)		
27	00	BAD DEBT	3,043,579	
28	00	PHYSICIAN BAD DEBT	157,332	
29	00			
30	00			
31	00			
32	00			
33	00	TOTAL ADDITIONS		3,200,911
		DEDUCT (SPECIFY)		
34	00	NON OPERATING EXPENSE	2,460,564	
35	00	INDUSTRIAL MEDICINE	3,004,110	
36	00	EMPLOYEE BENEFITS	279,179	
37	00			
38	00			
39	00	TOTAL DEDUCTIONS		5,743,853
40	00	TOTAL OPERATING EXPENSES		26,295,088

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-1319 | PERIOD: FROM 10/ 1/2009 TO 9/30/2010 | PREPARED 2/23/2011 WORKSHEET G-3

	DESCRIPTION	
1	TOTAL PATIENT REVENUES	46,217,157
2	LESS: ALLOWANCES AND DISCOUNTS ON	18,465,934
3	NET PATIENT REVENUES	27,751,223
4	LESS: TOTAL OPERATING EXPENSES	26,295,088
5	NET INCOME FROM SERVICE TO PATIENT	1,456,135
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS,FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	315,399
24	OTHER (SPECIFY)	21,454
24.01		511,605
25	TOTAL OTHER INCOME	848,458
26	TOTAL	2,304,593
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28	NON-OPERATING REVENUE	1,073,201
29		
30	TOTAL OTHER EXPENSES	1,073,201
31	NET INCOME (OR LOSS) FOR THE PERIO	1,231,392

Health Financial Systems MCRIF32 FOR GIBSON GENERAL HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2007)

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

I PROVIDER NO: 15-1319 I HHA NO: 15-7445 I PERIOD: FROM 10/ 1/2009 TO 9/30/2010 I PREPARED 2/23/2011 I WORKSHEET H

HHA 1

		SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
	GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMIN & GENERAL	48,415	16,317	25,765		18,679	109,176
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	146,810	49,477				196,287
7	PHYSICAL THERAPY						
8	OCCUPATIONAL THERAPY						
9	SPEECH PATHOLOGY						
10	MEDICAL SOCIAL SERVICES						
11	HOME HEALTH AIDE	60,735	20,468				81,203
12	SUPPLIES					654	654
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHER						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	255,960	86,262	25,765		19,333	387,320

		RECLASSIFI-CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
	GENERAL SERVICE COST CENTERS				
	CAP-REL COST-BLDG & FIX				
	CAP-REL COST-MOV EQUIP				
3	PLANT OPER & MAINT				
4	TRANSPORTATION				
5	ADMIN & GENERAL	-1,310	107,866		107,866
	HHA REIMBURSABLE SERVICES				
6	SKILLED NURSING CARE		196,287		196,287
7	PHYSICAL THERAPY				
8	OCCUPATIONAL THERAPY				
9	SPEECH PATHOLOGY				
10	MEDICAL SOCIAL SERVICES				
11	HOME HEALTH AIDE		81,203		81,203
12	SUPPLIES		654		654
13	DRUGS				
13.20	COST ADMINISTERING DRUGS				
14	DME				
	HHA NONREIMBURSABLE SERVICES				
15	HOME DIALYSIS AIDE SVCS				
16	RESPIRATORY THERAPY				
17	PRIVATE DUTY NURSING				
18	CLINIC				
19	HEALTH PROM ACTIVITIES				
20	DAY CARE PROGRAM				
21	HOME DEL MEALS PROGRAM				
22	HOMEMAKER SERVICE				
23	ALL OTHER				
23.50	TELEMEDICINE				
24	TOTAL (SUM OF LINES 1-23)	-1,310	386,010		386,010

HHA 1

		NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
		0	1	2	3	4	4A	5
	GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX							
2	CAP-REL COST-MOV EQUIP							
3	PLANT OPER & MAINT							
4	TRANSPORTATION							
5	ADMINISTRATIVE & GENERAL	107,866					107,866	107,866
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	196,287					196,287	76,121
7	PHYSICAL THERAPY							
8	OCCUPATIONAL THERAPY							
9	SPEECH PATHOLOGY							
10	MEDICAL SOCIAL SERVICES							
11	HOME HEALTH AIDE	81,203					81,203	31,491
12	SUPPLIES	654					654	254
13	DRUGS							
13.20	COST ADMINISTERING DRUGS							
14	DME							
	HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SVCS							
16	RESPIRATORY THERAPY							
17	PRIVATE DUTY NURSING							
18	CLINIC							
19	HEALTH PROM ACTIVITIES							
20	DAY CARE PROGRAM							
21	HOME DEL MEALS PROGRAM							
22	HOMEMAKER SERVICE							
23	ALL OTHERS							
23.50	TELEMEDICINE							
24	TOTAL (SUM OF LINES 1-23)	386,010					386,010	

		TOTAL
		6
	GENERAL SERVICE COST CENTERS	
.	CAP-REL COST-BLDG & FIX	
2	CAP-REL COST-MOV EQUIP	
3	PLANT OPER & MAINT	
4	TRANSPORTATION	
5	ADMINISTRATIVE & GENERAL	
	HHA REIMBURSABLE SERVICES	
6	SKILLED NURSING CARE	272,408
7	PHYSICAL THERAPY	
8	OCCUPATIONAL THERAPY	
9	SPEECH PATHOLOGY	
10	MEDICAL SOCIAL SERVICES	
11	HOME HEALTH AIDE	112,694
12	SUPPLIES	908
13	DRUGS	
13.20	COST ADMINISTERING DRUGS	
14	DME	
	HHA NONREIMBURSABLE SERVICES	
15	HOME DIALYSIS AIDE SVCS	
16	RESPIRATORY THERAPY	
17	PRIVATE DUTY NURSING	
18	CLINIC	
19	HEALTH PROM ACTIVITIES	
20	DAY CARE PROGRAM	
21	HOME DEL MEALS PROGRAM	
22	HOMEMAKER SERVICE	
23	ALL OTHERS	
23.50	TELEMEDICINE	
24	TOTAL (SUM OF LINES 1-23)	386,010

HHA 1

		CAP-REL COST-BLDG & FIX (SQUARE FEET) 1	CAP-REL COST-MOV EQUIP (DOLLAR VALUE) 2	PLANT OPER & MAINT (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4	RECONCILIATION 5A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 5
	GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL					-107,866	278,144
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE						196,287
7	PHYSICAL THERAPY						
8	OCCUPATIONAL THERAPY						
9	SPEECH PATHOLOGY						
10	MEDICAL SOCIAL SERVICES						
11	HOME HEALTH AIDE						81,203
12	SUPPLIES						654
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)					-107,866	278,144
25	COST TO BE ALLOCATED						107,866
26	UNIT COST MULIPLIER						.387806

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

PROVIDER NO: 15-1319 | PERIOD: FROM 10/ 1/2009 TO 9/30/2010 | PREPARED 2/23/2011 | WORKSHEET H-5 PART I

HHA NO: 15-7445

HHA 1

	HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6
1	ADMIN & GENERAL		6,991	8,104		15,095	2,270
2	SKILLED NURSING CARE	272,408				272,408	40,965
3	PHYSICAL THERAPY						
4	OCCUPATIONAL THERAPY						
5	SPEECH PATHOLOGY						
6	MEDICAL SOCIAL SERVICES						
7	HOME HEALTH AIDE	112,694				112,694	16,947
8	SUPPLIES	908				908	137
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY						
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19) (2)	386,010	6,991	8,104		401,105	60,319
21	UNIT COST MULIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

	HHA COST CENTER	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
1	ADMIN & GENERAL	11,200		4,037			
2	SKILLED NURSING CARE						
	PHYSICAL THERAPY						
	OCCUPATIONAL THERAPY						
5	SPEECH PATHOLOGY						
6	MEDICAL SOCIAL SERVICES						
7	HOME HEALTH AIDE						
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY						
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19) (2)	11,200		4,037			
21	UNIT COST MULIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

ALLOCATION OF GENERAL SERVICE
COSTS TO HHA COST CENTERS

I PROVIDER NO: 15-1319 I PERIOD: I FROM 10/ 1/2009 I TO 9/30/2010 I HHA NO: 15-7445 I PREPARED 2/23/2011 I WORKSHEET H-5 I PART I

HHA 1

	HHA COST CENTER	MEDICAL RECORDS & LIBRAR 17	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1	ADMIN & GENERAL		32,602		32,602		
2	SKILLED NURSING CARE		313,373		313,373	23,007	336,380
3	PHYSICAL THERAPY						
4	OCCUPATIONAL THERAPY						
5	SPEECH PATHOLOGY						
6	MEDICAL SOCIAL SERVICES						
7	HOME HEALTH AIDE		129,641		129,641	9,518	139,159
8	SUPPLIES		1,045		1,045	77	1,122
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY						
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19) (2)		476,661		476,661	32,602	476,661
21	UNIT COST MULIPLIER					0.073418	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

Health Financial Systems MCRIF32 FOR GIBSON GENERAL HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2007)

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED 2/23/2011
15-1319	FROM 10/ 1/2009	WORKSHEET H-5
HHA NO:	TO 9/30/2010	PART II
15-7445		

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)
	3	4	5	6A	6	8
1 ADMIN & GENERAL	433	433	255,960		15,095	433
2 SKILLED NURSING CARE					272,408	
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE					112,694	
8 SUPPLIES					908	
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	433	433	255,960		401,105	433
21 COST TO BE ALLOCATED	6,991	8,104			60,319	11,200
22 UNIT COST MULIPLIER	16.145497	18.715935			0.150382	25.866051

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NRSE FTE'S)	MEDICAL RECORDS & LIBRARY (TIME SPENT)
	9	10	11	12	14	17
1 ADMIN & GENERAL		433				
SKILLED NURSING CARE						
PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		433				
21 COST TO BE ALLOCATED		4,037				
22 UNIT COST MULIPLIER		9.323326				

[ ] TITLE V [X] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

	COST PER VISIT COMPUTATION PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS PART A
			1	2	3	4	5	6
1	SKILLED NURSING	2	336,380		336,380	2,215	151.86	749
2	PHYSICAL THERAPY	3		81,810	81,810	1,445	56.62	557
3	OCCUPATIONAL THERAPY	4		9,242	9,242	298	31.01	66
4	SPEECH PATHOLOGY	5		1,921	1,921	54	35.57	39
5	MEDICAL SOCIAL SERVICES	6				4		1
6	HOME HEALTH AIDE SERVICE	7	139,159		139,159	733	189.85	379
7	TOTAL		475,539	92,973	568,512	4,749		1,791

		-----PROGRAM VISITS----- ---------PART B--------- NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	----------COST OF SERVICES-------- ---------PART B--------- PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
		7	8	9	10	11	12
1	SKILLED NURSING	924		113,743	140,319		254,062
2	PHYSICAL THERAPY	542		31,537	30,688		62,225
3	OCCUPATIONAL THERAPY	174		2,047	5,396		7,443
4	SPEECH PATHOLOGY	29		1,387	1,032		2,419
5	MEDICAL SOCIAL SERVICES	1					
6	HOME HEALTH AIDE SERVICES	258		71,953	48,981		120,934
7	TOTAL	1,928		220,667	226,416		447,083

	LIMITATION COST COMPUTATION PATIENT SERVICES					PROGRAM COST LIMITS	PROGRAM VISITS PART A
		1	2	3	4	5	6
8	SKILLED NURSING	9915					
9	PHYSICAL THERAPY	9915					
10	OCCUPATIONAL THERAPY	9915					
11	SPEECH PATHOLOGY	9915					
12	MEDICAL SOCIAL SERVICES	9915					
13	HOME HEALTH AIDE SERVICE	9915					
14	TOTAL						

		-----PROGRAM VISITS----- ---------PART B--------- NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	----------COST OF SERVICES-------- ---------PART B--------- PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
		7	8	9	10	11	12
8	SKILLED NURSING						
9	PHYSICAL THERAPY						
10	OCCUPATIONAL THERAPY						
11	SPEECH PATHOLOGY						
12	MEDICAL SOCIAL SERVICES						
13	HOME HEALTH AIDE SERVICE						
14	TOTAL						

[ ] TITLE V [X] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

	SUPPLIES AND EQUIPMENT COST COMPUTATION / OTHER PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15	COST OF MEDICAL SUPPLIES	8.00	1,122		1,122	7,544	.148727	145
16	COST OF DRUGS	9.00						
16.20	COST OF DRUGS	9.20						

		PROGRAM COVERED CHARGES ---PART B--- NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	COST OF SERVICES ---PART B--- PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11
15	COST OF MEDICAL SUPPLIES	368		22	55	
16	COST OF DRUGS					
16.20	COST OF DRUGS					

	PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162	PROGRAM UNDUP CENSUS FROM WRKST S-4	9915	
17	PER BENE COST LIMITATION (FRM FI)	9915	
18	PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

		FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1	PHYSICAL THERAPY	50	.374083	218,694	81,810	COL 2, LN 2
2	OCCUPATIONAL THERAPY	51	.329902	28,013	9,242	COL 2, LN 3
3	SPEECH PATHOLOGY	52	.364656	5,269	1,921	COL 2, LN 4
4	MEDICAL SUPPLIES CHARGED TO PATIENT	55	.426164			COL 2, LN 15
5	DRUGS CHARGED TO PATIENTS	56	.373898			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUATION

		FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE: PROGRAM VISITS PRIOR 1/1/1998 2.01	PROGRAM VISITS 1/1/1998 TO 12/31/1998 3	PROGRAM COSTS PRIOR 1/1/1998 3.01	PROGRAM COSTS 1/1/1998 TO 12/31/1998 4	PROG VISITS ON OR AFTER 1/1/1999 5
1	PHYSICAL THERAPY	2	56.62					
2	OCCUPATIONAL THERAPY	3	31.01					
3	SPEECH PATHOLOGY	4	35.57					
4	TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO: 15-1319	PERIOD: FROM 10/ 1/2009 TO 9/30/2010	PREPARED 2/23/2011
HHA NO: 15-7445		WORKSHEET H-7 PARTS I & II

TITLE XVIII HHA 1

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

		PART A 1	PART B NOT SUBJECT TO DED & COINS 2	PART B SUBJECT TO DED & COINS 3
1	REASONABLE COST OF SERVICES	213,035	240,203	
2	TOTAL CHARGES			
	CUSTOMARY CHARGES			
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
4	AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
5	RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
6	TOTAL CUSTOMARY CHARGES	213,035	240,203	
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	213,035	240,203	
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
9	PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

		PART A SERVICES 1	PART B SERVICES 2
10	TOTAL REASONABLE COST	222,966	272,763
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS		
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
0.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	1,379	3,855
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	3,143	1,757
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11	TOTAL OTHER PAYMENTS		
10.12	DME PAYMENTS		
10.13	OXYGEN PAYMENTS		
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS		
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12	SUBTOTAL	227,488	278,375
13	EXCESS REASONABLE COST		
14	SUBTOTAL	227,488	278,375
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	227,488	278,375
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	227,488	278,375
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21	OTHER ADJUSTMENTS (SPECIFY)		
22	SUBTOTAL	227,488	278,375
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	227,488	278,375
25	INTERIM PAYMENTS	227,488	278,375
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM		
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

Health Financial Systems MCRIF32 FOR GIBSON GENERAL HOSPITAL IN LIEU OF FORM CMS-2552-96 (11/1998)

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

PROVIDER NO: 15-1319 | PERIOD: FROM 10/ 1/2009 TO 9/30/2010 | PREPARED 2/23/2011 WORKSHEET H-8

HHA NO: 15-7445

TITLE XVIII HHA 1

	DESCRIPTION		PART A MM/DD/YYYY 1	PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			227,488		278,375
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.			NONE		NONE
3	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)					
		ADJUSTMENTS TO PROVIDER .01				
		ADJUSTMENTS TO PROVIDER .02				
		ADJUSTMENTS TO PROVIDER .03				
		ADJUSTMENTS TO PROVIDER .04				
		ADJUSTMENTS TO PROVIDER .05				
		ADJUSTMENTS TO PROGRAM .50				
		ADJUSTMENTS TO PROGRAM .51				
		ADJUSTMENTS TO PROGRAM .52				
		ADJUSTMENTS TO PROGRAM .53				
		ADJUSTMENTS TO PROGRAM .54				
	SUBTOTAL	.99		NONE		NONE
4	TOTAL INTERIM PAYMENTS			227,488		278,375
	TO BE COMPLETED BY INTERMEDIARY					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
		TENTATIVE TO PROVIDER .01				
		TENTATIVE TO PROVIDER .02				
		TENTATIVE TO PROVIDER .03				
		TENTATIVE TO PROGRAM .50				
		TENTATIVE TO PROGRAM .51				
		TENTATIVE TO PROGRAM .52				
	SUBTOTAL	.99		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01				
		SETTLEMENT TO PROGRAM .02				
7	TOTAL MEDICARE PROGRAM LIABILITY			227,488		278,375

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO: 15-1319	PERIOD: FROM 10/ 1/2009 TO 9/30/2010	PREPARED 2/23/2011	
COMPONENT NO: 15-1319		WORKSHEET L PARTS I-IV	

TITLE XIX HOSPITAL

I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD	.00
4 .01	NUMBER OF INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	.00
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	.00
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON S-3, PART I	.00
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	

PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	

PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
[illegible]	CAPITAL COST PAYMENT FACTOR	
	TOTAL INPATIENT PROGRAM CAPITAL COST	

[illegible]T IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES	.00
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINUMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)	