This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Falure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150042	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/28/2013 5:14 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/28/2013 Time: 5:14 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] Cost Report Status
   (1) As Submitted
   (2) Settled without Audit
   (3) Settled with Audit
   (4) Reopened
   (5) Amended
6. Date Received:
7. Contractor No.
8. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by GOOD SAMARITAN HOSPITAL (150042) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-497,476	211,434	-85,101	0	1.00
2.00	Subprovider - IPF	0	9,688	73		0	2.00
3.00	Subprovider - IRF	0	15,574	-11		0	3.00
4.00	SUBPROVIDER I	0	0	0		0	4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	-472,214	211,496	-85,101	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150042

Period: From 01/01/2012 To 12/31/2012

Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 5:10 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 520 SOUTH 7TH STREET	PO Box:			1.00
2.00	City: VINCENNES	State: IN	Zip Code: 47591	County: KNOX	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	GOOD SAMARITAN HOSPITAL	150042	99915	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	GOOD SAMARITAN HOSPITAL	15S042	99915	4	01/01/1984	N	P	O	4.00
5.00	Subprovider - IRF	GOOD SAMARITAN - REHAB	15T042	99915	5	01/01/2001	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	GOOD SAMARITAN HOME CARE	157432	99915		06/27/1995	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	GOOD SAMARITAN LINCOLN TRAIL HOSPICE	151526	99915		01/01/1984				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2012	12/31/2012	20.00
21.00	Type of Control (see instructions)	9		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	2	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	913	249	135	534	1,025	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	56	0	0	0	134	0	25.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150042	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 5:10 pm

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

		Y/N 1.00	Y/N 2.00	
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.	N		39.00

		V 1.00	XVIII 2.00	XIX 3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00

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

		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 5:10 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 5:10 pm

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

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

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I &R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

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

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 5:10 pm

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,972,625	0	250,000	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N		140.00

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

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150042	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 5:10 pm

							1.00	
	Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						1.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-2 Part II Date/Time Prepared: 5/28/2013 5:10 pm

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

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

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

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

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

			Part A		Part B	
		Description	Y/N	Date	Y/N	
		0	1.00	2.00	3.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		N	05/23/2013	N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	05/23/2013	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-2 Part II Date/Time Prepared: 5/28/2013 5:10 pm

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		N	21.00
					1.00	

	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions	N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N	27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	Y	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N	31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	Y	35.00

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

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ANDREW	RINZEL	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-383-4000	ARINZEL@BKD.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-2 Part II Date/Time Prepared: 5/28/2013 5:10 pm

		Part B Date 4.00			
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	05/23/2013			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	05/23/2013			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.				18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.				19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:				20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.				21.00
			3.00		
	Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		SENIOR MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-3 Part I Date/Time Prepared: 5/28/2013 5:10 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	172	62,952	0.00	0	1.00
2.00	HMO						2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		172	62,952	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	20	7,320	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		192	70,272	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	22	8,052		0	16.00
17.00	SUBPROVIDER - IRF	41.00	18	6,588		0	17.00
18.00	SUBPROVIDER	42.00	0	0		0	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	0	0			24.00
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	99.10				0	25.10
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		232				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

	Component	I/P Days / O/P Visits / Trips Title XVIII	Title XIX	Total All Patients	Full Time Equivalents Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	12,658	774	20,073			1.00
2.00	HMO	803	1,886				2.00
3.00	HMO IPF Subprovider	15	0				3.00
4.00	HMO IRF Subprovider	82	134				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	12,658	774	20,073			7.00
8.00	INTENSIVE CARE UNIT	1,588	96	2,494			8.00
9.00	CORONARY CARE UNIT	0	0	0			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		43	1,106			13.00
14.00	Total (see instructions)	14,246	913	23,673	0.00	1,480.74	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,729	946	4,516	0.00	25.89	16.00
17.00	SUBPROVIDER - IRF	4,988	56	5,911	0.00	46.00	17.00
18.00	SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	124	0.00	14.43	24.00
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-3 Part I Date/Time Prepared: 5/28/2013 5:10 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,567.06	27.00
28.00	Observation Bed Days		1,443	3,503			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)		57	112			32.00
33.00	LTCH non-covered days	0					33.00

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	3,303	703	6,603	1.00
2.00	HMO			183			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	3,303	703	6,603	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	279	169	884	16.00
17.00	SUBPROVIDER - IRF	0.00	0	420	3	494	17.00
18.00	SUBPROVIDER	0.00	0	0	0	0	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-3 Part II Date/Time Prepared: 5/28/2013 5:10 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	82,939,278	0	82,939,278	3,167,803.00	26.18	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		107,096	0	107,096	891.00	120.20	4.00
4.01	Physicians - Part A - Teaching		2,503,117	0	2,503,117	17,779.00	140.79	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		24,184,759	1,725,861	25,910,620	819,453.00	31.62	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		250,558	0	250,558	3,689.00	67.92	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		239,902	0	239,902	4,903.00	48.93	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		18,300,651	0	18,300,651			17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25		0	0	0			18.00
19.00	Excluded areas		5,814,775	0	5,814,775			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		7,278	0	7,278			22.00
22.01	Physician Part A - Teaching		135,848	0	135,848			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	3,110,406	0	3,110,406	196,311.00	15.84	26.00
27.00	Administrative & General	5.00	6,377,650	550,807	6,928,457	222,928.00	31.08	27.00
28.00	Administrative & General under contract (see inst.)		278,245	0	278,245	1,725.00	161.30	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,967,354	110,161	2,077,515	111,260.00	18.67	30.00
31.00	Laundry & Linen Service	8.00	184,492	0	184,492	17,291.00	10.67	31.00
32.00	Housekeeping	9.00	1,830,538	0	1,830,538	147,237.00	12.43	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,324,127	-955,413	368,714	27,160.00	13.58	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	955,413	955,413	71,019.00	13.45	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,498,118	36,720	1,534,838	43,751.00	35.08	38.00
39.00	Central Services and Supply	14.00	367,669	0	367,669	28,098.00	13.09	39.00
40.00	Pharmacy	15.00	2,819,929	-396,881	2,423,048	66,763.00	36.29	40.00
41.00	Medical Records & Medical Records Library	16.00	2,303,758	0	2,303,758	128,774.00	17.89	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150042

Period:
From 01/01/2012
To 12/31/2012

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2013 5:10 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Social Service	17.00	3,672,045	-2,423,549	1,248,496	65,330.00	19.11	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150042

Period: From 01/01/2012 To 12/31/2012

Worksheet S-3 Part III Date/Time Prepared: 5/28/2013 5:10 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		80,714,406	0	80,714,406	3,151,749.00	25.61	1.00
2.00	Excluded area salaries (see instructions)		24,184,759	1,725,861	25,910,620	819,453.00	31.62	2.00
3.00	Subtotal salaries (line 1 minus line 2)		56,529,647	-1,725,861	54,803,786	2,332,296.00	23.50	3.00
4.00	Subtotal other wages & related costs (see inst.)		490,460	0	490,460	8,592.00	57.08	4.00
5.00	Subtotal wage-related costs (see inst.)		18,307,929	0	18,307,929	0.00	33.41	5.00
6.00	Total (sum of lines 3 thru 5)		75,328,036	-1,725,861	73,602,175	2,340,888.00	31.44	6.00
7.00	Total overhead cost (see instructions)		25,734,331	-2,122,742	23,611,589	1,127,647.00	20.94	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150042	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2013 5:10 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	4,610,352	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	12,955,870	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	527,790	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	243,252	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	268,673	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	0	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	4,412,609	17.00
18.00	Medicare Taxes - Employers Portion Only	1,194,044	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	45,961	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	24,258,551	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-3 Part V Date/Time Prepared: 5/28/2013 5:10 pm

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150042	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/28/2013 5:10 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.358417	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	11,048,033	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	1,734,998	5.00
6.00	Medicaid charges	47,582,548	6.00
7.00	Medicaid cost (line 1 times line 6)	17,054,394	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	4,271,363	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	4,271,363	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	6,349,294	11,758,378	18,107,672	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,275,695	4,214,403	6,490,098	21.00
22.00	Partial payment by patients approved for charity care	32,388	135,848	168,236	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,243,307	4,078,555	6,321,862	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	17,414,110	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	215,129	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)	17,198,981	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)	6,164,407	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	12,486,269	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	16,757,632	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A | Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	0	0	1.00
1.01	00101	NEW CRC - CT EAST		0	0	765,320	765,320	1.01
1.02	00102	NEW CRC- CT WEST		0	0	906,792	906,792	1.02
1.03	00103	NEW CRC- MEMORIAL		0	0	279,255	279,255	1.03
1.04	00104	NEW CRC - OUTPATIENT		0	0	382,925	382,925	1.04
1.05	00105	NEW CRD - HEALTH PAVILION		0	0	1,169,322	1,169,322	1.05
1.06	00106	NEW CRC - STORAGE		0	0	934	934	1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER		0	0	323,514	323,514	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		4,843,809	4,843,809	0	4,843,809	2.00
2.01	00201	NEW CRC - EQUIPMENT		0	0	1,417,480	1,417,480	2.01
2.02	00202	NEW CRC - HEALTH PAVILION		0	0	1,044,906	1,044,906	2.02
4.00	00400	EMPLOYEE BENEFITS	573,429	1,804,397	2,377,826	22,451,417	24,829,243	4.00
4.01	00401	COMMUNICATIONS	234,879	153,414	388,293	-93,082	295,211	4.01
4.02	00402	PURCHASING & RECEIVING	599,126	343,096	942,222	-246,102	696,120	4.02
4.03	00403	REGISTRATION	622,641	350,203	972,844	-290,231	682,613	4.03
4.04	00404	PATIENT ACCOUNTS	1,080,331	1,040,656	2,120,987	-417,880	1,703,107	4.04
5.00	00500	ADMINISTRATIVE & GENERAL	6,377,650	20,670,737	27,048,387	-2,350,021	24,698,366	5.00
7.00	00700	OPERATION OF PLANT	1,967,354	3,988,156	5,955,510	-642,173	5,313,337	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	184,492	215,749	400,241	-132,435	267,806	8.00
9.00	00900	HOUSEKEEPING	1,830,538	1,026,058	2,856,596	-742,296	2,114,300	9.00
10.00	01000	DIETARY	1,324,127	1,639,430	2,963,557	-2,272,238	691,319	10.00
11.00	01100	CAFETERIA	0	37	37	1,791,350	1,791,387	11.00
13.00	01300	NURSING ADMINISTRATION	1,498,118	811,726	2,309,844	-503,585	1,806,259	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	367,669	364,414	732,083	-212,759	519,324	14.00
15.00	01500	PHARMACY	2,819,929	11,215,305	14,035,234	-11,481,064	2,554,170	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,303,758	1,515,869	3,819,627	-811,777	3,007,850	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	MENTAL HEALTH OVERHEAD	3,672,045	2,377,219	6,049,264	-4,435,783	1,613,481	17.01
23.00	02300	PARAMED ED PRGM	181,946	72,603	254,549	-54,556	199,993	23.00
23.01	02301	PARAMED ED PRGM-LAB	18,950	0	18,950	-2,580	16,370	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	8,019,982	3,378,096	11,398,078	-2,918,376	8,479,702	30.00
31.00	03100	INTENSIVE CARE UNIT	1,619,560	749,616	2,369,176	-561,316	1,807,860	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	522,009	522,009	40.00
41.00	04100	SUBPROVIDER - IRF	1,960,096	1,198,378	3,158,474	-507,622	2,650,852	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	262,422	120,348	382,770	-89,848	292,922	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,899,370	5,022,023	6,921,393	-3,654,704	3,266,689	50.00
51.00	05100	RECOVERY ROOM	264,434	174,330	438,764	-140,958	297,806	51.00
51.01	05101	ENDOSCOPY	982,940	1,067,924	2,050,864	-747,499	1,303,365	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	520,668	251,760	772,428	-183,118	589,310	52.00
53.00	05300	ANESTHESIOLOGY	1,603,263	667,338	2,270,601	-326,148	1,944,453	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,489,972	4,279,504	7,769,476	-2,393,911	5,375,565	54.00
54.01	05401	RADIOLOGY-MONROE CITY	57,241	28,709	85,950	-15,638	70,312	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	35,955	31,608	67,563	-10,668	56,895	54.03
54.04	05404	RADIOLOGY-MRI	337,987	682,487	1,020,474	-485,001	535,473	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	307,154	170,897	478,051	-121,972	356,079	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	61,370	29,422	90,792	-10,056	80,736	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	300,098	93,861	393,959	-71,760	322,199	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,487,662	4,801,718	7,289,380	-2,810,402	4,478,978	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	954,941	954,941	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,224,557	1,223,384	3,447,941	-918,885	2,529,056	65.00
66.00	06600	PHYSICAL THERAPY	2,362,155	991,206	3,353,361	-735,237	2,618,124	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,451,717	3,715,236	5,166,953	-2,115,245	3,051,708	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	259,457	144,631	404,088	-112,780	291,308	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,845,469	5,845,469	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	2,850,749	2,850,749	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,507,662	10,507,662	73.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A | Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,007,341	2,930,114	3,937,455	-1,820,227	2,117,228	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	0	573,259	573,259	-63,804	509,455	76.01
76.02	03022	ACUPUNCTURE	0	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	785,813	714,280	1,500,093	-431,346	1,068,747	90.00
91.00	09100	EMERGENCY	2,891,454	6,026,138	8,917,592	-901,368	8,016,224	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	65,861	452,282	518,143	-38,126	480,017	96.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	3,232	3,232	-3,232	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		1,002,310	1,002,310	-1,002,310	0	113.00
116.00	11600	HOSPICE	737,413	826,308	1,563,721	-277,740	1,285,981	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	61,652,924	93,783,277	155,436,201	3,056,186	158,492,387	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	19,271,660	9,152,817	28,424,477	-4,029,624	24,394,853	192.00
194.00	07950	COMMUNITY HEALTH SERVICES	183,781	190,661	374,442	-76,766	297,676	194.00
194.01	07951	WORK FITNESS	0	0	0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	150,281	647,513	797,794	-65,820	731,974	194.02
194.03	07953	MH RESIDENTIAL	645,087	403,410	1,048,497	-289,627	758,870	194.03
194.04	07954	UNUSED SPACE	0	0	0	0	0	194.04
194.05	07955	MOB	941,092	570,108	1,511,200	-278,477	1,232,723	194.05
194.06	07956	FOUNDATION	84,638	133,401	218,039	-23,793	194,246	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	0	1,191	1,191	0	1,191	194.07
194.08	07958	INDUSTRIAL HEALTH	9,815	1,250	11,065	-470	10,595	194.08
194.09	07959	NRCC	0	0	0	1,708,391	1,708,391	194.09
200.00		TOTAL (SUM OF LINES 118-199)	82,939,278	104,883,628	187,822,906	0	187,822,906	200.00

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
		GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	00101	NEW CRC - CT EAST	-2,015	763,305	1.01
1.02	00102	NEW CRC- CT WEST	-4,036	902,756	1.02
1.03	00103	NEW CRC- MEMORIAL	0	279,255	1.03
1.04	00104	NEW CRC - OUTPATIENT	0	382,925	1.04
1.05	00105	NEW CRD - HEALTH PAVILION	0	1,169,322	1.05
1.06	00106	NEW CRC - STORAGE	0	934	1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER	-4,627	318,887	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	4,843,809	2.00
2.01	00201	NEW CRC - EQUIPMENT	-416,694	1,000,786	2.01
2.02	00202	NEW CRC - HEALTH PAVILION	-78,924	965,982	2.02
4.00	00400	EMPLOYEE BENEFITS	-302,376	24,526,867	4.00
4.01	00401	COMMUNICATIONS	0	295,211	4.01
4.02	00402	PURCHASING & RECEIVING	-128,493	567,627	4.02
4.03	00403	REGISTRATION	0	682,613	4.03
4.04	00404	PATIENT ACCOUNTS	-171,748	1,531,359	4.04
5.00	00500	ADMINISTRATIVE & GENERAL	-1,008,765	23,689,601	5.00
7.00	00700	OPERATION OF PLANT	0	5,313,337	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	267,806	8.00
9.00	00900	HOUSEKEEPING	0	2,114,300	9.00
10.00	01000	DIETARY	-34,521	656,798	10.00
11.00	01100	CAFETERIA	-810,005	981,382	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,806,259	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	519,324	14.00
15.00	01500	PHARMACY	-460	2,553,710	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-3,855	3,003,995	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
17.01	01701	MENTAL HEALTH OVERHEAD	-1,307,465	306,016	17.01
23.00	02300	PARAMED ED PRGM	-51,011	148,982	23.00
23.01	02301	PARAMED ED PRGM-LAB	0	16,370	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	-632	8,479,070	30.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A | Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
31.00	03100	INTENSIVE CARE UNIT	0	1,807,860		31.00
32.00	03200	CORONARY CARE UNIT	0	0		32.00
40.00	04000	SUBPROVIDER - IPF	0	522,009		40.00
41.00	04100	SUBPROVIDER - IRF	-736	2,650,116		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	0	292,922		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-3,172	3,263,517		50.00
51.00	05100	RECOVERY ROOM	0	297,806		51.00
51.01	05101	ENDOSCOPY	-98,190	1,205,175		51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	589,310		52.00
53.00	05300	ANESTHESIOLOGY	-1,467,981	476,472		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-417,664	4,957,901		54.00
54.01	05401	RADIOLOGY-MONROE CITY	0	70,312		54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0		54.02
54.03	05403	RADIOLOGY-BICKNELL	0	56,895		54.03
54.04	05404	RADIOLOGY-MRI	0	535,473		54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0	356,079		54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0	80,736		54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0		54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	-188,900	133,299		54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	-55,644	4,423,334		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	954,941		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	-15,288	2,513,768		65.00
66.00	06600	PHYSICAL THERAPY	-462	2,617,662		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	-711,208	2,340,500		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	07001	NEURODIAGNOSTICS	0	291,308		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,845,469		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,850,749		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-330,451	10,177,211		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	-4,067	2,113,161		75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0		76.00
76.01	03021	INPATIENT RENAL DIALYSIS	-171,866	337,589		76.01
76.02	03022	ACUPUNCTURE	0	0		76.02
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	-22	1,068,725		90.00
91.00	09100	EMERGENCY	-4,805,563	3,210,661		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	-49	479,968		96.00
99.10	09910	CORF	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
		SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0		111.00
113.00	11300	INTEREST EXPENSE	0	0		113.00
116.00	11600	HOSPICE	-774	1,285,207		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-12,597,664	145,894,723		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-202,677	24,192,176		192.00
194.00	07950	COMMUNITY HEALTH SERVICES	0	297,676		194.00
194.01	07951	WORK FITNESS	0	0		194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	0	731,974		194.02
194.03	07953	MH RESIDENTIAL	0	758,870		194.03
194.04	07954	UNUSED SPACE	0	0		194.04
194.05	07955	MOB	-2,665	1,230,058		194.05
194.06	07956	FOUNDATION	0	194,246		194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	0	1,191		194.07
194.08	07958	INDUSTRIAL HEALTH	0	10,595		194.08
194.09	07959	NRCC	0	1,708,391		194.09

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A | Date/Time Prepared: 5/28/2013 5:10 pm

	Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
200.00	TOTAL (SUM OF LINES 118-199)	-12,803,006	175,019,900		200.00

RECLASSIFICATIONS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 5/28/2013 5:10 pm

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,908,617		1.00
	TOTALS		0	9,908,617		
	B - CHARGEABLE MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,845,469		1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	954,941		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
	TOTALS		0	6,800,410		
	C - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS	4.00	0	22,493,242		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00

RECLASSIFICATIONS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 5/28/2013 5:10 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
	TOTALS		0	22,493,242	
	D - INTEREST EXPENSE				
1.00	NEW CRC - CT EAST	1.01	0	4,224	1.00
2.00	NEW CRC- CT WEST	1.02	0	8,462	2.00
3.00	NEW CRC - DIAGNOSTIC CENTER	1.07	0	9,702	3.00
4.00	NEW CRC - EQUIPMENT	2.01	0	869,047	4.00
5.00	NEW CRC - HEALTH PAVILION	2.02	0	110,875	5.00
	TOTALS		0	1,002,310	
	E - DEPRECIATION EXPENSE				
1.00	NEW CRC - EQUIPMENT	2.01	0	4,948,480	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
	TOTALS		0	4,948,480	

RECLASSIFICATIONS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 5/28/2013 5:10 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	F - BOND ISSUANCE COSTS				
1.00	NEW CRC - CT EAST	1.01	0	4,586	1.00
2.00	NEW CRC- CT WEST	1.02	0	9,197	2.00
3.00	NEW CRC - HEALTH PAVILION	2.02	0	120,550	3.00
	TOTALS		0	134,333	
	G - INSURANCE EXPENSE				
1.00	NEW CRC - EQUIPMENT	2.01	0	336,707	1.00
	TOTALS		0	336,707	
	H - MENTAL HEALTH OVERHEAD				
1.00	ADMINISTRATIVE & GENERAL	5.00	550,807	161,023	1.00
2.00	OPERATION OF PLANT	7.00	110,161	32,205	2.00
3.00	NURSING ADMINISTRATION	13.00	36,720	10,735	3.00
4.00	SUBPROVIDER - IPF	40.00	403,925	118,084	4.00
5.00	NRCC	194.09	1,321,936	386,455	5.00
	TOTALS		2,423,549	708,502	
	I - IMPLANTABLE SUPPLIES				
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	2,850,749	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	2,850,749	
	J - ONCOLOGY				
1.00	DRUGS CHARGED TO PATIENTS	73.00	396,881	202,164	1.00
	TOTALS		396,881	202,164	
	K - DIETARY				
1.00	CAFETERIA	11.00	955,413	835,937	1.00
	TOTALS		955,413	835,937	
	L - DEPRECIATION EXPENSE				
1.00	NEW CRC - CT EAST	1.01	0	756,510	1.00
2.00	NEW CRC- CT WEST	1.02	0	889,133	2.00
3.00	NEW CRC- MEMORIAL	1.03	0	279,255	3.00
4.00	NEW CRC - OUTPATIENT	1.04	0	382,925	4.00
5.00	NEW CRD - HEALTH PAVILION	1.05	0	1,169,322	5.00
6.00	NEW CRC - STORAGE	1.06	0	934	6.00
7.00	NEW CRC - DIAGNOSTIC CENTER	1.07	0	313,812	7.00
8.00	NEW CRC - HEALTH PAVILION	2.02	0	813,481	8.00
	TOTALS		0	4,605,372	
500.00	Grand Total: Increases		3,775,843	54,826,823	500.00

RECLASSIFICATIONS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 5/28/2013 5:10 pm

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - CHARGEABLE DRUGS						
1.00	PHARMACY	15.00	0	9,908,617	0		1.00
	TOTALS		0	9,908,617			
	B - CHARGEABLE MEDICAL SUPPLIES						
1.00	EMPLOYEE BENEFITS	4.00	0	37,860	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	3,482	0		2.00
3.00	OPERATION OF PLANT	7.00	0	1,192	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	399	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,607	0		5.00
6.00	PHARMACY	15.00	0	6,057	0		6.00
7.00	MENTAL HEALTH OVERHEAD	17.01	0	1,108	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	84,654	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	24,980	0		9.00
11.00	NURSERY	43.00	0	7,067	0		11.00
12.00	OPERATING ROOM	50.00	0	749,367	0		12.00
13.00	RECOVERY ROOM	51.00	0	14,973	0		13.00
14.00	ENDOSCOPY	51.01	0	211,984	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	47,735	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	15,369	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	599,968	0		17.00
18.00	RADIOLOGY-MRI	54.04	0	38,117	0		18.00
19.00	RADIOLOGY-ULTRASOUND	54.05	0	22,210	0		19.00
20.00	RADIOLOGY-GSH BREAST CENTER	54.08	0	15	0		20.00
21.00	LABORATORY	60.00	0	1,979,855	0		21.00
23.00	RESPIRATORY THERAPY	65.00	0	188,484	0		23.00
24.00	PHYSICAL THERAPY	66.00	0	30,929	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	1,235,067	0		25.00
26.00	NEURODIAGNOSTICS	70.01	0	1,373	0		26.00
27.00	INPATIENT RENAL DIALYSIS	76.01	0	3,360	0		27.00
28.00	ASC (NON-DISTINCT PART)	75.00	0	494,129	0		28.00
29.00	CLINIC	90.00	0	325,223	0		29.00
30.00	EMERGENCY	91.00	0	23,783	0		30.00
31.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	21,947	0		31.00
32.00	HOSPICE	116.00	0	94,121	0		32.00
33.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	479,674	0		33.00
34.00	COMMUNITY HEALTH SERVICES	194.00	0	20,073	0		34.00
35.00	MH RESIDENTIAL	194.03	0	202	0		35.00
36.00	MOB	194.05	0	34,046	0		36.00
	TOTALS		0	6,800,410			
	C - EMPLOYEE BENEFITS						
1.00	COMMUNICATIONS	4.01	0	93,082	0		1.00
2.00	PURCHASING & RECEIVING	4.02	0	234,545	0		2.00
3.00	REGISTRATION	4.03	0	289,069	0		3.00
4.00	PATIENT ACCOUNTS	4.04	0	395,631	0		4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	0	1,675,241	0		5.00
6.00	OPERATION OF PLANT	7.00	0	619,566	0		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	92,789	0		7.00
8.00	HOUSEKEEPING	9.00	0	712,965	0		8.00
9.00	DIETARY	10.00	0	455,942	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	380,914	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	165,292	0		11.00
12.00	PHARMACY	15.00	0	745,283	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	809,712	0		13.00
14.00	MENTAL HEALTH OVERHEAD	17.01	0	1,233,130	0		14.00
15.00	PARAMED ED PRGM	23.00	0	54,128	0		15.00
16.00	PARAMED ED PRGM-LAB	23.01	0	1,565	0		16.00
17.00	ADULTS & PEDIATRICS	30.00	0	2,670,481	0		17.00
18.00	INTENSIVE CARE UNIT	31.00	0	440,806	0		18.00
19.00	SUBPROVIDER - IRF	41.00	0	494,357	0		19.00
20.00	NURSERY	43.00	0	76,488	0		20.00
21.00	OPERATING ROOM	50.00	0	517,850	0		21.00
22.00	RECOVERY ROOM	51.00	0	100,533	0		22.00
23.00	ENDOSCOPY	51.01	0	297,993	0		23.00
24.00	DELIVERY ROOM & LABOR ROOM	52.00	0	112,553	0		24.00
25.00	ANESTHESIOLOGY	53.00	0	274,969	0		25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	998,495	0		26.00
27.00	RADIOLOGY-MONROE CITY	54.01	0	15,638	0		27.00
28.00	RADIOLOGY-BICKNELL	54.03	0	7,245	0		28.00
29.00	RADIOLOGY-MRI	54.04	0	117,737	0		29.00
30.00	RADIOLOGY-ULTRASOUND	54.05	0	59,025	0		30.00
31.00	RADIOLOGY-PETERSBURG AMBER MANOR	54.06	0	10,056	0		31.00
32.00	RADIOLOGY-GSH BREAST CENTER	54.08	0	71,745	0		32.00
33.00	LABORATORY	60.00	0	736,789	0		33.00

RECLASSIFICATIONS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 5/28/2013 5:10 pm

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
34.00	RESPIRATORY THERAPY	65.00	0	655,251	0		34.00
35.00	PHYSICAL THERAPY	66.00	0	689,339	0		35.00
36.00	ELECTROCARDIOLOGY	69.00	0	431,455	0		36.00
37.00	NEURODIAGNOSTICS	70.01	0	91,735	0		37.00
38.00	ASC (NON-DISTINCT PART)	75.00	0	351,820	0		38.00
39.00	CLINIC	90.00	0	105,853	0		39.00
40.00	EMERGENCY	91.00	0	812,374	0		40.00
41.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	16,131	0		41.00
42.00	HOME HEALTH AGENCY	101.00	0	3,232	0		42.00
43.00	HOSPICE	116.00	0	175,998	0		43.00
44.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,543,236	0		44.00
45.00	COMMUNITY HEALTH SERVICES	194.00	0	56,623	0		45.00
46.00	MARKETING AND PUBLIC RELATIONS	194.02	0	57,431	0		46.00
47.00	MH RESIDENTIAL	194.03	0	272,456	0		47.00
48.00	MOB	194.05	0	244,431	0		48.00
49.00	FOUNDATION	194.06	0	23,793	0		49.00
50.00	INDUSTRIAL HEALTH	194.08	0	470	0		50.00
	TOTALS		0	22,493,242			
	D - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	1,002,310	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	11		3.00
4.00		0.00	0	0	11		4.00
5.00		0.00	0	0	11		5.00
	TOTALS		0	1,002,310			
	E - DEPRECIATION EXPENSE						
1.00	EMPLOYEE BENEFITS	4.00	0	3,965	9		1.00
2.00	PURCHASING & RECEIVING	4.02	0	11,557	9		2.00
3.00	REGISTRATION	4.03	0	1,162	9		3.00
4.00	PATIENT ACCOUNTS	4.04	0	22,249	9		4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	0	1,043,470	9		5.00
6.00	OPERATION OF PLANT	7.00	0	163,781	9		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	39,646	9		7.00
8.00	HOUSEKEEPING	9.00	0	29,331	9		8.00
9.00	DIETARY	10.00	0	24,946	9		9.00
10.00	NURSING ADMINISTRATION	13.00	0	169,727	9		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	32,324	9		11.00
12.00	PHARMACY	15.00	0	222,062	9		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,065	9		13.00
14.00	MENTAL HEALTH OVERHEAD	17.01	0	69,494	9		14.00
15.00	PARAMED ED PRGM	23.00	0	428	9		15.00
16.00	PARAMED ED PRGM-LAB	23.01	0	1,015	9		16.00
17.00	ADULTS & PEDIATRICS	30.00	0	163,241	9		17.00
18.00	INTENSIVE CARE UNIT	31.00	0	95,530	9		18.00
19.00	SUBPROVIDER - IRF	41.00	0	13,265	9		19.00
20.00	NURSERY	43.00	0	6,293	9		20.00
21.00	OPERATING ROOM	50.00	0	198,388	9		21.00
22.00	RECOVERY ROOM	51.00	0	25,452	9		22.00
23.00	ENDOSCOPY	51.01	0	237,522	9		23.00
24.00	DELIVERY ROOM & LABOR ROOM	52.00	0	22,830	9		24.00
25.00	ANESTHESIOLOGY	53.00	0	35,810	9		25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	795,448	9		26.00
27.00	RADIOLOGY-BICKNELL	54.03	0	3,423	9		27.00
28.00	RADIOLOGY-MRI	54.04	0	329,147	9		28.00
29.00	RADIOLOGY-ULTRASOUND	54.05	0	40,737	9		29.00
30.00	LABORATORY	60.00	0	93,758	9		30.00
32.00	RESPIRATORY THERAPY	65.00	0	75,150	9		32.00
33.00	PHYSICAL THERAPY	66.00	0	14,969	9		33.00
34.00	ELECTROCARDIOLOGY	69.00	0	448,723	9		34.00
35.00	NEURODIAGNOSTICS	70.01	0	19,672	9		35.00
36.00	INPATIENT RENAL DIALYSIS	76.01	0	60,444	9		36.00
37.00	ASC (NON-DISTINCT PART)	75.00	0	326,164	9		37.00
38.00	CLINIC	90.00	0	270	9		38.00
39.00	EMERGENCY	91.00	0	65,211	9		39.00
40.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	48	9		40.00
41.00	HOSPICE	116.00	0	7,621	9		41.00
42.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	6,714	9		42.00
43.00	COMMUNITY HEALTH SERVICES	194.00	0	70	9		43.00
44.00	MARKETING AND PUBLIC RELATIONS	194.02	0	8,389	9		44.00
45.00	MH RESIDENTIAL	194.03	0	16,969	9		45.00
	TOTALS		0	4,948,480			

RECLASSIFICATIONS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 5/28/2013 5:10 pm

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	F - BOND ISSUANCE COSTS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,951	14	1.00
2.00	NEW CRC - EQUIPMENT	2.01	0	131,382	14	2.00
3.00		0.00	0	0	14	3.00
	TOTALS		0	134,333		
	G - INSURANCE EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	336,707	12	1.00
	TOTALS		0	336,707		
	H - MENTAL HEALTH OVERHEAD					
1.00	MENTAL HEALTH OVERHEAD	17.01	2,423,549	708,502	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
	TOTALS		2,423,549	708,502		
	I - IMPLANTABLE SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	13,536	0	1.00
2.00	OPERATING ROOM	50.00	0	2,189,099	0	2.00
3.00	ASC (NON-DISTINCT PART)	75.00	0	648,114	0	3.00
	TOTALS		0	2,850,749		
	J - ONCOLOGY					
1.00	PHARMACY	15.00	396,881	202,164	0	1.00
	TOTALS		396,881	202,164		
	K - DIETARY					
1.00	DIETARY	10.00	955,413	835,937	0	1.00
	TOTALS		955,413	835,937		
	L - DEPRECIATION EXPENSE					
1.00	NEW CRC - EQUIPMENT	2.01	0	4,605,372	9	1.00
2.00		0.00	0	0	9	2.00
3.00		0.00	0	0	9	3.00
4.00		0.00	0	0	9	4.00
5.00		0.00	0	0	9	5.00
6.00		0.00	0	0	9	6.00
7.00		0.00	0	0	9	7.00
8.00		0.00	0	0	9	8.00
	TOTALS		0	4,605,372		
500.00	Grand Total: Decreases		3,775,843	54,826,823		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-7 Part I Date/Time Prepared: 5/28/2013 5:10 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,728,852	65,500	0	65,500	0	1.00
2.00	Land Improvements	5,541,284	298,188	0	298,188	56,690	2.00
3.00	Buildings and Fixtures	0	0	0	0	0	3.00
4.00	Building Improvements	78,833,274	1,250,998	0	1,250,998	303,121	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	134,148,247	20,097,455	0	20,097,455	3,048,346	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	224,251,657	21,712,141	0	21,712,141	3,408,157	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	224,251,657	21,712,141	0	21,712,141	3,408,157	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	5,794,352	0	1.00
2.00	Land Improvements	5,782,782	0	2.00
3.00	Buildings and Fixtures	0	0	3.00
4.00	Building Improvements	79,781,151	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	151,197,356	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	242,555,641	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	242,555,641	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-7 Part II Date/Time Prepared: 5/28/2013 5:10 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CRC - CT EAST	0	0	0	0	0	1.01
1.02	NEW CRC- CT WEST	0	0	0	0	0	1.02
1.03	NEW CRC- MEMORIAL	0	0	0	0	0	1.03
1.04	NEW CRC - OUTPATIENT	0	0	0	0	0	1.04
1.05	NEW CRD - HEALTH PAVILION	0	0	0	0	0	1.05
1.06	NEW CRC - STORAGE	0	0	0	0	0	1.06
1.07	NEW CRC - DIAGNOSTIC CENTER	0	0	0	0	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4,843,809	0	0	0	0	2.00
2.01	NEW CRC - EQUIPMENT	0	0	0	0	0	2.01
2.02	NEW CRC - HEALTH PAVILION	0	0	0	0	0	2.02
3.00	Total (sum of lines 1-2)	4,843,809	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	NEW CRC - CT EAST	0	0	1.01
1.02	NEW CRC- CT WEST	0	0	1.02
1.03	NEW CRC- MEMORIAL	0	0	1.03
1.04	NEW CRC - OUTPATIENT	0	0	1.04
1.05	NEW CRD - HEALTH PAVILION	0	0	1.05
1.06	NEW CRC - STORAGE	0	0	1.06
1.07	NEW CRC - DIAGNOSTIC CENTER	0	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	4,843,809	2.00
2.01	NEW CRC - EQUIPMENT	0	0	2.01
2.02	NEW CRC - HEALTH PAVILION	0	0	2.02
3.00	Total (sum of lines 1-2)	0	4,843,809	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-7 Part III Date/Time Prepared: 5/28/2013 5:10 pm

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	91,358,285	0	91,358,285	0.376649	0	1.00
1.01	NEW CRC - CT EAST	0	0	0	0.000000	0	1.01
1.02	NEW CRC- CT WEST	0	0	0	0.000000	0	1.02
1.03	NEW CRC- MEMORIAL	0	0	0	0.000000	0	1.03
1.04	NEW CRC - OUTPATIENT	0	0	0	0.000000	0	1.04
1.05	NEW CRD - HEALTH PAVILION	0	0	0	0.000000	0	1.05
1.06	NEW CRC - STORAGE	0	0	0	0.000000	0	1.06
1.07	NEW CRC - DIAGNOSTIC CENTER	0	0	0	0.000000	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	151,197,356	0	151,197,356	0.623351	0	2.00
2.01	NEW CRC - EQUIPMENT	0	0	0	0.000000	0	2.01
2.02	NEW CRC - HEALTH PAVILION	0	0	0	0.000000	0	2.02
3.00	Total (sum of lines 1-2)	242,555,641	0	242,555,641	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CRC - CT EAST	0	0	0	754,495	0	1.01
1.02	NEW CRC- CT WEST	0	0	0	885,097	0	1.02
1.03	NEW CRC- MEMORIAL	0	0	0	279,255	0	1.03
1.04	NEW CRC - OUTPATIENT	0	0	0	382,925	0	1.04
1.05	NEW CRD - HEALTH PAVILION	0	0	0	1,169,322	0	1.05
1.06	NEW CRC - STORAGE	0	0	0	934	0	1.06
1.07	NEW CRC - DIAGNOSTIC CENTER	0	0	0	309,185	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	4,843,809	0	2.00
2.01	NEW CRC - EQUIPMENT	0	0	0	-73,586	0	2.01
2.02	NEW CRC - HEALTH PAVILION	0	0	0	734,557	0	2.02
3.00	Total (sum of lines 1-2)	0	0	0	9,285,993	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CRC - CT EAST	4,224	0	0	4,586	763,305	1.01
1.02	NEW CRC- CT WEST	8,462	0	0	9,197	902,756	1.02
1.03	NEW CRC- MEMORIAL	0	0	0	0	279,255	1.03
1.04	NEW CRC - OUTPATIENT	0	0	0	0	382,925	1.04
1.05	NEW CRD - HEALTH PAVILION	0	0	0	0	1,169,322	1.05
1.06	NEW CRC - STORAGE	0	0	0	0	934	1.06
1.07	NEW CRC - DIAGNOSTIC CENTER	9,702	0	0	0	318,887	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,843,809	2.00
2.01	NEW CRC - EQUIPMENT	869,047	336,707	0	-131,382	1,000,786	2.01
2.02	NEW CRC - HEALTH PAVILION	110,875	0	0	120,550	965,982	2.02
3.00	Total (sum of lines 1-2)	1,002,310	336,707	0	2,951	10,627,961	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-8 | Date/Time Prepared: 5/28/2013 5:10 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - NEW CRC - CT EAST (chapter 2)		0	NEW CRC - CT EAST	1.01	0	1.01
1.02	Investment income - NEW CRC- CT WEST (chapter 2)		0	NEW CRC- CT WEST	1.02	0	1.02
1.03	Investment income - NEW CRC- MEMORIAL (chapter 2)		0	NEW CRC- MEMORIAL	1.03	0	1.03
1.04	Investment income - NEW CRC - OUTPATIENT (chapter 2)		0	NEW CRC - OUTPATIENT	1.04	0	1.04
1.05	Investment income - NEW CRD - HEALTH PAVILION (chapter 2)		0	NEW CRD - HEALTH PAVILION	1.05	0	1.05
1.06	Investment income - NEW CRC - STORAGE (chapter 2)		0	NEW CRC - STORAGE	1.06	0	1.06
1.07	Investment income - NEW CRC - DIAGNOSTIC CENTER (chapter 2)		0	NEW CRC - DIAGNOSTIC CENTER	1.07	0	1.07
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
2.01	Investment income - NEW CRC - EQUIPMENT (chapter 2)		0	NEW CRC - EQUIPMENT	2.01	0	2.01
2.02	Investment income - NEW CRC - HEALTH PAVILION (chapter 2)		0	NEW CRC - HEALTH PAVILION	2.02	0	2.02
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-123,167	PURCHASING & RECEIVING	4.02	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-5,326	PURCHASING & RECEIVING	4.02	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-8,579,598			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-810,005	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-330,451	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-58,942	ADMINISTRATIVE & GENERAL	5.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-8 | Date/Time Prepared: 5/28/2013 5:10 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - NEW CRC - CT EAST		0	NEW CRC - CT EAST	1.01	0	26.01
26.02	Depreciation - NEW CRC- CT WEST		0	NEW CRC- CT WEST	1.02	0	26.02
26.03	Depreciation - NEW CRC- MEMORIAL		0	NEW CRC- MEMORIAL	1.03	0	26.03
26.04	Depreciation - NEW CRC - OUTPATIENT		0	NEW CRC - OUTPATIENT	1.04	0	26.04
26.05	Depreciation - NEW CRD - HEALTH PAVILION		0	NEW CRD - HEALTH PAVILION	1.05	0	26.05
26.06	Depreciation - NEW CRC - STORAGE		0	NEW CRC - STORAGE	1.06	0	26.06
26.07	Depreciation - NEW CRC - DIAGNOSTIC CENTER		0	NEW CRC - DIAGNOSTIC CENTER	1.07	0	26.07
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
27.01	Depreciation - NEW CRC - EQUIPMENT		0	NEW CRC - EQUIPMENT	2.01	0	27.01
27.02	Depreciation - NEW CRC - HEALTH PAVILION		0	NEW CRC - HEALTH PAVILION	2.02	0	27.02
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00			0		0.00	0	33.00
33.01	OTHER MISC FEES	B	-7,468	PATIENT ACCOUNTS	4.04	0	33.01
33.02	OTHER MISC FEES	B	-361,791	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	OTHER MISC FEES	B	-460	PHARMACY	15.00	0	33.03
33.04	OTHER MISC FEES	B	-3,855	MEDICAL RECORDS & LIBRARY	16.00	0	33.04
33.05	OTHER MISC FEES	B	-183	ADULTS & PEDIATRICS	30.00	0	33.05
33.06	OTHER MISC FEES	B	-900	OPERATING ROOM	50.00	0	33.06
33.07	OTHER MISC FEES	B	-34,320	ELECTROCARDIOLOGY	69.00	0	33.07
33.08	OTHER MISC FEES	B	-900	ASC (NON-DISTINCT PART)	75.00	0	33.08
33.09	OTHER MISC FEES	B	-22	CLINIC	90.00	0	33.09
33.10	OTHER MISC FEES	B	-25,000	EMERGENCY	91.00	0	33.10
33.11	OTHER MISC FEES	B	-15,796	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.11
33.12	ANESTHESIOLOGY BENEFITS	B	-259,876	EMPLOYEE BENEFITS	4.00	0	33.12
33.13	RADIOLOGY - SILVER ETC	B	-1,435	RADIOLOGY-DIAGNOSTIC	54.00	0	33.13
33.14	PT MASSAGE THERAPY	B	-4,374	RESPIRATORY THERAPY	65.00	0	33.14
33.15	FOOD SERVICE	B	-34,521	DIETARY	10.00	0	33.15
33.16	RADIOLOGY - STUDENT TUITION	B	-51,011	PARAMED ED PRGM	23.00	0	33.16
33.17	RENTAL INCOME	B	-17,268	MENTAL HEALTH OVERHEAD	17.01	0	33.17
33.18	RENTAL INCOME	B	-2,400	RADIOLOGY-DIAGNOSTIC	54.00	0	33.18
33.19	RENTAL INCOME	B	-2,665	MOB	194.05	0	33.19
33.20	AHA USEFUL LIVES CARRYFORWARD	A	-95	NEW CRC - EQUIPMENT	2.01	9	33.20
33.21	HEALTH PAVILION AHA CARRYFORWARD	A	-26,044	NEW CRC - HEALTH PAVILION	2.02	9	33.21
33.22	EMPLOYEE DISCOUNTS	A	-31,958	MENTAL HEALTH OVERHEAD	17.01	0	33.22
33.23	ADVANCE EMT TRAINING	A	-10,860	RESPIRATORY THERAPY	65.00	0	33.23
33.24	1990 ASSETS - AHA LIVES CARRYFORWARD	A	-2,119	NEW CRC - EQUIPMENT	2.01	9	33.24
33.25	INTEREST INCOME	B	-2,015	NEW CRC - CT EAST	1.01	9	33.25
33.26	INTEREST INCOME	B	-4,036	NEW CRC- CT WEST	1.02	9	33.26
33.27	INTEREST INCOME	B	-4,627	NEW CRC - DIAGNOSTIC CENTER	1.07	9	33.27
33.28	INTEREST INCOME	B	-414,480	NEW CRC - EQUIPMENT	2.01	9	33.28
33.29	INTEREST INCOME	B	-52,880	NEW CRC - HEALTH PAVILION	2.02	9	33.29
33.30	NEPHROLOGY RENTAL INCOME	B	-157,680	INPATIENT RENAL DIALYSIS	76.01	0	33.30
33.31	PHYSICINA BILLING COSTS	A	-164,280	PATIENT ACCOUNTS	4.04	0	33.31
33.32	2004 SURETY BOND EXPENSE	A	-20,525	ADMINISTRATIVE & GENERAL	5.00	0	33.32

ADJUSTMENTS TO EXPENSES | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-8 | Date/Time Prepared: 5/28/2013 5:10 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.33	ANESTHESIOLOGY CONTRACT LABOR	A	-174,011	ANESTHESIOLOGY	53.00	0	33.33
33.34			0		0.00	0	33.34
33.35	DONATIONS EXPENSE	A	-77,793	ADMINISTRATIVE & GENERAL	5.00	0	33.35
33.36	AR COLLECTION REVENUE	B	-186,640	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.36
33.37	PHYSICIAN EMPLOYEE BENEFIT COMPENSAT	A	-42,500	EMPLOYEE BENEFITS	4.00	0	33.37
33.38	MENTAL HEALTH OH PHYSICIAN TIME	A	-202,961	MENTAL HEALTH OVERHEAD	17.01	0	33.38
33.39	PHYSICIAN ON-CALL TIME	A	-489,248	ADMINISTRATIVE & GENERAL	5.00	0	33.39
33.40			0		0.00	0	33.40
33.41	TRADE, QUANTITY, AND TIME DISCOUNTS	B	-16	SUBPROVIDER - IRF	41.00	0	33.41
33.42	TRADE, QUANTITY, AND TIME DISCOUNTS	B	-2,019	OPERATING ROOM	50.00	0	33.42
33.43	TRADE, QUANTITY, AND TIME DISCOUNTS	B	-241	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.43
33.44	ADVERTISING	A	-466	ADMINISTRATIVE & GENERAL	5.00	0	33.44
33.45	ADVERTISING	A	-449	ADULTS & PEDIATRICS	30.00	0	33.45
33.46	ADVERTISING	A	-720	SUBPROVIDER - IRF	41.00	0	33.46
33.47	ADVERTISING	A	-1,154	RADIOLOGY-DIAGNOSTIC	54.00	0	33.47
33.48	ADVERTISING	A	-54	RESPIRATORY THERAPY	65.00	0	33.48
33.49	ADVERTISING	A	-462	PHYSICAL THERAPY	66.00	0	33.49
33.50	ADVERTISING	A	-116	ELECTROCARDIOLOGY	69.00	0	33.50
33.51	ADVERTISING	A	-49	DURABLE MEDICAL EQUIP-RENTED	96.00	0	33.51
33.52	ADVERTISING	A	-774	HOSPICE	116.00	0	33.52
33.53			0		0.00	0	33.53
33.54			0		0.00	0	33.54
33.55			0		0.00	0	33.55
33.56			0		0.00	0	33.56
33.57			0		0.00	0	33.57
33.58			0		0.00	0	33.58
33.59			0		0.00	0	33.59
33.60			0		0.00	0	33.60
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-12,803,006				50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-8-2 | Date/Time Prepared: 5/28/2013 5:10 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	53.00	DR. A	192,308	192,308	0	0	0	1.00
2.00	53.00	DR. B	319,846	319,846	0	0	0	2.00
3.00	53.00	DR. C	307,385	307,385	0	0	0	3.00
4.00	53.00	DR. D	331,354	331,354	0	0	0	4.00
5.00	53.00	DR. E	143,077	143,077	0	0	0	5.00
6.00	54.08	DR. F	202,500	188,645	13,855	217,600	130	6.00
7.00	50.00	DR. G	2,100	0	2,100	182,900	21	7.00
8.00	51.01	DR. H	100,000	98,190	1,810	159,800	27	8.00
9.00	54.00	DR. I	55,766	53,777	1,989	217,600	150	9.00
10.00	54.00	DR. J	219,898	219,898	0	0	0	10.00
11.00	60.00	DR. K	115,300	55,644	59,656	159,800	1,525	11.00
12.00	65.00	DR. L	18,000	0	18,000	159,800	300	12.00
13.00	69.00	ELECTROCARDIOLOGY	427,172	367,172	60,000	138,700	2,110	13.00
14.00	76.01	DR. M	40,000	0	40,000	159,800	336	14.00
15.00	91.00	EMERGENCY	4,803,073	4,760,726	42,347	159,800	293	15.00
17.00	75.00	ASC (NON-DISTINCT PART)	14,000	0	14,000	159,800	141	17.00
18.00	54.00	RADIOLOGY-DIAGNOSTIC	139,000	139,000	0	0	0	18.00
19.00	69.00	ELECTROCARDIOLOGY	309,600	309,600	0	0	0	19.00
20.00	17.01	MENTAL HEALTH OVERHEAD	254,888	161,647	93,241	159,800	761	20.00
21.00	17.01	MENTAL HEALTH OVERHEAD	858,855	858,855	0	0	0	21.00
200.00			8,854,122	8,507,124	346,998		5,794	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	53.00	DR. A	0	0	0	0	0	1.00
2.00	53.00	DR. B	0	0	0	0	0	2.00
3.00	53.00	DR. C	0	0	0	0	0	3.00
4.00	53.00	DR. D	0	0	0	0	0	4.00
5.00	53.00	DR. E	0	0	0	0	0	5.00
6.00	54.08	DR. F	13,600	680	0	0	0	6.00
7.00	50.00	DR. G	1,847	92	0	0	0	7.00
8.00	51.01	DR. H	2,074	104	0	0	0	8.00
9.00	54.00	DR. I	15,692	785	0	0	0	9.00
10.00	54.00	DR. J	0	0	0	0	0	10.00
11.00	60.00	DR. K	117,161	5,858	0	0	0	11.00
12.00	65.00	DR. L	23,048	1,152	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	140,700	7,035	0	0	0	13.00
14.00	76.01	DR. M	25,814	1,291	0	0	0	14.00
15.00	91.00	EMERGENCY	22,510	1,126	0	0	0	15.00
17.00	75.00	ASC (NON-DISTINCT PART)	10,833	542	0	0	0	17.00
18.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	18.00
19.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	19.00
20.00	17.01	MENTAL HEALTH OVERHEAD	58,465	2,923	0	0	0	20.00
21.00	17.01	MENTAL HEALTH OVERHEAD	0	0	0	0	0	21.00
200.00			431,744	21,588	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	53.00	DR. A	0	0	0	192,308		1.00
2.00	53.00	DR. B	0	0	0	319,846		2.00
3.00	53.00	DR. C	0	0	0	307,385		3.00
4.00	53.00	DR. D	0	0	0	331,354		4.00
5.00	53.00	DR. E	0	0	0	143,077		5.00
6.00	54.08	DR. F	0	13,600	255	188,900		6.00
7.00	50.00	DR. G	0	1,847	253	253		7.00
8.00	51.01	DR. H	0	2,074	0	98,190		8.00
9.00	54.00	DR. I	0	15,692	0	53,777		9.00
10.00	54.00	DR. J	0	0	0	219,898		10.00
11.00	60.00	DR. K	0	117,161	0	55,644		11.00
12.00	65.00	DR. L	0	23,048	0	0		12.00
13.00	69.00	ELECTROCARDIOLOGY	0	140,700	0	367,172		13.00
14.00	76.01	DR. M	0	25,814	14,186	14,186		14.00
15.00	91.00	EMERGENCY	0	22,510	19,837	4,780,563		15.00
17.00	75.00	ASC (NON-DISTINCT PART)	0	10,833	3,167	3,167		17.00
18.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	139,000		18.00
19.00	69.00	ELECTROCARDIOLOGY	0	0	0	309,600		19.00
20.00	17.01	MENTAL HEALTH OVERHEAD	0	58,465	34,776	196,423		20.00
21.00	17.01	MENTAL HEALTH OVERHEAD	0	0	0	858,855		21.00
200.00			0	431,744	72,474	8,579,598		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				NEW BLDG & FIXT	NEW CRC - CT EAST	NEW CRC- CT WEST	NEW CRC-MEMORIAL	
			0	1.00	1.01	1.02	1.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	00101	NEW CRC - CT EAST	763,305	0	763,305			1.01
1.02	00102	NEW CRC- CT WEST	902,756	0	0	902,756		1.02
1.03	00103	NEW CRC- MEMORIAL	279,255	0	0	0	279,255	1.03
1.04	00104	NEW CRC - OUTPATIENT	382,925	0	0	0	0	1.04
1.05	00105	NEW CRD - HEALTH PAVILION	1,169,322	0	0	0	0	1.05
1.06	00106	NEW CRC - STORAGE	934	0	0	0	0	1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER	318,887	0	0	0	0	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	4,843,809					2.00
2.01	00201	NEW CRC - EQUIPMENT	1,000,786					2.01
2.02	00202	NEW CRC - HEALTH PAVILION	965,982					2.02
4.00	00400	EMPLOYEE BENEFITS	24,526,867	0	0	0	13,043	4.00
4.01	00401	COMMUNICATIONS	295,211	0	0	0	0	4.01
4.02	00402	PURCHASING & RECEIVING	567,627	0	62,915	0	457	4.02
4.03	00403	REGISTRATION	682,613	0	0	4,006	0	4.03
4.04	00404	PATIENT ACCOUNTS	1,531,359	0	0	0	17,426	4.04
5.00	00500	ADMINISTRATIVE & GENERAL	23,689,601	0	15,655	77,767	48,561	5.00
7.00	00700	OPERATION OF PLANT	5,313,337	0	73,316	111,852	88,062	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	267,806	0	0	0	16,970	8.00
9.00	00900	HOUSEKEEPING	2,114,300	0	4,741	19,236	9,326	9.00
10.00	01000	DIETARY	656,798	0	0	0	0	10.00
11.00	01100	CAFETERIA	981,382	0	56,362	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,806,259	0	22,860	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	519,324	0	0	2,364	0	14.00
15.00	01500	PHARMACY	2,553,710	0	26,203	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,003,995	0	2,519	849	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	MENTAL HEALTH OVERHEAD	306,016	0	16,998	0	0	17.01
23.00	02300	PARAMED ED PRGM	148,982	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-LAB	16,370	0	0	0	0	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	8,479,070	0	206,858	194,729	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,807,860	0	0	105,963	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	522,009	0	65,449	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,650,116	0	0	0	41,830	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	292,922	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,263,517	0	89,410	0	0	50.00
51.00	05100	RECOVERY ROOM	297,806	0	3,951	0	0	51.00
51.01	05101	ENDOSCOPY	1,205,175	0	0	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	589,310	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	476,472	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,957,901	0	50,959	2,718	0	54.00
54.01	05401	RADIOLOGY-MONROE CITY	70,312	0	0	0	0	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	56,895	0	0	0	0	54.03
54.04	05404	RADIOLOGY-MRI	535,473	0	0	0	0	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	356,079	0	2,203	0	0	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	80,736	0	0	0	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	133,299	0	0	0	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	4,423,334	0	34,598	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	954,941	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,513,768	0	761	58,375	0	65.00
66.00	06600	PHYSICAL THERAPY	2,617,662	0	1,758	91,257	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,340,500	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	291,308	0	7,655	27,319	0	70.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW CRC - CT EAST	NEW CRC- CT WEST	NEW CRC- MEMORIAL	
			0	1.00	1.01	1.02	1.03	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,845,469	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,850,749	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,177,211	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,113,161	0	0	0	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	337,589	0	0	2,491	0	76.01
76.02	03022	ACUPUNCTURE	0	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,068,725	0	0	0	0	90.00
91.00	09100	EMERGENCY	3,210,661	0	0	199,980	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	479,968	0	761	0	0	96.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,285,207	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	145,894,723	0	745,932	898,906	235,675	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	24,192,176	0	3,516	0	1,484	192.00
194.00	07950	COMMUNITY HEALTH SERVICES	297,676	0	0	0	0	194.00
194.01	07951	WORK FITNESS	0	0	0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	731,974	0	0	0	3,329	194.02
194.03	07953	MH RESIDENTIAL	758,870	0	0	0	0	194.03
194.04	07954	UNUSED SPACE	0	0	13,857	0	27,204	194.04
194.05	07955	MOB	1,230,058	0	0	0	0	194.05
194.06	07956	FOUNDATION	194,246	0	0	0	1,651	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	1,191	0	0	0	9,912	194.07
194.08	07958	INDUSTRIAL HEALTH	10,595	0	0	0	0	194.08
194.09	07959	NRCC	1,708,391	0	0	3,850	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	175,019,900	0	763,305	902,756	279,255	202.00

		Cost Center Description	CAPITAL RELATED COSTS NEW CRC - OUTPATIENT	NEW CRD - HEALTH PAVILION	NEW CRC - STORAGE	NEW CRC - DIAGNOSTIC CENTER	NEW MVBLE EQUIP	
			1.04	1.05	1.06	1.07	2.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CRC - CT EAST						1.01
1.02	00102	NEW CRC- CT WEST						1.02
1.03	00103	NEW CRC- MEMORIAL						1.03
1.04	00104	NEW CRC - OUTPATIENT	382,925					1.04
1.05	00105	NEW CRD - HEALTH PAVILION	0	1,169,322				1.05
1.06	00106	NEW CRC - STORAGE	0	0	934			1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER	0	0	0	318,887		1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					4,843,809	2.00
2.01	00201	NEW CRC - EQUIPMENT					0	2.01
2.02	00202	NEW CRC - HEALTH PAVILION					0	2.02
4.00	00400	EMPLOYEE BENEFITS	1,652	0	0	0	0	4.00
4.01	00401	COMMUNICATIONS	0	0	0	0	0	4.01
4.02	00402	PURCHASING & RECEIVING	0	0	0	0	399,250	4.02
4.03	00403	REGISTRATION	0	12,020	0	0	0	4.03
4.04	00404	PATIENT ACCOUNTS	0	0	0	0	0	4.04
5.00	00500	ADMINISTRATIVE & GENERAL	10,728	40,088	0	0	99,343	5.00
7.00	00700	OPERATION OF PLANT	33,767	214,815	934	99,213	465,249	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,186	4,600	0	0	30,085	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW CRC - OUTPATIENT	NEW CRD - HEALTH PAVILION	NEW CRC - STORAGE	NEW CRC - DIAGNOSTIC CENTER	NEW MVBLE EQUIP	
			1.04	1.05	1.06	1.07	2.00	
11.00	01100	CAFETERIA	0	2,573	0	0	357,664	11.00
13.00	01300	NURSING ADMINISTRATION	902	0	0	0	145,065	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,170	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	166,281	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	299	2,794	0	0	15,983	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	MENTAL HEALTH OVERHEAD	0	0	0	0	107,867	17.01
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-LAB	0	0	0	0	0	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	12,529	209,097	0	0	1,312,701	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	415,327	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	567,380	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	25,071	51.00
51.01	05101	ENDOSCOPY	0	159,015	0	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,047	57,787	0	153,842	323,380	54.00
54.01	05401	RADIOLOGY-MONROE CITY	258	0	0	0	0	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	1,250	0	0	0	0	54.03
54.04	05404	RADIOLOGY-MRI	0	1,819	0	0	0	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0	0	0	65,832	13,977	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,900	5,328	0	0	219,556	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	4,826	65.00
66.00	06600	PHYSICAL THERAPY	1,982	1,221	0	0	11,156	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	134,313	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	0	0	0	0	48,574	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	12,827	0	0	0	0	76.01
76.02	03022	ACUPUNCTURE	0	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	4,389	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	648	0	0	0	4,826	96.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	7,997	0	0	0	0	116.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW CRC - OUTPATIENT	NEW CRD - HEALTH PAVILION	NEW CRC - STORAGE	NEW CRC - DIAGNOSTIC CENTER	NEW MVBLE EQUIP	
			1.04	1.05	1.06	1.07	2.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	96,361	846,640	934	318,887	4,733,561	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	159,117	62,530	0	0	22,313	192.00
194.00	07950	COMMUNITY HEALTH SERVICES	4,172	0	0	0	0	194.00
194.01	07951	WORK FITNESS	0	0	0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	0	0	0	0	0	194.02
194.03	07953	MH RESIDENTIAL	33,331	0	0	0	0	194.03
194.04	07954	UNUSED SPACE	737	132,883	0	0	87,935	194.04
194.05	07955	MOB	38,329	127,269	0	0	0	194.05
194.06	07956	FOUNDATION	0	0	0	0	0	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	0	0	0	0	0	194.07
194.08	07958	INDUSTRIAL HEALTH	0	0	0	0	0	194.08
194.09	07959	NRCC	50,878	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	382,925	1,169,322	934	318,887	4,843,809	202.00

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW CRC - EQUIPMENT	NEW CRC - HEALTH PAVILION	EMPLOYEE BENEFITS	COMMUNICATIONS	PURCHASING & RECEIVING	
			2.01	2.02	4.00	4.01	4.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CRC - CT EAST						1.01
1.02	00102	NEW CRC- CT WEST						1.02
1.03	00103	NEW CRC- MEMORIAL						1.03
1.04	00104	NEW CRC - OUTPATIENT						1.04
1.05	00105	NEW CRD - HEALTH PAVILION						1.05
1.06	00106	NEW CRC - STORAGE						1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CRC - EQUIPMENT	1,000,786					2.01
2.02	00202	NEW CRC - HEALTH PAVILION	0	965,982				2.02
4.00	00400	EMPLOYEE BENEFITS	6,704	0	24,548,266			4.00
4.01	00401	COMMUNICATIONS	0	0	70,003	365,214		4.01
4.02	00402	PURCHASING & RECEIVING	19,449	0	178,563	3,957	1,232,218	4.02
4.03	00403	REGISTRATION	1,827	9,930	185,571	3,463	1,080	4.03
4.04	00404	PATIENT ACCOUNTS	6,927	0	321,981	16,653	689	4.04
5.00	00500	ADMINISTRATIVE & GENERAL	47,545	33,117	2,064,950	33,141	13,850	5.00
7.00	00700	OPERATION OF PLANT	159,556	177,460	619,180	28,195	16,938	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,745	0	54,986	0	3,563	8.00
9.00	00900	HOUSEKEEPING	9,000	3,800	545,572	2,308	10,861	9.00
10.00	01000	DIETARY	0	0	109,891	2,968	46,816	10.00
11.00	01100	CAFETERIA	17,560	2,126	284,750	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	7,829	0	457,442	5,441	3,052	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	389	966	109,580	1,319	4,673	14.00
15.00	01500	PHARMACY	8,233	0	722,163	6,266	463,889	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,362	2,308	686,610	13,355	711	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	MENTAL HEALTH OVERHEAD	5,206	0	372,100	19,621	6,337	17.01
23.00	02300	PARAMED ED PRGM	0	0	54,227	0	50	23.00
23.01	02301	PARAMED ED PRGM-LAB	0	0	5,648	0	7	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	120,008	172,736	2,390,267	74,692	23,644	30.00
31.00	03100	INTENSIVE CARE UNIT	11,321	0	482,692	6,266	6,696	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	20,043	0	120,385	989	0	40.00
41.00	04100	SUBPROVIDER - IRF	16,627	0	584,185	11,377	3,809	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	78,212	0	1,434	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	27,381	0	566,086	12,036	66,616	50.00
51.00	05100	RECOVERY ROOM	1,210	0	78,812	0	1,731	51.00
51.01	05101	ENDOSCOPY	18,507	131,363	292,954	3,792	16,451	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	155,179	0	4,106	52.00
53.00	05300	ANESTHESIOLOGY	0	0	477,835	0	3,548	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,682	47,738	1,040,148	15,829	38,033	54.00
54.01	05401	RADIOLOGY-MONROE CITY	237	0	17,060	0	29	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	CAPITAL RELATED COSTS NEW CRC - EQUIPMENT	NEW CRC - HEALTH PAVILION	EMPLOYEE BENEFITS	COMMUNICATIONS	PURCHASING & RECEIVING	
			2.01	2.02	4.00	4.01	4.02	
54.03	05403	RADIOLOGY-BICKNELL	1,149	0	10,716	0	92	54.03
54.04	05404	RADIOLOGY-MRI	4,602	1,503	100,733	0	2,012	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	675	0	91,544	0	2,656	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0	0	18,291	0	112	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0	89,441	0	262	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	13,882	4,401	741,420	7,585	127,989	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,470	0	663,005	3,792	10,705	65.00
66.00	06600	PHYSICAL THERAPY	12,252	1,009	704,014	824	3,475	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15,632	110,956	432,668	7,090	62,238	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	5,263	0	77,328	3,463	1,044	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	131,739	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	118,286	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	300,227	10,552	43,664	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	12,058	0	0	0	235	76.01
76.02	03022	ACUPUNCTURE	0	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	4,035	0	234,203	0	18,654	90.00
91.00	09100	EMERGENCY	21,366	0	861,766	7,749	11,218	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	829	0	19,629	0	2,849	96.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	7,352	0	219,778	495	5,255	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	660,913	699,413	17,810,081	303,218	1,162,812	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	155,217	51,656	5,743,740	53,092	48,679	192.00
194.00	07950	COMMUNITY HEALTH SERVICES	3,835	0	54,774	6,101	1,281	194.00
194.01	07951	WORK FITNESS	0	0	0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	1,323	0	44,790	0	12,567	194.02
194.03	07953	MH RESIDENTIAL	30,640	0	192,261	0	2,656	194.03
194.04	07954	UNUSED SPACE	31,200	109,775	0	0	0	194.04
194.05	07955	MOB	50,047	105,138	280,482	495	2,243	194.05
194.06	07956	FOUNDATION	656	0	25,225	0	1,980	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	3,940	0	0	2,308	0	194.07
194.08	07958	INDUSTRIAL HEALTH	0	0	2,925	0	0	194.08
194.09	07959	NRCC	63,015	0	393,988	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,000,786	965,982	24,548,266	365,214	1,232,218	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	REGISTRATION	PATIENT ACCOUNTS	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	
			4.03	4.04	4A.04	5.00	7.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CRC - CT EAST						1.01
1.02	00102	NEW CRC- CT WEST						1.02
1.03	00103	NEW CRC- MEMORIAL						1.03
1.04	00104	NEW CRC - OUTPATIENT						1.04
1.05	00105	NEW CRD - HEALTH PAVILION						1.05
1.06	00106	NEW CRC - STORAGE						1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CRC - EQUIPMENT						2.01
2.02	00202	NEW CRC - HEALTH PAVILION						2.02
4.00	00400	EMPLOYEE BENEFITS						4.00
4.01	00401	COMMUNICATIONS						4.01
4.02	00402	PURCHASING & RECEIVING						4.02
4.03	00403	REGISTRATION	900,510					4.03
4.04	00404	PATIENT ACCOUNTS	0	1,895,035				4.04
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	26,174,346	26,174,346		5.00
7.00	00700	OPERATION OF PLANT	0	0	7,401,874	1,301,612	8,703,486	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	350,070	61,559	77,369	8.00
9.00	00900	HOUSEKEEPING	0	0	2,755,015	484,467	103,234	9.00
10.00	01000	DIETARY	0	0	816,473	143,576	0	10.00
11.00	01100	CAFETERIA	0	0	1,702,417	299,368	201,419	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,448,850	430,628	89,807	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	639,785	112,506	4,458	14.00
15.00	01500	PHARMACY	0	0	3,946,745	694,031	94,438	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,736,785	657,110	84,446	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	MENTAL HEALTH OVERHEAD	0	0	834,145	146,684	59,709	17.01
23.00	02300	PARAMED ED PRGM	0	0	203,259	35,743	0	23.00
23.01	02301	PARAMED ED PRGM-LAB	0	0	22,025	3,873	0	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	80,736	169,891	13,446,958	2,364,634	1,376,540	30.00
31.00	03100	INTENSIVE CARE UNIT	13,828	29,099	2,463,725	433,244	129,862	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	11,701	24,623	1,180,526	207,594	229,903	40.00
41.00	04100	SUBPROVIDER - IRF	12,264	25,806	3,346,014	588,393	190,716	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,340	4,924	379,832	66,793	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	46,688	98,245	4,737,359	833,060	314,072	50.00
51.00	05100	RECOVERY ROOM	2,816	5,925	417,322	73,386	13,878	51.00
51.01	05101	ENDOSCOPY	23,958	50,415	1,901,630	334,400	212,278	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,977	16,785	773,357	135,994	0	52.00
53.00	05300	ANESTHESIOLOGY	6,405	13,479	977,739	171,934	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	135,864	285,999	7,148,927	1,257,132	409,291	54.00
54.01	05401	RADIOLOGY-MONROE CITY	526	1,108	89,530	15,744	2,724	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	288	607	70,997	12,485	13,184	54.03
54.04	05404	RADIOLOGY-MRI	30,469	64,115	740,726	130,256	52,788	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	9,285	19,539	561,790	98,790	7,737	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	618	1,301	101,058	17,771	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	736	1,549	225,287	39,616	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	104,210	219,286	5,904,489	1,038,298	159,231	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,798	14,305	976,044	171,636	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	13,385	28,167	3,303,254	580,874	74,212	65.00
66.00	06600	PHYSICAL THERAPY	29,382	61,829	3,537,821	622,122	140,530	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	57,291	120,556	3,281,244	577,003	179,301	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	9,411	19,804	491,169	86,372	60,368	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,763	35,273	5,897,505	1,037,070	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	29,035	61,097	3,072,620	540,317	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	125,254	263,570	10,684,321	1,878,827	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	44,486	93,612	2,605,702	458,210	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	REGISTRATION	PATIENT ACCOUNTS	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	
			4.03	4.04	4A.04	5.00	7.00	
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	2,107	4,433	371,740	65,370	138,310	76.01
76.02	03022	ACUPUNCTURE	0	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	4,666	9,818	1,344,490	236,427	46,282	90.00
91.00	09100	EMERGENCY	62,692	131,922	4,507,354	792,614	245,082	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	2,714	5,711	517,935	91,078	9,506	96.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5,817	12,242	1,544,143	271,536	84,325	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	900,510	1,895,035	137,634,397	19,600,137	4,805,000	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	30,493,520	5,362,261	1,780,401	192.00
194.00	07950	COMMUNITY HEALTH SERVICES	0	0	367,839	64,684	43,993	194.00
194.01	07951	WORK FITNESS	0	0	0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	0	0	793,983	139,621	15,179	194.02
194.03	07953	MH RESIDENTIAL	0	0	1,017,758	178,972	351,456	194.03
194.04	07954	UNUSED SPACE	0	0	403,591	70,971	357,874	194.04
194.05	07955	MOB	0	0	1,834,061	322,518	574,056	194.05
194.06	07956	FOUNDATION	0	0	223,758	39,348	7,529	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	0	0	17,351	3,051	45,190	194.07
194.08	07958	INDUSTRIAL HEALTH	0	0	13,520	2,377	0	194.08
194.09	07959	NRCC	0	0	2,220,122	390,406	722,808	194.09
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	900,510	1,895,035	175,019,900	26,174,346	8,703,486	202.00

		Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CRC - CT EAST						1.01
1.02	00102	NEW CRC- CT WEST						1.02
1.03	00103	NEW CRC- MEMORIAL						1.03
1.04	00104	NEW CRC - OUTPATIENT						1.04
1.05	00105	NEW CRD - HEALTH PAVILION						1.05
1.06	00106	NEW CRC - STORAGE						1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CRC - EQUIPMENT						2.01
2.02	00202	NEW CRC - HEALTH PAVILION						2.02
4.00	00400	EMPLOYEE BENEFITS						4.00
4.01	00401	COMMUNICATIONS						4.01
4.02	00402	PURCHASING & RECEIVING						4.02
4.03	00403	REGISTRATION						4.03
4.04	00404	PATIENT ACCOUNTS						4.04
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	488,998					8.00
9.00	00900	HOUSEKEEPING	30,811	3,373,527				9.00
10.00	01000	DIETARY	5,015	103,942	1,069,006			10.00
11.00	01100	CAFETERIA	0	7,556	0	2,210,760		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	39,537	3,008,822	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,055	36,230	0	26,558	0	14.00
15.00	01500	PHARMACY	0	35,552	0	79,278	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	38,119	0	121,715	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	MENTAL HEALTH OVERHEAD	10,581	92,948	0	107,971	0	17.01
23.00	02300	PARAMED ED PRGM	0	0	0	5,881	0	23.00
23.01	02301	PARAMED ED PRGM-LAB	0	0	0	0	0	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	199,293	1,069,016	629,240	338,247	1,324,933	30.00
31.00	03100	INTENSIVE CARE UNIT	26,939	141,770	77,747	59,633	233,588	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
40.00	04000	SUBPROVIDER - IPF	0	0	140,780	50,808	199,019	40.00
41.00	04100	SUBPROVIDER - IRF	25,317	120,604	186,761	89,484	350,515	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,880	11,479	34,478	8,359	32,743	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	26,447	187,009	0	64,035	250,830	50.00
51.00	05100	RECOVERY ROOM	0	0	0	7,899	30,940	51.00
51.01	05101	ENDOSCOPY	14,364	50,615	0	33,640	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,137	13,271	0	15,439	60,474	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,118	223,869	0	129,827	0	54.00
54.01	05401	RADIOLOGY-MONROE CITY	0	0	0	2,102	0	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	0	0	0	1,822	0	54.03
54.04	05404	RADIOLOGY-MRI	7,996	15,306	0	12,436	0	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0	0	0	8,163	0	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0	0	0	2,647	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	68,585	0	114,000	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	31,725	0	89,200	0	65.00
66.00	06600	PHYSICAL THERAPY	11,468	83,842	0	75,625	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	10,372	127,240	0	56,944	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	4,854	33,663	0	11,661	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	21,333	215,489	0	0	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	0	0	0	38	0	76.01
76.02	03022	ACUPUNCTURE	0	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	463	24,024	0	9,790	0	90.00
91.00	09100	EMERGENCY	41,816	143,999	0	105,017	411,359	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	38,991	0	29,211	114,421	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	485,259	2,914,844	1,069,006	1,696,967	3,008,822	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,739	422,502	0	414,126	0	192.00
194.00	07950	COMMUNITY HEALTH SERVICES	0	19,229	0	7,750	0	194.00
194.01	07951	WORK FITNESS	0	0	0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	0	6,151	0	7,362	0	194.02
194.03	07953	MH RESIDENTIAL	0	0	0	46,725	0	194.03
194.04	07954	UNUSED SPACE	0	0	0	0	0	194.04
194.05	07955	MOB	0	0	0	33,899	0	194.05
194.06	07956	FOUNDATION	0	0	0	3,931	0	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	0	10,801	0	0	0	194.07
194.08	07958	INDUSTRIAL HEALTH	0	0	0	0	0	194.08
194.09	07959	NRCC	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
202.00		TOTAL (sum lines 118-201)	488,998	3,373,527	1,069,006	2,210,760	3,008,822	202.00

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	MENTAL HEALTH OVERHEAD	
			14.00	15.00	16.00	17.00	17.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CRC - CT EAST						1.01
1.02	00102	NEW CRC- CT WEST						1.02
1.03	00103	NEW CRC- MEMORIAL						1.03
1.04	00104	NEW CRC - OUTPATIENT						1.04
1.05	00105	NEW CRD - HEALTH PAVILION						1.05
1.06	00106	NEW CRC - STORAGE						1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CRC - EQUIPMENT						2.01
2.02	00202	NEW CRC - HEALTH PAVILION						2.02
4.00	00400	EMPLOYEE BENEFITS						4.00
4.01	00401	COMMUNICATIONS						4.01
4.02	00402	PURCHASING & RECEIVING						4.02
4.03	00403	REGISTRATION						4.03
4.04	00404	PATIENT ACCOUNTS						4.04
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	823,592					14.00
15.00	01500	PHARMACY	337,902	5,187,946				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	518	0	4,638,693			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
17.01	01701	MENTAL HEALTH OVERHEAD	4,616	553	0	0	1,257,207	17.01
23.00	02300	PARAMED ED PRGM	37	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-LAB	5	0	0	0	0	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,222	12,615	1,492,198	0	590,439	30.00
31.00	03100	INTENSIVE CARE UNIT	4,877	2,795	241,079	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	137,166	0	98,479	40.00
41.00	04100	SUBPROVIDER - IRF	2,774	2,423	174,574	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,045	348	24,939	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	48,522	2,583	436,436	0	0	50.00
51.00	05100	RECOVERY ROOM	1,260	237	0	0	0	51.00
51.01	05101	ENDOSCOPY	11,982	1,434	257,705	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,990	562	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,584	4,177	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,703	81,260	0	0	0	54.00
54.01	05401	RADIOLOGY-MONROE CITY	21	0	0	0	0	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	67	0	0	0	0	54.03
54.04	05404	RADIOLOGY-MRI	1,466	11,054	0	0	0	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	1,935	151	0	0	0	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	82	0	0	0	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	191	0	0	0	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	93,225	1,941	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	7,797	2,651	8,313	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,531	1,021	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	45,333	445	257,705	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	760	15	58,191	0	0	70.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	MENTAL HEALTH OVERHEAD	
			14.00	15.00	16.00	17.00	17.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	95,956	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,578,220	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	31,804	6,734	274,331	0	459,975	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	171	1,683	0	0	0	76.01
76.02	03022	ACUPUNCTURE	0	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	13,588	2,906	0	0	0	90.00
91.00	09100	EMERGENCY	8,171	5,597	1,276,056	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	2,075	0	0	0	0	96.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,827	44,638	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	773,037	4,766,043	4,638,693	0	1,148,893	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	35,457	411,991	0	0	108,314	192.00
194.00	07950	COMMUNITY HEALTH SERVICES	933	9,912	0	0	0	194.00
194.01	07951	WORK FITNESS	0	0	0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	9,154	0	0	0	0	194.02
194.03	07953	MH RESIDENTIAL	1,935	0	0	0	0	194.03
194.04	07954	UNUSED SPACE	0	0	0	0	0	194.04
194.05	07955	MOB	1,634	0	0	0	0	194.05
194.06	07956	FOUNDATION	1,442	0	0	0	0	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	0	0	0	0	0	194.07
194.08	07958	INDUSTRIAL HEALTH	0	0	0	0	0	194.08
194.09	07959	NRCC	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	823,592	5,187,946	4,638,693	0	1,257,207	202.00

		Cost Center Description	PARAMED ED PRGM	PARAMED ED PRGM-LAB	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	23.01	24.00	25.00	26.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CRC - CT EAST						1.01
1.02	00102	NEW CRC- CT WEST						1.02
1.03	00103	NEW CRC- MEMORIAL						1.03
1.04	00104	NEW CRC - OUTPATIENT						1.04
1.05	00105	NEW CRD - HEALTH PAVILION						1.05
1.06	00106	NEW CRC - STORAGE						1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CRC - EQUIPMENT						2.01
2.02	00202	NEW CRC - HEALTH PAVILION						2.02
4.00	00400	EMPLOYEE BENEFITS						4.00
4.01	00401	COMMUNICATIONS						4.01
4.02	00402	PURCHASING & RECEIVING						4.02
4.03	00403	REGISTRATION						4.03
4.04	00404	PATIENT ACCOUNTS						4.04
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	PARAMED ED PRGM	PARAMED ED PRGM-LAB	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	23.01	24.00	25.00	26.00	
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	MENTAL HEALTH OVERHEAD						17.01
23.00	02300	PARAMED ED PRGM	244,920					23.00
23.01	02301	PARAMED ED PRGM-LAB	0	25,903				23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	22,861,335	0	22,861,335	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	3,815,259	0	3,815,259	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	2,244,275	0	2,244,275	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	5,077,575	0	5,077,575	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	562,896	0	562,896	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	6,900,353	0	6,900,353	50.00
51.00	05100	RECOVERY ROOM	0	0	544,922	0	544,922	51.00
51.01	05101	ENDOSCOPY	0	0	2,818,048	0	2,818,048	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,010,224	0	1,010,224	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,156,434	0	1,156,434	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	244,920	0	9,556,047	0	9,556,047	54.00
54.01	05401	RADIOLOGY-MONROE CITY	0	0	110,121	0	110,121	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	0	0	98,555	0	98,555	54.03
54.04	05404	RADIOLOGY-MRI	0	0	972,028	0	972,028	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0	0	678,566	0	678,566	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0	0	121,558	0	121,558	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0	265,094	0	265,094	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	25,903	7,405,672	0	7,405,672	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,147,680	0	1,147,680	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	4,098,026	0	4,098,026	65.00
66.00	06600	PHYSICAL THERAPY	0	0	4,474,960	0	4,474,960	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	4,535,587	0	4,535,587	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	0	0	747,053	0	747,053	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	6,934,575	0	6,934,575	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	3,708,893	0	3,708,893	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	17,141,368	0	17,141,368	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	4,073,578	0	4,073,578	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	0	0	577,312	0	577,312	76.01
76.02	03022	ACUPUNCTURE	0	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	1,677,970	0	1,677,970	90.00
91.00	09100	EMERGENCY	0	0	7,537,065	0	7,537,065	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	620,594	0	620,594	96.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	2,131,092	0	2,131,092	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	244,920	25,903	125,604,715	0	125,604,715	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	39,032,311	0	39,032,311	192.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	PARAMED ED PRGM	PARAMED ED PRGM-LAB	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	23.01	24.00	25.00	26.00	
194.00	07950	COMMUNITY HEALTH SERVICES	0	0	514,340	0	514,340	194.00
194.01	07951	WORK FITNESS	0	0	0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	0	0	971,450	0	971,450	194.02
194.03	07953	MH RESIDENTIAL	0	0	1,596,846	0	1,596,846	194.03
194.04	07954	UNUSED SPACE	0	0	832,436	0	832,436	194.04
194.05	07955	MOB	0	0	2,766,168	0	2,766,168	194.05
194.06	07956	FOUNDATION	0	0	276,008	0	276,008	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	0	0	76,393	0	76,393	194.07
194.08	07958	INDUSTRIAL HEALTH	0	0	15,897	0	15,897	194.08
194.09	07959	NRCC	0	0	3,333,336	0	3,333,336	194.09
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	244,920	25,903	175,019,900	0	175,019,900	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				NEW BLDG & FIXT	NEW CRC - CT EAST	NEW CRC- CT WEST	NEW CRC- MEMORIAL	
			0	1.00	1.01	1.02	1.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CRC - CT EAST						1.01
1.02	00102	NEW CRC- CT WEST						1.02
1.03	00103	NEW CRC- MEMORIAL						1.03
1.04	00104	NEW CRC - OUTPATIENT						1.04
1.05	00105	NEW CRD - HEALTH PAVILION						1.05
1.06	00106	NEW CRC - STORAGE						1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CRC - EQUIPMENT						2.01
2.02	00202	NEW CRC - HEALTH PAVILION						2.02
4.00	00400	EMPLOYEE BENEFITS	0	0	0	0	13,043	4.00
4.01	00401	COMMUNICATIONS	0	0	0	0	0	4.01
4.02	00402	PURCHASING & RECEIVING	0	0	62,915	0	457	4.02
4.03	00403	REGISTRATION	0	0	0	4,006	0	4.03
4.04	00404	PATIENT ACCOUNTS	0	0	0	0	17,426	4.04
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	15,655	77,767	48,561	5.00
7.00	00700	OPERATION OF PLANT	0	0	73,316	111,852	88,062	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	16,970	8.00
9.00	00900	HOUSEKEEPING	0	0	4,741	19,236	9,326	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	56,362	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	22,860	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2,364	0	14.00
15.00	01500	PHARMACY	0	0	26,203	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,519	849	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	MENTAL HEALTH OVERHEAD	0	0	16,998	0	0	17.01
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-LAB	0	0	0	0	0	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	206,858	194,729	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	105,963	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	65,449	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41,830	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	89,410	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	3,951	0	0	51.00
51.01	05101	ENDOSCOPY	0	0	0	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	50,959	2,718	0	54.00
54.01	05401	RADIOLOGY-MONROE CITY	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY-MRI	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0	0	2,203	0	0	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	34,598	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	761	58,375	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,758	91,257	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	0	0	7,655	27,319	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				NEW BLDG & FIXT	NEW CRC - CT EAST	NEW CRC- CT WEST	NEW CRC-MEMORIAL	
			0	1.00	1.01	1.02	1.03	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	0	0	0	2,491	0	76.01
76.02	03022	ACUPUNCTURE	0	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	199,980	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	761	0	0	96.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	745,932	898,906	235,675	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	3,516	0	1,484	192.00
194.00	07950	COMMUNITY HEALTH SERVICES	0	0	0	0	0	194.00
194.01	07951	WORK FITNESS	0	0	0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	0	0	0	0	3,329	194.02
194.03	07953	MH RESIDENTIAL	0	0	0	0	0	194.03
194.04	07954	UNUSED SPACE	0	0	13,857	0	27,204	194.04
194.05	07955	MOB	0	0	0	0	0	194.05
194.06	07956	FOUNDATION	0	0	0	0	1,651	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	0	0	0	0	9,912	194.07
194.08	07958	INDUSTRIAL HEALTH	0	0	0	0	0	194.08
194.09	07959	NRCC	0	0	0	3,850	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	763,305	902,756	279,255	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW CRC - OUTPATIENT	NEW CRD - HEALTH PAVILION	NEW CRC - STORAGE	NEW CRC - DIAGNOSTIC CENTER	NEW MVBLE EQUIP	
			1.04	1.05	1.06	1.07	2.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CRC - CT EAST						1.01
1.02	00102	NEW CRC- CT WEST						1.02
1.03	00103	NEW CRC- MEMORIAL						1.03
1.04	00104	NEW CRC - OUTPATIENT						1.04
1.05	00105	NEW CRD - HEALTH PAVILION						1.05
1.06	00106	NEW CRC - STORAGE						1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CRC - EQUIPMENT						2.01
2.02	00202	NEW CRC - HEALTH PAVILION						2.02
4.00	00400	EMPLOYEE BENEFITS	1,652	0	0	0	0	4.00
4.01	00401	COMMUNICATIONS	0	0	0	0	0	4.01
4.02	00402	PURCHASING & RECEIVING	0	0	0	0	399,250	4.02
4.03	00403	REGISTRATION	0	12,020	0	0	0	4.03
4.04	00404	PATIENT ACCOUNTS	0	0	0	0	0	4.04
5.00	00500	ADMINISTRATIVE & GENERAL	10,728	40,088	0	0	99,343	5.00
7.00	00700	OPERATION OF PLANT	33,767	214,815	934	99,213	465,249	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,186	4,600	0	0	30,085	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	2,573	0	0	357,664	11.00
13.00	01300	NURSING ADMINISTRATION	902	0	0	0	145,065	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,170	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	166,281	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	299	2,794	0	0	15,983	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	MENTAL HEALTH OVERHEAD	0	0	0	0	107,867	17.01
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-LAB	0	0	0	0	0	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	12,529	209,097	0	0	1,312,701	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	415,327	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	567,380	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	25,071	51.00
51.01	05101	ENDOSCOPY	0	159,015	0	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,047	57,787	0	153,842	323,380	54.00
54.01	05401	RADIOLOGY-MONROE CITY	258	0	0	0	0	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	1,250	0	0	0	0	54.03
54.04	05404	RADIOLOGY-MRI	0	1,819	0	0	0	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0	0	0	65,832	13,977	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,900	5,328	0	0	219,556	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	4,826	65.00
66.00	06600	PHYSICAL THERAPY	1,982	1,221	0	0	11,156	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	134,313	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	0	0	0	0	48,574	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW CRC - OUTPATIENT	NEW CRD - HEALTH PAVILION	NEW CRC - STORAGE	NEW CRC - DIAGNOSTIC CENTER	NEW MVBLE EQUIP	
			1.04	1.05	1.06	1.07	2.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	12,827	0	0	0	0	76.01
76.02	03022	ACUPUNCTURE	0	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	4,389	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	648	0	0	0	4,826	96.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	7,997	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	96,361	846,640	934	318,887	4,733,561	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	159,117	62,530	0	0	22,313	192.00
194.00	07950	COMMUNITY HEALTH SERVICES	4,172	0	0	0	0	194.00
194.01	07951	WORK FITNESS	0	0	0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	0	0	0	0	0	194.02
194.03	07953	MH RESIDENTIAL	33,331	0	0	0	0	194.03
194.04	07954	UNUSED SPACE	737	132,883	0	0	87,935	194.04
194.05	07955	MOB	38,329	127,269	0	0	0	194.05
194.06	07956	FOUNDATION	0	0	0	0	0	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	0	0	0	0	0	194.07
194.08	07958	INDUSTRIAL HEALTH	0	0	0	0	0	194.08
194.09	07959	NRCC	50,878	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	382,925	1,169,322	934	318,887	4,843,809	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	CAPITAL RELATED COSTS NEW CRC - EQUIPMENT	NEW CRC - HEALTH PAVILION	Subtotal	EMPLOYEE BENEFITS	COMMUNICATIONS	
			2.01	2.02	2A	4.00	4.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CRC - CT EAST						1.01
1.02	00102	NEW CRC- CT WEST						1.02
1.03	00103	NEW CRC- MEMORIAL						1.03
1.04	00104	NEW CRC - OUTPATIENT						1.04
1.05	00105	NEW CRD - HEALTH PAVILION						1.05
1.06	00106	NEW CRC - STORAGE						1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CRC - EQUIPMENT						2.01
2.02	00202	NEW CRC - HEALTH PAVILION						2.02
4.00	00400	EMPLOYEE BENEFITS	6,704	0	21,399	21,399		4.00
4.01	00401	COMMUNICATIONS	0	0	0	61	61	4.01
4.02	00402	PURCHASING & RECEIVING	19,449	0	482,071	156	1	4.02
4.03	00403	REGISTRATION	1,827	9,930	27,783	162	1	4.03
4.04	00404	PATIENT ACCOUNTS	6,927	0	24,353	281	3	4.04
5.00	00500	ADMINISTRATIVE & GENERAL	47,545	33,117	372,804	1,801	6	5.00
7.00	00700	OPERATION OF PLANT	159,556	177,460	1,424,224	540	5	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,745	0	23,715	48	0	8.00
9.00	00900	HOUSEKEEPING	9,000	3,800	81,974	476	0	9.00
10.00	01000	DIETARY	0	0	0	96	0	10.00
11.00	01100	CAFETERIA	17,560	2,126	436,285	248	0	11.00
13.00	01300	NURSING ADMINISTRATION	7,829	0	176,656	399	1	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	389	966	4,889	96	0	14.00
15.00	01500	PHARMACY	8,233	0	200,717	630	1	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,362	2,308	32,114	599	2	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	MENTAL HEALTH OVERHEAD	5,206	0	130,071	325	3	17.01
23.00	02300	PARAMED ED PRGM	0	0	0	47	0	23.00
23.01	02301	PARAMED ED PRGM-LAB	0	0	0	5	0	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	120,008	172,736	2,228,658	2,085	12	30.00
31.00	03100	INTENSIVE CARE UNIT	11,321	0	117,284	421	1	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	20,043	0	500,819	105	0	40.00
41.00	04100	SUBPROVIDER - IRF	16,627	0	58,457	510	2	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	68	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	27,381	0	684,171	494	2	50.00
51.00	05100	RECOVERY ROOM	1,210	0	30,232	69	0	51.00
51.01	05101	ENDOSCOPY	18,507	131,363	308,885	256	1	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	135	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	417	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,682	47,738	675,153	907	3	54.00
54.01	05401	RADIOLOGY-MONROE CITY	237	0	495	15	0	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	1,149	0	2,399	9	0	54.03
54.04	05404	RADIOLOGY-MRI	4,602	1,503	7,924	88	0	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	675	0	82,687	80	0	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0	0	0	16	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0	0	78	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	13,882	4,401	280,665	647	1	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,470	0	70,432	578	1	65.00
66.00	06600	PHYSICAL THERAPY	12,252	1,009	120,635	614	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15,632	110,956	260,901	377	1	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	5,263	0	88,811	67	1	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	CAPITAL RELATED COSTS NEW CRC - EQUIPMENT	NEW CRC - HEALTH PAVILION	Subtotal	EMPLOYEE BENEFITS	COMMUNICATIONS	
			2.01	2.02	2A	4.00	4.01	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	103	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	262	2	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	12,058	0	27,376	0	0	76.01
76.02	03022	ACUPUNCTURE	0	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	4,035	0	8,424	204	0	90.00
91.00	09100	EMERGENCY	21,366	0	221,346	752	1	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	829	0	7,064	17	0	96.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	7,352	0	15,349	192	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	660,913	699,413	9,237,222	15,536	51	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	155,217	51,656	455,833	4,994	9	192.00
194.00	07950	COMMUNITY HEALTH SERVICES	3,835	0	8,007	48	1	194.00
194.01	07951	WORK FITNESS	0	0	0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	1,323	0	4,652	39	0	194.02
194.03	07953	MH RESIDENTIAL	30,640	0	63,971	168	0	194.03
194.04	07954	UNUSED SPACE	31,200	109,775	403,591	0	0	194.04
194.05	07955	MOB	50,047	105,138	320,783	245	0	194.05
194.06	07956	FOUNDATION	656	0	2,307	22	0	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	3,940	0	13,852	0	0	194.07
194.08	07958	INDUSTRIAL HEALTH	0	0	0	3	0	194.08
194.09	07959	NRCC	63,015	0	117,743	344	0	194.09
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,000,786	965,982	10,627,961	21,399	61	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	PURCHASING & RECEIVING	REGISTRATION	PATIENT ACCOUNTS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	
			4.02	4.03	4.04	5.00	7.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CRC - CT EAST						1.01
1.02	00102	NEW CRC- CT WEST						1.02
1.03	00103	NEW CRC- MEMORIAL						1.03
1.04	00104	NEW CRC - OUTPATIENT						1.04
1.05	00105	NEW CRD - HEALTH PAVILION						1.05
1.06	00106	NEW CRC - STORAGE						1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CRC - EQUIPMENT						2.01
2.02	00202	NEW CRC - HEALTH PAVILION						2.02
4.00	00400	EMPLOYEE BENEFITS						4.00
4.01	00401	COMMUNICATIONS						4.01
4.02	00402	PURCHASING & RECEIVING	482,228					4.02
4.03	00403	REGISTRATION	423	28,369				4.03
4.04	00404	PATIENT ACCOUNTS	270	0	24,907			4.04
5.00	00500	ADMINISTRATIVE & GENERAL	5,420	0	0	380,031		5.00
7.00	00700	OPERATION OF PLANT	6,629	0	0	18,897	1,450,295	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,394	0	0	894	12,892	8.00
9.00	00900	HOUSEKEEPING	4,250	0	0	7,034	17,202	9.00
10.00	01000	DIETARY	18,321	0	0	2,084	0	10.00
11.00	01100	CAFETERIA	0	0	0	4,346	33,563	11.00
13.00	01300	NURSING ADMINISTRATION	1,194	0	0	6,252	14,965	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,829	0	0	1,633	743	14.00
15.00	01500	PHARMACY	181,544	0	0	10,076	15,737	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	278	0	0	9,540	14,072	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	MENTAL HEALTH OVERHEAD	2,480	0	0	2,130	9,950	17.01
23.00	02300	PARAMED ED PRGM	20	0	0	519	0	23.00
23.01	02301	PARAMED ED PRGM-LAB	3	0	0	56	0	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,253	2,545	2,230	34,330	229,378	30.00
31.00	03100	INTENSIVE CARE UNIT	2,621	436	382	6,290	21,639	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	369	323	3,014	38,310	40.00
41.00	04100	SUBPROVIDER - IRF	1,490	387	339	8,542	31,780	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	561	74	65	970	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	26,070	1,472	1,290	12,094	52,335	50.00
51.00	05100	RECOVERY ROOM	677	89	78	1,065	2,313	51.00
51.01	05101	ENDOSCOPY	6,438	755	662	4,855	35,373	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,607	251	220	1,974	0	52.00
53.00	05300	ANESTHESIOLOGY	1,388	202	177	2,496	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,884	4,268	3,781	18,251	68,202	54.00
54.01	05401	RADIOLOGY-MONROE CITY	11	17	15	229	454	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	36	9	8	181	2,197	54.03
54.04	05404	RADIOLOGY-MRI	788	960	842	1,891	8,796	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	1,039	293	257	1,434	1,289	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	44	19	17	258	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	103	23	20	575	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	50,088	3,284	2,879	15,074	26,533	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	214	188	2,492	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,189	422	370	8,433	12,366	65.00
66.00	06600	PHYSICAL THERAPY	1,360	926	812	9,032	23,417	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	24,357	1,806	1,583	8,377	29,878	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	409	297	260	1,254	10,059	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	528	463	15,056	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	51,556	915	802	7,844	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,948	3,460	27,277	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	17,088	1,402	1,229	6,652	0	75.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	PURCHASING & RECEIVING	REGISTRATION	PATIENT ACCOUNTS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	
			4.02	4.03	4.04	5.00	7.00	
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	92	66	58	949	23,047	76.01
76.02	03022	ACUPUNCTURE	0	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	7,300	147	129	3,432	7,712	90.00
91.00	09100	EMERGENCY	4,390	1,976	1,732	11,507	40,839	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	1,115	86	75	1,322	1,584	96.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,056	183	161	3,942	14,051	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	455,065	28,369	24,907	284,553	800,676	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	19,051	0	0	77,884	296,675	192.00
194.00	07950	COMMUNITY HEALTH SERVICES	501	0	0	939	7,331	194.00
194.01	07951	WORK FITNESS	0	0	0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	4,918	0	0	2,027	2,529	194.02
194.03	07953	MH RESIDENTIAL	1,040	0	0	2,598	58,564	194.03
194.04	07954	UNUSED SPACE	0	0	0	1,030	59,634	194.04
194.05	07955	MOB	878	0	0	4,682	95,657	194.05
194.06	07956	FOUNDATION	775	0	0	571	1,255	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	0	0	0	44	7,530	194.07
194.08	07958	INDUSTRIAL HEALTH	0	0	0	35	0	194.08
194.09	07959	NRCC	0	0	0	5,668	120,444	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	482,228	28,369	24,907	380,031	1,450,295	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CRC - CT EAST						1.01
1.02	00102	NEW CRC- CT WEST						1.02
1.03	00103	NEW CRC- MEMORIAL						1.03
1.04	00104	NEW CRC - OUTPATIENT						1.04
1.05	00105	NEW CRD - HEALTH PAVILION						1.05
1.06	00106	NEW CRC - STORAGE						1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CRC - EQUIPMENT						2.01
2.02	00202	NEW CRC - HEALTH PAVILION						2.02
4.00	00400	EMPLOYEE BENEFITS						4.00
4.01	00401	COMMUNICATIONS						4.01
4.02	00402	PURCHASING & RECEIVING						4.02
4.03	00403	REGISTRATION						4.03
4.04	00404	PATIENT ACCOUNTS						4.04
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	38,943					8.00
9.00	00900	HOUSEKEEPING	2,454	113,390				9.00
10.00	01000	DIETARY	399	3,494	24,394			10.00
11.00	01100	CAFETERIA	0	254	0	474,696		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	8,489	207,956	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	323	1,218	0	5,702	0	14.00
15.00	01500	PHARMACY	0	1,195	0	17,023	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,281	0	26,135	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	MENTAL HEALTH OVERHEAD	843	3,124	0	23,184	0	17.01
23.00	02300	PARAMED ED PRGM	0	0	0	1,263	0	23.00
23.01	02301	PARAMED ED PRGM-LAB	0	0	0	0	0	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,872	35,932	14,358	72,628	91,574	30.00
31.00	03100	INTENSIVE CARE UNIT	2,145	4,765	1,774	12,805	16,145	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	3,213	10,910	13,755	40.00
41.00	04100	SUBPROVIDER - IRF	2,016	4,054	4,262	19,214	24,226	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	229	386	787	1,795	2,263	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,106	6,286	0	13,750	17,336	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,696	2,138	51.00
51.01	05101	ENDOSCOPY	1,144	1,701	0	7,223	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	648	446	0	3,315	4,180	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,637	7,525	0	27,876	0	54.00
54.01	05401	RADIOLOGY-MONROE CITY	0	0	0	451	0	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	0	0	0	391	0	54.03
54.04	05404	RADIOLOGY-MRI	637	514	0	2,670	0	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0	0	0	1,753	0	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0	0	0	568	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	2,305	0	24,478	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,066	0	19,153	0	65.00
66.00	06600	PHYSICAL THERAPY	913	2,818	0	16,238	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	826	4,277	0	12,227	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	387	1,131	0	2,504	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,699	7,243	0	0	0	75.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	0	0	0	8	0	76.01
76.02	03022	ACUPUNCTURE	0	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	37	807	0	2,102	0	90.00
91.00	09100	EMERGENCY	3,330	4,840	0	22,549	28,431	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	1,311	0	6,272	7,908	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	38,645	97,973	24,394	364,372	207,956	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	298	14,201	0	88,923	0	192.00
194.00	07950	COMMUNITY HEALTH SERVICES	0	646	0	1,664	0	194.00
194.01	07951	WORK FITNESS	0	0	0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	0	207	0	1,581	0	194.02
194.03	07953	MH RESIDENTIAL	0	0	0	10,033	0	194.03
194.04	07954	UNUSED SPACE	0	0	0	0	0	194.04
194.05	07955	MOB	0	0	0	7,279	0	194.05
194.06	07956	FOUNDATION	0	0	0	844	0	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	0	363	0	0	0	194.07
194.08	07958	INDUSTRIAL HEALTH	0	0	0	0	0	194.08
194.09	07959	NRCC	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	38,943	113,390	24,394	474,696	207,956	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	MENTAL HEALTH OVERHEAD	
			14.00	15.00	16.00	17.00	17.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CRC - CT EAST						1.01
1.02	00102	NEW CRC- CT WEST						1.02
1.03	00103	NEW CRC- MEMORIAL						1.03
1.04	00104	NEW CRC - OUTPATIENT						1.04
1.05	00105	NEW CRD - HEALTH PAVILION						1.05
1.06	00106	NEW CRC - STORAGE						1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CRC - EQUIPMENT						2.01
2.02	00202	NEW CRC - HEALTH PAVILION						2.02
4.00	00400	EMPLOYEE BENEFITS						4.00
4.01	00401	COMMUNICATIONS						4.01
4.02	00402	PURCHASING & RECEIVING						4.02
4.03	00403	REGISTRATION						4.03
4.04	00404	PATIENT ACCOUNTS						4.04
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,433					14.00
15.00	01500	PHARMACY	6,736	433,659				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10	0	84,031			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
17.01	01701	MENTAL HEALTH OVERHEAD	92	46	0	0	172,248	17.01
23.00	02300	PARAMED ED PRGM	1	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-LAB	0	0	0	0	0	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	344	1,055	27,032	0	80,888	30.00
31.00	03100	INTENSIVE CARE UNIT	97	234	4,367	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	2,485	0	13,494	40.00
41.00	04100	SUBPROVIDER - IRF	55	203	3,162	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	21	29	452	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	969	216	7,906	0	0	50.00
51.00	05100	RECOVERY ROOM	25	20	0	0	0	51.00
51.01	05101	ENDOSCOPY	239	120	4,668	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	60	47	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	52	349	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	553	6,793	0	0	0	54.00
54.01	05401	RADIOLOGY-MONROE CITY	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	1	0	0	0	0	54.03
54.04	05404	RADIOLOGY-MRI	29	924	0	0	0	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	39	13	0	0	0	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	2	0	0	0	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	4	0	0	0	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,861	162	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	156	222	151	0	0	65.00
66.00	06600	PHYSICAL THERAPY	51	85	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	905	37	4,668	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	15	1	1,054	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,916	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	382,689	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	MENTAL HEALTH OVERHEAD	
			14.00	15.00	16.00	17.00	17.01	
75.00	07500	ASC (NON-DISTINCT PART)	635	563	4,970	0	63,025	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	3	141	0	0	0	76.01
76.02	03022	ACUPUNCTURE	0	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	271	243	0	0	0	90.00
91.00	09100	EMERGENCY	163	468	23,116	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	41	0	0	0	0	96.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	76	3,731	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,422	398,391	84,031	0	157,407	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	708	34,439	0	0	14,841	192.00
194.00	07950	COMMUNITY HEALTH SERVICES	19	829	0	0	0	194.00
194.01	07951	WORK FITNESS	0	0	0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	183	0	0	0	0	194.02
194.03	07953	MH RESIDENTIAL	39	0	0	0	0	194.03
194.04	07954	UNUSED SPACE	0	0	0	0	0	194.04
194.05	07955	MOB	33	0	0	0	0	194.05
194.06	07956	FOUNDATION	29	0	0	0	0	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	0	0	0	0	0	194.07
194.08	07958	INDUSTRIAL HEALTH	0	0	0	0	0	194.08
194.09	07959	NRCC	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	16,433	433,659	84,031	0	172,248	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	PARAMED ED PRGM	PARAMED ED PRGM-LAB	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	23.01	24.00	25.00	26.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CRC - CT EAST						1.01
1.02	00102	NEW CRC- CT WEST						1.02
1.03	00103	NEW CRC- MEMORIAL						1.03
1.04	00104	NEW CRC - OUTPATIENT						1.04
1.05	00105	NEW CRD - HEALTH PAVILION						1.05
1.06	00106	NEW CRC - STORAGE						1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CRC - EQUIPMENT						2.01
2.02	00202	NEW CRC - HEALTH PAVILION						2.02
4.00	00400	EMPLOYEE BENEFITS						4.00
4.01	00401	COMMUNICATIONS						4.01
4.02	00402	PURCHASING & RECEIVING						4.02
4.03	00403	REGISTRATION						4.03
4.04	00404	PATIENT ACCOUNTS						4.04
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	MENTAL HEALTH OVERHEAD						17.01
23.00	02300	PARAMED ED PRGM	1,850					23.00
23.01	02301	PARAMED ED PRGM-LAB		64				23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS			2,848,174	0	2,848,174	30.00
31.00	03100	INTENSIVE CARE UNIT			191,406	0	191,406	31.00
32.00	03200	CORONARY CARE UNIT			0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF			586,797	0	586,797	40.00
41.00	04100	SUBPROVIDER - IRF			158,699	0	158,699	41.00
42.00	04200	SUBPROVIDER			0	0	0	42.00
43.00	04300	NURSERY			7,700	0	7,700	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM			826,497	0	826,497	50.00
51.00	05100	RECOVERY ROOM			38,402	0	38,402	51.00
51.01	05101	ENDOSCOPY			372,320	0	372,320	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM			12,883	0	12,883	52.00
53.00	05300	ANESTHESIOLOGY			5,081	0	5,081	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			830,833	0	830,833	54.00
54.01	05401	RADIOLOGY-MONROE CITY			1,687	0	1,687	54.01
54.02	05402	RADIOLOGY-PETERSBURG			0	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL			5,231	0	5,231	54.03
54.04	05404	RADIOLOGY-MRI			26,063	0	26,063	54.04
54.05	05405	RADIOLOGY-ULTRASOUND			88,884	0	88,884	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR			924	0	924	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES			0	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER			803	0	803	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC			0	0	0	55.00
56.00	05600	RADIOISOTOPE			0	0	0	56.00
57.00	05700	CT SCAN			0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION			0	0	0	59.00
60.00	06000	LABORATORY			407,977	0	407,977	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.			2,894	0	2,894	63.00
64.00	06400	INTRAVENOUS THERAPY			0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY			117,539	0	117,539	65.00
66.00	06600	PHYSICAL THERAPY			176,901	0	176,901	66.00
67.00	06700	OCCUPATIONAL THERAPY			0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY			0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY			350,220	0	350,220	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS			106,250	0	106,250	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			16,047	0	16,047	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT			63,033	0	63,033	72.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	PARAMED ED PRGM	PARAMED ED PRGM-LAB	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	23.01	24.00	25.00	26.00	
73.00	07300	DRUGS CHARGED TO PATIENTS			417,477	0	417,477	73.00
74.00	07400	RENAL DIALYSIS			0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)			104,770	0	104,770	75.00
76.00	03020	MH ANCILLARY OUTPATIENT			0	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS			51,740	0	51,740	76.01
76.02	03022	ACUPUNCTURE			0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC			0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			0	0	0	89.00
90.00	09000	CLINIC			30,808	0	30,808	90.00
91.00	09100	EMERGENCY			365,440	0	365,440	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED			11,304	0	11,304	96.00
99.10	09910	CORF			0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY			0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION			0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION			0	0	0	110.00
111.00	11100	ISLET ACQUISITION			0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE			55,232	0	55,232	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	8,280,016	0	8,280,016	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			1,007,856	0	1,007,856	192.00
194.00	07950	COMMUNITY HEALTH SERVICES			19,985	0	19,985	194.00
194.01	07951	WORK FITNESS			0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS			16,136	0	16,136	194.02
194.03	07953	MH RESIDENTIAL			136,413	0	136,413	194.03
194.04	07954	UNUSED SPACE			464,255	0	464,255	194.04
194.05	07955	MOB			429,557	0	429,557	194.05
194.06	07956	FOUNDATION			5,803	0	5,803	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT			21,789	0	21,789	194.07
194.08	07958	INDUSTRIAL HEALTH			38	0	38	194.08
194.09	07959	NRCC			244,199	0	244,199	194.09
200.00		Cross Foot Adjustments	1,850	64	1,914	0	1,914	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,850	64	10,627,961	0	10,627,961	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (SQUARE FEET)	NEW CRC - CT EAST (SQUARE FEET)	NEW CRC- CT WEST (SQUARE FEET)	NEW CRC- MEMORIAL (SQUARE FEET)	NEW CRC - OUTPATIENT (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0					1.00
1.01	00101	NEW CRC - CT EAST	0	154,565				1.01
1.02	00102	NEW CRC- CT WEST	0	0	63,777			1.02
1.03	00103	NEW CRC- MEMORIAL	0	0	0	73,395		1.03
1.04	00104	NEW CRC - OUTPATIENT	0	0	0	0	232,761	1.04
1.05	00105	NEW CRD - HEALTH PAVILION	0	0	0	0	0	1.05
1.06	00106	NEW CRC - STORAGE	0	0	0	0	0	1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER	0	0	0	0	0	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CRC - EQUIPMENT						2.01
2.02	00202	NEW CRC - HEALTH PAVILION						2.02
4.00	00400	EMPLOYEE BENEFITS	0	0	0	3,428	1,004	4.00
4.01	00401	COMMUNICATIONS	0	0	0	0	0	4.01
4.02	00402	PURCHASING & RECEIVING	0	12,740	0	120	0	4.02
4.03	00403	REGISTRATION	0	0	283	0	0	4.03
4.04	00404	PATIENT ACCOUNTS	0	0	0	4,580	0	4.04
5.00	00500	ADMINISTRATIVE & GENERAL	0	3,170	5,494	12,763	6,521	5.00
7.00	00700	OPERATION OF PLANT	0	14,846	7,902	23,145	20,525	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	4,460	0	8.00
9.00	00900	HOUSEKEEPING	0	960	1,359	2,451	721	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	11,413	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	4,629	0	0	548	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	167	0	0	14.00
15.00	01500	PHARMACY	0	5,306	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	510	60	0	182	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	MENTAL HEALTH OVERHEAD	0	3,442	0	0	0	17.01
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-LAB	0	0	0	0	0	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	41,888	13,757	0	7,616	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	7,486	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	13,253	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	10,994	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	18,105	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	800	0	0	0	51.00
51.01	05101	ENDOSCOPY	0	0	0	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,319	192	0	1,852	54.00
54.01	05401	RADIOLOGY-MONROE CITY	0	0	0	0	157	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	0	0	0	0	760	54.03
54.04	05404	RADIOLOGY-MRI	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0	446	0	0	0	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	7,006	0	0	1,763	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	154	4,124	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	356	6,447	0	1,205	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	0	1,550	1,930	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (SQUARE FEET)	NEW CRC - CT EAST (SQUARE FEET)	NEW CRC- CT WEST (SQUARE FEET)	NEW CRC- MEMORIAL (SQUARE FEET)	NEW CRC - OUTPATIENT (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	0	0	176	0	7,797	76.01
76.02	03022	ACUPUNCTURE	0	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	2,668	90.00
91.00	09100	EMERGENCY	0	0	14,128	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	154	0	0	394	96.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	4,861	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	151,047	63,505	61,941	58,574	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	712	0	390	96,719	192.00
194.00	07950	COMMUNITY HEALTH SERVICES	0	0	0	0	2,536	194.00
194.01	07951	WORK FITNESS	0	0	0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	0	0	0	875	0	194.02
194.03	07953	MH RESIDENTIAL	0	0	0	0	20,260	194.03
194.04	07954	UNUSED SPACE	0	2,806	0	7,150	448	194.04
194.05	07955	MOB	0	0	0	0	23,298	194.05
194.06	07956	FOUNDATION	0	0	0	434	0	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	0	0	0	2,605	0	194.07
194.08	07958	INDUSTRIAL HEALTH	0	0	0	0	0	194.08
194.09	07959	NRCC	0	0	272	0	30,926	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	763,305	902,756	279,255	382,925	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	4.938408	14.154883	3.804823	1.645142	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW CRD - HEALTH PAVILION (SQUARE FEET)	NEW CRC - STORAGE (SQUARE FEET)	NEW CRC - DIAGNOSTIC CENTER (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	NEW CRC - EQUIPMENT (SQUARE FEET)	
			1.05	1.06	1.07	2.00	2.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CRC - CT EAST						1.01
1.02	00102	NEW CRC- CT WEST						1.02
1.03	00103	NEW CRC- MEMORIAL						1.03
1.04	00104	NEW CRC - OUTPATIENT						1.04
1.05	00105	NEW CRD - HEALTH PAVILION	89,985					1.05
1.06	00106	NEW CRC - STORAGE	0	15,000				1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER	0	0	14,062			1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				154,565		2.00
2.01	00201	NEW CRC - EQUIPMENT				0	661,743	2.01
2.02	00202	NEW CRC - HEALTH PAVILION				0	0	2.02
4.00	00400	EMPLOYEE BENEFITS	0	0	0	0	4,433	4.00
4.01	00401	COMMUNICATIONS	0	0	0	0	0	4.01
4.02	00402	PURCHASING & RECEIVING	0	0	0	12,740	12,860	4.02
4.03	00403	REGISTRATION	925	0	0	0	1,208	4.03
4.04	00404	PATIENT ACCOUNTS	0	0	0	0	4,580	4.04
5.00	00500	ADMINISTRATIVE & GENERAL	3,085	0	0	3,170	31,438	5.00
7.00	00700	OPERATION OF PLANT	16,531	15,000	4,375	14,846	105,503	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	4,460	8.00
9.00	00900	HOUSEKEEPING	354	0	0	960	5,951	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	198	0	0	11,413	11,611	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	4,629	5,177	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	90	0	0	0	257	14.00
15.00	01500	PHARMACY	0	0	0	5,306	5,444	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	215	0	0	510	4,868	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	MENTAL HEALTH OVERHEAD	0	0	0	3,442	3,442	17.01
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-LAB	0	0	0	0	0	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	16,091	0	0	41,888	79,352	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	7,486	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	13,253	13,253	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	10,994	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	18,105	18,105	50.00
51.00	05100	RECOVERY ROOM	0	0	0	800	800	51.00
51.01	05101	ENDOSCOPY	12,237	0	0	0	12,237	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,447	0	6,784	10,319	23,594	54.00
54.01	05401	RADIOLOGY-MONROE CITY	0	0	0	0	157	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	0	0	0	0	760	54.03
54.04	05404	RADIOLOGY-MRI	140	0	0	0	3,043	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0	0	2,903	446	446	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	410	0	0	7,006	9,179	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	154	4,278	65.00
66.00	06600	PHYSICAL THERAPY	94	0	0	356	8,101	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	10,336	0	0	0	10,336	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	0	0	0	1,550	3,480	70.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW CRD - HEALTH PAVILION (SQUARE FEET)	NEW CRC - STORAGE (SQUARE FEET)	NEW CRC - DIAGNOSTIC CENTER (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	NEW CRC - EQUIPMENT (SQUARE FEET)	
			1.05	1.06	1.07	2.00	2.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	0	0	0	0	7,973	76.01
76.02	03022	ACUPUNCTURE	0	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	2,668	90.00
91.00	09100	EMERGENCY	0	0	0	0	14,128	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	154	548	96.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	4,861	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	65,153	15,000	14,062	151,047	437,011	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,812	0	0	712	102,633	192.00
194.00	07950	COMMUNITY HEALTH SERVICES	0	0	0	0	2,536	194.00
194.01	07951	WORK FITNESS	0	0	0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	0	0	0	0	875	194.02
194.03	07953	MH RESIDENTIAL	0	0	0	0	20,260	194.03
194.04	07954	UNUSED SPACE	10,226	0	0	2,806	20,630	194.04
194.05	07955	MOB	9,794	0	0	0	33,092	194.05
194.06	07956	FOUNDATION	0	0	0	0	434	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	0	0	0	0	2,605	194.07
194.08	07958	INDUSTRIAL HEALTH	0	0	0	0	0	194.08
194.09	07959	NRCC	0	0	0	0	41,667	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,169,322	934	318,887	4,843,809	1,000,786	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.994632	0.062267	22.677215	31.338330	1.512348	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	CAPITAL RELATED COSTS NEW CRC - HEALTH PAVILION (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	PURCHASING & RECEIVING (SUPPLIES COST)	REGISTRATION (GROSS CHARGES)	
			2.02	4.00	4.01	4.02	4.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CRC - CT EAST						1.01
1.02	00102	NEW CRC- CT WEST						1.02
1.03	00103	NEW CRC- MEMORIAL						1.03
1.04	00104	NEW CRC - OUTPATIENT						1.04
1.05	00105	NEW CRD - HEALTH PAVILION						1.05
1.06	00106	NEW CRC - STORAGE						1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CRC - EQUIPMENT						2.01
2.02	00202	NEW CRC - HEALTH PAVILION	89,985					2.02
4.00	00400	EMPLOYEE BENEFITS	0	82,365,849				4.00
4.01	00401	COMMUNICATIONS	0	234,879	2,215			4.01
4.02	00402	PURCHASING & RECEIVING	0	599,126	24	26,664,652		4.02
4.03	00403	REGISTRATION	925	622,641	21	23,365	350,443,045	4.03
4.04	00404	PATIENT ACCOUNTS	0	1,080,331	101	14,903	0	4.04
5.00	00500	ADMINISTRATIVE & GENERAL	3,085	6,928,457	201	299,709	0	5.00
7.00	00700	OPERATION OF PLANT	16,531	2,077,515	171	366,529	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	184,492	0	77,108	0	8.00
9.00	00900	HOUSEKEEPING	354	1,830,538	14	235,015	0	9.00
10.00	01000	DIETARY	0	368,714	18	1,013,066	0	10.00
11.00	01100	CAFETERIA	198	955,413	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,534,838	33	66,033	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	90	367,669	8	101,125	0	14.00
15.00	01500	PHARMACY	0	2,423,048	38	10,038,454	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	215	2,303,758	81	15,385	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	MENTAL HEALTH OVERHEAD	0	1,248,496	119	137,138	0	17.01
23.00	02300	PARAMED ED PRGM	0	181,946	0	1,086	0	23.00
23.01	02301	PARAMED ED PRGM-LAB	0	18,950	0	160	0	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	16,091	8,019,982	453	511,652	31,414,788	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,619,560	38	144,904	5,380,709	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	403,925	6	0	4,553,084	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,960,096	69	82,415	4,771,791	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	262,422	0	31,033	910,459	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,899,370	73	1,441,521	18,166,675	50.00
51.00	05100	RECOVERY ROOM	0	264,434	0	37,448	1,095,645	51.00
51.01	05101	ENDOSCOPY	12,237	982,940	23	355,985	9,322,321	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	520,668	0	88,844	3,103,707	52.00
53.00	05300	ANESTHESIOLOGY	0	1,603,263	0	76,770	2,492,384	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,447	3,489,972	96	823,021	52,914,329	54.00
54.01	05401	RADIOLOGY-MONROE CITY	0	57,241	0	627	204,858	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	0	35,955	0	1,994	112,198	54.03
54.04	05404	RADIOLOGY-MRI	140	337,987	0	43,548	11,855,642	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0	307,154	0	57,476	3,612,931	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0	61,370	0	2,432	240,569	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	300,098	0	5,672	286,511	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	410	2,487,662	46	2,769,595	40,548,527	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	2,645,129	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,224,557	23	231,645	5,208,328	65.00
66.00	06600	PHYSICAL THERAPY	94	2,362,155	5	75,187	11,432,815	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	10,336	1,451,717	43	1,346,786	22,292,167	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	0	259,457	21	22,592	3,662,057	70.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	CAPITAL RELATED COSTS NEW CRC - HEALTH PAVILION (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	PURCHASING & RECEIVING (SUPPLIES COST)	REGISTRATION (GROSS CHARGES)	
			2.02	4.00	4.01	4.02	4.03	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	6,522,396	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	2,850,749	11,297,481	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	396,881	0	0	48,737,107	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,007,341	64	944,859	17,309,849	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	0	0	0	5,079	819,755	76.01
76.02	03022	ACUPUNCTURE	0	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	785,813	0	403,671	1,815,423	90.00
91.00	09100	EMERGENCY	0	2,891,454	47	242,761	24,393,803	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	65,861	0	61,658	1,055,991	96.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	737,413	3	113,709	2,263,616	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	65,153	59,757,559	1,839	25,162,709	350,443,045	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,812	19,271,660	322	1,053,387	0	192.00
194.00	07950	COMMUNITY HEALTH SERVICES	0	183,781	37	27,729	0	194.00
194.01	07951	WORK FITNESS	0	0	0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	0	150,281	0	271,949	0	194.02
194.03	07953	MH RESIDENTIAL	0	645,087	0	57,485	0	194.03
194.04	07954	UNUSED SPACE	10,226	0	0	0	0	194.04
194.05	07955	MOB	9,794	941,092	3	48,544	0	194.05
194.06	07956	FOUNDATION	0	84,638	0	42,849	0	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	0	0	14	0	0	194.07
194.08	07958	INDUSTRIAL HEALTH	0	9,815	0	0	0	194.08
194.09	07959	NRCC	0	1,321,936	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	965,982	24,548,266	365,214	1,232,218	900,510	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.734922	0.298039	164.882167	0.046212	0.002570	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		21,399	61	482,228	28,369	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.000260	0.027540	0.018085	0.000081	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	PATIENT ACCOUNTS (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (LBS OF LAUNDRY)	
			4.04	5A	5.00	7.00	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CRC - CT EAST						1.01
1.02	00102	NEW CRC- CT WEST						1.02
1.03	00103	NEW CRC- MEMORIAL						1.03
1.04	00104	NEW CRC - OUTPATIENT						1.04
1.05	00105	NEW CRD - HEALTH PAVILION						1.05
1.06	00106	NEW CRC - STORAGE						1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CRC - EQUIPMENT						2.01
2.02	00202	NEW CRC - HEALTH PAVILION						2.02
4.00	00400	EMPLOYEE BENEFITS						4.00
4.01	00401	COMMUNICATIONS						4.01
4.02	00402	PURCHASING & RECEIVING						4.02
4.03	00403	REGISTRATION						4.03
4.04	00404	PATIENT ACCOUNTS	350,443,045					4.04
5.00	00500	ADMINISTRATIVE & GENERAL	0	-26,174,346	148,845,554			5.00
7.00	00700	OPERATION OF PLANT	0	0	7,401,874	501,721		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	350,070	4,460	991,253	8.00
9.00	00900	HOUSEKEEPING	0	0	2,755,015	5,951	62,458	9.00
10.00	01000	DIETARY	0	0	816,473	0	10,166	10.00
11.00	01100	CAFETERIA	0	0	1,702,417	11,611	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,448,850	5,177	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	639,785	257	8,220	14.00
15.00	01500	PHARMACY	0	0	3,946,745	5,444	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,736,785	4,868	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	MENTAL HEALTH OVERHEAD	0	0	834,145	3,442	21,449	17.01
23.00	02300	PARAMED ED PRGM	0	0	203,259	0	0	23.00
23.01	02301	PARAMED ED PRGM-LAB	0	0	22,025	0	0	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	31,414,788	0	13,446,958	79,352	403,986	30.00
31.00	03100	INTENSIVE CARE UNIT	5,380,709	0	2,463,725	7,486	54,608	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	4,553,084	0	1,180,526	13,253	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,771,791	0	3,346,014	10,994	51,321	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	910,459	0	379,832	0	5,838	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	18,166,675	0	4,737,359	18,105	53,611	50.00
51.00	05100	RECOVERY ROOM	1,095,645	0	417,322	800	0	51.00
51.01	05101	ENDOSCOPY	9,322,321	0	1,901,630	12,237	29,117	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,103,707	0	773,357	0	16,495	52.00
53.00	05300	ANESTHESIOLOGY	2,492,384	0	977,739	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	52,914,329	0	7,148,927	23,594	67,134	54.00
54.01	05401	RADIOLOGY-MONROE CITY	204,858	0	89,530	157	0	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	112,198	0	70,997	760	0	54.03
54.04	05404	RADIOLOGY-MRI	11,855,642	0	740,726	3,043	16,209	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	3,612,931	0	561,790	446	0	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	240,569	0	101,058	0	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	286,511	0	225,287	0	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	40,548,527	0	5,904,489	9,179	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,645,129	0	976,044	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,208,328	0	3,303,254	4,278	0	65.00
66.00	06600	PHYSICAL THERAPY	11,432,815	0	3,537,821	8,101	23,247	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	22,292,167	0	3,281,244	10,336	21,026	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	3,662,057	0	491,169	3,480	9,839	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,522,396	0	5,897,505	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,297,481	0	3,072,620	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,737,107	0	10,684,321	0	0	73.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	PATIENT ACCOUNTS (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (LBS OF LAUNDRY)	
			4.04	5A	5.00	7.00	8.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	17,309,849	0	2,605,702	0	43,244	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	819,755	0	371,740	7,973	0	76.01
76.02	03022	ACUPUNCTURE	0	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,815,423	0	1,344,490	2,668	939	90.00
91.00	09100	EMERGENCY	24,393,803	0	4,507,354	14,128	84,766	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	1,055,991	0	517,935	548	0	96.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,263,616	0	1,544,143	4,861	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	350,443,045	-26,174,346	111,460,051	276,989	983,673	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	30,493,520	102,633	7,580	192.00
194.00	07950	COMMUNITY HEALTH SERVICES	0	0	367,839	2,536	0	194.00
194.01	07951	WORK FITNESS	0	0	0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	0	0	793,983	875	0	194.02
194.03	07953	MH RESIDENTIAL	0	0	1,017,758	20,260	0	194.03
194.04	07954	UNUSED SPACE	0	0	403,591	20,630	0	194.04
194.05	07955	MOB	0	0	1,834,061	33,092	0	194.05
194.06	07956	FOUNDATION	0	0	223,758	434	0	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	0	0	17,351	2,605	0	194.07
194.08	07958	INDUSTRIAL HEALTH	0	0	13,520	0	0	194.08
194.09	07959	NRCC	0	0	2,220,122	41,667	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,895,035		26,174,346	8,703,486	488,998	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.005408		0.175849	17.347263	0.493313	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	24,907		380,031	1,450,295	38,943	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000071		0.002553	2.890640	0.039287	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	HOUSEKEEPING (TIME SPENT)	DIETARY (PATIENT DAYS)	CAFETERIA (MAN HOURS)	NURSING ADMINISTRATION (DIRECT NURSING HO)	CENTRAL SERVICES & SUPPLY (SUPPLIES COST)	
			9.00	10.00	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CRC - CT EAST						1.01
1.02	00102	NEW CRC- CT WEST						1.02
1.03	00103	NEW CRC- MEMORIAL						1.03
1.04	00104	NEW CRC - OUTPATIENT						1.04
1.05	00105	NEW CRD - HEALTH PAVILION						1.05
1.06	00106	NEW CRC - STORAGE						1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CRC - EQUIPMENT						2.01
2.02	00202	NEW CRC - HEALTH PAVILION						2.02
4.00	00400	EMPLOYEE BENEFITS						4.00
4.01	00401	COMMUNICATIONS						4.01
4.02	00402	PURCHASING & RECEIVING						4.02
4.03	00403	REGISTRATION						4.03
4.04	00404	PATIENT ACCOUNTS						4.04
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	69,650					9.00
10.00	01000	DIETARY	2,146	34,292				10.00
11.00	01100	CAFETERIA	156	0	2,338,975			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	41,830	812,682		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	748	0	28,098	0	24,467,799	14.00
15.00	01500	PHARMACY	734	0	83,876	0	10,038,454	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	787	0	128,774	0	15,385	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	MENTAL HEALTH OVERHEAD	1,919	0	114,233	0	137,138	17.01
23.00	02300	PARAMED ED PRGM	0	0	6,222	0	1,086	23.00
23.01	02301	PARAMED ED PRGM-LAB	0	0	0	0	160	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	22,071	20,185	357,864	357,864	511,652	30.00
31.00	03100	INTENSIVE CARE UNIT	2,927	2,494	63,092	63,092	144,904	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	4,516	53,755	53,755	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,490	5,991	94,674	94,674	82,415	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	237	1,106	8,844	8,844	31,033	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,861	0	67,749	67,749	1,441,521	50.00
51.00	05100	RECOVERY ROOM	0	0	8,357	8,357	37,448	51.00
51.01	05101	ENDOSCOPY	1,045	0	35,591	0	355,985	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	274	0	16,334	16,334	88,844	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	76,770	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,622	0	137,356	0	823,021	54.00
54.01	05401	RADIOLOGY-MONROE CITY	0	0	2,224	0	627	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	0	0	1,928	0	1,994	54.03
54.04	05404	RADIOLOGY-MRI	316	0	13,157	0	43,548	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0	0	8,636	0	57,476	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0	0	2,800	0	2,432	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0	0	0	5,672	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,416	0	120,612	0	2,769,595	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	655	0	94,373	0	231,645	65.00
66.00	06600	PHYSICAL THERAPY	1,731	0	80,011	0	75,187	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,627	0	60,247	0	1,346,786	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	695	0	12,337	0	22,592	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	2,850,749	72.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	HOUSEKEEPING (TIME SPENT)	DIETARY (PATIENT DAYS)	CAFETERIA (MAN HOURS)	NURSING ADMINISTRATION (DIRECT NURSING HO)	CENTRAL SERVICES & SUPPLY (SUPPLIES COST)	
			9.00	10.00	11.00	13.00	14.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	4,449	0	0	0	944,859	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	0	0	40	0	5,079	76.01
76.02	03022	ACUPUNCTURE	0	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	496	0	10,358	0	403,671	90.00
91.00	09100	EMERGENCY	2,973	0	111,108	111,108	242,761	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	61,658	96.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	805	0	30,905	30,905	113,709	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	60,180	34,292	1,795,385	812,682	22,965,856	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,723	0	438,143	0	1,053,387	192.00
194.00	07950	COMMUNITY HEALTH SERVICES	397	0	8,199	0	27,729	194.00
194.01	07951	WORK FITNESS	0	0	0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	127	0	7,789	0	271,949	194.02
194.03	07953	MH RESIDENTIAL	0	0	49,435	0	57,485	194.03
194.04	07954	UNUSED SPACE	0	0	0	0	0	194.04
194.05	07955	MOB	0	0	35,865	0	48,544	194.05
194.06	07956	FOUNDATION	0	0	4,159	0	42,849	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	223	0	0	0	0	194.07
194.08	07958	INDUSTRIAL HEALTH	0	0	0	0	0	194.08
194.09	07959	NRCC	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,373,527	1,069,006	2,210,760	3,008,822	823,592	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	48.435420	31.173627	0.945183	3.702336	0.033660	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	113,390	24,394	474,696	207,956	16,433	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.627997	0.711361	0.202950	0.255889	0.000672	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	PHARMACY (COSTED RECQUISITI)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	MENTAL HEALTH OVERHEAD (CHARGES)	PARAMED ED PRGM (ASSIGNED TIME)	
			15.00	16.00	17.00	17.01	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CRC - CT EAST						1.01
1.02	00102	NEW CRC- CT WEST						1.02
1.03	00103	NEW CRC- MEMORIAL						1.03
1.04	00104	NEW CRC - OUTPATIENT						1.04
1.05	00105	NEW CRD - HEALTH PAVILION						1.05
1.06	00106	NEW CRC - STORAGE						1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CRC - EQUIPMENT						2.01
2.02	00202	NEW CRC - HEALTH PAVILION						2.02
4.00	00400	EMPLOYEE BENEFITS						4.00
4.01	00401	COMMUNICATIONS						4.01
4.02	00402	PURCHASING & RECEIVING						4.02
4.03	00403	REGISTRATION						4.03
4.04	00404	PATIENT ACCOUNTS						4.04
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	10,359,110					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,116				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
17.01	01701	MENTAL HEALTH OVERHEAD	1,105	0	0	47,310,853		17.01
23.00	02300	PARAMED ED PRGM	0	0	0	0	100	23.00
23.01	02301	PARAMED ED PRGM-LAB	0	0	0	0	0	23.01
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	25,190	359	0	22,218,925	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,580	58	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	33	0	3,705,989	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,839	42	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	694	6	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,158	105	0	0	0	50.00
51.00	05100	RECOVERY ROOM	473	0	0	0	0	51.00
51.01	05101	ENDOSCOPY	2,864	62	0	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,123	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	8,340	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	162,258	0	0	0	100	54.00
54.01	05401	RADIOLOGY-MONROE CITY	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY-MRI	22,072	0	0	0	0	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	301	0	0	0	0	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	3,875	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,293	2	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,039	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	888	62	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	29	14	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	PHARMACY (COSTED RECQUISITI)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	MENTAL HEALTH OVERHEAD (CHARGES)	PARAMED ED PRGM (ASSIGNED TIME)	
			15.00	16.00	17.00	17.01	23.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	9,141,632	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	13,447	66	0	17,309,849	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	3,360	0	0	0	0	76.01
76.02	03022	ACUPUNCTURE	0	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	5,802	0	0	0	0	90.00
91.00	09100	EMERGENCY	11,175	307	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	89,132	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,516,669	1,116	0	43,234,763	100	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	822,650	0	0	4,076,090	0	192.00
194.00	07950	COMMUNITY HEALTH SERVICES	19,791	0	0	0	0	194.00
194.01	07951	WORK FITNESS	0	0	0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	0	0	0	0	0	194.02
194.03	07953	MH RESIDENTIAL	0	0	0	0	0	194.03
194.04	07954	UNUSED SPACE	0	0	0	0	0	194.04
194.05	07955	MOB	0	0	0	0	0	194.05
194.06	07956	FOUNDATION	0	0	0	0	0	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	0	0	0	0	0	194.07
194.08	07958	INDUSTRIAL HEALTH	0	0	0	0	0	194.08
194.09	07959	NRCC	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,187,946	4,638,693	0	1,257,207	244,920	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.500810	4,156.534946	0.000000	0.026573	2,449.200000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	433,659	84,031	0	172,248	1,850	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.041863	75.296595	0.000000	0.003641	18.500000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	PARAMED ED PRGM-LAB (ASSIGNED TIME)		
			23.01		
		GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	NEW CRC - CT EAST			1.01
1.02	00102	NEW CRC- CT WEST			1.02
1.03	00103	NEW CRC- MEMORIAL			1.03
1.04	00104	NEW CRC - OUTPATIENT			1.04
1.05	00105	NEW CRD - HEALTH PAVILION			1.05
1.06	00106	NEW CRC - STORAGE			1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER			1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			2.00
2.01	00201	NEW CRC - EQUIPMENT			2.01
2.02	00202	NEW CRC - HEALTH PAVILION			2.02
4.00	00400	EMPLOYEE BENEFITS			4.00
4.01	00401	COMMUNICATIONS			4.01
4.02	00402	PURCHASING & RECEIVING			4.02
4.03	00403	REGISTRATION			4.03
4.04	00404	PATIENT ACCOUNTS			4.04
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
17.01	01701	MENTAL HEALTH OVERHEAD			17.01
23.00	02300	PARAMED ED PRGM			23.00
23.01	02301	PARAMED ED PRGM-LAB	100		23.01
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0		31.00
32.00	03200	CORONARY CARE UNIT	0		32.00
40.00	04000	SUBPROVIDER - IPF	0		40.00
41.00	04100	SUBPROVIDER - IRF	0		41.00
42.00	04200	SUBPROVIDER	0		42.00
43.00	04300	NURSERY	0		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0		50.00
51.00	05100	RECOVERY ROOM	0		51.00
51.01	05101	ENDOSCOPY	0		51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		52.00
53.00	05300	ANESTHESIOLOGY	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		54.00
54.01	05401	RADIOLOGY-MONROE CITY	0		54.01
54.02	05402	RADIOLOGY-PETERSBURG	0		54.02
54.03	05403	RADIOLOGY-BICKNELL	0		54.03
54.04	05404	RADIOLOGY-MRI	0		54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0		54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0		54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0		54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0		54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0		55.00
56.00	05600	RADIOISOTOPE	0		56.00
57.00	05700	CT SCAN	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0		59.00
60.00	06000	LABORATORY	100		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0		64.00
65.00	06500	RESPIRATORY THERAPY	0		65.00
66.00	06600	PHYSICAL THERAPY	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0		67.00
68.00	06800	SPEECH PATHOLOGY	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		70.00
70.01	07001	NEURODIAGNOSTICS	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		73.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/28/2013 5:10 pm

		Cost Center Description	PARAMED ED PRGM-LAB (ASSIGNED TIME)		
			23.01		
74.00	07400	RENAL DIALYSIS	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0		76.00
76.01	03021	INPATIENT RENAL DIALYSIS	0		76.01
76.02	03022	ACUPUNCTURE	0		76.02
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		89.00
90.00	09000	CLINIC	0		90.00
91.00	09100	EMERGENCY	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
		OTHER REIMBURSABLE COST CENTERS			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		96.00
99.10	09910	CORF	0		99.10
101.00	10100	HOME HEALTH AGENCY	0		101.00
		SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0		110.00
111.00	11100	ISLET ACQUISITION	0		111.00
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	100		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		192.00
194.00	07950	COMMUNITY HEALTH SERVICES	0		194.00
194.01	07951	WORK FITNESS	0		194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	0		194.02
194.03	07953	MH RESIDENTIAL	0		194.03
194.04	07954	UNUSED SPACE	0		194.04
194.05	07955	MOB	0		194.05
194.06	07956	FOUNDATION	0		194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	0		194.07
194.08	07958	INDUSTRIAL HEALTH	0		194.08
194.09	07959	NRCC	0		194.09
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	25,903		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	259.030000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	64		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.640000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 5/28/2013 5:10 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	Charges: Inpatient	
			1.00	2.00	3.00	4.00	5.00	6.00	
		INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	22,861,335		22,861,335	0	22,861,335	22,218,925	30.00
31.00	03100	INTENSIVE CARE UNIT	3,815,259		3,815,259	0	3,815,259	5,380,709	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	2,244,275		2,244,275	0	2,244,275	4,553,084	40.00
41.00	04100	SUBPROVIDER - IRF	5,077,575		5,077,575	0	5,077,575	4,771,791	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	562,896		562,896	0	562,896	910,459	43.00
		ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,900,353		6,900,353	253	6,900,606	9,029,445	50.00
51.00	05100	RECOVERY ROOM	544,922		544,922	0	544,922	508,376	51.00
51.01	05101	ENDOSCOPY	2,818,048		2,818,048	0	2,818,048	1,553,857	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,010,224		1,010,224	0	1,010,224	2,747,218	52.00
53.00	05300	ANESTHESIOLOGY	1,156,434		1,156,434	0	1,156,434	1,558,186	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,556,047		9,556,047	0	9,556,047	9,305,913	54.00
54.01	05401	RADIOLOGY-MONROE CITY	110,121		110,121	0	110,121	0	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0		0	0	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	98,555		98,555	0	98,555	0	54.03
54.04	05404	RADIOLOGY-MRI	972,028		972,028	0	972,028	1,266,993	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	678,566		678,566	0	678,566	388,156	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	121,558		121,558	0	121,558	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0		0	0	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	265,094		265,094	255	265,349	9,117	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	0	56.00
57.00	05700	CT SCAN	0		0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0	59.00
60.00	06000	LABORATORY	7,405,672		7,405,672	0	7,405,672	12,003,626	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,147,680		1,147,680	0	1,147,680	1,605,004	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,098,026	0	4,098,026	0	4,098,026	2,779,868	65.00
66.00	06600	PHYSICAL THERAPY	4,474,960	0	4,474,960	0	4,474,960	7,013,784	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,535,587		4,535,587	0	4,535,587	8,063,863	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	747,053		747,053	0	747,053	162,655	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,934,575		6,934,575	0	6,934,575	5,058,883	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,708,893		3,708,893	0	3,708,893	9,150,205	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,141,368		17,141,368	0	17,141,368	15,542,383	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	4,073,578		4,073,578	3,167	4,076,745	31,486	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0		0	0	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	577,312		577,312	14,186	591,498	811,506	76.01
76.02	03022	ACUPUNCTURE	0		0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00	09000	CLINIC	1,677,970		1,677,970	0	1,677,970	0	90.00
91.00	09100	EMERGENCY	7,537,065		7,537,065	19,837	7,556,902	4,818,881	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,396,824		3,396,824		3,396,824	3,059,685	92.00
		OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	620,594		620,594	0	620,594	68,261	96.00
99.10	09910	CORF	0		0		0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0		0		0	0	101.00
		SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0		0		0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	0	110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 5/28/2013 5:10 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	Charges: Inpatient	
			1.00	2.00	3.00	4.00	5.00	6.00	
111.00	11100	ISLET ACQUISITION	0		0		0	0	111.00
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	2,131,092		2,131,092		2,131,092	0	116.00
200.00		Subtotal (see instructions)	129,001,539	0	129,001,539	37,698	129,039,237	134,372,319	200.00
201.00		Less Observation Beds	3,396,824		3,396,824		3,396,824		201.00
202.00		Total (see instructions)	125,604,715	0	125,604,715	37,698	125,642,413	134,372,319	202.00

		Cost Center Description	Charges: Outpatient	Charges: Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
			7.00	8.00	9.00	10.00	11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		22,218,925					30.00
31.00	03100	INTENSIVE CARE UNIT		5,380,709					31.00
32.00	03200	CORONARY CARE UNIT		0					32.00
40.00	04000	SUBPROVIDER - IPF		4,553,084					40.00
41.00	04100	SUBPROVIDER - IRF		4,771,791					41.00
42.00	04200	SUBPROVIDER		0					42.00
43.00	04300	NURSERY		910,459					43.00
		ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,137,230	18,166,675	0.379836	0.000000	0.379850		50.00
51.00	05100	RECOVERY ROOM	587,269	1,095,645	0.497353	0.000000	0.497353		51.00
51.01	05101	ENDOSCOPY	7,768,464	9,322,321	0.302290	0.000000	0.302290		51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	356,489	3,103,707	0.325489	0.000000	0.325489		52.00
53.00	05300	ANESTHESIOLOGY	934,198	2,492,384	0.463987	0.000000	0.463987		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,608,416	52,914,329	0.180595	0.000000	0.180595		54.00
54.01	05401	RADIOLOGY-MONROE CITY	204,858	204,858	0.537548	0.000000	0.537548		54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0.000000	0.000000	0.000000		54.02
54.03	05403	RADIOLOGY-BICKNELL	112,198	112,198	0.878402	0.000000	0.878402		54.03
54.04	05404	RADIOLOGY-MRI	10,588,649	11,855,642	0.081989	0.000000	0.081989		54.04
54.05	05405	RADIOLOGY-ULTRASOUND	3,224,775	3,612,931	0.187816	0.000000	0.187816		54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	240,569	240,569	0.505294	0.000000	0.505294		54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0.000000	0.000000	0.000000		54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	277,394	286,511	0.925249	0.000000	0.926139		54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0.000000		56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0.000000		59.00
60.00	06000	LABORATORY	28,544,901	40,548,527	0.182637	0.000000	0.182637		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,040,125	2,645,129	0.433884	0.000000	0.433884		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	2,428,460	5,208,328	0.786822	0.000000	0.786822		65.00
66.00	06600	PHYSICAL THERAPY	4,419,031	11,432,815	0.391414	0.000000	0.391414		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	14,228,304	22,292,167	0.203461	0.000000	0.203461		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0.000000		70.00
70.01	07001	NEURODIAGNOSTICS	3,499,402	3,662,057	0.203998	0.000000	0.203998		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,463,513	6,522,396	1.063194	0.000000	1.063194		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,147,276	11,297,481	0.328294	0.000000	0.328294		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,194,724	48,737,107	0.351711	0.000000	0.351711		73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	17,278,363	17,309,849	0.235333	0.000000	0.235516		75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0.000000	0.000000	0.000000		76.00
76.01	03021	INPATIENT RENAL DIALYSIS	8,249	819,755	0.704249	0.000000	0.721555		76.01
76.02	03022	ACUPUNCTURE	0	0	0.000000	0.000000	0.000000		76.02
		OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0					89.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 5/28/2013 5:10 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Outpatient	Charges Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
			7.00	8.00	9.00	10.00	11.00		
90.00	09000	CLINIC	1,815,423	1,815,423	0.924286	0.000000	0.924286		90.00
91.00	09100	EMERGENCY	19,574,922	24,393,803	0.308975	0.000000	0.309788		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,136,178	9,195,863	0.369386	0.000000	0.369386		92.00
	OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	987,730	1,055,991	0.587689	0.000000	0.587689		96.00
99.10	09910	CORF	0	0					99.10
101.00	10100	HOME HEALTH AGENCY	0	0					101.00
	SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0					109.00
110.00	11000	INTESTINAL ACQUISITION	0	0					110.00
111.00	11100	ISLET ACQUISITION	0	0					111.00
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	2,263,616	2,263,616					116.00
200.00		Subtotal (see instructions)	216,070,726	350,443,045					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	216,070,726	350,443,045					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 5/28/2013 5:10 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	Charges: Inpatient	
			1.00	2.00	3.00	4.00	5.00	6.00	
		INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	22,861,335		22,861,335	0	0	22,218,925	30.00
31.00	03100	INTENSIVE CARE UNIT	3,815,259		3,815,259	0	0	5,380,709	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	2,244,275		2,244,275	0	0	4,553,084	40.00
41.00	04100	SUBPROVIDER - IRF	5,077,575		5,077,575	0	0	4,771,791	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	562,896		562,896	0	0	910,459	43.00
		ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,900,353		6,900,353	0	0	9,029,445	50.00
51.00	05100	RECOVERY ROOM	544,922		544,922	0	0	508,376	51.00
51.01	05101	ENDOSCOPY	2,818,048		2,818,048	0	0	1,553,857	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,010,224		1,010,224	0	0	2,747,218	52.00
53.00	05300	ANESTHESIOLOGY	1,156,434		1,156,434	0	0	1,558,186	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,556,047		9,556,047	0	0	9,305,913	54.00
54.01	05401	RADIOLOGY-MONROE CITY	110,121		110,121	0	0	0	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0		0	0	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	98,555		98,555	0	0	0	54.03
54.04	05404	RADIOLOGY-MRI	972,028		972,028	0	0	1,266,993	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	678,566		678,566	0	0	388,156	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	121,558		121,558	0	0	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0		0	0	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	265,094		265,094	0	0	9,117	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	0	56.00
57.00	05700	CT SCAN	0		0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0	59.00
60.00	06000	LABORATORY	7,405,672		7,405,672	0	0	12,003,626	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,147,680		1,147,680	0	0	1,605,004	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,098,026	0	4,098,026	0	0	2,779,868	65.00
66.00	06600	PHYSICAL THERAPY	4,474,960	0	4,474,960	0	0	7,013,784	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,535,587		4,535,587	0	0	8,063,863	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	747,053		747,053	0	0	162,655	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,934,575		6,934,575	0	0	5,058,883	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,708,893		3,708,893	0	0	9,150,205	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,141,368		17,141,368	0	0	15,542,383	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	4,073,578		4,073,578	0	0	31,486	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0		0	0	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	577,312		577,312	0	0	811,506	76.01
76.02	03022	ACUPUNCTURE	0		0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00	09000	CLINIC	1,677,970		1,677,970	0	0	0	90.00
91.00	09100	EMERGENCY	7,537,065		7,537,065	0	0	4,818,881	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,396,824		3,396,824		0	3,059,685	92.00
		OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	620,594		620,594	0	0	68,261	96.00
99.10	09910	CORF	0		0		0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0		0		0	0	101.00
		SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0		0		0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	0	110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 5/28/2013 5:10 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	Charges: Inpatient	
			1.00	2.00	3.00	4.00	5.00	6.00	
111.00	11100	ISLET ACQUISITION	0		0		0	0	111.00
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	2,131,092		2,131,092		0	0	116.00
200.00		Subtotal (see instructions)	129,001,539	0	129,001,539	0	0	134,372,319	200.00
201.00		Less Observation Beds	3,396,824		3,396,824		0		201.00
202.00		Total (see instructions)	125,604,715	0	125,604,715	0	0	134,372,319	202.00

		Cost Center Description	Charges: Outpatient	Charges: Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
			7.00	8.00	9.00	10.00	11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		22,218,925					30.00
31.00	03100	INTENSIVE CARE UNIT		5,380,709					31.00
32.00	03200	CORONARY CARE UNIT		0					32.00
40.00	04000	SUBPROVIDER - IPF		4,553,084					40.00
41.00	04100	SUBPROVIDER - IRF		4,771,791					41.00
42.00	04200	SUBPROVIDER		0					42.00
43.00	04300	NURSERY		910,459					43.00
		ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,137,230	18,166,675	0.379836	0.000000	0.000000		50.00
51.00	05100	RECOVERY ROOM	587,269	1,095,645	0.497353	0.000000	0.000000		51.00
51.01	05101	ENDOSCOPY	7,768,464	9,322,321	0.302290	0.000000	0.000000		51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	356,489	3,103,707	0.325489	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	934,198	2,492,384	0.463987	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,608,416	52,914,329	0.180595	0.000000	0.000000		54.00
54.01	05401	RADIOLOGY-MONROE CITY	204,858	204,858	0.537548	0.000000	0.000000		54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0.000000	0.000000	0.000000		54.02
54.03	05403	RADIOLOGY-BICKNELL	112,198	112,198	0.878402	0.000000	0.000000		54.03
54.04	05404	RADIOLOGY-MRI	10,588,649	11,855,642	0.081989	0.000000	0.000000		54.04
54.05	05405	RADIOLOGY-ULTRASOUND	3,224,775	3,612,931	0.187816	0.000000	0.000000		54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	240,569	240,569	0.505294	0.000000	0.000000		54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0.000000	0.000000	0.000000		54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	277,394	286,511	0.925249	0.000000	0.000000		54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0.000000		56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0.000000		59.00
60.00	06000	LABORATORY	28,544,901	40,548,527	0.182637	0.000000	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,040,125	2,645,129	0.433884	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	2,428,460	5,208,328	0.786822	0.000000	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	4,419,031	11,432,815	0.391414	0.000000	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	14,228,304	22,292,167	0.203461	0.000000	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0.000000		70.00
70.01	07001	NEURODIAGNOSTICS	3,499,402	3,662,057	0.203998	0.000000	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,463,513	6,522,396	1.063194	0.000000	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,147,276	11,297,481	0.328294	0.000000	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,194,724	48,737,107	0.351711	0.000000	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	17,278,363	17,309,849	0.235333	0.000000	0.000000		75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0.000000	0.000000	0.000000		76.00
76.01	03021	INPATIENT RENAL DIALYSIS	8,249	819,755	0.704249	0.000000	0.000000		76.01
76.02	03022	ACUPUNCTURE	0	0	0.000000	0.000000	0.000000		76.02
		OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0.000000		89.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 5/28/2013 5:10 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges Outpatient	Charges Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
			7.00	8.00	9.00	10.00	11.00		
90.00	09000	CLINIC	1,815,423	1,815,423	0.924286	0.000000	0.000000		90.00
91.00	09100	EMERGENCY	19,574,922	24,393,803	0.308975	0.000000	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,136,178	9,195,863	0.369386	0.000000	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	987,730	1,055,991	0.587689	0.000000	0.000000		96.00
99.10	09910	CORF	0	0					99.10
101.00	10100	HOME HEALTH AGENCY	0	0					101.00
	SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0					109.00
110.00	11000	INTESTINAL ACQUISITION	0	0					110.00
111.00	11100	ISLET ACQUISITION	0	0					111.00
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	2,263,616	2,263,616					116.00
200.00		Subtotal (see instructions)	216,070,726	350,443,045					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	216,070,726	350,443,045					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part I Date/Time Prepared: 5/28/2013 5:10 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,848,174	0	2,848,174	23,576	120.81	30.00
31.00	INTENSIVE CARE UNIT	191,406		191,406	2,494	76.75	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
40.00	SUBPROVIDER - IPF	586,797	0	586,797	4,516	129.94	40.00
41.00	SUBPROVIDER - IRF	158,699	0	158,699	5,911	26.85	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	7,700		7,700	1,106	6.96	43.00
200.00	Total (lines 30-199)	3,792,776		3,792,776	37,603		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	12,658	1,529,213	30.00
31.00	INTENSIVE CARE UNIT	1,588	121,879	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
40.00	SUBPROVIDER - IPF	1,729	224,666	40.00
41.00	SUBPROVIDER - IRF	4,988	133,928	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	20,963	2,009,686	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part II Date/Time Prepared: 5/28/2013 5:10 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	826,497	18,166,675	0.045495	6,204,052	282,253	50.00
51.00	05100	RECOVERY ROOM	38,402	1,095,645	0.035050	320,843	11,246	51.00
51.01	05101	ENDOSCOPY	372,320	9,322,321	0.039939	779,559	31,135	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,883	3,103,707	0.004151	2,835	12	52.00
53.00	05300	ANESTHESIOLOGY	5,081	2,492,384	0.002039	774,452	1,579	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	830,833	52,914,329	0.015701	5,444,498	85,484	54.00
54.01	05401	RADIOLOGY-MONROE CITY	1,687	204,858	0.008235	0	0	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0.000000	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	5,231	112,198	0.046623	0	0	54.03
54.04	05404	RADIOLOGY-MRI	26,063	11,855,642	0.002198	736,537	1,619	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	88,884	3,612,931	0.024602	214,397	5,275	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	924	240,569	0.003841	0	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0.000000	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	803	286,511	0.002803	0	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	407,977	40,548,527	0.010061	7,707,699	77,547	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,894	2,645,129	0.001094	1,517,943	1,661	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	117,539	5,208,328	0.022568	1,563,527	35,286	65.00
66.00	06600	PHYSICAL THERAPY	176,901	11,432,815	0.015473	2,141,092	33,129	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	350,220	22,292,167	0.015710	5,291,390	83,128	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	106,250	3,662,057	0.029014	77,185	2,239	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,047	6,522,396	0.002460	2,313,735	5,692	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	63,033	11,297,481	0.005579	3,996,144	22,294	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	417,477	48,737,107	0.008566	8,824,491	75,591	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	104,770	17,309,849	0.006053	0	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0.000000	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	51,740	819,755	0.063116	643,318	40,604	76.01
76.02	03022	ACUPUNCTURE	0	0	0.000000	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	30,808	1,815,423	0.016970	0	0	90.00
91.00	09100	EMERGENCY	365,440	24,393,803	0.014981	2,566,769	38,453	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	423,193	9,195,863	0.046020	845,030	38,888	92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	11,304	1,055,991	0.010705	0	0	96.00
200.00		Total (lines 50-199)	4,855,201	310,344,461		51,965,496	873,115	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150042

Period: From 01/01/2012 To 12/31/2012

Worksheet D Part III Date/Time Prepared: 5/28/2013 5:10 pm

Title XVIII Hospital PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0		0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0		0	43.00
200.00		Total (lines 30-199)	0	0	0		0	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	23,576	0.00	12,658	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,494	0.00	1,588	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0		32.00
40.00	04000	SUBPROVIDER - IPF	4,516	0.00	1,729	0		40.00
41.00	04100	SUBPROVIDER - IRF	5,911	0.00	4,988	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	1,106	0.00	0	0		43.00
200.00		Total (lines 30-199)	37,603		20,963	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part IV Date/Time Prepared: 5/28/2013 5:10 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
51.01	05101	ENDOSCOPY	0	0	0	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	244,920	0	244,920	54.00
54.01	05401	RADIOLOGY-MONROE CITY	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY-MRI	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0	0	0	0	0	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	25,903	0	25,903	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	0	0	0	0	0	76.01
76.02	03022	ACUPUNCTURE	0	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	270,823	0	270,823	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part IV Date/Time Prepared: 5/28/2013 5:10 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	18,166,675	0.000000	0.000000	6,204,052	50.00
51.00	05100	RECOVERY ROOM	0	1,095,645	0.000000	0.000000	320,843	51.00
51.01	05101	ENDOSCOPY	0	9,322,321	0.000000	0.000000	779,559	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,103,707	0.000000	0.000000	2,835	52.00
53.00	05300	ANESTHESIOLOGY	0	2,492,384	0.000000	0.000000	774,452	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	244,920	52,914,329	0.004629	0.004629	5,444,498	54.00
54.01	05401	RADIOLOGY-MONROE CITY	0	204,858	0.000000	0.000000	0	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0.000000	0.000000	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	0	112,198	0.000000	0.000000	0	54.03
54.04	05404	RADIOLOGY-MRI	0	11,855,642	0.000000	0.000000	736,537	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0	3,612,931	0.000000	0.000000	214,397	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0	240,569	0.000000	0.000000	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0.000000	0.000000	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	286,511	0.000000	0.000000	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	25,903	40,548,527	0.000639	0.000639	7,707,699	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,645,129	0.000000	0.000000	1,517,943	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	5,208,328	0.000000	0.000000	1,563,527	65.00
66.00	06600	PHYSICAL THERAPY	0	11,432,815	0.000000	0.000000	2,141,092	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	22,292,167	0.000000	0.000000	5,291,390	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
70.01	07001	NEURODIAGNOSTICS	0	3,662,057	0.000000	0.000000	77,185	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,522,396	0.000000	0.000000	2,313,735	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	11,297,481	0.000000	0.000000	3,996,144	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	48,737,107	0.000000	0.000000	8,824,491	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	17,309,849	0.000000	0.000000	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0.000000	0.000000	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	0	819,755	0.000000	0.000000	643,318	76.01
76.02	03022	ACUPUNCTURE	0	0	0.000000	0.000000	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	1,815,423	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	24,393,803	0.000000	0.000000	2,566,769	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,195,863	0.000000	0.000000	845,030	92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	1,055,991	0.000000	0.000000	0	96.00
200.00		Total (lines 50-199)	270,823	310,344,461			51,965,496	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part IV Date/Time Prepared: 5/28/2013 5:10 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	8,178,074	0		50.00
51.00	05100	RECOVERY ROOM	0	533,142	0		51.00
51.01	05101	ENDOSCOPY	0	3,712,420	0		51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	794,820	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,203	16,481,880	76,295		54.00
54.01	05401	RADIOLOGY-MONROE CITY	0	0	0		54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0		54.02
54.03	05403	RADIOLOGY-BICKNELL	0	0	0		54.03
54.04	05404	RADIOLOGY-MRI	0	3,726,380	0		54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0	810,885	0		54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0	0	0		54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0		54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0	0		54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	4,925	663,626	424		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	742,474	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	654,012	0		65.00
66.00	06600	PHYSICAL THERAPY	0	20,228	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,722,454	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01	07001	NEURODIAGNOSTICS	0	1,260,004	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,084,784	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,629,515	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,595,964	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0		76.00
76.01	03021	INPATIENT RENAL DIALYSIS	0	0	0		76.01
76.02	03022	ACUPUNCTURE	0	0	0		76.02
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
91.00	09100	EMERGENCY	0	4,377,886	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,765,178	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
200.00		Total (lines 50-199)	30,128	69,753,726	76,719		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part V Date/Time Prepared: 5/28/2013 5:10 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.379836	8,178,074	0	0	3,106,327	50.00
51.00	05100	RECOVERY ROOM	0.497353	533,142	0	0	265,160	51.00
51.01	05101	ENDOSCOPY	0.302290	3,712,420	0	0	1,122,227	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.325489	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.463987	794,820	0	0	368,786	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.180595	16,481,880	0	0	2,976,545	54.00
54.01	05401	RADIOLOGY-MONROE CITY	0.537548	0	0	0	0	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0.000000	0	0	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	0.878402	0	0	0	0	54.03
54.04	05404	RADIOLOGY-MRI	0.081989	3,726,380	0	0	305,522	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0.187816	810,885	0	0	152,297	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0.505294	0	0	0	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0.000000	0	0	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0.925249	0	0	0	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.182637	663,626	0	0	121,203	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.433884	742,474	0	0	322,148	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.786822	654,012	0	0	514,591	65.00
66.00	06600	PHYSICAL THERAPY	0.391414	20,228	0	0	7,918	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.203461	5,722,454	0	0	1,164,296	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	0.203998	1,260,004	0	0	257,038	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.063194	1,084,784	0	0	1,153,336	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.328294	1,629,515	0	0	534,960	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.351711	17,595,964	0	58,374	6,188,694	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.235333	0	0	0	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0.000000	0	0	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	0.704249	0	0	0	0	76.01
76.02	03022	ACUPUNCTURE	0.000000	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.924286	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.308975	4,377,886	0	0	1,352,657	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.369386	1,765,178	0	0	652,032	92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.587689	0	0	0	0	96.00
200.00		Subtotal (see instructions)		69,753,726	0	58,374	20,565,737	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		69,753,726	0	58,374	20,565,737	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part V Date/Time Prepared: 5/28/2013 5:10 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
51.01	05101	ENDOSCOPY	0	0		51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	RADIOLOGY-MONROE CITY	0	0		54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0		54.02
54.03	05403	RADIOLOGY-BICKNELL	0	0		54.03
54.04	05404	RADIOLOGY-MRI	0	0		54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0	0		54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0	0		54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0		54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0		54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	07001	NEURODIAGNOSTICS	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,531		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0		76.00
76.01	03021	INPATIENT RENAL DIALYSIS	0	0		76.01
76.02	03022	ACUPUNCTURE	0	0		76.02
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00		Subtotal (see instructions)	0	20,531		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	20,531		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150042
Component CCN: 15S042

Period: From 01/01/2012 To 12/31/2012

Worksheet D Part II
Date/Time Prepared: 5/28/2013 5:10 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	826,497	18,166,675	0.045495	0	0	50.00
51.00	05100	RECOVERY ROOM	38,402	1,095,645	0.035050	0	0	51.00
51.01	05101	ENDOSCOPY	372,320	9,322,321	0.039939	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,883	3,103,707	0.004151	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,081	2,492,384	0.002039	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	830,833	52,914,329	0.015701	63,252	993	54.00
54.01	05401	RADIOLOGY-MONROE CITY	1,687	204,858	0.008235	0	0	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0.000000	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	5,231	112,198	0.046623	0	0	54.03
54.04	05404	RADIOLOGY-MRI	26,063	11,855,642	0.002198	6,911	15	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	88,884	3,612,931	0.024602	0	0	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	924	240,569	0.003841	0	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0.000000	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	803	286,511	0.002803	0	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	407,977	40,548,527	0.010061	117,313	1,180	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,894	2,645,129	0.001094	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	117,539	5,208,328	0.022568	21,596	487	65.00
66.00	06600	PHYSICAL THERAPY	176,901	11,432,815	0.015473	13,742	213	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	350,220	22,292,167	0.015710	6,950	109	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	106,250	3,662,057	0.029014	1,252	36	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,047	6,522,396	0.002460	3,064	8	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	63,033	11,297,481	0.005579	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	417,477	48,737,107	0.008566	121,296	1,039	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	104,770	17,309,849	0.006053	0	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0.000000	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	51,740	819,755	0.063116	1,491	94	76.01
76.02	03022	ACUPUNCTURE	0	0	0.000000	0	0	76.02
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	30,808	1,815,423	0.016970	0	0	90.00
91.00	09100	EMERGENCY	365,440	24,393,803	0.014981	113,545	1,701	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,195,863	0.000000	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	11,304	1,055,991	0.010705	0	0	96.00
200.00		Total (lines 50-199)	4,432,008	310,344,461		470,412	5,875	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150042
Component CCN: 15S042

Period: From 01/01/2012 To 12/31/2012

Worksheet D Part IV
Date/Time Prepared: 5/28/2013 5:10 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
51.01	05101	ENDOSCOPY	0	0	0	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	244,920	0	244,920	54.00
54.01	05401	RADIOLOGY-MONROE CITY	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY-MRI	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0	0	0	0	0	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	25,903	0	25,903	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	0	0	0	0	0	76.01
76.02	03022	ACUPUNCTURE	0	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	270,823	0	270,823	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150042
Component CCN: 15S042

Period: From 01/01/2012 To 12/31/2012

Worksheet D Part IV
Date/Time Prepared: 5/28/2013 5:10 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	18,166,675	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	1,095,645	0.000000	0.000000	0	51.00
51.01	05101	ENDOSCOPY	0	9,322,321	0.000000	0.000000	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,103,707	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,492,384	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	244,920	52,914,329	0.004629	0.004629	63,252	54.00
54.01	05401	RADIOLOGY-MONROE CITY	0	204,858	0.000000	0.000000	0	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0.000000	0.000000	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	0	112,198	0.000000	0.000000	0	54.03
54.04	05404	RADIOLOGY-MRI	0	11,855,642	0.000000	0.000000	6,911	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0	3,612,931	0.000000	0.000000	0	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0	240,569	0.000000	0.000000	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0.000000	0.000000	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	286,511	0.000000	0.000000	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	25,903	40,548,527	0.000639	0.000639	117,313	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,645,129	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	5,208,328	0.000000	0.000000	21,596	65.00
66.00	06600	PHYSICAL THERAPY	0	11,432,815	0.000000	0.000000	13,742	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	22,292,167	0.000000	0.000000	6,950	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
70.01	07001	NEURODIAGNOSTICS	0	3,662,057	0.000000	0.000000	1,252	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,522,396	0.000000	0.000000	3,064	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	11,297,481	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	48,737,107	0.000000	0.000000	121,296	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	17,309,849	0.000000	0.000000	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0.000000	0.000000	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	0	819,755	0.000000	0.000000	1,491	76.01
76.02	03022	ACUPUNCTURE	0	0	0.000000	0.000000	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	1,815,423	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	24,393,803	0.000000	0.000000	113,545	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,195,863	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	1,055,991	0.000000	0.000000	0	96.00
200.00		Total (lines 50-199)	270,823	310,344,461			470,412	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150042
Component CCN: 15S042

Period: From 01/01/2012 To 12/31/2012

Worksheet D Part IV
Date/Time Prepared: 5/28/2013 5:10 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	240	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
51.01	05101	ENDOSCOPY	0	0	0		51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	293	0	0		54.00
54.01	05401	RADIOLOGY-MONROE CITY	0	0	0		54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0		54.02
54.03	05403	RADIOLOGY-BICKNELL	0	0	0		54.03
54.04	05404	RADIOLOGY-MRI	0	0	0		54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0	0	0		54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0	0	0		54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0		54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0	0		54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	75	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01	07001	NEURODIAGNOSTICS	0	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0		76.00
76.01	03021	INPATIENT RENAL DIALYSIS	0	0	0		76.01
76.02	03022	ACUPUNCTURE	0	0	0		76.02
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
200.00		Total (lines 50-199)	368	240	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150042
Component CCN: 15S042

Period:
From 01/01/2012
To 12/31/2012

Worksheet D
Part V
Date/Time Prepared:
5/28/2013 5:10 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.379836	240	0	0	91	50.00
51.00	05100	RECOVERY ROOM	0.497353	0	0	0	0	51.00
51.01	05101	ENDOSCOPY	0.302290	0	0	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.325489	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.463987	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.180595	0	0	0	0	54.00
54.01	05401	RADIOLOGY-MONROE CITY	0.537548	0	0	0	0	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0.000000	0	0	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	0.878402	0	0	0	0	54.03
54.04	05404	RADIOLOGY-MRI	0.081989	0	0	0	0	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0.187816	0	0	0	0	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0.505294	0	0	0	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0.000000	0	0	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0.925249	0	0	0	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.182637	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.433884	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.786822	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.391414	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.203461	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	0.203998	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.063194	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.328294	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.351711	0	0	300	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.235333	0	0	0	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0.000000	0	0	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	0.704249	0	0	0	0	76.01
76.02	03022	ACUPUNCTURE	0.000000	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.924286	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.308975	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.369386	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.587689	0	0	0	0	96.00
200.00		Subtotal (see instructions)		240	0	300	91	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		240	0	300	91	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150042 Component CCN: 15S042	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 5:10 pm
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
51.01	05101	ENDOSCOPY	0	0		51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	RADIOLOGY-MONROE CITY	0	0		54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0		54.02
54.03	05403	RADIOLOGY-BICKNELL	0	0		54.03
54.04	05404	RADIOLOGY-MRI	0	0		54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0	0		54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0	0		54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0		54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0		54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	07001	NEURODIAGNOSTICS	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	106		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0		76.00
76.01	03021	INPATIENT RENAL DIALYSIS	0	0		76.01
76.02	03022	ACUPUNCTURE	0	0		76.02
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00		Subtotal (see instructions)	0	106		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	106		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150042
Component CCN: 15T042

Period: From 01/01/2012 To 12/31/2012

Worksheet D Part II
Date/Time Prepared: 5/28/2013 5:10 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	826,497	18,166,675	0.045495	89,050	4,051	50.00
51.00	05100	RECOVERY ROOM	38,402	1,095,645	0.035050	12,213	428	51.00
51.01	05101	ENDOSCOPY	372,320	9,322,321	0.039939	42,574	1,700	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,883	3,103,707	0.004151	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,081	2,492,384	0.002039	13,736	28	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	830,833	52,914,329	0.015701	278,212	4,368	54.00
54.01	05401	RADIOLOGY-MONROE CITY	1,687	204,858	0.008235	0	0	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0.000000	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	5,231	112,198	0.046623	0	0	54.03
54.04	05404	RADIOLOGY-MRI	26,063	11,855,642	0.002198	73,698	162	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	88,884	3,612,931	0.024602	6,788	167	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	924	240,569	0.003841	0	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0.000000	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	803	286,511	0.002803	0	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	407,977	40,548,527	0.010061	481,672	4,846	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,894	2,645,129	0.001094	4,260	5	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	117,539	5,208,328	0.022568	135,782	3,064	65.00
66.00	06600	PHYSICAL THERAPY	176,901	11,432,815	0.015473	3,299,018	51,046	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	350,220	22,292,167	0.015710	61,970	974	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	106,250	3,662,057	0.029014	26,001	754	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,047	6,522,396	0.002460	141,196	347	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	63,033	11,297,481	0.005579	41,225	230	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	417,477	48,737,107	0.008566	445,589	3,817	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	104,770	17,309,849	0.006053	0	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0.000000	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	51,740	819,755	0.063116	0	0	76.01
76.02	03022	ACUPUNCTURE	0	0	0.000000	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	30,808	1,815,423	0.016970	0	0	90.00
91.00	09100	EMERGENCY	365,440	24,393,803	0.014981	61,176	916	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,195,863	0.000000	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	11,304	1,055,991	0.010705	0	0	96.00
200.00		Total (lines 50-199)	4,432,008	310,344,461		5,214,160	76,903	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150042
Component CCN: 15T042

Period: From 01/01/2012 To 12/31/2012

Worksheet D Part IV
Date/Time Prepared: 5/28/2013 5:10 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
51.01	05101	ENDOSCOPY	0	0	0	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	244,920	0	244,920	54.00
54.01	05401	RADIOLOGY-MONROE CITY	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY-MRI	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0	0	0	0	0	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	25,903	0	25,903	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	0	0	0	0	0	76.01
76.02	03022	ACUPUNCTURE	0	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	270,823	0	270,823	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150042
Component CCN: 15T042

Period: From 01/01/2012 To 12/31/2012

Worksheet D Part IV
Date/Time Prepared: 5/28/2013 5:10 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	18,166,675	0.000000	0.000000	89,050	50.00
51.00	05100	RECOVERY ROOM	0	1,095,645	0.000000	0.000000	12,213	51.00
51.01	05101	ENDOSCOPY	0	9,322,321	0.000000	0.000000	42,574	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,103,707	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,492,384	0.000000	0.000000	13,736	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	244,920	52,914,329	0.004629	0.004629	278,212	54.00
54.01	05401	RADIOLOGY-MONROE CITY	0	204,858	0.000000	0.000000	0	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0.000000	0.000000	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	0	112,198	0.000000	0.000000	0	54.03
54.04	05404	RADIOLOGY-MRI	0	11,855,642	0.000000	0.000000	73,698	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0	3,612,931	0.000000	0.000000	6,788	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0	240,569	0.000000	0.000000	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0.000000	0.000000	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	286,511	0.000000	0.000000	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	25,903	40,548,527	0.000639	0.000639	481,672	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,645,129	0.000000	0.000000	4,260	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	5,208,328	0.000000	0.000000	135,782	65.00
66.00	06600	PHYSICAL THERAPY	0	11,432,815	0.000000	0.000000	3,299,018	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	22,292,167	0.000000	0.000000	61,970	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
70.01	07001	NEURODIAGNOSTICS	0	3,662,057	0.000000	0.000000	26,001	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,522,396	0.000000	0.000000	141,196	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	11,297,481	0.000000	0.000000	41,225	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	48,737,107	0.000000	0.000000	445,589	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	17,309,849	0.000000	0.000000	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0.000000	0.000000	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	0	819,755	0.000000	0.000000	0	76.01
76.02	03022	ACUPUNCTURE	0	0	0.000000	0.000000	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	1,815,423	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	24,393,803	0.000000	0.000000	61,176	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,195,863	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	1,055,991	0.000000	0.000000	0	96.00
200.00		Total (lines 50-199)	270,823	310,344,461			5,214,160	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150042
Component CCN: 15T042

Period: From 01/01/2012 To 12/31/2012

Worksheet D Part IV
Date/Time Prepared: 5/28/2013 5:10 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	840	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
51.01	05101	ENDOSCOPY	0	0	0		51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,288	0	0		54.00
54.01	05401	RADIOLOGY-MONROE CITY	0	0	0		54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0	0		54.02
54.03	05403	RADIOLOGY-BICKNELL	0	0	0		54.03
54.04	05404	RADIOLOGY-MRI	0	0	0		54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0	0	0		54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0	0	0		54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0		54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0	0		54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	308	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01	07001	NEURODIAGNOSTICS	0	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0		76.00
76.01	03021	INPATIENT RENAL DIALYSIS	0	0	0		76.01
76.02	03022	ACUPUNCTURE	0	0	0		76.02
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
200.00		Total (lines 50-199)	1,596	840	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150042
Component CCN: 15T042

Period: From 01/01/2012 To 12/31/2012

Worksheet D Part V
Date/Time Prepared: 5/28/2013 5:10 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.379836	840	0	0	319	50.00
51.00	05100	RECOVERY ROOM	0.497353	0	0	0	0	51.00
51.01	05101	ENDOSCOPY	0.302290	0	0	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.325489	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.463987	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.180595	0	0	0	0	54.00
54.01	05401	RADIOLOGY-MONROE CITY	0.537548	0	0	0	0	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0.000000	0	0	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	0.878402	0	0	0	0	54.03
54.04	05404	RADIOLOGY-MRI	0.081989	0	0	0	0	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0.187816	0	0	0	0	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0.505294	0	0	0	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0.000000	0	0	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0.925249	0	0	0	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.182637	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.433884	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.786822	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.391414	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.203461	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	0.203998	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.063194	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.328294	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.351711	0	0	1,410	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.235333	0	0	0	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0.000000	0	0	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	0.704249	0	0	0	0	76.01
76.02	03022	ACUPUNCTURE	0.000000	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.924286	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.308975	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.369386	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.587689	0	0	0	0	96.00
200.00		Subtotal (see instructions)		840	0	1,410	319	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		840	0	1,410	319	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150042
Component CCN: 15T042

Period: From 01/01/2012 To 12/31/2012

Worksheet D Part V
Date/Time Prepared: 5/28/2013 5:10 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
51.01	05101	ENDOSCOPY	0	0		51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	RADIOLOGY-MONROE CITY	0	0		54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0		54.02
54.03	05403	RADIOLOGY-BICKNELL	0	0		54.03
54.04	05404	RADIOLOGY-MRI	0	0		54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0	0		54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0	0		54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0		54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0		54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	07001	NEURODIAGNOSTICS	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	496		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0		76.00
76.01	03021	INPATIENT RENAL DIALYSIS	0	0		76.01
76.02	03022	ACUPUNCTURE	0	0		76.02
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00		Subtotal (see instructions)	0	496		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	496		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part V Date/Time Prepared: 5/28/2013 5:10 pm

Title XIX | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.379836	0	957,269	0	0	50.00
51.00	05100	RECOVERY ROOM	0.497353	0	53,748	0	0	51.00
51.01	05101	ENDOSCOPY	0.302290	0	855,142	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.325489	0	39,242	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.463987	0	102,835	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.180595	0	4,800,355	0	0	54.00
54.01	05401	RADIOLOGY-MONROE CITY	0.537548	0	22,550	0	0	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0.000000	0	0	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	0.878402	0	12,351	0	0	54.03
54.04	05404	RADIOLOGY-MRI	0.081989	0	1,165,584	0	0	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0.187816	0	354,979	0	0	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0.505294	0	26,482	0	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0.000000	0	0	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0.925249	0	30,535	0	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.182637	0	3,142,633	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.433884	0	154,674	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.786822	0	267,322	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.391414	0	486,441	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.203461	0	1,566,232	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	0.203998	0	385,209	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.063194	0	377,984	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.328294	0	17,615	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.351711	0	3,654,030	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.235333	0	1,901,979	0	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0.000000	0	0	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	0.704249	0	908	0	0	76.01
76.02	03022	ACUPUNCTURE	0.000000	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.924286	0	199,839	0	0	90.00
91.00	09100	EMERGENCY	0.308975	0	2,154,781	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.369386	0	675,462	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.587689	0	108,728	0	0	96.00
200.00		Subtotal (see instructions)		0	23,514,909	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	23,514,909	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part V Date/Time Prepared: 5/28/2013 5:10 pm

Title XIX | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	363,605	0		50.00
51.00	05100	RECOVERY ROOM	26,732	0		51.00
51.01	05101	ENDOSCOPY	258,501	0		51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,773	0		52.00
53.00	05300	ANESTHESIOLOGY	47,714	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	866,920	0		54.00
54.01	05401	RADIOLOGY-MONROE CITY	12,122	0		54.01
54.02	05402	RADIOLOGY-PETERSBURG	0	0		54.02
54.03	05403	RADIOLOGY-BICKNELL	10,849	0		54.03
54.04	05404	RADIOLOGY-MRI	95,565	0		54.04
54.05	05405	RADIOLOGY-ULTRASOUND	66,671	0		54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	13,381	0		54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0		54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	28,252	0		54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	573,961	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	67,111	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	210,335	0		65.00
66.00	06600	PHYSICAL THERAPY	190,400	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	318,667	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	07001	NEURODIAGNOSTICS	78,582	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	401,870	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,783	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,285,163	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	447,598	0		75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0		76.00
76.01	03021	INPATIENT RENAL DIALYSIS	639	0		76.01
76.02	03022	ACUPUNCTURE	0	0		76.02
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	184,708	0		90.00
91.00	09100	EMERGENCY	665,773	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	249,506	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	63,898	0		96.00
200.00		Subtotal (see instructions)	6,547,079	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	6,547,079	0		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D-1 | Date/Time Prepared: 5/28/2013 5:10 pm

	Cost Center Description	Title XVIII	Hospital	PPS
				1.00
	PART I - ALL PROVIDER COMPONENTS			
	INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		23,576	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		23,576	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		20,073	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		12,658	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
	SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		22,861,335	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		22,861,335	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)		23,129,384	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		23,129,384	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.988411	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,152.26	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		22,861,335	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY			
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		969.69	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,274,336	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		12,274,336	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D-1 | Date/Time Prepared: 5/28/2013 5:10 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	3,815,259	2,494	1,529.78	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	17,869,942	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	30,144,278	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	1,651,092	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	903,243	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	2,554,335	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	27,589,943	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	3,503	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	969.69	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	3,396,824	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150042

Period: From 01/01/2012 To 12/31/2012

Worksheet D-1

Date/Time Prepared: 5/28/2013 5:10 pm

Title XVIII Hospital PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	2,848,174	22,861,335	0.124585	3,396,824	423,193	90.00
91.00	Nursing School cost	0	22,861,335	0.000000	3,396,824	0	91.00
92.00	Allied health cost	0	22,861,335	0.000000	3,396,824	0	92.00
93.00	All other Medical Education	0	22,861,335	0.000000	3,396,824	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150042 Component CCN: 15S042	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/28/2013 5:10 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,516	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,516	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	4,516	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,729	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	2,244,275	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,244,275	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	4,480,154	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	4,480,154	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.500937	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	992.06	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,244,275	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	496.96	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	859,244	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	859,244	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150042 Component CCN: 15S042	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/28/2013 5:10 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	139,626	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	998,870	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	224,666	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	6,243	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	230,909	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	767,961	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150042 Component CCN: 15S042	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/28/2013 5:10 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	586,797	2,244,275	0.261464	0	0	90.00
91.00	Nursing School cost	0	2,244,275	0.000000	0	0	91.00
92.00	Allied health cost	0	2,244,275	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,244,275	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150042 Component CCN: 15T042	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/28/2013 5:10 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,911	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,911	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	5,911	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	4,988	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	5,077,575	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	5,077,575	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	4,771,791	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	4,771,791	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.064082	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	807.27	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	5,077,575	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	859.00	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,284,692	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	4,284,692	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150042
Component CCN: 15T042

Period: From 01/01/2012 To 12/31/2012

Worksheet D-1
Date/Time Prepared: 5/28/2013 5:10 pm

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,961,877	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	6,246,569	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	133,928	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	78,499	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	212,427	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	6,034,142	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150042 Component CCN: 15T042	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/28/2013 5:10 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	158,699	5,077,575	0.031255	0	0	90.00
91.00	Nursing School cost	0	5,077,575	0.000000	0	0	91.00
92.00	Allied health cost	0	5,077,575	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,077,575	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D-3 | Date/Time Prepared: 5/28/2013 5:10 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		13,717,983		30.00
31.00	03100	INTENSIVE CARE UNIT		3,170,731		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
40.00	04000	SUBPROVIDER - IPF		4,038		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.379850	6,204,052	2,356,609	50.00
51.00	05100	RECOVERY ROOM	0.497353	320,843	159,572	51.00
51.01	05101	ENDOSCOPY	0.302290	779,559	235,653	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.325489	2,835	923	52.00
53.00	05300	ANESTHESIOLOGY	0.463987	774,452	359,336	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.180595	5,444,498	983,249	54.00
54.01	05401	RADIOLOGY-MONROE CITY	0.537548	0	0	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0.000000	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	0.878402	0	0	54.03
54.04	05404	RADIOLOGY-MRI	0.081989	736,537	60,388	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0.187816	214,397	40,267	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0.505294	0	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0.000000	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0.926139	0	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000	LABORATORY	0.182637	7,707,699	1,407,711	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.433884	1,517,943	658,611	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.786822	1,563,527	1,230,217	65.00
66.00	06600	PHYSICAL THERAPY	0.391414	2,141,092	838,053	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.203461	5,291,390	1,076,592	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	0.203998	77,185	15,746	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.063194	2,313,735	2,459,949	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.328294	3,996,144	1,311,910	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.351711	8,824,491	3,103,671	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.235516	0	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0.000000	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	0.721555	643,318	464,189	76.01
76.02	03022	ACUPUNCTURE	0.000000	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.924286	0	0	90.00
91.00	09100	EMERGENCY	0.309788	2,566,769	795,154	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.369386	845,030	312,142	92.00
		OTHER REIMBURSABLE COST CENTERS				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.587689	0	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		51,965,496	17,869,942	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		51,965,496		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150042
Component CCN: 15S042

Period: From 01/01/2012 To 12/31/2012

Worksheet D-3
Date/Time Prepared: 5/28/2013 5:10 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
40.00	04000	SUBPROVIDER - IPF		1,741,955		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.379850	0	0	50.00
51.00	05100	RECOVERY ROOM	0.497353	0	0	51.00
51.01	05101	ENDOSCOPY	0.302290	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.325489	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.463987	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.180595	63,252	11,423	54.00
54.01	05401	RADIOLOGY-MONROE CITY	0.537548	0	0	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0.000000	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	0.878402	0	0	54.03
54.04	05404	RADIOLOGY-MRI	0.081989	6,911	567	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0.187816	0	0	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0.505294	0	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0.000000	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0.926139	0	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000	LABORATORY	0.182637	117,313	21,426	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.433884	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.786822	21,596	16,992	65.00
66.00	06600	PHYSICAL THERAPY	0.391414	13,742	5,379	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.203461	6,950	1,414	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	0.203998	1,252	255	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.063194	3,064	3,258	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.328294	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.351711	121,296	42,661	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.235516	0	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0.000000	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	0.721555	1,491	1,076	76.01
76.02	03022	ACUPUNCTURE	0.000000	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.924286	0	0	90.00
91.00	09100	EMERGENCY	0.309788	113,545	35,175	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.369386	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.587689	0	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		470,412	139,626	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		470,412		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150042
Component CCN: 15T042

Period: From 01/01/2012 To 12/31/2012

Worksheet D-3
Date/Time Prepared: 5/28/2013 5:10 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		3,968,313		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.379850	89,050	33,826	50.00
51.00	05100	RECOVERY ROOM	0.497353	12,213	6,074	51.00
51.01	05101	ENDOSCOPY	0.302290	42,574	12,870	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.325489	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.463987	13,736	6,373	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.180595	278,212	50,244	54.00
54.01	05401	RADIOLOGY-MONROE CITY	0.537548	0	0	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0.000000	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	0.878402	0	0	54.03
54.04	05404	RADIOLOGY-MRI	0.081989	73,698	6,042	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0.187816	6,788	1,275	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0.505294	0	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0.000000	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0.926139	0	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000	LABORATORY	0.182637	481,672	87,971	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.433884	4,260	1,848	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.786822	135,782	106,836	65.00
66.00	06600	PHYSICAL THERAPY	0.391414	3,299,018	1,291,282	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.203461	61,970	12,608	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	0.203998	26,001	5,304	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.063194	141,196	150,119	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.328294	41,225	13,534	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.351711	445,589	156,719	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.235516	0	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0.000000	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	0.721555	0	0	76.01
76.02	03022	ACUPUNCTURE	0.000000	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.924286	0	0	90.00
91.00	09100	EMERGENCY	0.309788	61,176	18,952	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.369386	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.587689	0	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		5,214,160	1,961,877	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		5,214,160		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D-3 | Date/Time Prepared: 5/28/2013 5:10 pm

Title XIX | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		1,446,944		30.00
31.00	03100	INTENSIVE CARE UNIT		354,829		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY		60,026		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.379836	624,524	237,217	50.00
51.00	05100	RECOVERY ROOM	0.497353	40,053	19,920	51.00
51.01	05101	ENDOSCOPY	0.302290	102,468	30,975	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.325489	181,164	58,967	52.00
53.00	05300	ANESTHESIOLOGY	0.463987	102,754	47,677	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.180595	613,674	110,826	54.00
54.01	05401	RADIOLOGY-MONROE CITY	0.537548	0	0	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0.000000	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	0.878402	0	0	54.03
54.04	05404	RADIOLOGY-MRI	0.081989	83,551	6,850	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0.187816	25,597	4,808	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0.505294	0	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0.000000	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0.925249	601	556	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000	LABORATORY	0.182637	791,574	144,571	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.433884	81,772	35,480	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.786822	183,317	144,238	65.00
66.00	06600	PHYSICAL THERAPY	0.391414	462,521	181,037	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.203461	531,768	108,194	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	0.203998	10,726	2,188	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.063194	243,553	258,944	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.328294	694,580	228,026	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.351711	1,024,936	360,481	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.235333	2,076	489	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0.000000	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	0.704249	53,514	37,687	76.01
76.02	03022	ACUPUNCTURE	0.000000	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000	CLINIC	0.924286	0	0	90.00
91.00	09100	EMERGENCY	0.308975	317,779	98,186	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.369386	201,770	74,531	92.00
		OTHER REIMBURSABLE COST CENTERS				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.587689	4,501	2,645	96.00
200.00		Total (sum of lines 50-94 and 96-98)		6,378,773	2,194,493	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		6,378,773		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150042
Component CCN: 15S042

Period:
From 01/01/2012
To 12/31/2012

Worksheet D-3
Date/Time Prepared:
5/28/2013 5:10 pm

Title XIX | Subprovider - IPF | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
40.00	04000	SUBPROVIDER - IPF		230,684		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.379836	0	0	50.00
51.00	05100	RECOVERY ROOM	0.497353	0	0	51.00
51.01	05101	ENDOSCOPY	0.302290	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.325489	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.463987	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.180595	8,890	1,605	54.00
54.01	05401	RADIOLOGY-MONROE CITY	0.537548	0	0	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0.000000	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	0.878402	0	0	54.03
54.04	05404	RADIOLOGY-MRI	0.081989	998	82	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0.187816	0	0	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0.505294	0	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0.000000	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0.925249	0	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000	LABORATORY	0.182637	15,778	2,882	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.433884	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.786822	2,835	2,231	65.00
66.00	06600	PHYSICAL THERAPY	0.391414	1,985	777	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.203461	953	194	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	0.203998	181	37	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.063194	408	434	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.328294	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.351711	16,267	5,721	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.235333	0	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0.000000	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	0.704249	215	151	76.01
76.02	03022	ACUPUNCTURE	0.000000	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000	CLINIC	0.924286	0	0	90.00
91.00	09100	EMERGENCY	0.308975	15,092	4,663	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.369386	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.587689	0	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		63,602	18,777	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		63,602		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150042
Component CCN: 15T042

Period:
From 01/01/2012
To 12/31/2012

Worksheet D-3
Date/Time Prepared:
5/28/2013 5:10 pm

Title XIX | Subprovider - IRF | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
40.00	04000	SUBPROVIDER - IPF		135,103		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.379836	2,581	980	50.00
51.00	05100	RECOVERY ROOM	0.497353	360	179	51.00
51.01	05101	ENDOSCOPY	0.302290	1,590	481	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.325489	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.463987	394	183	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.180595	9,185	1,659	54.00
54.01	05401	RADIOLOGY-MONROE CITY	0.537548	0	0	54.01
54.02	05402	RADIOLOGY-PETERSBURG	0.000000	0	0	54.02
54.03	05403	RADIOLOGY-BICKNELL	0.878402	0	0	54.03
54.04	05404	RADIOLOGY-MRI	0.081989	2,525	207	54.04
54.05	05405	RADIOLOGY-ULTRASOUND	0.187816	235	44	54.05
54.06	05406	RADIOLOGY-PETERSBURG AMBER MANOR	0.505294	0	0	54.06
54.07	05407	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0.000000	0	0	54.07
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0.925249	0	0	54.08
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000	LABORATORY	0.182637	16,350	2,986	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.433884	162	70	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.786822	4,689	3,689	65.00
66.00	06600	PHYSICAL THERAPY	0.391414	112,505	44,036	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.203461	1,971	401	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	0.203998	967	197	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.063194	4,911	5,221	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.328294	1,091	358	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.351711	14,393	5,062	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.235333	0	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0.000000	0	0	76.00
76.01	03021	INPATIENT RENAL DIALYSIS	0.704249	0	0	76.01
76.02	03022	ACUPUNCTURE	0.000000	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000	CLINIC	0.924286	0	0	90.00
91.00	09100	EMERGENCY	0.308975	1,899	587	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.369386	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.587689	0	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		175,808	66,340	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		175,808		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150042	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/28/2013 5:10 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS		
1.00	DRG Amounts Other than Outlier Payments	23,150,878	1.00
2.00	Outlier payments for discharges. (see instructions)	563,050	2.00
2.01	Outlier reconciliation amount	0	2.01
3.00	Managed Care Simulated Payments	0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	182.43	4.00
	Indirect Medical Education Adjustment		
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00
12.00	Current year allowable FTE (see instructions)	0.00	12.00
13.00	Total allowable FTE count for the prior year.	0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00	15.00
16.00	Adjustment for residents in initial years of the program	0.00	16.00
17.00	Adjusment for residents displaced by program or hospital closure	0.00	17.00
18.00	Adjusted rolling average FTE count	0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000	21.00
22.00	IME payment adjustment (see instructions)	0	22.00
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000	26.00
27.00	IME payments adjustment. (see instructions)	0.000000	27.00
28.00	IME Adjustment (see instructions)	0	28.00
29.00	Total IME payment (sum of lines 22 and 28)	0	29.00
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	4.61	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)	12.01	31.00
32.00	Sum of lines 30 and 31	16.62	32.00
33.00	Allowable disproportionate share percentage (see instructions)	3.55	33.00
34.00	Disproportionate share adjustment (see instructions)	821,856	34.00
	Additional payment for high percentage of ESRD beneficiary discharges		
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)	0	46.00
47.00	Subtotal (see instructions)	24,535,784	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	24,535,784	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	1,892,301	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)	0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).	0	52.00
53.00	Nursing and Allied Health Managed Care payment	0	53.00
54.00	Special add-on payments for new technologies	0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)	0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)	0	56.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150042	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/28/2013 5:10 pm
	Title XVIII	Hospital	PPS

		1.00	
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).	0	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)	30,128	58.00
59.00	Total (sum of amounts on lines 49 through 58)	26,458,213	59.00
60.00	Primary payer payments	5,272	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	26,452,941	61.00
62.00	Deductibles billed to program beneficiaries	2,522,900	62.00
63.00	Coinsurance billed to program beneficiaries	70,781	63.00
64.00	Allowable bad debts (see instructions)	26,573	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	18,601	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	73,517	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	23,877,861	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)	0	68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96).(For SCH see instructions)	0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	70.00
70.93	HVBP incentive payment (see instructions)	14,334	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)	-5,150	70.94
70.95	Recovery of Accelerated Depreciation	0	70.95
70.96	Low Volume Payment-1	0	70.96
70.97	Low Volume Payment-2	0	70.97
70.98	Low Volume Payment-3	0	70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)	23,887,045	71.00
72.00	Interim payments	24,384,521	72.00
73.00	Tentative settlement (for contractor use only)	0	73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)	-497,476	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	173,632	75.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)	0	90.00
91.00	Capital outlier from Worksheet L, Part I, line 2	0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)	0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)	0	93.00
94.00	The rate used to calculate the Time Value of Money	0.00	94.00
95.00	Time Value of Money for operating expenses(see instructions)	0	95.00
96.00	Time Value of Money for capital related expenses (see instructions)	0	96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150042	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/28/2013 5:10 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	20,531	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	20,489,018	2.00
3.00	PPS payments	16,106,344	3.00
4.00	Outlier payment (see instructions)	59,641	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	76,719	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	20,531	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	58,374	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	58,374	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	58,374	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	37,843	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	20,531	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	16,242,704	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	3,703,006	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	12,560,229	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	12,560,229	30.00
31.00	Primary payer payments	2,095	31.00
32.00	Subtotal (line 30 minus line 31)	12,558,134	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	243,493	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	170,445	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	208,885	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	12,728,579	37.00
38.00	MSP-LCC reconciliation amount from PS&R	-16	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.98	AB Re-billing demo amount (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)	12,728,595	40.00
41.00	Interim payments	12,517,161	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)	211,434	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150042 Component CCN: 15S042	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/28/2013 5:10 pm
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	106	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	91	2.00
3.00	PPS payments	136	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	106	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	300	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	300	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	300	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	194	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	106	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	136	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	242	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	242	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	242	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	242	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.98	AB Re-billing demo amount (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)	242	40.00
41.00	Interim payments	169	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)	73	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150042 Component CCN: 15T042	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/28/2013 5:10 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	496	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	319	2.00
3.00	PPS payments	476	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	496	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	1,410	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	1,410	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	1,410	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	914	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	496	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	476	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	972	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	972	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	972	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	972	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.98	AB Re-billing demo amount (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)	972	40.00
41.00	Interim payments	983	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)	-11	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 150042	Period: From 01/01/2012 To 12/31/2012	Worksheet E-1 Part I Date/Time Prepared: 5/28/2013 5:10 pm
	Title XVIII	Hospital	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		24,384,521		12,478,561	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0	08/26/2012	38,600	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		38,600	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		24,384,521		12,517,161	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		211,434	6.01
6.02	SETTLEMENT TO PROGRAM		497,476		0	6.02
7.00	Total Medicare program liability (see instructions)		23,887,045		12,728,595	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 150042 Component CCN: 15S042	Period: From 01/01/2012 To 12/31/2012	Worksheet E-1 Part I Date/Time Prepared: 5/28/2013 5:10 pm
	Title XVIII	Subprovider - IPF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,181,474		169	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,181,474		169	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		9,688		73	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,191,162		242	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 150042 Component CCN: 15T042	Period: From 01/01/2012 To 12/31/2012	Worksheet E-1 Part I Date/Time Prepared: 5/28/2013 5:10 pm
	Title XVIII	Subprovider - IRF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		6,371,201		983	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		6,371,201		983	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		15,574		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		11	6.02
7.00	Total Medicare program liability (see instructions)		6,386,775		972	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 150042	Period: From 01/01/2012 To 12/31/2012	Worksheet E-1 Part II Date/Time Prepared: 5/28/2013 5:10 pm
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14	6,603	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	14,246	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2	803	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	22,567	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	350,443,045	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	18,107,672	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	2,173,423	8.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	2,258,524	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)	-85,101	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150042 Component CCN: 15S042	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part II Date/Time Prepared: 5/28/2013 5:10 pm
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	1,392,942	1.00
2.00	Net IPF PPS Outlier Payments	1,081	2.00
3.00	Net IPF PPS ECT Payments	0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)	0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00	8.00
9.00	Average Daily Census (see instructions)	12.338798	9.00
10.00	Medical Education Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.000000	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).	0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,394,023	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition	0	14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)	0	15.00
16.00	Subtotal (see instructions)	1,394,023	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	1,394,023	18.00
19.00	Deductibles	205,901	19.00
20.00	Subtotal (line 18 minus line 19)	1,188,122	20.00
21.00	Coinsurance	6,647	21.00
22.00	Subtotal (line 20 minus line 21)	1,181,475	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	13,313	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	9,319	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	12,157	25.00
26.00	Subtotal (sum of lines 22 and 24)	1,190,794	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	368	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	1,191,162	31.00
32.00	Interim payments	1,181,474	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)	9,688	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	1,081	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150042 Component CCN: 15T042	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part III Date/Time Prepared: 5/28/2013 5:10 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	6,320,488	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0236	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	160,155	3.00
4.00	Outlier Payments	57,049	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	16.150273	10.00
11.00	Medical Education Adjustment Factor {((1 + (line 9/line 10)) raised to the power of .6876 -1}.	0.000000	11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).	0	12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)	6,537,692	13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)	0	14.00
15.00	Organ acquisition	0	15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)	0	16.00
17.00	Subtotal (see instructions)	6,537,692	17.00
18.00	Primary payer payments	2,885	18.00
19.00	Subtotal (line 17 less line 18).	6,534,807	19.00
20.00	Deductibles	149,052	20.00
21.00	Subtotal (line 19 minus line 20)	6,385,755	21.00
22.00	Coinsurance	17,340	22.00
23.00	Subtotal (line 21 minus line 22)	6,368,415	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	23,948	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	16,764	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	18,229	26.00
27.00	Subtotal (sum of lines 23 and 25)	6,385,179	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	1,596	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.99	Recovery of Accelerated Depreciation	0	31.99
32.00	Total amount payable to the provider (see instructions)	6,386,775	32.00
33.00	Interim payments	6,371,201	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)	15,574	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part III, line 4	57,049	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

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

Provider CCN: 150042

Period: From 01/01/2012 To 12/31/2012

Worksheet G

Date/Time Prepared: 5/28/2013 5:10 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	116,291,508	0	0	0	1.00
2.00	Temporary investments	45,327,570	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	37,847,802	0	0	0	4.00
5.00	Other receivable	2,276,081	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-14,999,600	0	0	0	6.00
7.00	Inventory	1,577,715	0	0	0	7.00
8.00	Prepaid expenses	6,220,998	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	194,542,074	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	5,794,352	0	0	0	12.00
13.00	Land improvements	5,782,782	0	0	0	13.00
14.00	Accumulated depreciation	-3,682,530	0	0	0	14.00
15.00	Buildings	102,635,641	0	0	0	15.00
16.00	Accumulated depreciation	-47,510,886	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	128,342,866	0	0	0	23.00
24.00	Accumulated depreciation	-100,556,938	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	90,805,287	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	50,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	2,693,287	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,743,287	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	288,090,648	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	5,142,524	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,384,282	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	15,162,564	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	21,689,370	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	83,402,849	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	83,402,849	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	105,092,219	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	182,998,429				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	182,998,429	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	288,090,648	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet G-1 | Date/Time Prepared: 5/28/2013 5:10 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		170,347,791		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		12,650,638				2.00
3.00	Total (sum of line 1 and line 2)		182,998,429		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		182,998,429		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		182,998,429		0		19.00

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/28/2013 5:10 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	23,129,384		23,129,384	1.00
2.00	SUBPROVIDER - IPF	4,480,154		4,480,154	2.00
3.00	SUBPROVIDER - IRF	4,771,791		4,771,791	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	32,381,329		32,381,329	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	5,380,709		5,380,709	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	5,380,709		5,380,709	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	37,762,038		37,762,038	17.00
18.00	Ancillary services	88,751,038	167,822,494	256,573,532	18.00
19.00	Outpatient services	7,946,827	28,588,848	36,535,675	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	2,263,616	2,263,616	26.00
27.00	PHYSICIAN OFFICE	9,119,925	32,431,311	41,551,236	27.00
27.01	MH RESIDENTIAL	0	888,752	888,752	27.01
27.02	MOB	127,109	1,461,207	1,588,316	27.02
27.03	ASC	31,486	17,278,363	17,309,849	27.03
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	143,738,423	250,734,591	394,473,014	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		187,822,906		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	MISC EXPENSE	144,397			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		144,397		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		187,678,509		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 150042 | Period: From 01/01/2012 To 12/31/2012 | Worksheet G-3 | Date/Time Prepared: 5/28/2013 5:10 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	394,473,014	1.00
2.00	Less contractual allowances and discounts on patients' accounts	214,382,074	2.00
3.00	Net patient revenues (line 1 minus line 2)	180,090,940	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	187,678,509	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-7,587,569	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	3,617,252	6.00
7.00	Income from investments	4,796,511	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	797,779	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	DSH	4,304,212	24.00
24.01	EHR REVENUE	3,347,936	24.01
24.02	OTHER	3,374,517	24.02
25.00	Total other income (sum of lines 6-24)	20,238,207	25.00
26.00	Total (line 5 plus line 25)	12,650,638	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	12,650,638	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B	Provider CCN: 150042	Period: From 01/01/2012 To 12/31/2012	Worksheet I-5 Date/Time Prepared: 5/28/2013 5:10 pm

		1.00	
1.00	Total expenses related to care of program beneficiaries (see instructions)	0	1.00
2.00	Total payment (from Worksheet I-4, column 6, line 11)	0	2.00
3.00	Deductibles billed to Medicare (Part B) patients	0	3.00
4.00	Coinsurance billed to Medicare (Part B) patients	0	4.00
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	5.00
6.00			6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (sum of lines 3 and 4 less line 5)	0	8.00
9.00	Program payment (line 2 less line 3, times 80 percent)	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (Line 1 minus the sum of lines 8 and 9. If negative, enter zero and do not complete line 11.)	0	10.00
11.00	Reimbursable bad debts (lesser of line 10 or line 5) (transfer to Worksheet E, Part B, line 33)	0	11.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150042
Hospice CCN: 151526

Period: From 01/01/2012 To 12/31/2012

Worksheet K
Date/Time Prepared: 5/28/2013 5:10 pm

Hospice I

		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	202,467	35,710	3,391	0	79,584	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	344,249	85,581	51,177	385,571	90,107	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	65,688	8,103	9,137	533	14	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	67,463	35,510	27,749	0	74	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	41,521	11,456	986	0	168	35.00
36.00	Volunteer Program Costs	16,025	1,340	101	0	16	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	737,413	177,700	92,541	386,104	169,963	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150042
Hospice CCN: 151526

Period:
From 01/01/2012
To 12/31/2012

Worksheet K
Date/Time Prepared:
5/28/2013 5:10 pm

Hospice I

		Total (cols. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	321,152	-42,731	278,421	-774	277,647	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	956,685	-178,547	778,138	0	778,138	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	83,475	-8,117	75,358	0	75,358	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	130,796	-35,521	95,275	0	95,275	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	54,131	-11,597	42,534	0	42,534	35.00
36.00	Volunteer Program Costs	17,482	-1,227	16,255	0	16,255	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,563,721	-277,740	1,285,981	-774	1,285,207	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150042
Hospice CCN: 151526

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-1

Date/Time Prepared:
5/28/2013 5:10 pm

Hospice I

		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	202,467	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	344,249	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	65,688	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	41,521	0	35.00
36.00	Volunteer Program Costs	0	0	0	16,025	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	202,467	0	65,688	57,546	344,249	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150042
Hospice CCN: 151526

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-1
Date/Time Prepared:
5/28/2013 5:10 pm

Hospice I

		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	0	202,467		6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	344,249		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services		0	0	0		9.00
10.00	Nursing Care		0	0	0		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	0	65,688		15.00
16.00	Spiritual Counseling		0	0	0		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		67,463	0	67,463		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	41,521		35.00
36.00	Volunteer Program Costs		0	0	16,025		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	67,463	0	737,413		39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 150042
Hospice CCN: 151526

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-2
Date/Time Prepared:
5/28/2013 5:10 pm

Hospice I

		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	35,710	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	85,581	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	8,103	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	11,456	0	35.00
36.00	Volunteer Program Costs	0	0	0	1,340	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	35,710	0	8,103	12,796	85,581	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 150042
Hospice CCN: 151526

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-2
Date/Time Prepared:
5/28/2013 5:10 pm

Hospice I

		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	0	35,710		6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	85,581		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services		0	0	0		9.00
10.00	Nursing Care		0	0	0		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	0	8,103		15.00
16.00	Spiritual Counseling		0	0	0		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		35,510	0	35,510		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	11,456		35.00
36.00	Volunteer Program Costs		0	0	1,340		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	35,510	0	177,700		39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

Provider CCN: 150042
Hospice CCN: 151526

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-3
Date/Time Prepared:
5/28/2013 5:10 pm

Hospice I

		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	385,292	0	0	0	279	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	533	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	385,292	0	533	0	279	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

Provider CCN: 150042
Hospice CCN: 151526

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-3
Date/Time Prepared:
5/28/2013 5:10 pm

Hospice I

		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	0	0		6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	385,571		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services		0	0	0		9.00
10.00	Nursing Care		0	0	0		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	0	533		15.00
16.00	Spiritual Counseling		0	0	0		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		0	0	0		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	386,104		39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150042
Hospice CCN: 151526

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-4
Part I
Date/Time Prepared:
5/28/2013 5:10 pm

Hospice I

		NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COST		PLANT OPERATION & MAINT.	TRANSPORTATION	
			BUILDINGS & FIXTURES	MOVABLE EQUIPMENT			
		0	1.00	2.00	3.00	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	277,647	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	778,138	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	75,358	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	95,275	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	42,534	0	0	0	0	35.00
36.00	Volunteer Program Costs	16,255	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,285,207	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150042
Hospice CCN: 151526

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-4
Part I
Date/Time Prepared:
5/28/2013 5:10 pm

Hospice I

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)		
		5.00	5A	6.00	7.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance						3.00
4.00	Transportation - Staff						4.00
5.00	Volunteer Service Coordination	0					5.00
6.00	Administrative and General	0	277,647	277,647			6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	778,138	214,427	992,565		7.00
8.00	Inpatient - Respite Care	0	0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0		9.00
10.00	Nursing Care	0	0	0	0		10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services	0	75,358	20,766	96,124		15.00
16.00	Spiritual Counseling	0	0	0	0		16.00
17.00	Dietary Counseling	0	0	0	0		17.00
18.00	Counseling - Other	0	0	0	0		18.00
19.00	Home Health Aide and Homemaker	0	95,275	26,254	121,529		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		20.00
21.00	Other	0	0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0		22.00
23.00	Analgesics	0	0	0	0		23.00
24.00	Sedatives / Hypnotics	0	0	0	0		24.00
25.00	Other - Specify	0	0	0	0		25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0		26.00
27.00	Patient Transportation	0	0	0	0		27.00
28.00	Imaging Services	0	0	0	0		28.00
29.00	Labs and Diagnostics	0	0	0	0		29.00
30.00	Medical Supplies	0	0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0		31.00
32.00	Radiation Therapy	0	0	0	0		32.00
33.00	Chemotherapy	0	0	0	0		33.00
34.00	Other	0	0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	42,534	11,721	54,255		35.00
36.00	Volunteer Program Costs	0	16,255	4,479	20,734		36.00
37.00	Fundraising	0	0	0	0		37.00
38.00	Other Program Costs	0	0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	1,285,207		1,285,207		39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150042
Hospice CCN: 151526

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-4
Part II
Date/Time Prepared:
5/28/2013 5:10 pm

Hospice I

		CAPITAL RELATED COST					
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT ($ VALUE)	PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	0			3.00
4.00	Transportation - Staff	0	0	0	0		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	0	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150042
Hospice CCN: 151526

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-4
Part II
Date/Time Prepared:
5/28/2013 5:10 pm

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)		
		6A	6.00		
	GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0			1.00
2.00	Capital Related Costs-Movable Equip.	0			2.00
3.00	Plant Operation and Maintenance	0			3.00
4.00	Transportation - Staff	0			4.00
5.00	Volunteer Service Coordination				5.00
6.00	Administrative and General	-277,647	1,007,560		6.00
	INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	778,138		7.00
8.00	Inpatient - Respite Care	0	0		8.00
	VISITING SERVICES				
9.00	Physician Services	0	0		9.00
10.00	Nursing Care	0	0		10.00
11.00	Nursing Care-Continuous Home Care	0	0		11.00
12.00	Physical Therapy	0	0		12.00
13.00	Occupational Therapy	0	0		13.00
14.00	Speech/ Language Pathology	0	0		14.00
15.00	Medical Social Services	0	75,358		15.00
16.00	Spiritual Counseling	0	0		16.00
17.00	Dietary Counseling	0	0		17.00
18.00	Counseling - Other	0	0		18.00
19.00	Home Health Aide and Homemaker	0	95,275		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0		20.00
21.00	Other	0	0		21.00
	OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0		22.00
23.00	Analgesics	0	0		23.00
24.00	Sedatives / Hypnotics	0	0		24.00
25.00	Other - Specify	0	0		25.00
26.00	Durable Medical Equipment/Oxygen	0	0		26.00
27.00	Patient Transportation	0	0		27.00
28.00	Imaging Services	0	0		28.00
29.00	Labs and Diagnostics	0	0		29.00
30.00	Medical Supplies	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)	0	0		31.00
32.00	Radiation Therapy	0	0		32.00
33.00	Chemotherapy	0	0		33.00
34.00	Other	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	42,534		35.00
36.00	Volunteer Program Costs	0	16,255		36.00
37.00	Fundraising	0	0		37.00
38.00	Other Program Costs	0	0		38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		277,647		39.00
40.00	Unit Cost Multiplier		0.275564		40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150042
Hospice CCN: 151526

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part I
Date/Time Prepared:
5/28/2013 5:10 pm

Hospice I

	Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS				
			NEW BLDG & FIXT	NEW CRC - CT EAST	NEW CRC- CT WEST	NEW CRC-MEMORIAL	
		0	1.00	1.01	1.02	1.03	
1.00	Administrative and General		0	0	0	0	1.00
2.00	Inpatient - General Care	992,565	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	96,124	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	121,529	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	54,255	0	0	0	0	30.00
31.00	Volunteer Program Costs	20,734	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,285,207	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150042
Hospice CCN: 151526

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part I
Date/Time Prepared:
5/28/2013 5:10 pm

Hospice I

	Cost Center Description	CAPITAL RELATED COSTS					
		NEW CRC - OUTPATIENT	NEW CRD - HEALTH PAVILION	NEW CRC - STORAGE	NEW CRC - DIAGNOSTIC CENTER	NEW MVBLE EQUIP	
		1.04	1.05	1.06	1.07	2.00	
1.00	Administrative and General	7,997	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	7,997	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150042
Hospice CCN: 151526

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part I
Date/Time Prepared:
5/28/2013 5:10 pm

Hospice I

	Cost Center Description	CAPITAL RELATED COSTS					
		NEW CRC - EQUIPMENT	NEW CRC - HEALTH PAVILION	EMPLOYEE BENEFITS	COMMUNICATIONS	PURCHASING & RECEIVING	
		2.01	2.02	4.00	4.01	4.02	
1.00	Administrative and General	7,352	0	60,343	495	5,255	1.00
2.00	Inpatient - General Care	0	0	102,599	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	19,578	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	20,107	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	12,375	0	0	30.00
31.00	Volunteer Program Costs	0	0	4,776	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	7,352	0	219,778	495	5,255	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150042
Hospice CCN: 151526

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part I
Date/Time Prepared:
5/28/2013 5:10 pm

Hospice I

	Cost Center Description	REGISTRATION	PATIENT ACCOUNTS	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	
		4.03	4.04	4A.04	5.00	7.00	
1.00	Administrative and General	5,817	12,242	99,501	17,497	84,325	1.00
2.00	Inpatient - General Care	0	0	1,095,164	192,583	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	115,702	20,346	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	141,636	24,907	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	66,630	11,717	0	30.00
31.00	Volunteer Program Costs	0	0	25,510	4,486	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	5,817	12,242	1,544,143	271,536	84,325	34.00
35.00	Unit Cost Multiplier (see instructions)			0.000000			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150042
Hospice CCN: 151526

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part I
Date/Time Prepared:
5/28/2013 5:10 pm

Hospice I

	Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	0	38,991	0	6,009	23,540	1.00
2.00	Inpatient - General Care	0	0	0	12,189	47,741	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	2,693	10,548	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	5,339	20,915	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	1,909	7,479	30.00
31.00	Volunteer Program Costs	0	0	0	1,072	4,198	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	38,991	0	29,211	114,421	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150042
Hospice CCN: 151526

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part I
Date/Time Prepared:
5/28/2013 5:10 pm

Hospice I

	Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	MENTAL HEALTH OVERHEAD	
		14.00	15.00	16.00	17.00	17.01	
1.00	Administrative and General	3,827	44,638	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	3,827	44,638	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150042
Hospice CCN: 151526

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part I
Date/Time Prepared:
5/28/2013 5:10 pm

Hospice I

	Cost Center Description	PARAMED ED PRGM	PARAMED ED PRGM-LAB	Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (cols. 24 ± 25)	
		23.00	23.01	24.00	25.00	26.00	
1.00	Administrative and General	0	0	318,328			1.00
2.00	Inpatient - General Care	0	0	1,347,677	0	1,347,677	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	149,289	0	149,289	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	192,797	0	192,797	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	87,735	0	87,735	30.00
31.00	Volunteer Program Costs	0	0	35,266	0	35,266	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	2,131,092	0	2,131,092	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150042
Hospice CCN: 151526

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part I
Date/Time Prepared:
5/28/2013 5:10 pm

Hospice I

	Cost Center Description	Allocated Hospice A&G (See Part II)	Total Hospice Costs (cols. 26 ± 27)		
		27.00	28.00		
1.00	Administrative and General				1.00
2.00	Inpatient - General Care	236,656	1,584,333		2.00
3.00	Inpatient - Respite Care	0	0		3.00
4.00	Physician Services	0	0		4.00
5.00	Nursing Care	0	0		5.00
6.00	Nursing Care-Continuous Home Care	0	0		6.00
7.00	Physical Therapy	0	0		7.00
8.00	Occupational Therapy	0	0		8.00
9.00	Speech/ Language Pathology	0	0		9.00
10.00	Medical Social Services	26,216	175,505		10.00
11.00	Spiritual Counseling	0	0		11.00
12.00	Dietary Counseling	0	0		12.00
13.00	Counseling - Other	0	0		13.00
14.00	Home Health Aide and Homemaker	33,856	226,653		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0		15.00
16.00	Other	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0		17.00
18.00	Analgesics	0	0		18.00
19.00	Sedatives / Hypnotics	0	0		19.00
20.00	Other - Specify	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0		21.00
22.00	Patient Transportation	0	0		22.00
23.00	Imaging Services	0	0		23.00
24.00	Labs and Diagnostics	0	0		24.00
25.00	Medical Supplies	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0		26.00
27.00	Radiation Therapy	0	0		27.00
28.00	Chemotherapy	0	0		28.00
29.00	Other	0	0		29.00
30.00	Bereavement Program Costs	15,407	103,142		30.00
31.00	Volunteer Program Costs	6,193	41,459		31.00
32.00	Fundraising	0	0		32.00
33.00	Other Program Costs	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)		2,131,092		34.00
35.00	Unit Cost Multiplier (see instructions)	0.175604			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150042
Hospice CCN: 151526

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part II
Date/Time Prepared:
5/28/2013 5:10 pm

Hospice I

	Cost Center Description	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT (SQUARE FEET)	NEW CRC - CT EAST (SQUARE FEET)	NEW CRC- CT WEST (SQUARE FEET)	NEW CRC- MEMORIAL (SQUARE FEET)	NEW CRC - OUTPATIENT (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	
1.00	Administrative and General	0	0	0	0	4,861	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	4,861	34.00
35.00	Total cost to be allocated	0	0	0	0	7,997	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	1.645135	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150042
Hospice CCN: 151526

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part II
Date/Time Prepared:
5/28/2013 5:10 pm

Hospice I

	Cost Center Description	CAPITAL RELATED COSTS					
		NEW CRD - HEALTH PAVILION (SQUARE FEET)	NEW CRC - STORAGE (SQUARE FEET)	NEW CRC - DIAGNOSTIC CENTER (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	NEW CRC - EQUIPMENT (SQUARE FEET)	
		1.05	1.06	1.07	2.00	2.01	
1.00	Administrative and General	0	0	0	0	4,861	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	4,861	34.00
35.00	Total cost to be allocated	0	0	0	0	7,352	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	1.512446	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150042
Hospice CCN: 151526

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part II
Date/Time Prepared:
5/28/2013 5:10 pm

Hospice I

	Cost Center Description	CAPITAL RELATED COSTS NEW CRC - HEALTH PAVILION (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	PURCHASING & RECEIVING (SUPPLIES COST)	REGISTRATION (GROSS CHARGES)	
		2.02	4.00	4.01	4.02	4.03	
1.00	Administrative and General	0	202,467	3	113,709	2,263,616	1.00
2.00	Inpatient - General Care	0	344,249	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	65,688	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	67,463	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	41,521	0	0	0	30.00
31.00	Volunteer Program Costs	0	16,025	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	737,413	3	113,709	2,263,616	34.00
35.00	Total cost to be allocated	0	219,778	495	5,255	5,817	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.298039	165.000000	0.046214	0.002570	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150042
Hospice CCN: 151526

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part II
Date/Time Prepared:
5/28/2013 5:10 pm

Hospice I

	Cost Center Description	PATIENT ACCOUNTS (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (LBS OF LAUNDRY)	
		4.04	5A	5.00	7.00	8.00	
1.00	Administrative and General	2,263,616	0	99,501	4,861	0	1.00
2.00	Inpatient - General Care	0	0	1,095,164	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	115,702	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	141,636	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	66,630	0	0	30.00
31.00	Volunteer Program Costs	0	0	25,510	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,263,616		1,544,143	4,861	0	34.00
35.00	Total cost to be allocated	12,242		271,536	84,325	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.005408		0.175849	17.347254	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150042
Hospice CCN: 151526

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part II
Date/Time Prepared:
5/28/2013 5:10 pm

Hospice I

	Cost Center Description	HOUSEKEEPING (TIME SPENT)	DIETARY (PATIENT DAYS)	CAFETERIA (MAN HOURS)	NURSING ADMINISTRATION (DIRECT NURSING HO)	CENTRAL SERVICES & SUPPLY (SUPPLIES COST)	
		9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	805	0	6,358	6,358	113,709	1.00
2.00	Inpatient - General Care	0	0	12,895	12,895	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	2,849	2,849	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	5,649	5,649	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	2,020	2,020	0	30.00
31.00	Volunteer Program Costs	0	0	1,134	1,134	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	805	0	30,905	30,905	113,709	34.00
35.00	Total cost to be allocated	38,991	0	29,211	114,421	3,827	35.00
36.00	Unit Cost Multiplier (see instructions)	48.436025	0.000000	0.945187	3.702346	0.033656	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150042
Hospice CCN: 151526

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part II
Date/Time Prepared:
5/28/2013 5:10 pm

Hospice I

	Cost Center Description	PHARMACY (COSTED RECQUISITI)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	MENTAL HEALTH OVERHEAD (CHARGES)	PARAMED ED PRGM (ASSIGNED TIME)	
		15.00	16.00	17.00	17.01	23.00	
1.00	Administrative and General	89,132	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	89,132	0	0	0	0	34.00
35.00	Total cost to be allocated	44,638	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.500808	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150042
Hospice CCN: 151526

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part II
Date/Time Prepared:
5/28/2013 5:10 pm

Hospice I

	Cost Center Description	PARAMED ED PRGM-LAB (ASSIGNED TIME)		
		23.01		
1.00	Administrative and General	0		1.00
2.00	Inpatient - General Care	0		2.00
3.00	Inpatient - Respite Care	0		3.00
4.00	Physician Services	0		4.00
5.00	Nursing Care	0		5.00
6.00	Nursing Care-Continuous Home Care	0		6.00
7.00	Physical Therapy	0		7.00
8.00	Occupational Therapy	0		8.00
9.00	Speech/ Language Pathology	0		9.00
10.00	Medical Social Services	0		10.00
11.00	Spiritual Counseling	0		11.00
12.00	Dietary Counseling	0		12.00
13.00	Counseling - Other	0		13.00
14.00	Home Health Aide and Homemaker	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0		15.00
16.00	Other	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0		17.00
18.00	Analgesics	0		18.00
19.00	Sedatives / Hypnotics	0		19.00
20.00	Other - Specify	0		20.00
21.00	Durable Medical Equipment/Oxygen	0		21.00
22.00	Patient Transportation	0		22.00
23.00	Imaging Services	0		23.00
24.00	Labs and Diagnostics	0		24.00
25.00	Medical Supplies	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0		26.00
27.00	Radiation Therapy	0		27.00
28.00	Chemotherapy	0		28.00
29.00	Other	0		29.00
30.00	Bereavement Program Costs	0		30.00
31.00	Volunteer Program Costs	0		31.00
32.00	Fundraising	0		32.00
33.00	Other Program Costs	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0		34.00
35.00	Total cost to be allocated	0		35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 150042
Hospice CCN: 151526

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part III
Date/Time Prepared:
5/28/2013 5:10 pm

Hospice I

	Cost Center Description	Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
	ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.391414	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.351711	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0.587689	0	0	5.00
6.00	LABORATORY	60.00	0.182637	0	0	6.00
6.01	BLOOD LABORATORY	60.01				6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1.063194	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	9.00
10.00	MH ANCILLARY OUTPATIENT	76.00	0.000000	0	0	10.00
10.01	INPATIENT RENAL DIALYSIS	76.01	0.721555	0	0	10.01
10.02	ACUPUNCTURE	76.02	0.000000	0	0	10.02
11.00	Totals (sum of lines 1-10)				0	11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150042
Hospice CCN: 151526

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-6
Date/Time Prepared:
5/28/2013 5:10 pm

Hospice I

		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				2,131,092	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				0	2.00
3.00	Average cost per diem (line 1 divided by line 2)				0.00	3.00
4.00	Upduplicated Medicare Days (Worksheet S-9, column 1, line 5)	0				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	0				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		0			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		0			7.00
8.00	Upduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			0		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			0		13.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 150042	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/28/2013 5:10 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	1,842,780	1.00
2.00	Capital DRG outlier payments	49,521	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	61.66	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)	0.00	8.00
9.00	Sum of lines 7 and 8	0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	1,892,301	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00