

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

Provider CCN: 150042

Period: From 01/01/2011 To 12/31/2011

Worksheet S Parts I-III Date/Time Prepared: 5/29/2012 3:14 pm

PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report Date: 5/29/2012 Time: 3:14 pm

2. Manually submitted cost report

3. If this is an amended report enter the number of times the provider resubmitted this cost report

4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. 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. Initial Report for this Provider CCN

9. Final Report for this Provider CCN

10. NPR Date:

11. Contractor's Vendor Code: 04

12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by GOOD SAMARITAN HOSPITAL for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 5/29/2012 Time: 3:14 pm

Ywo5K. QRWOaFLOkahCLtqX001aZHyO

sj skN0gJAEcSAI eHj 2p. xh44rM. dTL

YvCX1Qqkvq04JRo4

PI: Date: 5/29/2012 Time: 3:14 pm

TI MOKoDPoK3GPuyGaXI D33QVLGHB21

4LZtj Oi HI cyFU. 0xDi ggl j vNtJzdV2

j qZETOWB2kOEOL5t

(Signed) _____

Officer or Administrator of Provider(s)

Title

Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-491,296	399,512	0	0 1.00
2.00	Subprovider - IPF	0	81,836	0	0	0 2.00
3.00	Subprovider - IRF	0	85,059	2	0	0 3.00
4.00	SUBPROVIDER I	0	0	0	0	0 4.00
5.00	Swing bed - SNF	0	0	0	0	0 5.00
6.00	Swing bed - NF	0	0	0	0	0 6.00
7.00	SKILLED NURSING FACILITY	0	0	0	0	0 7.00
8.00	NURSING FACILITY	0	0	0	0	0 8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
12.00	CMHC I	0	0	0	0	0 12.00
200.00	Total	0	-324,401	399,514	0	0 200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150042		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 2:21 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)				
		1.00	2.00	3.00	4.00	5.00	V	XVIII	XIX		
		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	N	4.00
5.00	Subprovider - IRF		GOOD SAMARITAN - REHAB	15T042	99915	5	01/01/2001	N	P	N	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF							N	N	N	7.00
8.00	Swing Beds - NF							N		N	8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		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							N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC							N	N	N	16.00
17.00	Hospital-Based (CMHC) 1										17.00
17.10	Hospital-Based (CORF) 1							N	N	N	17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2011		12/31/2011		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	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.					0		N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	816	295	0	473	1,108	0		24.00		
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	97	57	0	82	20	0		25.00		
						Urban/Rural S	Date of Geogr				
						1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.					2				26.00	
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).					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 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 2:21 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	
		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 the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	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. 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		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet S-2
Part I
Date/Time Prepared:
5/29/2012 2:21 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	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4.			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		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00	
						1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 2:21 pm	
			1.00	2.00	3.00
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 or "N" for no.			N	80.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.			N	86.00
			V	XIX	
			1.00	2.00	
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	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
			1.00	2.00	3.00
					Respiratory
					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.		Y	Y	Y N
			1.00 2.00		
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		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
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		250,000	750,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00

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			1.00	2.00					
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.								134.00
All Providers									
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)						N		140.00
	1.00	2.00	3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name:		Contractor's Name:		Contractor's Number:			141.00	
142.00	Street:		PO Box:					142.00	
143.00	City:		State:		Zip Code:			143.00	
							1.00		
144.00	Are provider based physicians' costs included in Worksheet A?						Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.						N		145.00
			1.00	2.00					
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N		149.00
					Part A	Part B			
					1.00	2.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital						N	N	155.00
156.00	Subprovider - IPF						N	N	156.00
157.00	Subprovider - IRF						N	N	157.00
158.00	SUBPROVIDER						N	N	158.00
159.00	SNF						N	N	159.00
160.00	HOME HEALTH AGENCY						N	N	160.00
161.00	CMHC							N	161.00
161.10	CORF							N	161.10
							1.00		
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N		165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00	166.00
							1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						N		167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/29/2012 2:21 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	04/05/2012
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		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N	03/21/2012	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	03/21/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet S-2
Part II
Date/Time Prepared:
5/29/2012 2:21 pm

		Part A			
		Description	Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		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.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet S-2
Part II
Date/Time Prepared:
5/29/2012 2:21 pm

		Part B		
		Y/N	Date	
PS&R Data		3.00	4.00	
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	03/21/2012	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	03/21/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	172	62,780	0.00		1.00
2.00 HMO						2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		172	62,780	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00		8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00		9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		192	70,080	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	22	8,030			16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570			17.00
18.00 SUBPROVIDER	42.00	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					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					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		232				27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF	40.00					28.01
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	13,915	631	21,144		1.00
2.00 HMO		501	1,831			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		79	159			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	13,915	631	21,144		7.00
8.00 INTENSIVE CARE UNIT	0	1,698	53	2,667		8.00
9.00 CORONARY CARE UNIT	0	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	0		132	1,105		13.00
14.00 Total (see instructions)	0	15,613	816	24,916		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	1,633	1,046	4,239		16.00
17.00 SUBPROVIDER - IRF	0	5,125	97	6,154		17.00
18.00 SUBPROVIDER	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	0	0	0		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		0	0	0		24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		639	3,921		28.00
28.01 SUBPROVIDER - IPF				0		28.01
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
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)			45	89		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	3,480	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	1,417.84	0.00	0	3,480	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	26.48	0.00	0	252	16.00
17.00 SUBPROVIDER - IRF	0.00	45.15	0.00	0	414	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	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	0.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00	16.10	0.00			24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	1,505.57	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	700	6,710		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	700	6,710		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	237	924		16.00
17.00 SUBPROVIDER - IRF	14	501		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
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 01/01/2011
To 12/31/2011

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2012 2:21 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	75,400,596	0	75,400,596	3,041,340.66 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00 3.00
4.00	Physician-Part A		95,496	0	95,496	819.00 4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00 4.01
5.00	Physician-Part B		2,634,457	0	2,634,457	20,329.00 5.00
6.00	Non-physician-Part B		0	0	0	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00 7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00 7.01
8.00	Home office personnel		0	0	0	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00 9.00
10.00	Excluded area salaries (see instructions)		19,222,628	2,097,316	21,319,944	679,336.61 10.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		355,904	0	355,904	5,330.50 11.00
12.00	Management and administrative services		0	0	0	0.00 12.00
13.00	Contract labor: physician-Part A		292,588	0	292,588	4,856.00 13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00 14.00
15.00	Home office: physician Part A		0	0	0	0.00 15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00 16.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		18,016,841	0	18,016,841	
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	
19.00	Excluded areas		5,229,941	0	5,229,941	
20.00	Non-physician anesthetist Part A		0	0	0	
21.00	Non-physician anesthetist Part B		0	0	0	
22.00	Physician Part A		7,023	0	7,023	
23.00	Physician Part B		156,851	0	156,851	
24.00	Wage-related costs (RHC/FQHC)		0	0	0	
25.00	Interns & residents (in an approved program)		0	0	0	
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	2,802,231	0	2,802,231	186,295.27 26.00
27.00	Administrative & General	5.00	5,445,279	669,356	6,114,635	206,194.83 27.00
28.00	Administrative & General under contract (see inst.)		211,756	0	211,756	1,348.00 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00 29.00
30.00	Operation of Plant	7.00	1,854,637	133,871	1,988,508	106,771.47 30.00
31.00	Laundry & Linen Service	8.00	174,333	0	174,333	18,102.64 31.00
32.00	Housekeeping	9.00	1,731,702	0	1,731,702	146,065.48 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00 33.00
34.00	Dietary	10.00	1,283,018	0	1,283,018	97,144.52 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00 35.00
36.00	Cafeteria	11.00	46,972	0	46,972	4,064.25 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00 37.00
38.00	Nursing Administration	13.00	1,250,773	44,624	1,295,397	38,734.37 38.00
39.00	Central Services and Supply	14.00	377,636	0	377,636	29,813.51 39.00
40.00	Pharmacy	15.00	2,635,761	-322,863	2,312,898	65,952.44 40.00
41.00	Medical Records & Medical Records Library	16.00	2,345,413	0	2,345,413	131,934.34 41.00
42.00	Social Service	17.00	4,462,376	-2,945,167	1,517,209	80,660.28 42.00
43.00	Other General Service	18.00	0	0	0	0.00 43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/29/2012 2:21 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	24.79	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	116.60	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	129.59	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	31.38	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	66.77	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	60.25	13.00
14.00	Home office salaries & wage-related costs	0.00	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	15.04	26.00
27.00	Administrative & General	29.65	27.00
28.00	Administrative & General under contract (see inst.)	157.09	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	18.62	30.00
31.00	Laundry & Linen Service	9.63	31.00
32.00	Housekeeping	11.86	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	13.21	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	11.56	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	33.44	38.00
39.00	Central Services and Supply	12.67	39.00
40.00	Pharmacy	35.07	40.00
41.00	Medical Records & Medical Records Library	17.78	41.00
42.00	Social Service	18.81	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2012 2:21 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	72,977,895	0	72,977,895	3,022,359.66	1.00
2.00	Excluded area salaries (see instructions)	19,222,628	2,097,316	21,319,944	679,336.61	2.00
3.00	Subtotal salaries (line 1 minus line 2)	53,755,267	-2,097,316	51,657,951	2,343,023.05	3.00
4.00	Subtotal other wages & related costs (see inst.)	648,492	0	648,492	10,186.50	4.00
5.00	Subtotal wage-related costs (see inst.)	18,023,864	0	18,023,864	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	72,427,623	-2,097,316	70,330,307	2,353,209.55	6.00
7.00	Total overhead cost (see instructions)	24,621,887	-2,420,179	22,201,708	1,113,081.40	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2012 2:21 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	24.15	1.00
2.00	Excluded area salaries (see instructions)	31.38	2.00
3.00	Subtotal salaries (line 1 minus line 2)	22.05	3.00
4.00	Subtotal other wages & related costs (see inst.)	63.66	4.00
5.00	Subtotal wage-related costs (see inst.)	34.89	5.00
6.00	Total (sum of lines 3 thru 5)	29.89	6.00
7.00	Total overhead cost (see instructions)	19.95	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2012 2:21 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	Qualified and Non-Qualified Pension Plan Cost		4,634,696	3.00
4.00	Prior Year Pension Service Cost		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		12,553,082	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		497,276	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		231,439	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)		241,894	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		84,961	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		3,931,941	17.00
18.00	Medicare Taxes - Employers Portion Only		1,094,408	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation		0	21.00
22.00	Day Care Cost and Allowances		43,320	22.00
23.00	Tuition Reimbursement		97,639	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		23,410,656	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 01/01/2011
To 12/31/2011

Worksheet S-3
Part V
Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
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		0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/29/2012 2:21 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.357298		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		9,701,384		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		3,162,316		5.00
6.00	Medicaid charges		45,151,889		6.00
7.00	Medicaid cost (line 1 times line 6)		16,132,680		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)		3,268,980		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)		3,268,980		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	7,925,656	15,004,790	22,930,446	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,831,821	5,361,181	8,193,002	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,831,821	5,361,181	8,193,002	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)		0		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		642,982		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		-642,982		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		-229,736		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		7,963,266		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		11,232,246		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet A
Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT		0	0	0	0	1.00
1.01 NEW CRC - CT EAST		0	0	813,790	813,790	1.01
1.02 NEW CRC- CT WEST		0	0	970,745	970,745	1.02
1.03 NEW CRC- MEMORIAL		0	0	294,030	294,030	1.03
1.04 NEW CRC - OUTPATIENT		0	0	403,186	403,186	1.04
1.05 NEW CRD - HEALTH PAVILION		0	0	1,231,191	1,231,191	1.05
1.06 NEW CRC - STORAGE		0	0	983	983	1.06
1.07 NEW CRC - DIAGNOSTIC CENTER		0	0	362,622	362,622	1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP		4,498,795	4,498,795	0	4,498,795	2.00
2.01 NEW CRC - EQUIPMENT		0	0	1,525,668	1,525,668	2.01
2.02 NEW CRC - HEALTH PAVILION		0	0	1,309,480	1,309,480	2.02
4.00 EMPLOYEE BENEFITS	529,384	1,664,245	2,193,629	21,740,367	23,933,996	4.00
4.01 COMMUNICATIONS	230,893	147,941	378,834	-93,043	285,791	4.01
4.02 PURCHASING & RECEIVING	518,461	429,332	947,793	-218,996	728,797	4.02
4.03 REGISTRATION	510,076	304,697	814,773	-240,643	574,130	4.03
4.04 PATIENT ACCOUNTS	1,013,417	1,020,188	2,033,605	-460,711	1,572,894	4.04
5.00 ADMINISTRATIVE & GENERAL	5,445,279	10,492,653	15,937,932	-2,022,770	13,915,162	5.00
7.00 OPERATION OF PLANT	1,854,637	3,750,793	5,605,430	-597,154	5,008,276	7.00
8.00 LAUNDRY & LINEN SERVICE	174,333	277,923	452,256	-137,292	314,964	8.00
9.00 HOUSEKEEPING	1,731,702	1,026,372	2,758,074	-748,332	2,009,742	9.00
10.00 DIETARY	1,283,018	1,498,635	2,781,653	-518,770	2,262,883	10.00
11.00 CAFETERIA	46,972	347,286	394,258	-26,092	368,166	11.00
13.00 NURSING ADMINISTRATION	1,250,773	716,039	1,966,812	-474,183	1,492,629	13.00
14.00 CENTRAL SERVICES & SUPPLY	377,636	353,608	731,244	-212,905	518,339	14.00
15.00 PHARMACY	2,635,761	10,880,899	13,516,660	-11,068,220	2,448,440	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,345,413	1,403,326	3,748,739	-833,615	2,915,124	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
17.01 MENTAL HEALTH OVERHEAD	4,462,376	2,564,228	7,026,604	-5,168,275	1,858,329	17.01
23.00 PARAMED PRGM	194,031	109,324	303,355	-89,837	213,518	23.00
23.01 PARAMED PRGM-LAB	19,784	15,546	35,330	-2,545	32,785	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	7,854,562	3,380,606	11,235,168	-3,070,949	8,164,219	30.00
31.00 INTENSIVE CARE UNIT	1,644,243	717,724	2,361,967	-572,926	1,789,041	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00 SUBPROVIDER - I PF	0	0	0	601,223	601,223	40.00
41.00 SUBPROVIDER - I RF	1,765,950	1,377,083	3,143,033	-530,634	2,612,399	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	288,591	136,421	425,012	-114,868	310,144	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	2,128,072	5,994,348	8,122,420	-4,595,156	3,527,264	50.00
51.00 RECOVERY ROOM	351,640	194,446	546,086	-174,460	371,626	51.00
51.01 ENDOSCOPY	863,993	888,707	1,752,700	-604,644	1,148,056	51.01
52.00 DELIVERY ROOM & LABOR ROOM	520,352	283,145	803,497	-198,829	604,668	52.00
53.00 ANESTHESIOLOGY	1,639,598	683,122	2,322,720	-359,871	1,962,849	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,464,826	4,513,191	7,978,017	-2,802,107	5,175,910	54.00
54.01 RADIOLOGY-MONROE CITY	53,410	27,298	80,708	-15,842	64,866	54.01
54.02 RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03 RADIOLOGY-BICKNELL	46,535	35,474	82,009	-11,173	70,836	54.03
54.04 RADIOLOGY-MRI	320,944	546,409	867,353	-485,668	381,685	54.04
54.05 RADIOLOGY-ULTRASOUND	256,271	211,138	467,409	-128,111	339,298	54.05
54.06 RADIOLOGY-PETERSBURG AMBER MANOR	41,426	31,497	72,923	-11,115	61,808	54.06
54.07 RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08 RADIOLOGY-GSH BREAST CENTER	301,434	80,091	381,525	-64,134	317,391	54.08
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	2,382,704	5,046,191	7,428,895	-2,954,661	4,474,234	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,079,952	1,079,952	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	2,059,176	1,121,966	3,181,142	-875,445	2,305,697	65.00
66.00 PHYSICAL THERAPY	2,166,767	997,493	3,164,260	-672,999	2,491,261	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	1,392,374	3,913,333	5,305,707	-2,413,218	2,892,489	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 NEURODIAGNOSTICS	211,347	163,601	374,948	-124,053	250,895	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,192,431	6,192,431	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	3,043,687	3,043,687	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	10,218,098	10,218,098	73.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet A
Date/Time Prepared:
5/29/2012 2:21 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 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	892,507	3,070,720	3,963,227	-1,870,370	2,092,857	75.00
76.00 MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01 INPATIENT RENAL DIALYSIS	0	532,568	532,568	-71,476	461,092	76.01
76.02 ACUPUNCTURE	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	269,656	115,303	384,959	-103,476	281,483	90.00
91.00 EMERGENCY	2,555,470	5,832,741	8,388,211	-851,545	7,536,666	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	61,939	411,330	473,269	-42,476	430,793	96.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	5,322	5,322	0	5,322	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE		1,062,085	1,062,085	-1,062,085	0	113.00
116.00 HOSPICE	717,078	941,398	1,658,476	-319,931	1,338,545	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	58,874,811	83,816,581	142,691,392	1,771,848	144,463,240	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	14,703,741	8,865,405	23,569,146	-3,038,229	20,530,917	192.00
194.00 COMMUNITY HEALTH SERVICES	152,568	215,232	367,800	-59,445	308,355	194.00
194.01 WORK FITNESS	0	0	0	0	0	194.01
194.02 MARKETING AND PUBLIC RELATIONS	164,957	701,530	866,487	-69,524	796,963	194.02
194.03 MH RESIDENTIAL	542,679	389,812	932,491	-297,299	635,192	194.03
194.04 UNUSED SPACE	0	0	0	0	0	194.04
194.05 MOB	870,435	512,681	1,383,116	-248,009	1,135,107	194.05
194.06 FOUNDATION	80,412	366,231	446,643	-23,801	422,842	194.06
194.07 KNOX COUNTY HEALTH DEPT	250	2,341	2,591	-38	2,553	194.07
194.08 INDUSTRIAL HEALTH	10,743	3,084	13,827	-3,143	10,684	194.08
194.09 NRCC	0	0	0	1,967,640	1,967,640	194.09
200.00 TOTAL (SUM OF LINES 118-199)	75,400,596	94,872,897	170,273,493	0	170,273,493	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet A
Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	NEW CRC - CT EAST	-9,608	804,182	1.01
1.02	NEW CRC- CT WEST	-19,248	951,497	1.02
1.03	NEW CRC- MEMORIAL	0	294,030	1.03
1.04	NEW CRC - OUTPATIENT	0	403,186	1.04
1.05	NEW CRD - HEALTH PAVILION	0	1,231,191	1.05
1.06	NEW CRC - STORAGE	0	983	1.06
1.07	NEW CRC - DIAGNOSTIC CENTER	-22,066	340,556	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	4,498,795	2.00
2.01	NEW CRC - EQUIPMENT	-426,784	1,098,884	2.01
2.02	NEW CRC - HEALTH PAVILION	-278,233	1,031,247	2.02
4.00	EMPLOYEE BENEFITS	-335,868	23,598,128	4.00
4.01	COMMUNICATIONS	0	285,791	4.01
4.02	PURCHASING & RECEIVING	-162,265	566,532	4.02
4.03	REGISTRATION	0	574,130	4.03
4.04	PATIENT ACCOUNTS	-163,317	1,409,577	4.04
5.00	ADMINISTRATIVE & GENERAL	-1,043,702	12,871,460	5.00
7.00	OPERATION OF PLANT	0	5,008,276	7.00
8.00	LAUNDRY & LINEN SERVICE	0	314,964	8.00
9.00	HOUSEKEEPING	0	2,009,742	9.00
10.00	DIETARY	-23,534	2,239,349	10.00
11.00	CAFETERIA	-344,632	23,534	11.00
13.00	NURSING ADMINISTRATION	-40	1,492,589	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	518,339	14.00
15.00	PHARMACY	0	2,448,440	15.00
16.00	MEDICAL RECORDS & LIBRARY	-14,059	2,901,065	16.00
17.00	SOCIAL SERVICE	0	0	17.00
17.01	MENTAL HEALTH OVERHEAD	-1,341,801	516,528	17.01
23.00	PARAMED PRGM	-23,196	190,322	23.00
23.01	PARAMED PRGM-LAB	0	32,785	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-376	8,163,843	30.00
31.00	INTENSIVE CARE UNIT	0	1,789,041	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
40.00	SUBPROVIDER - I PF	0	601,223	40.00
41.00	SUBPROVIDER - I RF	-10	2,612,389	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	310,144	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-92,676	3,434,588	50.00
51.00	RECOVERY ROOM	0	371,626	51.00
51.01	ENDOSCOPY	-51,482	1,096,574	51.01
52.00	DELIVERY ROOM & LABOR ROOM	0	604,668	52.00
53.00	ANESTHESIOLOGY	-1,452,829	510,020	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-323,588	4,852,322	54.00
54.01	RADIOLOGY-MONROE CITY	0	64,866	54.01
54.02	RADIOLOGY-PETERSBURG	0	0	54.02
54.03	RADIOLOGY-BICKNELL	0	70,836	54.03
54.04	RADIOLOGY-MRI	0	381,685	54.04
54.05	RADIOLOGY-ULTRASOUND	0	339,298	54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR	0	61,808	54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	54.07
54.08	RADIOLOGY-GSH BREAST CENTER	-177,634	139,757	54.08
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	-58,774	4,415,460	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	1,079,952	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	-17,046	2,288,651	65.00
66.00	PHYSICAL THERAPY	0	2,491,261	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	-712,372	2,180,117	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	NEURODIAGNOSTICS	-2,365	248,530	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,192,431	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	3,043,687	72.00
73.00	DRUGS CHARGED TO PATIENTS	-270,000	9,948,098	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	-1,091	2,091,766	75.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet A
Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
76.00	MH ANCILLARY OUTPATIENT	6.00	7.00	76.00
76.01	INPATIENT RENAL DIALYSIS	0	0	76.01
76.02	ACUPUNCTURE	-173,377	287,715	76.02
	OUTPATIENT SERVICE COST CENTERS	0	0	
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	281,483	90.00
91.00	EMERGENCY	-4,653,169	2,883,497	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
	OTHER REIMBURSABLE COST CENTERS			
96.00	DURABLE MEDICAL EQUIP-RENTED	0	430,793	96.00
99.10	CORF	0	0	99.10
101.00	HOME HEALTH AGENCY	-5,322	0	101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
116.00	HOSPICE	0	1,338,545	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-12,200,464	132,262,776	118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	-185,826	20,345,091	192.00
194.00	COMMUNITY HEALTH SERVICES	0	308,355	194.00
194.01	WORK FITNESS	0	0	194.01
194.02	MARKETING AND PUBLIC RELATIONS	0	796,963	194.02
194.03	MH RESIDENTIAL	-11,500	623,692	194.03
194.04	UNUSED SPACE	0	0	194.04
194.05	MOB	-12,505	1,122,602	194.05
194.06	FOUNDATION	0	422,842	194.06
194.07	KNOX COUNTY HEALTH DEPT	0	2,553	194.07
194.08	INDUSTRIAL HEALTH	0	10,684	194.08
194.09	NRCC	0	1,967,640	194.09
200.00	TOTAL (SUM OF LINES 118-199)	-12,410,295	157,863,198	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,707,800	1.00
	TOTALS		0	9,707,800	
B - CHARGEABLE MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	6,191,883	1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,079,952	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
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	7,271,835	
C - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS	4.00	0	21,752,857	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
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
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
TOTALS			0	21,752,857		
D - INTEREST EXPENSE						
1.00	NEW CRC - CT EAST	1.01	0	14,024		1.00
2.00	NEW CRC- CT WEST	1.02	0	28,093		2.00
3.00	NEW CRC - DIAGNOSTIC CENTER	1.07	0	32,207		3.00
4.00	NEW CRC - EQUIPMENT	2.01	0	619,680		4.00
5.00	NEW CRC - HEALTH PAVILION	2.02	0	368,081		5.00
TOTALS			0	1,062,085		
E - DEPRECIATION EXPENSE						
1.00	NEW CRC - EQUIPMENT	2.01	0	5,540,108		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
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

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
	TOTALS		0	5,540,108	
F - BOND ISSUANCE COSTS					
1.00	NEW CRC - CT EAST	1.01	0	3,229	1.00
2.00	NEW CRC- CT WEST	1.02	0	6,475	2.00
3.00	NEW CRC - HEALTH PAVILION	2.02	0	84,874	3.00
	TOTALS		0	94,578	
G - INSURANCE EXPENSE					
1.00	NEW CRC - EQUIPMENT	2.01	0	306,551	1.00
	TOTALS		0	306,551	
H - MENTAL HEALTH OVERHEAD					
1.00	ADMINISTRATIVE & GENERAL	5.00	669,356	150,494	1.00
2.00	OPERATION OF PLANT	7.00	133,871	30,099	2.00
3.00	NURSING ADMINISTRATION	13.00	44,624	10,033	3.00
4.00	SUBPROVIDER - IPF	40.00	490,861	110,362	4.00
5.00	NRCC	194.09	1,606,455	361,185	5.00
	TOTALS		2,945,167	662,173	
I - IMPLANTABLE SUPPLIES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	3,043,687	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	3,043,687	
J - ONCOLOGY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	322,863	187,435	1.00
	TOTALS		322,863	187,435	
K - EMPLOYEE BENEFITS (2)					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	548	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	548	
L - DEPRECIATION EXPENSE					
1.00	NEW CRC - CT EAST	1.01	0	796,537	1.00
2.00	NEW CRC- CT WEST	1.02	0	936,177	2.00
3.00	NEW CRC- MEMORIAL	1.03	0	294,030	3.00
4.00	NEW CRC - OUTPATIENT	1.04	0	403,186	4.00
5.00	NEW CRD - HEALTH PAVILION	1.05	0	1,231,191	5.00
6.00	NEW CRC - STORAGE	1.06	0	983	6.00
7.00	NEW CRC - DIAGNOSTIC CENTER	1.07	0	330,415	7.00
8.00	NEW CRC - HEALTH PAVILION	2.02	0	856,525	8.00
	TOTALS		0	4,849,044	
500.00	Grand Total: Increases		3,268,030	54,478,701	500.00

RECLASSIFICATIONS

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-6
Date/Time Prepared:
5/29/2012 2:21 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - CHARGEABLE DRUGS							
1.00	PHARMACY	15.00	0	9,707,800	0		1.00
	TOTALS		0	9,707,800			
B - CHARGEABLE MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS	4.00	0	8,498	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	285	0		2.00
3.00	OPERATION OF PLANT	7.00	0	339	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	67	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,039	0		5.00
6.00	PHARMACY	15.00	0	4,812	0		6.00
7.00	MENTAL HEALTH OVERHEAD	17.01	0	1,435	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	169,344	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	27,557	0		9.00
10.00	SUBPROVIDER - IRF	41.00	0	11,919	0		10.00
11.00	NURSERY	43.00	0	8,213	0		11.00
12.00	OPERATING ROOM	50.00	0	1,410,608	0		12.00
13.00	RECOVERY ROOM	51.00	0	29,505	0		13.00
14.00	ENDOSCOPY	51.01	0	120,387	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	49,917	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	7,329	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	600,248	0		17.00
18.00	RADIOLOGY-MRI	54.04	0	42,915	0		18.00
19.00	RADIOLOGY-ULTRASOUND	54.05	0	23,312	0		19.00
20.00	RADIOLOGY-GSH BREAST CENTER	54.08	0	5	0		20.00
21.00	LABORATORY	60.00	0	2,015,600	0		21.00
22.00	INDUSTRIAL HEALTH	194.08	0	2,085	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	169,537	0		23.00
24.00	PHYSICAL THERAPY	66.00	0	36,621	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	1,357,630	0		25.00
26.00	NEURODIAGNOSTICS	70.01	0	888	0		26.00
27.00	INPATIENT RENAL DIALYSIS	76.01	0	3,829	0		27.00
28.00	ASC (NON-DISTINCT PART)	75.00	0	493,813	0		28.00
29.00	CLINIC	90.00	0	175	0		29.00
30.00	EMERGENCY	91.00	0	21,664	0		30.00
31.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	16,254	0		31.00
32.00	HOSPICE	116.00	0	133,112	0		32.00
33.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	453,402	0		33.00
34.00	COMMUNITY HEALTH SERVICES	194.00	0	11,814	0		34.00
35.00	MH RESIDENTIAL	194.03	0	290	0		35.00
36.00	MOB	194.05	0	36,387	0		36.00
	TOTALS		0	7,271,835			
C - EMPLOYEE BENEFITS							
1.00	COMMUNICATIONS	4.01	0	93,043	0		1.00
2.00	PURCHASING & RECEIVING	4.02	0	207,552	0		2.00
3.00	REGISTRATION	4.03	0	237,660	0		3.00
4.00	PATIENT ACCOUNTS	4.04	0	390,104	0		4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	0	1,578,138	0		5.00
6.00	OPERATION OF PLANT	7.00	0	611,118	0		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	96,996	0		7.00
8.00	HOUSEKEEPING	9.00	0	722,697	0		8.00
9.00	DIETARY	10.00	0	501,237	0		9.00
10.00	CAFETERIA	11.00	0	24,290	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	372,632	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	178,644	0		12.00
13.00	PHARMACY	15.00	0	680,954	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	828,071	0		14.00
15.00	MENTAL HEALTH OVERHEAD	17.01	0	1,375,098	0		15.00
16.00	PARAMED PRGM	23.00	0	89,409	0		16.00
17.00	PARAMED PRGM-LAB	23.01	0	1,530	0		17.00
18.00	ADULTS & PEDIATRICS	30.00	0	2,715,692	0		18.00
19.00	INTENSIVE CARE UNIT	31.00	0	456,704	0		19.00
20.00	SUBPROVIDER - IRF	41.00	0	502,234	0		20.00
21.00	NURSERY	43.00	0	98,630	0		21.00
22.00	OPERATING ROOM	50.00	0	589,244	0		22.00
23.00	RECOVERY ROOM	51.00	0	121,380	0		23.00
24.00	ENDOSCOPY	51.01	0	282,857	0		24.00
25.00	DELIVERY ROOM & LABOR ROOM	52.00	0	128,891	0		25.00
26.00	ANESTHESIOLOGY	53.00	0	309,719	0		26.00
27.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,096,979	0		27.00
28.00	RADIOLOGY-MONROE CITY	54.01	0	15,842	0		28.00
29.00	RADIOLOGY-BICKNELL	54.03	0	9,197	0		29.00
30.00	RADIOLOGY-MRI	54.04	0	117,461	0		30.00
31.00	RADIOLOGY-ULTRASOUND	54.05	0	67,266	0		31.00

RECLASSIFICATIONS

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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
32.00	RADIOLOGY-PETERSBURG AMBER MANOR	54.06	0	11,115	0	32.00
33.00	RADIOLOGY-GSH BREAST CENTER	54.08	0	64,129	0	33.00
34.00	LABORATORY	60.00	0	758,538	0	34.00
35.00	LABORATORY	60.00	0	12,317	0	35.00
36.00	RESPIRATORY THERAPY	65.00	0	617,586	0	36.00
37.00	PHYSICAL THERAPY	66.00	0	618,004	0	37.00
38.00	ELECTROCARDIOLOGY	69.00	0	453,249	0	38.00
39.00	NEURODIAGNOSTICS	70.01	0	108,468	0	39.00
40.00	ASC (NON-DISTINCT PART)	75.00	0	337,970	0	40.00
41.00	CLINIC	90.00	0	103,041	0	41.00
42.00	EMERGENCY	91.00	0	764,631	0	42.00
43.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	26,174	0	43.00
44.00	FOUNDATION	194.06	0	23,801	0	44.00
45.00	HOSPICE	116.00	0	180,904	0	45.00
46.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,578,605	0	46.00
47.00	COMMUNITY HEALTH SERVICES	194.00	0	47,192	0	47.00
48.00	MARKETING AND PUBLIC RELATIONS	194.02	0	61,127	0	48.00
49.00	MH RESIDENTIAL	194.03	0	272,567	0	49.00
50.00	MOB	194.05	0	211,622	0	50.00
51.00	KNOX COUNTY HEALTH DEPT	194.07	0	19	0	51.00
52.00	INDUSTRIAL HEALTH	194.08	0	529	0	52.00
	TOTALS		0	21,752,857		
D - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	1,062,085	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	1,062,085		
E - DEPRECIATION EXPENSE						
1.00	EMPLOYEE BENEFITS	4.00	0	3,992	9	1.00
2.00	PURCHASING & RECEIVING	4.02	0	11,444	9	2.00
3.00	REGISTRATION	4.03	0	2,983	9	3.00
4.00	PATIENT ACCOUNTS	4.04	0	70,607	9	4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	0	954,695	9	5.00
6.00	OPERATION OF PLANT	7.00	0	149,667	9	6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	40,296	9	7.00
8.00	HOUSEKEEPING	9.00	0	25,635	9	8.00
9.00	DIETARY	10.00	0	17,533	9	9.00
10.00	CAFETERIA	11.00	0	1,802	9	10.00
11.00	NURSING ADMINISTRATION	13.00	0	156,141	9	11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	32,222	9	12.00
13.00	PHARMACY	15.00	0	164,356	9	13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,544	9	14.00
15.00	MENTAL HEALTH OVERHEAD	17.01	0	184,402	9	15.00
16.00	PARAMED PRGM	23.00	0	428	9	16.00
17.00	PARAMED PRGM-LAB	23.01	0	1,015	9	17.00
18.00	ADULTS & PEDIATRICS	30.00	0	185,908	9	18.00
19.00	INTENSIVE CARE UNIT	31.00	0	88,665	9	19.00
20.00	SUBPROVIDER - IRF	41.00	0	16,481	9	20.00
21.00	NURSERY	43.00	0	8,025	9	21.00
22.00	OPERATING ROOM	50.00	0	240,739	9	22.00
23.00	RECOVERY ROOM	51.00	0	23,575	9	23.00
24.00	ENDOSCOPY	51.01	0	201,400	9	24.00
25.00	DELIVERY ROOM & LABOR ROOM	52.00	0	20,021	9	25.00
26.00	ANESTHESIOLOGY	53.00	0	42,823	9	26.00
27.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,104,880	9	27.00
28.00	RADIOLOGY-BICKNELL	54.03	0	1,976	9	28.00
29.00	RADIOLOGY-MRI	54.04	0	325,292	9	29.00
30.00	RADIOLOGY-ULTRASOUND	54.05	0	37,533	9	30.00
31.00	LABORATORY	60.00	0	164,349	9	31.00
32.00	LABORATORY	60.00	0	3,857	9	32.00
33.00	RESPIRATORY THERAPY	65.00	0	88,322	9	33.00
34.00	PHYSICAL THERAPY	66.00	0	18,374	9	34.00
35.00	ELECTROCARDIOLOGY	69.00	0	602,339	9	35.00
36.00	NEURODIAGNOSTICS	70.01	0	14,697	9	36.00
37.00	INPATIENT RENAL DIALYSIS	76.01	0	67,647	9	37.00
38.00	ASC (NON-DISTINCT PART)	75.00	0	349,470	9	38.00
39.00	CLINIC	90.00	0	260	9	39.00
40.00	EMERGENCY	91.00	0	65,250	9	40.00
41.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	48	9	41.00
42.00	HOSPICE	116.00	0	5,915	9	42.00

RECLASSIFICATIONS

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Period:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
43.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	6,222	9		43.00
44.00	COMMUNITY HEALTH SERVICES	194.00	0	439	9		44.00
45.00	MARKETING AND PUBLIC RELATIONS	194.02	0	8,397	9		45.00
46.00	MH RESIDENTIAL	194.03	0	24,442	9		46.00
	TOTALS		0	5,540,108			
F - BOND ISSUANCE COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,951	14		1.00
2.00	NEW CRC - EQUIPMENT	2.01	0	91,627	14		2.00
3.00		0.00	0	0	14		3.00
	TOTALS		0	94,578			
G - INSURANCE EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	306,551	12		1.00
	TOTALS		0	306,551			
H - MENTAL HEALTH OVERHEAD							
1.00	MENTAL HEALTH OVERHEAD	17.01	2,945,167	662,173	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		2,945,167	662,173			
I - IMPLANTABLE SUPPLIES							
1.00	ADULTS & PEDIATRICS	30.00	0	5	0		1.00
2.00	OPERATING ROOM	50.00	0	2,354,565	0		2.00
3.00	ASC (NON-DISTINCT PART)	75.00	0	689,117	0		3.00
	TOTALS		0	3,043,687			
J - ONCOLOGY							
1.00	PHARMACY	15.00	322,863	187,435	0		1.00
	TOTALS		322,863	187,435			
K - EMPLOYEE BENEFITS (2)							
1.00	INDUSTRIAL HEALTH	194.08	0	529	0		1.00
2.00	KNOX COUNTY HEALTH DEPT	194.07	0	19	0		2.00
	TOTALS		0	548			
L - DEPRECIATION EXPENSE							
1.00	NEW CRC - EQUIPMENT	2.01	0	4,849,044	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	4,849,044			
500.00	Grand Total: Decreases		3,268,030	54,478,701			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-7
Parts I-III
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	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	0	0	0	1.00
2.00	Land Improvements	5,332,828	214,633	0	214,633	2.00
3.00	Buildings and Fixtures	0	0	0	0	3.00
4.00	Building Improvements	76,118,801	2,714,473	0	2,714,473	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	126,024,611	10,205,566	0	10,205,566	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	213,205,092	13,134,672	0	13,134,672	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	213,205,092	13,134,672	0	13,134,672	10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	1.00
1.01	NEW CRC - CT EAST	0	0	0	0	1.01
1.02	NEW CRC- CT WEST	0	0	0	0	1.02
1.03	NEW CRC- MEMORIAL	0	0	0	0	1.03
1.04	NEW CRC - OUTPATIENT	0	0	0	0	1.04
1.05	NEW CRD - HEALTH PAVILION	0	0	0	0	1.05
1.06	NEW CRC - STORAGE	0	0	0	0	1.06
1.07	NEW CRC - DIAGNOSTIC CENTER	0	0	0	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4,498,795	0	0	0	2.00
2.01	NEW CRC - EQUIPMENT	0	0	0	0	2.01
2.02	NEW CRC - HEALTH PAVILION	0	0	0	0	2.02
3.00	Total (sum of lines 1-2)	4,498,795	0	0	0	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL 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	90,103,410	0	90,103,410	0.401796	1.00
1.01	NEW CRC - CT EAST	0	0	0	0.000000	1.01
1.02	NEW CRC- CT WEST	0	0	0	0.000000	1.02
1.03	NEW CRC- MEMORIAL	0	0	0	0.000000	1.03
1.04	NEW CRC - OUTPATIENT	0	0	0	0.000000	1.04
1.05	NEW CRD - HEALTH PAVILION	0	0	0	0.000000	1.05
1.06	NEW CRC - STORAGE	0	0	0	0.000000	1.06
1.07	NEW CRC - DIAGNOSTIC CENTER	0	0	0	0.000000	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	134,148,247	0	134,148,247	0.598204	2.00
2.01	NEW CRC - EQUIPMENT	0	0	0	0.000000	2.01
2.02	NEW CRC - HEALTH PAVILION	0	0	0	0.000000	2.02
3.00	Total (sum of lines 1-2)	224,251,657	0	224,251,657	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-7
Parts I-III
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		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,728,852	0			1.00
2.00	Land Improvements	5,541,284	0			2.00
3.00	Buildings and Fixtures	0	0			3.00
4.00	Building Improvements	78,833,274	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	134,148,247	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	224,251,657	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	224,251,657	0			10.00
SUMMARY OF CAPITAL						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	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	4,498,795			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	4,498,795			3.00
ALLOCATION OF OTHER CAPITAL						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL 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	1.00
1.01	NEW CRC - CT EAST	0	0	0	786,929	1.01
1.02	NEW CRC- CT WEST	0	0	0	916,929	1.02
1.03	NEW CRC- MEMORIAL	0	0	0	294,030	1.03
1.04	NEW CRC - OUTPATIENT	0	0	0	403,186	1.04
1.05	NEW CRD - HEALTH PAVILION	0	0	0	1,231,191	1.05
1.06	NEW CRC - STORAGE	0	0	0	983	1.06
1.07	NEW CRC - DIAGNOSTIC CENTER	0	0	0	308,349	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	4,498,795	2.00
2.01	NEW CRC - EQUIPMENT	0	0	0	264,280	2.01
2.02	NEW CRC - HEALTH PAVILION	0	0	0	578,292	2.02
3.00	Total (sum of lines 1-2)	0	0	0	9,282,964	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150042

Period:
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Worksheet A-7
Parts I-III
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	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	14,024	0	0	3,229	804,182	1.01
1.02	NEW CRC- CT WEST	28,093	0	0	6,475	951,497	1.02
1.03	NEW CRC- MEMORIAL	0	0	0	0	294,030	1.03
1.04	NEW CRC - OUTPATIENT	0	0	0	0	403,186	1.04
1.05	NEW CRD - HEALTH PAVILION	0	0	0	0	1,231,191	1.05
1.06	NEW CRC - STORAGE	0	0	0	0	983	1.06
1.07	NEW CRC - DIAGNOSTIC CENTER	32,207	0	0	0	340,556	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,498,795	2.00
2.01	NEW CRC - EQUIPMENT	619,680	306,551	0	-91,627	1,098,884	2.01
2.02	NEW CRC - HEALTH PAVILION	368,081	0	0	84,874	1,031,247	2.02
3.00	Total (sum of lines 1-2)	1,062,085	306,551	0	2,951	10,654,551	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	1.00
1.01 Investment income - NEW CRC - CT EAST (chapter 2)			ONEW CRC - CT EAST	1.01	1.01
1.02 Investment income - NEW CRC- CT WEST (chapter 2)			ONEW CRC- CT WEST	1.02	1.02
1.03 Investment income - NEW CRC- MEMORIAL (chapter 2)			ONEW CRC- MEMORIAL	1.03	1.03
1.04 Investment income - NEW CRC - OUTPATIENT (chapter 2)			ONEW CRC - OUTPATIENT	1.04	1.04
1.05 Investment income - NEW CRD - HEALTH PAVILION (chapter 2)			ONEW CRD - HEALTH PAVILION	1.05	1.05
1.06 Investment income - NEW CRC - STORAGE (chapter 2)			ONEW CRC - STORAGE	1.06	1.06
1.07 Investment income - NEW CRC - DIAGNOSTIC CENTER (chapter 2)			ONEW CRC - DIAGNOSTIC CENTER	1.07	1.07
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00
2.01 Investment income - NEW CRC - EQUIPMENT (chapter 2)			ONEW CRC - EQUIPMENT	2.01	2.01
2.02 Investment income - NEW CRC - HEALTH PAVILION (chapter 2)			ONEW CRC - HEALTH PAVILION	2.02	2.02
3.00 Investment income - other (chapter 2)		0		0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-162,265	PURCHASING & RECEIVING	4.02	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	7.00
8.00 Television and radio service (chapter 21)		0		0.00	8.00
9.00 Parking lot (chapter 21)		0		0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-8,534,038			10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0			12.00
13.00 Laundry and linen service		0		0.00	13.00
14.00 Cafeteria-employees and guests	B	-344,632	CAFETERIA	11.00	14.00
15.00 Rental of quarters to employee and others		0		0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients	B	-270,000	DRUGS CHARGED TO PATIENTS	73.00	16.00
17.00 Sale of drugs to other than patients	B	-45,704	ADMINISTRATIVE & GENERAL	5.00	17.00
18.00 Sale of medical records and abstracts		0		0.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	19.00
20.00 Vending machines		0		0.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00	24.00
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			ONEW CAP REL COSTS-BLDG & FIXT	1.00	26.00
26.01 Depreciation - NEW CRC - CT EAST			ONEW CRC - CT EAST	1.01	26.01
26.02 Depreciation - NEW CRC- CT WEST			ONEW CRC- CT WEST	1.02	26.02
26.03 Depreciation - NEW CRC- MEMORIAL			ONEW CRC- MEMORIAL	1.03	26.03
26.04 Depreciation - NEW CRC - OUTPATIENT			ONEW CRC - OUTPATIENT	1.04	26.04
26.05 Depreciation - NEW CRD - HEALTH PAVILION			ONEW CRD - HEALTH PAVILION	1.05	26.05
26.06 Depreciation - NEW CRC - STORAGE			ONEW CRC - STORAGE	1.06	26.06
26.07 Depreciation - NEW CRC - DIAGNOSTIC CENTER			ONEW CRC - DIAGNOSTIC CENTER	1.07	26.07
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	27.00
27.01 Depreciation - NEW CRC - EQUIPMENT			ONEW CRC - EQUIPMENT	2.01	27.01
27.02 Depreciation - NEW CRC - HEALTH PAVILION			ONEW CRC - HEALTH PAVILION	2.02	27.02
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00	28.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-8

Date/Time Prepared:
5/29/2012 2:21 pm

29.00	Physicians' assistant	A-8-3	0	Expense Classification on Worksheet A		29.00
				To/From Which the Amount is to be Adjusted		
				Cost Center	Line #	
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	1.00	2.00	3.00	4.00	
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	A	0		0.00	32.00
33.00	OTHER MISC FEES	B	-7,770	ADMINISTRATIVE & GENERAL	5.00	33.00
33.01	OTHER MISC FEES	B	-6,485	PATIENT ACCOUNTS	4.04	33.01
33.02	OTHER MISC FEES	B	-327,411	ADMINISTRATIVE & GENERAL	5.00	33.02
33.03	OTHER MISC FEES	B	-40	NURSING ADMINISTRATION	13.00	33.03
33.04	OTHER MISC FEES	B	-4,873	MEDICAL RECORDS & LIBRARY	16.00	33.04
33.05	OTHER MISC FEES	B	-376	ADULTS & PEDIATRICS	30.00	33.05
33.06	OTHER MISC FEES	B	-1,365	ENDOSCOPY	51.01	33.06
33.07	OTHER MISC FEES	B	-19,081	ELECTROCARDIOLOGY	69.00	33.07
33.08	TRADE, QUANTITY AND TIME DISCOUNTS	B	-374	PHYSICIANS' PRIVATE OFFICES	192.00	33.08
33.09	OTHER MISC FEES	B	-17,907	PHYSICIANS' PRIVATE OFFICES	192.00	33.09
33.10	OTHER MISC FEES	B	-11,500	MH RESIDENTIAL	194.03	33.10
33.11	OTHER MISC FEES	B	-10,250	MOB	194.05	33.11
33.12	ANESTHESIOLOGY BENEFITS	B	-295,838	EMPLOYEE BENEFITS	4.00	33.12
33.13	RADIOLOGY - SILVER ETC	B	-3,073	RADIOLOGY-DIAGNOSTIC	54.00	33.13
33.14	PT MASSAGE THERAPY	B	-3,360	RESPIRATORY THERAPY	65.00	33.14
33.15	FOOD SERVICE	B	-23,534	DIETARY	10.00	33.15
33.16	RADIOLOGY - STUDENT TUITION	B	-23,196	PARAMED ED PRGM	23.00	33.16
33.17	RENTAL INCOME	B	-16,896	MENTAL HEALTH OVERHEAD	17.01	33.17
33.18	RENTAL INCOME	B	-4,800	RADIOLOGY-DIAGNOSTIC	54.00	33.18
33.19	RENTAL INCOME	B	-2,255	MOB	194.05	33.19
33.20	AHA USEFUL LIVES CARRYFORWARD	A	-95	NEW CRC - EQUIPMENT	2.01	33.20
33.21	HEALTH PAVILION AHA CARRYFORWARD	A	-26,044	NEW CRC - HEALTH PAVILION	2.02	33.21
33.22	EMPLOYEE DISCOUNTS	A	-45,661	MENTAL HEALTH OVERHEAD	17.01	33.22
33.23	ADVANCE EMT TRAINING	A	-13,686	RESPIRATORY THERAPY	65.00	33.23
33.24	1990 ASSETS - AHA LIVES CARRYFORWARD	A	-2,119	NEW CRC - EQUIPMENT	2.01	33.24
33.25	INTEREST INCOME	B	-9,608	NEW CRC - CT EAST	1.01	33.25
33.26	INTEREST INCOME	B	-19,248	NEW CRC- CT WEST	1.02	33.26
33.27	INTEREST INCOME	B	-22,066	NEW CRC - DIAGNOSTIC CENTER	1.07	33.27
33.28	INTEREST INCOME	B	-424,570	NEW CRC - EQUIPMENT	2.01	33.28
33.29	INTEREST INCOME	B	-252,189	NEW CRC - HEALTH PAVILION	2.02	33.29
33.30	NEPHROLOGY RENTAL INCOME	B	-159,191	INPATIENT RENAL DIALYSIS	76.01	33.30
33.31	PHYSICIAN BILLING COSTS	A	-156,832	PATIENT ACCOUNTS	4.04	33.31
33.32	2004 SURETY BOND EXPENSE	A	-20,525	ADMINISTRATIVE & GENERAL	5.00	33.32
33.33	ANESTHESIOLOGY CONTRACT LABOR	A	-177,699	ANESTHESIOLOGY	53.00	33.33
33.34	HOME HEALTH AGENCY COST RELATED TO P	A	-5,322	HOME HEALTH AGENCY	101.00	33.34
33.35	DONATIONS EXPENSE	A	-50,171	ADMINISTRATIVE & GENERAL	5.00	33.35
33.36	AR COLLECTION REVENUE	B	-167,545	PHYSICIANS' PRIVATE OFFICES	192.00	33.36
33.37	PHYSICIAN EMPLOYEE BENEFIT COMPENSAT	A	-40,030	EMPLOYEE BENEFITS	4.00	33.37
33.38	ADMINISTRATIVE PHYSICIAN TIME	A	-32,371	ADMINISTRATIVE & GENERAL	5.00	33.38
33.39	MENTAL HEALTH OH PHYSICIAN TIME	A	-58,153	MENTAL HEALTH OVERHEAD	17.01	33.39
33.40	PHYSICIAN ON-CALL TIME	A	-559,750	ADMINISTRATIVE & GENERAL	5.00	33.40
33.41	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-9,186	MEDICAL RECORDS & LIBRARY	16.00	33.41
33.42	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-20,590	MENTAL HEALTH OVERHEAD	17.01	33.42
33.43	TRADE, QUANTITY AND TIME DISCOUNTS	B	-10	SUBPROVIDER - IRF	41.00	33.43
33.44	TRADE, QUANTITY AND TIME DISCOUNTS	B	-611	OPERATING ROOM	50.00	33.44
33.45			0		0.00	33.45
33.46			0		0.00	33.46
33.47			0		0.00	33.47
33.48			0		0.00	33.48
33.49			0		0.00	33.49
33.50			0		0.00	33.50
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-12,410,295			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-8
Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
1.01	Investment income - NEW CRC - CT EAST (chapter 2)	0	1.01
1.02	Investment income - NEW CRC- CT WEST (chapter 2)	0	1.02
1.03	Investment income - NEW CRC- MEMORIAL (chapter 2)	0	1.03
1.04	Investment income - NEW CRC - OUTPATIENT (chapter 2)	0	1.04
1.05	Investment income - NEW CRD - HEALTH PAVILION (chapter 2)	0	1.05
1.06	Investment income - NEW CRC - STORAGE (chapter 2)	0	1.06
1.07	Investment income - NEW CRC - DIAGNOSTIC CENTER (chapter 2)	0	1.07
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
2.01	Investment income - NEW CRC - EQUIPMENT (chapter 2)	0	2.01
2.02	Investment income - NEW CRC - HEALTH PAVILION (chapter 2)	0	2.02
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
26.01	Depreciation - NEW CRC - CT EAST	0	26.01
26.02	Depreciation - NEW CRC- CT WEST	0	26.02
26.03	Depreciation - NEW CRC- MEMORIAL	0	26.03
26.04	Depreciation - NEW CRC - OUTPATIENT	0	26.04
26.05	Depreciation - NEW CRD - HEALTH PAVILION	0	26.05
26.06	Depreciation - NEW CRC - STORAGE	0	26.06
26.07	Depreciation - NEW CRC - DIAGNOSTIC CENTER	0	26.07
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
27.01	Depreciation - NEW CRC - EQUIPMENT	0	27.01
27.02	Depreciation - NEW CRC - HEALTH PAVILION	0	27.02
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	OTHER MISC FEES	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-8

Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
33.01	OTHER MISC FEES	0	33.01
33.02	OTHER MISC FEES	0	33.02
33.03	OTHER MISC FEES	0	33.03
33.04	OTHER MISC FEES	0	33.04
33.05	OTHER MISC FEES	0	33.05
33.06	OTHER MISC FEES	0	33.06
33.07	OTHER MISC FEES	0	33.07
33.08	TRADE, QUANTITY AND TIME DISCOUNTS	0	33.08
33.09	OTHER MISC FEES	0	33.09
33.10	OTHER MISC FEES	0	33.10
33.11	OTHER MISC FEES	0	33.11
33.12	ANESTHESIOLOGY BENEFITS	0	33.12
33.13	RADIOLOGY - SILVER ETC	0	33.13
33.14	PT MASSAGE THERAPY	0	33.14
33.15	FOOD SERVICE	0	33.15
33.16	RADIOLOGY - STUDENT TUIT ION	0	33.16
33.17	RENTAL INCOME	0	33.17
33.18	RENTAL INCOME	0	33.18
33.19	RENTAL INCOME	0	33.19
33.20	AHA USEFUL LIVES CARRYFORWARD	9	33.20
33.21	HEALTH PAVILION AHA CARRYFORWARD	9	33.21
33.22	EMPLOYEE DISCOUNTS	0	33.22
33.23	ADVANCE EMT TRAINING	0	33.23
33.24	1990 ASSETS - AHA LIVES CARRYFORWARD	9	33.24
33.25	INTEREST INCOME	9	33.25
33.26	INTEREST INCOME	9	33.26
33.27	INTEREST INCOME	9	33.27
33.28	INTEREST INCOME	9	33.28
33.29	INTEREST INCOME	9	33.29
33.30	NEPHROLOGY RENTAL INCOME	0	33.30
33.31	PHYSICIAN BILLING COSTS	0	33.31
33.32	2004 SURETY BOND EXPENSE	0	33.32
33.33	ANESTHESIOLOGY CONTRACT LABOR	0	33.33
33.34	HOME HEALTH AGENCY COST RELATED TO P	0	33.34
33.35	DONATIONS EXPENSE	0	33.35
33.36	AR COLLECTION REVENUE	0	33.36
33.37	PHYSICIAN EMPLOYEE BENEFIT COMPENSAT	0	33.37
33.38	ADMINISTRATIVE PHYSICIAN TIME	0	33.38
33.39	MENTAL HEALTH OH PHYSICIAN TIME	0	33.39
33.40	PHYSICIAN ON-CALL TIME	0	33.40
33.41	SALE OF DRUGS TO OTHER THAN PATIENTS	0	33.41
33.42	SALE OF DRUGS TO OTHER THAN PATIENTS	0	33.42
33.43	TRADE, QUANTITY AND TIME DISCOUNTS	0	33.43
33.44	TRADE, QUANTITY AND TIME DISCOUNTS	0	33.44
33.45		0	33.45
33.46		0	33.46
33.47		0	33.47
33.48		0	33.48
33.49		0	33.49
33.50		0	33.50
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 2:21 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	53.00	DR. A	321,992	321,992	1.00
2.00	53.00	DR. B	312,923	312,923	2.00
3.00	53.00	DR. C	317,077	317,077	3.00
4.00	53.00	DR. D	323,138	323,138	4.00
5.00	54.08	DR. E	229,000	167,625	5.00
6.00	50.00	DR. F	3,300	0	6.00
7.00	51.01	DR. G	52,000	50,117	7.00
8.00	54.00	DR. H	57,088	54,541	8.00
9.00	54.00	DR. I	122,174	122,174	9.00
10.00	60.00	DR. J	117,800	58,774	10.00
11.00	65.00	DR. K	18,000	0	11.00
12.00	69.00	ELECTROCARDIOLOGY	443,691	383,691	12.00
13.00	70.01	DR. L	5,833	1,500	13.00
14.00	76.01	DR. M	40,000	0	14.00
15.00	91.00	EMERGENCY	4,675,987	4,632,518	15.00
16.00	69.00	ELECTROCARDIOLOGY	309,600	309,600	16.00
17.00	75.00	DR. N	12,000	0	17.00
18.00	50.00	OPERATING ROOM	91,667	91,667	18.00
19.00	54.00	RADIOLOGY-DIAGNOSTIC	139,000	139,000	19.00
20.00	17.01	MENTAL HEALTH OVERHEAD	215,806	181,885	20.00
21.00	17.01	MENTAL HEALTH OVERHEAD	1,009,817	1,009,817	21.00
200.00			8,817,893	8,478,039	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-8-2

Date/Time Prepared:
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	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	61,375	217,600	491	51,366	2,568	5.00
6.00	3,300	182,900	33	2,902	145	6.00
7.00	1,883	159,800	32	2,459	123	7.00
8.00	2,547	217,600	213	22,283	1,114	8.00
9.00	0	0	0	0	0	9.00
10.00	59,026	159,800	1,502	115,394	5,770	10.00
11.00	18,000	159,800	300	23,048	1,152	11.00
12.00	60,000	138,700	1,646	109,760	5,488	12.00
13.00	4,333	138,700	52	3,468	173	13.00
14.00	40,000	159,800	336	25,814	1,291	14.00
15.00	43,469	159,800	297	22,818	1,141	15.00
16.00	0	0	0	0	0	16.00
17.00	12,000	159,800	142	10,909	545	17.00
18.00	0	0	0	0	0	18.00
19.00	0	0	0	0	0	19.00
20.00	33,921	159,800	327	25,122	1,256	20.00
21.00	0	0	0	0	0	21.00
200.00	339,854		5,371	415,343	20,766	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 2:21 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	51,366	5.00
6.00	0	0	0	0	2,902	6.00
7.00	0	0	0	0	2,459	7.00
8.00	0	0	0	0	22,283	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	115,394	10.00
11.00	0	0	0	0	23,048	11.00
12.00	0	0	0	0	109,760	12.00
13.00	0	0	0	0	3,468	13.00
14.00	0	0	0	0	25,814	14.00
15.00	0	0	0	0	22,818	15.00
16.00	0	0	0	0	0	16.00
17.00	0	0	0	0	10,909	17.00
18.00	0	0	0	0	0	18.00
19.00	0	0	0	0	0	19.00
20.00	0	0	0	0	25,122	20.00
21.00	0	0	0	0	0	21.00
200.00	0	0	0	0	415,343	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 2:21 pm

	RCE	Adjustment	
	Disallowance	18.00	
1.00	0	321,992	1.00
2.00	0	312,923	2.00
3.00	0	317,077	3.00
4.00	0	323,138	4.00
5.00	10,009	177,634	5.00
6.00	398	398	6.00
7.00	0	50,117	7.00
8.00	0	54,541	8.00
9.00	0	122,174	9.00
10.00	0	58,774	10.00
11.00	0	0	11.00
12.00	0	383,691	12.00
13.00	865	2,365	13.00
14.00	14,186	14,186	14.00
15.00	20,651	4,653,169	15.00
16.00	0	309,600	16.00
17.00	1,091	1,091	17.00
18.00	0	91,667	18.00
19.00	0	139,000	19.00
20.00	8,799	190,684	20.00
21.00	0	1,009,817	21.00
200.00	55,999	8,534,038	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			NEW CRC-MEMORIAL	
		NEW BLDG & FIXT	NEW CRC - CT EAST	NEW CRC- CT WEST		
	0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01 NEW CRC - CT EAST	804,182	0	804,182			1.01
1.02 NEW CRC- CT WEST	951,497	0	0	951,497		1.02
1.03 NEW CRC- MEMORIAL	294,030	0	0	0	294,030	1.03
1.04 NEW CRC - OUTPATIENT	403,186	0	0	0	0	1.04
1.05 NEW CRD - HEALTH PAVILION	1,231,191	0	0	0	0	1.05
1.06 NEW CRC - STORAGE	983	0	0	0	0	1.06
1.07 NEW CRC - DIAGNOSTIC CENTER	340,556	0	0	0	0	1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP	4,498,795					2.00
2.01 NEW CRC - EQUIPMENT	1,098,884					2.01
2.02 NEW CRC - HEALTH PAVILION	1,031,247					2.02
4.00 EMPLOYEE BENEFITS	23,598,128	0	0	0	13,733	4.00
4.01 COMMUNICATIONS	285,791	0	0	0	0	4.01
4.02 PURCHASING & RECEIVING	566,532	0	66,323	566,532	481	4.02
4.03 REGISTRATION	574,130	0	0	4,222	0	4.03
4.04 PATIENT ACCOUNTS	1,409,577	0	0	0	18,348	4.04
5.00 ADMINISTRATIVE & GENERAL	12,871,460	0	9,355	75,401	51,130	5.00
7.00 OPERATION OF PLANT	5,008,276	0	73,320	117,891	92,724	7.00
8.00 LAUNDRY & LINEN SERVICE	314,964	0	0	0	17,867	8.00
9.00 HOUSEKEEPING	2,009,742	0	3,696	20,275	9,819	9.00
10.00 DIETARY	2,239,349	0	0	0	0	10.00
11.00 CAFETERIA	23,534	0	59,415	0	0	11.00
13.00 NURSING ADMINISTRATION	1,492,589	0	6,013	0	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	518,339	0	0	2,491	0	14.00
15.00 PHARMACY	2,448,440	0	27,623	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,901,065	0	0	895	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
17.01 MENTAL HEALTH OVERHEAD	516,528	0	17,919	0	0	17.01
23.00 PARAMED PRGM	190,322	0	0	0	0	23.00
23.01 PARAMED PRGM-LAB	32,785	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	8,163,843	0	251,085	205,242	0	30.00
31.00 INTENSIVE CARE UNIT	1,789,041	0	0	111,685	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00 SUBPROVIDER - I PF	601,223	0	68,994	0	0	40.00
41.00 SUBPROVIDER - I RF	2,612,389	0	0	0	44,043	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	310,144	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	3,434,588	0	94,253	0	0	50.00
51.00 RECOVERY ROOM	371,626	0	4,165	0	0	51.00
51.01 ENDOSCOPY	1,096,574	0	0	0	0	51.01
52.00 DELIVERY ROOM & LABOR ROOM	604,668	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	510,020	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	4,852,322	0	53,720	2,864	0	54.00
54.01 RADIOLOGY-MONROE CITY	64,866	0	0	0	0	54.01
54.02 RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03 RADIOLOGY-BICKNELL	70,836	0	0	0	0	54.03
54.04 RADIOLOGY-MRI	381,685	0	0	0	0	54.04
54.05 RADIOLOGY-ULTRASOUND	339,298	0	2,322	0	0	54.05
54.06 RADIOLOGY-PETERSBURG AMBER MANOR	61,808	0	0	0	0	54.06
54.07 RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08 RADIOLOGY-GSH BREAST CENTER	139,757	0	0	0	0	54.08
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	4,415,460	0	36,473	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	1,079,952	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	2,288,651	0	0	61,526	0	65.00
66.00 PHYSICAL THERAPY	2,491,261	0	2,936	96,184	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	2,180,117	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 NEURODIAGNOSTICS	248,530	0	8,069	28,794	0	70.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				NEW CRC-MEMORIAL	
		NEW BLDG & FIXT	NEW CRC - CT EAST	NEW CRC- CT WEST			
		1.00	1.01	1.02	1.03		
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,192,431	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	3,043,687	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	9,948,098	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	2,091,766	0	0	0	0	0	75.00
76.00 MH ANCILLARY OUTPATIENT	0	0	0	0	0	0	76.00
76.01 INPATIENT RENAL DIALYSIS	287,715	0	0	2,626	0	0	76.01
76.02 ACUPUNCTURE	0	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	281,483	0	0	0	0	0	90.00
91.00 EMERGENCY	2,883,497	0	0	210,779	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS							
96.00 DURABLE MEDICAL EQUIP-RENTED	430,793	0	0	0	0	0	96.00
99.10 CORF	0	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE							113.00
116.00 HOSPICE	1,338,545	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	132,262,776	0	785,681	940,875	248,145		118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	6,564	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	20,345,091	0	0	0	1,562	0	192.00
194.00 COMMUNITY HEALTH SERVICES	308,355	0	0	0	0	0	194.00
194.01 WORK FITNESS	0	0	0	0	0	0	194.01
194.02 MARKETING AND PUBLIC RELATIONS	796,963	0	0	0	3,505	0	194.02
194.03 MH RESIDENTIAL	623,692	0	0	0	0	0	194.03
194.04 UNUSED SPACE	0	0	16,648	0	28,968	0	194.04
194.05 MOB	1,122,602	0	0	0	0	0	194.05
194.06 FOUNDATION	422,842	0	0	0	1,739	0	194.06
194.07 KNOX COUNTY HEALTH DEPT	2,553	0	0	0	10,111	0	194.07
194.08 INDUSTRIAL HEALTH	10,684	0	0	0	0	0	194.08
194.09 NRCC	1,967,640	0	1,853	4,058	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)	157,863,198	0	804,182	951,497	294,030	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150042

Period:
From 01/01/2011
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Cost Center Description		CAPITAL RELATED COSTS				NEW MVBLE EQUIP	
		NEW CRC - OUTPATIENT	NEW CRD - HEALTH PAVILION	NEW CRC - STORAGE	NEW CRC - DIAGNOSTIC CENTER		
		1.04	1.05	1.06	1.07		
GENERAL SERVICE COST CENTERS						2.00	
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CRC - CT EAST						1.01
1.02	NEW CRC- CT WEST						1.02
1.03	NEW CRC- MEMORIAL						1.03
1.04	NEW CRC - OUTPATIENT	403,186					1.04
1.05	NEW CRD - HEALTH PAVILION	0	1,231,191				1.05
1.06	NEW CRC - STORAGE	0	0	983			1.06
1.07	NEW CRC - DIAGNOSTIC CENTER	0	0	0	340,556		1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP					4,498,795	2.00
2.01	NEW CRC - EQUIPMENT					0	2.01
2.02	NEW CRC - HEALTH PAVILION					0	2.02
4.00	EMPLOYEE BENEFITS	0	45,243	389	0	0	4.00
4.01	COMMUNICATIONS	0	0	0	0	0	4.01
4.02	PURCHASING & RECEIVING	1,217	0	0	0	371,029	4.02
4.03	REGISTRATION	0	12,643	0	0	0	4.03
4.04	PATIENT ACCOUNTS	0	0	0	0	0	4.04
5.00	ADMINISTRATIVE & GENERAL	17,819	56,328	205	0	52,334	5.00
7.00	OPERATION OF PLANT	42,692	225,953	244	105,955	410,170	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	HOUSEKEEPING	1,586	4,839	3	0	20,677	9.00
10.00	DIETARY	0	0	0	0	0	10.00
11.00	CAFETERIA	0	2,706	0	0	332,382	11.00
13.00	NURSING ADMINISTRATION	0	0	0	0	33,637	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	1,230	0	0	0	14.00
15.00	PHARMACY	0	0	0	0	154,527	15.00
16.00	MEDICAL RECORDS & LIBRARY	3,819	81,984	14	0	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	MENTAL HEALTH OVERHEAD	0	0	0	0	100,242	17.01
23.00	PARAMED PRGM	0	0	0	0	0	23.00
23.01	PARAMED PRGM-LAB	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	16,664	219,940	0	0	1,404,637	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	SUBPROVIDER - I PF	0	0	0	0	385,969	40.00
41.00	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	527,274	50.00
51.00	RECOVERY ROOM	0	0	0	0	23,299	51.00
51.01	ENDOSCOPY	0	167,262	0	0	0	51.01
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,995	60,784	56	164,296	300,522	54.00
54.01	RADIOLOGY-MONROE CITY	345	0	0	0	0	54.01
54.02	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03	RADIOLOGY-BICKNELL	1,672	0	0	0	0	54.03
54.04	RADIOLOGY-MRI	0	1,914	0	0	0	54.04
54.05	RADIOLOGY-ULTRASOUND	0	0	0	70,305	12,989	54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR	0	0	0	0	0	54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0	54.08
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	1,437	5,604	0	0	204,037	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	44	0	0	65.00
66.00	PHYSICAL THERAPY	640	1,285	0	0	16,425	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	141,278	28	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	NEURODIAGNOSTICS	0	0	0	0	45,141	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

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Cost Center Description	CAPITAL RELATED COSTS					NEW MVBLE EQUIP	
	NEW CRC - OUTPATIENT	NEW CRD - HEALTH PAVILION	NEW CRC - STORAGE	NEW CRC - DIAGNOSTIC CENTER			
	1.04	1.05	1.06	1.07	2.00		
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00 MH ANCI LLARY OUTPATIENT	0	0	0	0	0	0	76.00
76.01 INPATIENT RENAL DIALYSIS	17,155	0	0	0	0	0	76.01
76.02 ACUPUNCTURE	0	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	5,870	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00 DURABLE MEDICAL EQUIP-RENTED	867	0	0	0	0	0	96.00
99.10 CORF	0	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	0	113.00
116.00 HOSPICE	10,695	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	128,473	1,028,993	983	340,556	4,395,291		118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	100,360	65,773	0	0	0	0	192.00
194.00 COMMUNITY HEALTH SERVICES	7,683	0	0	0	0	0	194.00
194.01 WORK FITNESS	0	0	0	0	0	0	194.01
194.02 MARKETING AND PUBLIC RELATIONS	0	0	0	0	0	0	194.02
194.03 MH RESIDENTIAL	44,575	0	0	0	0	0	194.03
194.04 UNUSED SPACE	2,794	1,599	0	0	93,136		194.04
194.05 MOB	51,259	134,826	0	0	0	0	194.05
194.06 FOUNDATION	0	0	0	0	0	0	194.06
194.07 KNOX COUNTY HEALTH DEPT	0	0	0	0	0	0	194.07
194.08 INDUSTRIAL HEALTH	0	0	0	0	0	0	194.08
194.09 NRCC	68,042	0	0	0	10,368		194.09
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	403,186	1,231,191	983	340,556	4,498,795		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

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Part I
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	PURCHASING & RECEIVING	
	NEW CRC - EQUIPMENT	NEW CRC - HEALTH PAVILION				
	2.01	2.02				
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CRC - CT EAST						1.01
1.02 NEW CRC- CT WEST						1.02
1.03 NEW CRC- MEMORIAL						1.03
1.04 NEW CRC - OUTPATIENT						1.04
1.05 NEW CRD - HEALTH PAVILION						1.05
1.06 NEW CRC - STORAGE						1.06
1.07 NEW CRC - DIAGNOSTIC CENTER						1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01 NEW CRC - EQUIPMENT	1,098,884					2.01
2.02 NEW CRC - HEALTH PAVILION	0	1,031,247				2.02
4.00 EMPLOYEE BENEFITS	20,432	37,895	23,715,820			4.00
4.01 COMMUNICATIONS	0	0	73,137	358,928		4.01
4.02 PURCHASING & RECEIVING	24,257	0	164,225	4,031	1,198,095	4.02
4.03 REGISTRATION	2,185	10,590	161,569	3,527	719	4.03
4.04 PATIENT ACCOUNTS	8,283	0	321,005	16,964	645	4.04
5.00 ADMINISTRATIVE & GENERAL	62,031	47,180	1,936,841	30,065	13,052	5.00
7.00 OPERATION OF PLANT	165,421	189,260	629,870	27,041	13,735	7.00
8.00 LAUNDRY & LINEN SERVICE	8,066	0	55,221	0	3,687	8.00
9.00 HOUSEKEEPING	10,375	4,053	548,525	2,016	9,902	9.00
10.00 DIETARY	0	0	406,402	3,023	39,586	10.00
11.00 CAFETERIA	20,998	2,267	14,879	0	10,436	11.00
13.00 NURSING ADMINISTRATION	2,089	0	410,323	5,543	756	13.00
14.00 CENTRAL SERVICES & SUPPLY	465	1,030	119,618	1,344	4,570	14.00
15.00 PHARMACY	9,845	0	732,622	5,711	434,582	15.00
16.00 MEDICAL RECORDS & LIBRARY	14,399	68,670	742,921	13,605	714	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
17.01 MENTAL HEALTH OVERHEAD	6,225	0	480,584	19,987	7,570	17.01
23.00 PARAMED PRGM	0	0	61,460	0	27	23.00
23.01 PARAMED PRGM-LAB	0	0	6,267	0	91	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	154,902	184,222	2,487,972	73,567	28,072	30.00
31.00 INTENSIVE CARE UNIT	13,538	0	520,822	6,382	6,531	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00 SUBPROVIDER - I/PF	23,968	0	155,483	1,008	0	40.00
41.00 SUBPROVIDER - I/RF	19,882	0	559,373	11,589	3,621	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	91,413	0	1,127	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	32,743	0	674,077	11,421	86,774	50.00
51.00 RECOVERY ROOM	1,447	0	111,384	0	2,080	51.00
51.01 ENDOSCOPY	22,130	140,098	273,674	3,863	11,614	51.01
52.00 DELIVERY ROOM & LABOR ROOM	0	0	164,824	0	4,143	52.00
53.00 ANESTHESIOLOGY	0	0	519,351	0	3,588	53.00
54.00 RADIOLOGY-DIAGNOSTIC	45,424	50,913	1,097,501	15,620	32,888	54.00
54.01 RADIOLOGY-MONROE CITY	284	0	16,918	0	27	54.01
54.02 RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03 RADIOLOGY-BICKNELL	0	0	14,740	0	107	54.03
54.04 RADIOLOGY-MRI	1,374	1,603	101,661	0	2,219	54.04
54.05 RADIOLOGY-ULTRASOUND	5,503	0	81,175	0	2,987	54.05
54.06 RADIOLOGY-PETERSBURG AMBER MANOR	807	0	13,122	0	112	54.06
54.07 RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08 RADIOLOGY-GSH BREAST CENTER	0	0	95,481	0	229	54.08
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIO SOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	14,591	4,694	754,733	7,390	126,993	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	8,399	0	652,254	3,863	9,441	65.00
66.00 PHYSICAL THERAPY	13,376	1,076	686,334	504	3,741	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	19,278	118,334	441,041	7,222	64,875	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 NEURODIAGNOSTICS	6,294	0	66,945	3,527	823	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	134,491	72.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet B
Part I
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	PURCHASING & RECEIVING	
	NEW CRC - EQUIPMENT	NEW CRC - HEALTH PAVILION				
	2.01	2.02				
73.00 DRUGS CHARGED TO PATIENTS	0	0	102,268	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	282,706	10,749	45,310	75.00
76.00 MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01 INPATIENT RENAL DIALYSIS	14,419	0	0	1,512	240	76.01
76.02 ACUPUNCTURE	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	4,825	0	85,415	0	316	90.00
91.00 EMERGENCY	25,550	0	809,458	7,558	10,853	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	713	0	19,619	0	2,579	96.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	8,791	0	227,138	168	7,104	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	793,309	861,885	17,972,351	298,800	1,132,957	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	796	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	91,902	55,091	4,657,474	51,059	43,725	192.00
194.00 COMMUNITY HEALTH SERVICES	6,315	0	48,327	6,214	1,090	194.00
194.01 WORK FITNESS	0	0	0	0	0	194.01
194.02 MARKETING AND PUBLIC RELATIONS	1,582	0	52,251	0	11,601	194.02
194.03 MH RESIDENTIAL	36,640	0	171,896	0	2,818	194.03
194.04 UNUSED SPACE	21,223	1,340	0	0	0	194.04
194.05 MOB	59,973	112,931	275,715	504	2,320	194.05
194.06 FOUNDATION	785	0	25,471	0	3,492	194.06
194.07 KNOX COUNTY HEALTH DEPT	4,711	0	79	2,351	0	194.07
194.08 INDUSTRIAL HEALTH	0	0	3,403	0	92	194.08
194.09 NRCC	81,648	0	508,853	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)	1,098,884	1,031,247	23,715,820	358,928	1,198,095	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150042		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/29/2012 2:21 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	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CRC - CT EAST						1.01
1.02	NEW CRC- CT WEST						1.02
1.03	NEW CRC- MEMORIAL						1.03
1.04	NEW CRC - OUTPATIENT						1.04
1.05	NEW CRD - HEALTH PAVILION						1.05
1.06	NEW CRC - STORAGE						1.06
1.07	NEW CRC - DIAGNOSTIC CENTER						1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	NEW CRC - EQUIPMENT						2.01
2.02	NEW CRC - HEALTH PAVILION						2.02
4.00	EMPLOYEE BENEFITS						4.00
4.01	COMMUNICATIONS						4.01
4.02	PURCHASING & RECEIVING						4.02
4.03	REGISTRATION	769,585					4.03
4.04	PATIENT ACCOUNTS	0	1,774,822				4.04
5.00	ADMINISTRATIVE & GENERAL	0	0	15,223,201	15,223,201		5.00
7.00	OPERATION OF PLANT	0	0	7,102,552	758,020	7,860,572	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	399,805	42,669	77,602	8.00
9.00	HOUSEKEEPING	0	0	2,645,508	282,342	99,821	9.00
10.00	DIETARY	0	0	2,688,360	286,915	0	10.00
11.00	CAFETERIA	0	0	466,617	49,800	202,026	11.00
13.00	NURSING ADMINISTRATION	0	0	1,950,950	208,215	20,096	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	649,087	69,274	4,472	14.00
15.00	PHARMACY	0	0	3,813,350	406,980	94,723	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	3,828,086	408,552	138,535	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	MENTAL HEALTH OVERHEAD	0	0	1,149,055	122,633	59,889	17.01
23.00	PARAMED ED PRGM	0	0	251,809	26,874	0	23.00
23.01	PARAMED ED PRGM-LAB	0	0	39,143	4,178	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	63,936	147,480	13,401,562	1,430,282	1,490,323	30.00
31.00	INTENSIVE CARE UNIT	12,032	27,754	2,487,785	265,509	130,253	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	SUBPROVIDER - I/PF	9,432	21,757	1,267,834	135,310	230,596	40.00
41.00	SUBPROVIDER - I/RF	10,377	23,936	3,285,210	350,614	191,291	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	1,972	4,548	409,204	43,672	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	45,391	104,702	5,011,223	534,823	315,019	50.00
51.00	RECOVERY ROOM	3,079	7,102	524,182	55,943	13,920	51.00
51.01	ENDOSCOPY	18,729	43,202	1,777,146	189,666	212,918	51.01
52.00	DELIVERY ROOM & LABOR ROOM	7,471	17,233	798,339	85,203	0	52.00
53.00	ANESTHESIOLOGY	6,172	14,238	1,053,369	112,421	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	124,148	286,017	7,093,070	757,008	437,024	54.00
54.01	RADIOLOGY-MONROE CITY	452	1,042	83,934	8,958	9,883	54.01
54.02	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03	RADIOLOGY-BICKNELL	226	521	88,102	9,403	13,224	54.03
54.04	RADIOLOGY-MRI	25,537	58,905	574,898	61,356	52,947	54.04
54.05	RADIOLOGY-ULTRASOUND	7,938	18,310	540,827	57,720	7,760	54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR	542	1,250	77,641	8,286	0	54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	RADIOLOGY-GSH BREAST CENTER	719	1,658	237,844	25,384	0	54.08
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	91,374	210,769	5,873,555	626,855	140,379	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	6,304	14,542	1,100,798	117,483	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	10,505	24,231	3,058,914	326,463	80,803	65.00
66.00	PHYSICAL THERAPY	24,117	55,630	3,393,509	362,172	128,687	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	49,734	114,720	3,136,627	334,757	185,479	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	NEURODIAGNOSTICS	5,757	13,279	427,159	45,589	60,550	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,127	37,199	6,245,757	666,578	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	24,191	55,801	3,258,170	347,728	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	114,395	263,871	10,428,632	1,112,996	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	34,658	79,944	2,545,133	271,629	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150042

Period:
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Cost Center Description		REGISTRATION	PATIENT ACCOUNTS	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	
		4.03	4.04	4A.04	5.00	7.00	
76.00	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	INPATIENT RENAL DIALYSIS	1,621	3,738	329,026	35,115	138,727	76.01
76.02	ACUPUNCTURE	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	422	973	379,304	40,481	46,422	90.00
91.00	EMERGENCY	50,109	115,585	4,113,389	439,001	245,821	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	2,118	4,885	461,574	49,261	6,855	96.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	0	0	1,592,441	169,953	84,579	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	769,585	1,774,822	125,263,681	11,744,071	4,920,624	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	7,360	785	7,656	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	25,412,037	2,712,047	884,192	192.00
194.00	COMMUNITY HEALTH SERVICES	0	0	377,984	40,340	60,759	194.00
194.01	WORK FITNESS	0	0	0	0	0	194.01
194.02	MARKETING AND PUBLIC RELATIONS	0	0	865,902	92,413	15,225	194.02
194.03	MH RESIDENTIAL	0	0	879,621	93,878	352,515	194.03
194.04	UNUSED SPACE	0	0	165,708	17,685	204,184	194.04
194.05	MOB	0	0	1,760,130	187,850	577,003	194.05
194.06	FOUNDATION	0	0	454,329	48,488	7,551	194.06
194.07	KNOX COUNTY HEALTH DEPT	0	0	19,805	2,114	45,326	194.07
194.08	INDUSTRIAL HEALTH	0	0	14,179	1,513	0	194.08
194.09	NRCC	0	0	2,642,462	282,017	785,537	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)	769,585	1,774,822	157,863,198	15,223,201	7,860,572	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150042

Period:
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Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
1.01						1.01
1.02						1.02
1.03						1.03
1.04						1.04
1.05						1.05
1.06						1.06
1.07						1.07
2.00						2.00
2.01						2.01
2.02						2.02
4.00						4.00
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5.00						5.00
7.00						7.00
8.00	520,076					8.00
9.00	35,262	3,062,933				9.00
10.00	4,708	93,909	3,073,892			10.00
11.00	0	7,561	0	726,004		11.00
13.00	0	0	0	11,795	2,191,056	13.00
14.00	2,562	34,353	0	9,548	0	14.00
15.00	0	33,792	0	25,941	0	15.00
16.00	0	37,106	0	42,253	0	16.00
17.00	0	0	0	0	0	17.00
17.01	0	87,515	0	48,277	0	17.01
23.00	10,527	0	0	2,282	0	23.00
23.01	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	217,817	1,033,331	1,843,832	113,994	967,047	30.00
31.00	31,398	156,874	231,597	19,913	168,928	31.00
32.00	0	0	0	0	0	32.00
40.00	0	0	368,106	17,820	151,171	40.00
41.00	26,853	111,086	534,401	29,160	247,373	41.00
42.00	0	0	0	0	0	42.00
43.00	2,997	10,082	95,956	3,315	28,120	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	30,105	156,687	0	23,558	199,846	50.00
51.00	0	0	0	2,996	25,414	51.00
51.01	11,310	48,168	0	10,646	0	51.01
52.00	8,083	11,762	0	5,442	46,163	52.00
53.00	0	0	0	0	0	53.00
54.00	36,375	232,860	0	44,340	0	54.00
54.01	0	0	0	702	0	54.01
54.02	0	0	0	0	0	54.02
54.03	0	0	0	631	0	54.03
54.04	7,434	14,516	0	4,128	0	54.04
54.05	0	0	0	2,358	0	54.05
54.06	0	0	0	848	0	54.06
54.07	0	0	0	0	0	54.07
54.08	0	0	0	0	0	54.08
55.00	0	0	0	0	0	55.00
56.00	0	0	0	0	0	56.00
57.00	0	0	0	0	0	57.00
58.00	0	0	0	0	0	58.00
59.00	0	0	0	0	0	59.00
60.00	0	62,777	0	38,819	0	60.00
63.00	0	0	0	0	0	63.00
64.00	0	0	0	0	0	64.00
65.00	0	28,658	0	28,390	0	65.00
66.00	8,980	77,107	0	23,884	0	66.00
67.00	0	0	0	0	0	67.00
68.00	0	0	0	0	0	68.00
69.00	12,874	122,568	0	18,831	0	69.00
70.00	0	0	0	0	0	70.00
70.01	3,078	35,986	0	3,372	0	70.01
71.00	0	0	0	0	0	71.00
72.00	0	0	0	0	0	72.00
73.00	0	0	0	0	0	73.00
74.00	0	0	0	0	0	74.00
75.00	25,369	194,027	0	0	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150042

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Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	8.00	9.00	10.00	11.00	13.00	
76.00 MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01 INPATIENT RENAL DIALYSIS	0	0	0	0	0	76.01
76.02 ACUPUNCTURE	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	1,092	18,763	0	3,045	0	90.00
91.00 EMERGENCY	39,983	133,350	0	32,268	273,743	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	0	27,771	0	9,813	83,251	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	516,807	2,770,609	3,073,892	578,369	2,191,056	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	3,269	263,339	0	115,363	0	192.00
194.00 COMMUNITY HEALTH SERVICES	0	13,116	0	2,479	0	194.00
194.01 WORK FITNESS	0	0	0	0	0	194.01
194.02 MARKETING AND PUBLIC RELATIONS	0	5,741	0	2,606	0	194.02
194.03 MH RESIDENTIAL	0	0	0	15,095	0	194.03
194.04 UNUSED SPACE	0	0	0	0	0	194.04
194.05 MOB	0	0	0	10,762	0	194.05
194.06 FOUNDATION	0	0	0	1,322	0	194.06
194.07 KNOX COUNTY HEALTH DEPT	0	10,128	0	8	0	194.07
194.08 INDUSTRIAL HEALTH	0	0	0	0	0	194.08
194.09 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)	520,076	3,062,933	3,073,892	726,004	2,191,056	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150042

Period:
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To 12/31/2011

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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	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CRC - CT EAST						1.01
1.02	NEW CRC- CT WEST						1.02
1.03	NEW CRC- MEMORIAL						1.03
1.04	NEW CRC - OUTPATIENT						1.04
1.05	NEW CRD - HEALTH PAVILION						1.05
1.06	NEW CRC - STORAGE						1.06
1.07	NEW CRC - DIAGNOSTIC CENTER						1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	NEW CRC - EQUIPMENT						2.01
2.02	NEW CRC - HEALTH PAVILION						2.02
4.00	EMPLOYEE BENEFITS						4.00
4.01	COMMUNICATIONS						4.01
4.02	PURCHASING & RECEIVING						4.02
4.03	REGISTRATION						4.03
4.04	PATIENT ACCOUNTS						4.04
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY	769,296					14.00
15.00	PHARMACY	303,656	4,678,442				15.00
16.00	MEDICAL RECORDS & LIBRARY	499	0	4,455,031			16.00
17.00	SOCIAL SERVICE	0	0	0	0		17.00
17.01	MENTAL HEALTH OVERHEAD	5,289	571	0	0	1,473,229	17.01
23.00	PARAMED PRGM	19	0	0	0	0	23.00
23.01	PARAMED PRGM-LAB	63	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	19,614	10,351	1,150,081	0	702,331	30.00
31.00	INTENSIVE CARE UNIT	4,563	2,356	95,058	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	SUBPROVIDER - IPF	0	0	129,920	0	134,354	40.00
41.00	SUBPROVIDER - IRF	2,530	2,201	207,872	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	788	268	31,830	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	60,630	4,649	137,787	0	0	50.00
51.00	RECOVERY ROOM	1,453	42	0	0	0	51.00
51.01	ENDOSCOPY	8,115	1,228	213,069	0	0	51.01
52.00	DELIVERY ROOM & LABOR ROOM	2,895	526	0	0	0	52.00
53.00	ANESTHESIOLOGY	2,507	848	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	22,979	32,292	0	0	0	54.00
54.01	RADIOLOGY-MONROE CITY	19	0	0	0	0	54.01
54.02	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03	RADIOLOGY-BICKNELL	75	0	0	0	0	54.03
54.04	RADIOLOGY-MRI	1,550	347	0	0	0	54.04
54.05	RADIOLOGY-ULTRASOUND	2,087	167	0	0	0	54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR	78	0	0	0	0	54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	RADIOLOGY-GSH BREAST CENTER	160	0	0	0	0	54.08
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISO TOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	88,731	1,682	0	0	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	6,597	2,395	0	0	0	65.00
66.00	PHYSICAL THERAPY	2,614	498	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	45,329	274	320,975	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	NEURODIAGNOSTICS	575	6	95,275	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	93,971	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	4,325,603	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150042

Period:
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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	ASC (NON-DISTINCT PART)	31,659	7,539	154,244	0	493,662	75.00
76.00	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	INPATIENT RENAL DIALYSIS	168	1,676	0	0	0	76.01
76.02	ACUPUNCTURE	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	221	1,192	0	0	0	90.00
91.00	EMERGENCY	7,583	4,106	1,918,920	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	1,802	0	0	0	0	96.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	4,964	55,808	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	723,783	4,456,625	4,455,031	0	1,330,347	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	30,551	215,545	0	0	142,882	192.00
194.00	COMMUNITY HEALTH SERVICES	762	6,024	0	0	0	194.00
194.01	WORK FITNESS	0	0	0	0	0	194.01
194.02	MARKETING AND PUBLIC RELATIONS	8,106	0	0	0	0	194.02
194.03	MH RESIDENTIAL	1,969	248	0	0	0	194.03
194.04	UNUSED SPACE	0	0	0	0	0	194.04
194.05	MOB	1,621	0	0	0	0	194.05
194.06	FOUNDATION	2,440	0	0	0	0	194.06
194.07	KNOX COUNTY HEALTH DEPT	0	0	0	0	0	194.07
194.08	INDUSTRIAL HEALTH	64	0	0	0	0	194.08
194.09	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)	769,296	4,678,442	4,455,031	0	1,473,229	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150042

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Cost Center Description		PARAMED PRGM	PARAMED 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	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CRC - CT EAST						1.01
1.02	NEW CRC- CT WEST						1.02
1.03	NEW CRC- MEMORIAL						1.03
1.04	NEW CRC - OUTPATIENT						1.04
1.05	NEW CRD - HEALTH PAVILION						1.05
1.06	NEW CRC - STORAGE						1.06
1.07	NEW CRC - DIAGNOSTIC CENTER						1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	NEW CRC - EQUIPMENT						2.01
2.02	NEW CRC - HEALTH PAVILION						2.02
4.00	EMPLOYEE BENEFITS						4.00
4.01	COMMUNICATIONS						4.01
4.02	PURCHASING & RECEIVING						4.02
4.03	REGISTRATION						4.03
4.04	PATIENT ACCOUNTS						4.04
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE						17.00
17.01	MENTAL HEALTH OVERHEAD						17.01
23.00	PARAMED PRGM	291,511					23.00
23.01	PARAMED PRGM-LAB	0	43,384				23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	22,380,565	0	22,380,565	30.00
31.00	INTENSIVE CARE UNIT	0	0	3,594,234	0	3,594,234	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	SUBPROVIDER - IPF	0	0	2,435,111	0	2,435,111	40.00
41.00	SUBPROVIDER - IRF	0	0	4,988,591	0	4,988,591	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	626,232	0	626,232	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	6,474,327	0	6,474,327	50.00
51.00	RECOVERY ROOM	0	0	623,950	0	623,950	51.00
51.01	ENDOSCOPY	0	0	2,472,266	0	2,472,266	51.01
52.00	DELIVERY ROOM & LABOR ROOM	0	0	958,413	0	958,413	52.00
53.00	ANESTHESIOLOGY	0	0	1,169,145	0	1,169,145	53.00
54.00	RADIOLOGY-DIAGNOSTIC	291,511	0	8,947,459	0	8,947,459	54.00
54.01	RADIOLOGY-MONROE CITY	0	0	103,496	0	103,496	54.01
54.02	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03	RADIOLOGY-BICKNELL	0	0	111,435	0	111,435	54.03
54.04	RADIOLOGY-MRI	0	0	717,176	0	717,176	54.04
54.05	RADIOLOGY-ULTRASOUND	0	0	610,919	0	610,919	54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR	0	0	86,853	0	86,853	54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	RADIOLOGY-GSH BREAST CENTER	0	0	263,388	0	263,388	54.08
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	43,384	6,876,182	0	6,876,182	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	1,218,281	0	1,218,281	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	3,532,220	0	3,532,220	65.00
66.00	PHYSICAL THERAPY	0	0	3,997,451	0	3,997,451	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	4,177,714	0	4,177,714	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	NEURODIAGNOSTICS	0	0	671,590	0	671,590	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	6,912,335	0	6,912,335	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	3,699,869	0	3,699,869	72.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150042

Period:
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Cost Center Description		PARAMED PRGM	PARAMED PRGM-LAB	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	23.01	24.00	25.00	26.00	
73.00	DRUGS CHARGED TO PATIENTS	0	0	15,867,231	0	15,867,231	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	3,723,262	0	3,723,262	75.00
76.00	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	INPATIENT RENAL DIALYSIS	0	0	504,712	0	504,712	76.01
76.02	ACUPUNCTURE	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	490,520	0	490,520	90.00
91.00	EMERGENCY	0	0	7,208,164	0	7,208,164	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	519,492	0	519,492	96.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	HOSPICE	0	0	2,028,580	0	2,028,580	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	291,511	43,384	117,991,163	0	117,991,163	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	15,801	0	15,801	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	29,779,225	0	29,779,225	192.00
194.00	COMMUNITY HEALTH SERVICES	0	0	501,464	0	501,464	194.00
194.01	WORK FITNESS	0	0	0	0	0	194.01
194.02	MARKETING AND PUBLIC RELATIONS	0	0	989,993	0	989,993	194.02
194.03	MH RESIDENTIAL	0	0	1,343,326	0	1,343,326	194.03
194.04	UNUSED SPACE	0	0	387,577	0	387,577	194.04
194.05	MOB	0	0	2,537,366	0	2,537,366	194.05
194.06	FOUNDATION	0	0	514,130	0	514,130	194.06
194.07	KNOX COUNTY HEALTH DEPT	0	0	77,381	0	77,381	194.07
194.08	INDUSTRIAL HEALTH	0	0	15,756	0	15,756	194.08
194.09	NRCC	0	0	3,710,016	0	3,710,016	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)	291,511	43,384	157,863,198	0	157,863,198	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150042

Period:
From 01/01/2011
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				NEW CRC-MEMORIAL
		NEW BLDG & FIXT	NEW CRC - CT EAST	NEW CRC- CT WEST		
		1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CRC - CT EAST						1.01
1.02 NEW CRC- CT WEST						1.02
1.03 NEW CRC- MEMORIAL						1.03
1.04 NEW CRC - OUTPATIENT						1.04
1.05 NEW CRD - HEALTH PAVILION						1.05
1.06 NEW CRC - STORAGE						1.06
1.07 NEW CRC - DIAGNOSTIC CENTER						1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01 NEW CRC - EQUIPMENT						2.01
2.02 NEW CRC - HEALTH PAVILION						2.02
4.00 EMPLOYEE BENEFITS	0	0	0	0	13,733	4.00
4.01 COMMUNICATIONS	0	0	0	0	0	4.01
4.02 PURCHASING & RECEIVING	0	0	66,323	0	481	4.02
4.03 REGISTRATION	0	0	0	4,222	0	4.03
4.04 PATIENT ACCOUNTS	0	0	0	0	18,348	4.04
5.00 ADMINISTRATIVE & GENERAL	0	0	9,355	75,401	51,130	5.00
7.00 OPERATION OF PLANT	0	0	73,320	117,891	92,724	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	17,867	8.00
9.00 HOUSEKEEPING	0	0	3,696	20,275	9,819	9.00
10.00 DIETARY	0	0	0	0	0	10.00
11.00 CAFETERIA	0	0	59,415	0	0	11.00
13.00 NURSING ADMINISTRATION	0	0	6,013	0	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	2,491	0	14.00
15.00 PHARMACY	0	0	27,623	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	895	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
17.01 MENTAL HEALTH OVERHEAD	0	0	17,919	0	0	17.01
23.00 PARAMED PRGM	0	0	0	0	0	23.00
23.01 PARAMED PRGM-LAB	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	0	251,085	205,242	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	111,685	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00 SUBPROVIDER - 1PF	0	0	68,994	0	0	40.00
41.00 SUBPROVIDER - 1RF	0	0	0	0	44,043	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	94,253	0	0	50.00
51.00 RECOVERY ROOM	0	0	4,165	0	0	51.00
51.01 ENDOSCOPY	0	0	0	0	0	51.01
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	53,720	2,864	0	54.00
54.01 RADIOLOGY-MONROE CITY	0	0	0	0	0	54.01
54.02 RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03 RADIOLOGY-BICKNELL	0	0	0	0	0	54.03
54.04 RADIOLOGY-MRI	0	0	0	0	0	54.04
54.05 RADIOLOGY-ULTRASOUND	0	0	2,322	0	0	54.05
54.06 RADIOLOGY-PETERSBURG AMBER MANOR	0	0	0	0	0	54.06
54.07 RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08 RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0	54.08
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	36,473	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	61,526	0	65.00
66.00 PHYSICAL THERAPY	0	0	2,936	96,184	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 NEURODIAGNOSTICS	0	0	8,069	28,794	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				NEW CRC-MEMORIAL	
		NEW BLDG & FIXT	NEW CRC - CT EAST	NEW CRC- CT WEST			
		1.00	1.01	1.02	1.03		
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00 MH ANCILLARY OUTPATIENT	0	0	0	0	0	0	76.00
76.01 INPATIENT RENAL DIALYSIS	0	0	0	2,626	0	0	76.01
76.02 ACUPUNCTURE	0	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	210,779	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
99.10 CORF	0	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	0	113.00
116.00 HOSPICE	0	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	785,681	940,875	248,145	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	6,564	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,562	0	192.00
194.00 COMMUNITY HEALTH SERVICES	0	0	0	0	0	0	194.00
194.01 WORK FITNESS	0	0	0	0	0	0	194.01
194.02 MARKETING AND PUBLIC RELATIONS	0	0	0	0	3,505	0	194.02
194.03 MH RESIDENTIAL	0	0	0	0	0	0	194.03
194.04 UNUSED SPACE	0	0	16,648	0	28,968	0	194.04
194.05 MOB	0	0	0	0	0	0	194.05
194.06 FOUNDATION	0	0	0	0	1,739	0	194.06
194.07 KNOX COUNTY HEALTH DEPT	0	0	0	0	10,111	0	194.07
194.08 INDUSTRIAL HEALTH	0	0	0	0	0	0	194.08
194.09 NRCC	0	0	1,853	4,058	0	0	194.09
200.00 Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	804,182	951,497	294,030	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS				NEW MVBLE EQUIP	
		NEW CRC - OUTPATIENT	NEW CRD - HEALTH PAVILION	NEW CRC - STORAGE	NEW CRC - DIAGNOSTIC CENTER		
		1.04	1.05	1.06	1.07		
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CRC - CT EAST						1.01
1.02	NEW CRC- CT WEST						1.02
1.03	NEW CRC- MEMORIAL						1.03
1.04	NEW CRC - OUTPATIENT						1.04
1.05	NEW CRD - HEALTH PAVILION						1.05
1.06	NEW CRC - STORAGE						1.06
1.07	NEW CRC - DIAGNOSTIC CENTER						1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	NEW CRC - EQUIPMENT						2.01
2.02	NEW CRC - HEALTH PAVILION						2.02
4.00	EMPLOYEE BENEFITS	0	45,243	389	0	0	4.00
4.01	COMMUNICATIONS	0	0	0	0	0	4.01
4.02	PURCHASING & RECEIVING	1,217	0	0	0	371,029	4.02
4.03	REGISTRATION	0	12,643	0	0	0	4.03
4.04	PATIENT ACCOUNTS	0	0	0	0	0	4.04
5.00	ADMINISTRATIVE & GENERAL	17,819	56,328	205	0	52,334	5.00
7.00	OPERATION OF PLANT	42,692	225,953	244	105,955	410,170	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	HOUSEKEEPING	1,586	4,839	3	0	20,677	9.00
10.00	DIETARY	0	0	0	0	0	10.00
11.00	CAFETERIA	0	2,706	0	0	332,382	11.00
13.00	NURSING ADMINISTRATION	0	0	0	0	33,637	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	1,230	0	0	0	14.00
15.00	PHARMACY	0	0	0	0	154,527	15.00
16.00	MEDICAL RECORDS & LIBRARY	3,819	81,984	14	0	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	MENTAL HEALTH OVERHEAD	0	0	0	0	100,242	17.01
23.00	PARAMED PRGM	0	0	0	0	0	23.00
23.01	PARAMED PRGM-LAB	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	16,664	219,940	0	0	1,404,637	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	SUBPROVIDER - I PF	0	0	0	0	385,969	40.00
41.00	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	527,274	50.00
51.00	RECOVERY ROOM	0	0	0	0	23,299	51.00
51.01	ENDOSCOPY	0	167,262	0	0	0	51.01
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,995	60,784	56	164,296	300,522	54.00
54.01	RADIOLOGY-MONROE CITY	345	0	0	0	0	54.01
54.02	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03	RADIOLOGY-BICKNELL	1,672	0	0	0	0	54.03
54.04	RADIOLOGY-MRI	0	1,914	0	0	0	54.04
54.05	RADIOLOGY-ULTRASOUND	0	0	0	70,305	12,989	54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR	0	0	0	0	0	54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0	54.08
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	1,437	5,604	0	0	204,037	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	44	0	0	65.00
66.00	PHYSICAL THERAPY	640	1,285	0	0	16,425	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	141,278	28	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	NEURODIAGNOSTICS	0	0	0	0	45,141	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS					NEW MVBLE EQUIP	
	NEW CRC - OUTPATIENT	NEW CRD - HEALTH PAVILION	NEW CRC - STORAGE	NEW CRC - DIAGNOSTIC CENTER			
	1.04	1.05	1.06	1.07	2.00		
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00 MH ANCILLARY OUTPATIENT	0	0	0	0	0	0	76.00
76.01 INPATIENT RENAL DIALYSIS	17,155	0	0	0	0	0	76.01
76.02 ACUPUNCTURE	0	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	5,870	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00 DURABLE MEDICAL EQUIP-RENTED	867	0	0	0	0	0	96.00
99.10 CORF	0	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	0	113.00
116.00 HOSPICE	10,695	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	128,473	1,028,993	983	340,556	4,395,291		118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	100,360	65,773	0	0	0	0	192.00
194.00 COMMUNITY HEALTH SERVICES	7,683	0	0	0	0	0	194.00
194.01 WORK FITNESS	0	0	0	0	0	0	194.01
194.02 MARKETING AND PUBLIC RELATIONS	0	0	0	0	0	0	194.02
194.03 MH RESIDENTIAL	44,575	0	0	0	0	0	194.03
194.04 UNUSED SPACE	2,794	1,599	0	0	93,136		194.04
194.05 MOB	51,259	134,826	0	0	0	0	194.05
194.06 FOUNDATION	0	0	0	0	0	0	194.06
194.07 KNOX COUNTY HEALTH DEPT	0	0	0	0	0	0	194.07
194.08 INDUSTRIAL HEALTH	0	0	0	0	0	0	194.08
194.09 NRCC	68,042	0	0	0	10,368		194.09
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	403,186	1,231,191	983	340,556	4,498,795		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	COMMUNICATIONS	
	NEW CRC - EQUIPMENT	NEW CRC - HEALTH PAVILION				
	2.01	2.02				
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	NEW CRC - CT EAST					1.01
1.02	NEW CRC- CT WEST					1.02
1.03	NEW CRC- MEMORIAL					1.03
1.04	NEW CRC - OUTPATIENT					1.04
1.05	NEW CRD - HEALTH PAVILION					1.05
1.06	NEW CRC - STORAGE					1.06
1.07	NEW CRC - DIAGNOSTIC CENTER					1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01	NEW CRC - EQUIPMENT					2.01
2.02	NEW CRC - HEALTH PAVILION					2.02
4.00	EMPLOYEE BENEFITS	20,432	37,895	117,692	117,692	4.00
4.01	COMMUNICATIONS	0	0	0	363	4.01
4.02	PURCHASING & RECEIVING	24,257	0	463,307	815	4.02
4.03	REGISTRATION	2,185	10,590	29,640	802	4.03
4.04	PATIENT ACCOUNTS	8,283	0	26,631	1,593	4.04
5.00	ADMINISTRATIVE & GENERAL	62,031	47,180	371,783	9,612	5.00
7.00	OPERATION OF PLANT	165,421	189,260	1,423,630	3,126	7.00
8.00	LAUNDRY & LINEN SERVICE	8,066	0	25,933	274	8.00
9.00	HOUSEKEEPING	10,375	4,053	75,323	2,722	9.00
10.00	DIETARY	0	0	0	2,017	10.00
11.00	CAFETERIA	20,998	2,267	417,768	74	11.00
13.00	NURSING ADMINISTRATION	2,089	0	41,739	2,036	13.00
14.00	CENTRAL SERVICES & SUPPLY	465	1,030	5,216	594	14.00
15.00	PHARMACY	9,845	0	191,995	3,636	15.00
16.00	MEDICAL RECORDS & LIBRARY	14,399	68,670	169,781	3,687	16.00
17.00	SOCIAL SERVICE	0	0	0	0	17.00
17.01	MENTAL HEALTH OVERHEAD	6,225	0	124,386	2,385	17.01
23.00	PARAMED PRGM	0	0	0	305	23.00
23.01	PARAMED PRGM-LAB	0	0	0	31	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	154,902	184,222	2,436,692	12,347	30.00
31.00	INTENSIVE CARE UNIT	13,538	0	125,223	2,585	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	SUBPROVIDER - I PF	23,968	0	478,931	772	40.00
41.00	SUBPROVIDER - I RF	19,882	0	63,925	2,776	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	0	0	0	454	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	32,743	0	654,270	3,345	50.00
51.00	RECOVERY ROOM	1,447	0	28,911	553	51.00
51.01	ENDOSCOPY	22,130	140,098	329,490	1,358	51.01
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	818	52.00
53.00	ANESTHESIOLOGY	0	0	0	2,577	53.00
54.00	RADIOLOGY-DIAGNOSTIC	45,424	50,913	684,574	5,447	54.00
54.01	RADIOLOGY-MONROE CITY	284	0	629	84	54.01
54.02	RADIOLOGY-PETERSBURG	0	0	0	0	54.02
54.03	RADIOLOGY-BICKNELL	0	0	1,672	73	54.03
54.04	RADIOLOGY-MRI	1,374	1,603	4,891	505	54.04
54.05	RADIOLOGY-ULTRASOUND	5,503	0	91,119	403	54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR	807	0	807	65	54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	54.07
54.08	RADIOLOGY-GSH BREAST CENTER	0	0	0	474	54.08
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	LABORATORY	14,591	4,694	266,836	3,746	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	8,399	0	69,969	3,237	65.00
66.00	PHYSICAL THERAPY	13,376	1,076	131,922	3,406	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	19,278	118,334	278,918	2,189	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	NEURODIAGNOSTICS	6,294	0	88,298	332	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet B
Part II
Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	COMMUNICATIONS	
	NEW CRC - EQUIPMENT	NEW CRC - HEALTH PAVILION				
	2.01	2.02				
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	508	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	1,403	11	75.00
76.00 MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01 INPATIENT RENAL DIALYSIS	14,419	0	34,200	0	2	76.01
76.02 ACUPUNCTURE	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	4,825	0	10,695	424	0	90.00
91.00 EMERGENCY	25,550	0	236,329	4,017	8	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	713	0	1,580	97	0	96.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 HOSPICE	8,791	0	19,486	1,127	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	793,309	861,885	9,524,191	89,194	302	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	796	0	7,360	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	91,902	55,091	314,688	23,110	52	192.00
194.00 COMMUNITY HEALTH SERVICES	6,315	0	13,998	240	6	194.00
194.01 WORK FITNESS	0	0	0	0	0	194.01
194.02 MARKETING AND PUBLIC RELATIONS	1,582	0	5,087	259	0	194.02
194.03 MH RESIDENTIAL	36,640	0	81,215	853	0	194.03
194.04 UNUSED SPACE	21,223	1,340	165,708	0	0	194.04
194.05 MOB	59,973	112,931	358,989	1,368	1	194.05
194.06 FOUNDATION	785	0	2,524	126	0	194.06
194.07 KNOX COUNTY HEALTH DEPT	4,711	0	14,822	0	2	194.07
194.08 INDUSTRIAL HEALTH	0	0	0	17	0	194.08
194.09 NRCC	81,648	0	165,969	2,525	0	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)	1,098,884	1,031,247	10,654,551	117,692	363	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150042		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 2:21 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	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CRC - CT EAST						1.01
1.02	NEW CRC- CT WEST						1.02
1.03	NEW CRC- MEMORIAL						1.03
1.04	NEW CRC - OUTPATIENT						1.04
1.05	NEW CRD - HEALTH PAVILION						1.05
1.06	NEW CRC - STORAGE						1.06
1.07	NEW CRC - DIAGNOSTIC CENTER						1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	NEW CRC - EQUIPMENT						2.01
2.02	NEW CRC - HEALTH PAVILION						2.02
4.00	EMPLOYEE BENEFITS						4.00
4.01	COMMUNICATIONS						4.01
4.02	PURCHASING & RECEIVING	464,126					4.02
4.03	REGISTRATION	278	30,724				4.03
4.04	PATIENT ACCOUNTS	250	0	28,491			4.04
5.00	ADMINISTRATIVE & GENERAL	5,056	0	0	386,481		5.00
7.00	OPERATION OF PLANT	5,321	0	0	19,241	1,451,345	7.00
8.00	LAUNDRY & LINEN SERVICE	1,428	0	0	1,083	14,328	8.00
9.00	HOUSEKEEPING	3,836	0	0	7,167	18,431	9.00
10.00	DIETARY	15,335	0	0	7,283	0	10.00
11.00	CAFETERIA	4,043	0	0	1,264	37,301	11.00
13.00	NURSING ADMINISTRATION	293	0	0	5,285	3,711	13.00
14.00	CENTRAL SERVICES & SUPPLY	1,770	0	0	1,758	826	14.00
15.00	PHARMACY	168,358	0	0	10,330	17,489	15.00
16.00	MEDICAL RECORDS & LIBRARY	276	0	0	10,370	25,579	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	MENTAL HEALTH OVERHEAD	2,932	0	0	3,113	11,058	17.01
23.00	PARAMED ED PRGM	11	0	0	682	0	23.00
23.01	PARAMED ED PRGM-LAB	35	0	0	106	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	10,874	2,543	2,373	36,305	275,167	30.00
31.00	INTENSIVE CARE UNIT	2,530	479	447	6,739	24,049	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	SUBPROVIDER - I PF	0	375	350	3,435	42,576	40.00
41.00	SUBPROVIDER - I RF	1,403	413	385	8,900	35,319	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	437	78	73	1,109	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	33,614	1,805	1,685	13,575	58,164	50.00
51.00	RECOVERY ROOM	806	122	114	1,420	2,570	51.00
51.01	ENDOSCOPY	4,499	745	695	4,814	39,312	51.01
52.00	DELIVERY ROOM & LABOR ROOM	1,605	297	277	2,163	0	52.00
53.00	ANESTHESIOLOGY	1,390	245	229	2,854	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	12,740	5,054	4,533	19,215	80,690	54.00
54.01	RADIOLOGY-MONROE CITY	11	18	17	227	1,825	54.01
54.02	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03	RADIOLOGY-BICKNELL	41	9	8	239	2,442	54.03
54.04	RADIOLOGY-MRI	859	1,016	948	1,557	9,776	54.04
54.05	RADIOLOGY-ULTRASOUND	1,157	316	295	1,465	1,433	54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR	43	22	20	210	0	54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	RADIOLOGY-GSH BREAST CENTER	89	29	27	644	0	54.08
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	49,194	3,634	3,392	15,911	25,919	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	251	234	2,982	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	3,657	418	390	8,287	14,919	65.00
66.00	PHYSICAL THERAPY	1,449	959	895	9,193	23,760	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	25,131	1,978	1,846	8,497	34,246	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	NEURODIAGNOSTICS	319	229	214	1,157	11,180	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	641	599	16,920	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	52,099	962	898	8,826	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	4,550	4,246	28,251	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	17,552	1,378	1,286	6,895	0	75.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150042

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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	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	INPATIENT RENAL DIALYSIS	93	64	60	891	25,614	76.01
76.02	ACUPUNCTURE	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	123	17	16	1,028	8,571	90.00
91.00	EMERGENCY	4,204	1,993	1,860	11,143	45,387	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	999	84	79	1,250	1,266	96.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	2,752	0	0	4,314	15,616	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	438,892	30,724	28,491	298,098	908,524	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	20	1,414	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	16,938	0	0	68,912	163,254	192.00
194.00	COMMUNITY HEALTH SERVICES	422	0	0	1,024	11,218	194.00
194.01	WORK FITNESS	0	0	0	0	0	194.01
194.02	MARKETING AND PUBLIC RELATIONS	4,494	0	0	2,346	2,811	194.02
194.03	MH RESIDENTIAL	1,092	0	0	2,383	65,087	194.03
194.04	UNUSED SPACE	0	0	0	449	37,700	194.04
194.05	MOB	899	0	0	4,768	106,536	194.05
194.06	FOUNDATION	1,353	0	0	1,231	1,394	194.06
194.07	KNOX COUNTY HEALTH DEPT	0	0	0	54	8,369	194.07
194.08	INDUSTRIAL HEALTH	36	0	0	38	0	194.08
194.09	NRCC	0	0	0	7,158	145,038	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)	464,126	30,724	28,491	386,481	1,451,345	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150042

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Cost Center	Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CRC - CT EAST						1.01
1.02	NEW CRC- CT WEST						1.02
1.03	NEW CRC- MEMORIAL						1.03
1.04	NEW CRC - OUTPATIENT						1.04
1.05	NEW CRD - HEALTH PAVILION						1.05
1.06	NEW CRC - STORAGE						1.06
1.07	NEW CRC - DIAGNOSTIC CENTER						1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	NEW CRC - EQUIPMENT						2.01
2.02	NEW CRC - HEALTH PAVILION						2.02
4.00	EMPLOYEE BENEFITS						4.00
4.01	COMMUNICATIONS						4.01
4.02	PURCHASING & RECEIVING						4.02
4.03	REGISTRATION						4.03
4.04	PATIENT ACCOUNTS						4.04
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE	43,046					8.00
9.00	HOUSEKEEPING	2,919	110,400				9.00
10.00	DIETARY	390	3,385	28,413			10.00
11.00	CAFETERIA	0	273	0	460,723		11.00
13.00	NURSING ADMINISTRATION	0	0	0	7,485	60,555	13.00
14.00	CENTRAL SERVICES & SUPPLY	212	1,238	0	6,059	0	14.00
15.00	PHARMACY	0	1,218	0	16,462	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	1,337	0	26,814	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	MENTAL HEALTH OVERHEAD	0	3,154	0	30,636	0	17.01
23.00	PARAMED ED PRGM	871	0	0	1,448	0	23.00
23.01	PARAMED ED PRGM-LAB	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	18,027	37,247	17,042	72,341	26,726	30.00
31.00	INTENSIVE CARE UNIT	2,599	5,654	2,141	12,637	4,669	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	SUBPROVIDER - I PF	0	0	3,403	11,308	4,178	40.00
41.00	SUBPROVIDER - I RF	2,223	4,004	4,940	18,505	6,837	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	248	363	887	2,104	777	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,492	5,648	0	14,950	5,523	50.00
51.00	RECOVERY ROOM	0	0	0	1,901	702	51.00
51.01	ENDOSCOPY	936	1,736	0	6,756	0	51.01
52.00	DELIVERY ROOM & LABOR ROOM	669	424	0	3,453	1,276	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,011	8,393	0	28,138	0	54.00
54.01	RADIOLOGY-MONROE CITY	0	0	0	445	0	54.01
54.02	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03	RADIOLOGY-BICKNELL	0	0	0	400	0	54.03
54.04	RADIOLOGY-MRI	615	523	0	2,619	0	54.04
54.05	RADIOLOGY-ULTRASOUND	0	0	0	1,497	0	54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR	0	0	0	538	0	54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0	54.08
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	2,263	0	24,635	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	1,033	0	18,017	0	65.00
66.00	PHYSICAL THERAPY	743	2,779	0	15,157	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	1,066	4,418	0	11,950	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	NEURODIAGNOSTICS	255	1,297	0	2,140	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	2,100	6,993	0	0	0	75.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150042

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From 01/01/2011
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Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	8.00	9.00	10.00	11.00	13.00	
76.00 MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01 INPATIENT RENAL DIALYSIS	0	0	0	0	0	76.01
76.02 ACUPUNCTURE	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	90	676	0	1,933	0	90.00
91.00 EMERGENCY	3,309	4,806	0	20,478	7,566	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	0	1,001	0	6,228	2,301	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	42,775	99,863	28,413	367,034	60,555	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	271	9,492	0	73,210	0	192.00
194.00 COMMUNITY HEALTH SERVICES	0	473	0	1,573	0	194.00
194.01 WORK FITNESS	0	0	0	0	0	194.01
194.02 MARKETING AND PUBLIC RELATIONS	0	207	0	1,654	0	194.02
194.03 MH RESIDENTIAL	0	0	0	9,579	0	194.03
194.04 UNUSED SPACE	0	0	0	0	0	194.04
194.05 MOB	0	0	0	6,829	0	194.05
194.06 FOUNDATION	0	0	0	839	0	194.06
194.07 KNOX COUNTY HEALTH DEPT	0	365	0	5	0	194.07
194.08 INDUSTRIAL HEALTH	0	0	0	0	0	194.08
194.09 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)	43,046	110,400	28,413	460,723	60,555	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150042

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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	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CRC - CT EAST						1.01
1.02	NEW CRC- CT WEST						1.02
1.03	NEW CRC- MEMORIAL						1.03
1.04	NEW CRC - OUTPATIENT						1.04
1.05	NEW CRD - HEALTH PAVILION						1.05
1.06	NEW CRC - STORAGE						1.06
1.07	NEW CRC - DIAGNOSTIC CENTER						1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	NEW CRC - EQUIPMENT						2.01
2.02	NEW CRC - HEALTH PAVILION						2.02
4.00	EMPLOYEE BENEFITS						4.00
4.01	COMMUNICATIONS						4.01
4.02	PURCHASING & RECEIVING						4.02
4.03	REGISTRATION						4.03
4.04	PATIENT ACCOUNTS						4.04
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY	17,674					14.00
15.00	PHARMACY	6,985	416,479				15.00
16.00	MEDICAL RECORDS & LIBRARY	11	0	237,869			16.00
17.00	SOCIAL SERVICE	0	0	0	0		17.00
17.01	MENTAL HEALTH OVERHEAD	121	51	0	0	177,856	17.01
23.00	PARAMED PRGM	0	0	0	0	0	23.00
23.01	PARAMED PRGM-LAB	1	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	450	921	61,407	0	84,801	30.00
31.00	INTENSIVE CARE UNIT	105	210	5,075	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	SUBPROVIDER - IPF	0	0	6,937	0	16,218	40.00
41.00	SUBPROVIDER - IRF	58	196	11,099	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	18	24	1,700	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,392	414	7,357	0	0	50.00
51.00	RECOVERY ROOM	33	4	0	0	0	51.00
51.01	ENDOSCOPY	186	109	11,376	0	0	51.01
52.00	DELIVERY ROOM & LABOR ROOM	66	47	0	0	0	52.00
53.00	ANESTHESIOLOGY	58	75	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	528	2,875	0	0	0	54.00
54.01	RADIOLOGY-MONROE CITY	0	0	0	0	0	54.01
54.02	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03	RADIOLOGY-BICKNELL	2	0	0	0	0	54.03
54.04	RADIOLOGY-MRI	36	31	0	0	0	54.04
54.05	RADIOLOGY-ULTRASOUND	48	15	0	0	0	54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR	2	0	0	0	0	54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	RADIOLOGY-GSH BREAST CENTER	4	0	0	0	0	54.08
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	2,038	150	0	0	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	151	213	0	0	0	65.00
66.00	PHYSICAL THERAPY	60	44	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	1,041	24	17,138	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	NEURODIAGNOSTICS	13	1	5,087	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	2,158	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	385,070	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		CENTRAL SERVICES & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00	SOCIAL SERVICE 17.00	MENTAL HEALTH OVERHEAD 17.01	
75.00	ASC (NON-DISTINCT PART)	727	671	8,236	0	59,590	75.00
76.00	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	INPATIENT RENAL DIALYSIS	4	149	0	0	0	76.01
76.02	ACUPUNCTURE	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	5	106	0	0	0	90.00
91.00	EMERGENCY	174	365	102,457	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	41	0	0	0	0	96.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	114	4,968	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	16,630	396,733	237,869	0	160,609	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	702	19,188	0	0	17,247	192.00
194.00	COMMUNITY HEALTH SERVICES	17	536	0	0	0	194.00
194.01	WORK FITNESS	0	0	0	0	0	194.01
194.02	MARKETING AND PUBLIC RELATIONS	186	0	0	0	0	194.02
194.03	MH RESIDENTIAL	45	22	0	0	0	194.03
194.04	UNUSED SPACE	0	0	0	0	0	194.04
194.05	MOB	37	0	0	0	0	194.05
194.06	FOUNDATION	56	0	0	0	0	194.06
194.07	KNOX COUNTY HEALTH DEPT	0	0	0	0	0	194.07
194.08	INDUSTRIAL HEALTH	1	0	0	0	0	194.08
194.09	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)	17,674	416,479	237,869	0	177,856	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet B
Part II
Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description		PARAMED PRGM	PARAMED 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	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CRC - CT EAST						1.01
1.02	NEW CRC- CT WEST						1.02
1.03	NEW CRC- MEMORIAL						1.03
1.04	NEW CRC - OUTPATIENT						1.04
1.05	NEW CRD - HEALTH PAVILION						1.05
1.06	NEW CRC - STORAGE						1.06
1.07	NEW CRC - DIAGNOSTIC CENTER						1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	NEW CRC - EQUIPMENT						2.01
2.02	NEW CRC - HEALTH PAVILION						2.02
4.00	EMPLOYEE BENEFITS						4.00
4.01	COMMUNICATIONS						4.01
4.02	PURCHASING & RECEIVING						4.02
4.03	REGISTRATION						4.03
4.04	PATIENT ACCOUNTS						4.04
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE						17.00
17.01	MENTAL HEALTH OVERHEAD						17.01
23.00	PARAMED PRGM	3,317					23.00
23.01	PARAMED PRGM-LAB		173				23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS			3,095,336	0	3,095,336	30.00
31.00	INTENSIVE CARE UNIT			195,148	0	195,148	31.00
32.00	CORONARY CARE UNIT			0	0	0	32.00
40.00	SUBPROVIDER - IPF			568,484	0	568,484	40.00
41.00	SUBPROVIDER - IRF			160,995	0	160,995	41.00
42.00	SUBPROVIDER			0	0	0	42.00
43.00	NURSERY			8,272	0	8,272	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM			804,246	0	804,246	50.00
51.00	RECOVERY ROOM			37,136	0	37,136	51.00
51.01	ENDOSCOPY			402,016	0	402,016	51.01
52.00	DELIVERY ROOM & LABOR ROOM			11,095	0	11,095	52.00
53.00	ANESTHESIOLOGY			7,428	0	7,428	53.00
54.00	RADIOLOGY-DIAGNOSTIC			855,214	0	855,214	54.00
54.01	RADIOLOGY-MONROE CITY			3,256	0	3,256	54.01
54.02	RADIOLOGY-PETERSBURG			0	0	0	54.02
54.03	RADIOLOGY-BICKNELL			4,886	0	4,886	54.03
54.04	RADIOLOGY-MRI			23,376	0	23,376	54.04
54.05	RADIOLOGY-ULTRASOUND			97,748	0	97,748	54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR			1,707	0	1,707	54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES			0	0	0	54.07
54.08	RADIOLOGY-GSH BREAST CENTER			1,267	0	1,267	54.08
55.00	RADIOLOGY-THERAPEUTIC			0	0	0	55.00
56.00	RADIOISOTOPE			0	0	0	56.00
57.00	CT SCAN			0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)			0	0	0	58.00
59.00	CARDIAC CATHETERIZATION			0	0	0	59.00
60.00	LABORATORY			397,725	0	397,725	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.			3,467	0	3,467	63.00
64.00	INTRAVENOUS THERAPY			0	0	0	64.00
65.00	RESPIRATORY THERAPY			120,295	0	120,295	65.00
66.00	PHYSICAL THERAPY			190,368	0	190,368	66.00
67.00	OCCUPATIONAL THERAPY			0	0	0	67.00
68.00	SPEECH PATHOLOGY			0	0	0	68.00
69.00	ELECTROCARDIOLOGY			388,449	0	388,449	69.00
70.00	ELECTROENCEPHALOGRAPHY			0	0	0	70.00
70.01	NEURODIAGNOSTICS			110,526	0	110,526	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS			18,160	0	18,160	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT			64,943	0	64,943	72.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet B
Part II
Date/Time Prepared:
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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 DRUGS CHARGED TO PATIENTS			422,625	0	422,625	73.00
74.00 RENAL DIALYSIS			0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)			106,842	0	106,842	75.00
76.00 MH ANCILLARY OUTPATIENT			0	0	0	76.00
76.01 INPATIENT RENAL DIALYSIS			61,077	0	61,077	76.01
76.02 ACUPUNCTURE			0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC			0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER			0	0	0	89.00
90.00 CLINIC			23,684	0	23,684	90.00
91.00 EMERGENCY			444,096	0	444,096	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)			0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED			5,396	0	5,396	96.00
99.10 CORF			0	0	0	99.10
101.00 HOME HEALTH AGENCY			0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION			0	0	0	109.00
110.00 INTESTINAL ACQUISITION			0	0	0	110.00
111.00 ISLET ACQUISITION			0	0	0	111.00
113.00 INTEREST EXPENSE			0	0	0	113.00
116.00 HOSPICE			57,907	0	57,907	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	8,693,170	0	8,693,170	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN			8,794	0	8,794	190.00
192.00 PHYSICIANS' PRIVATE OFFICES			707,064	0	707,064	192.00
194.00 COMMUNITY HEALTH SERVICES			29,507	0	29,507	194.00
194.01 WORK FITNESS			0	0	0	194.01
194.02 MARKETING AND PUBLIC RELATIONS			17,044	0	17,044	194.02
194.03 MH RESIDENTIAL			160,276	0	160,276	194.03
194.04 UNUSED SPACE			203,857	0	203,857	194.04
194.05 MOB			479,427	0	479,427	194.05
194.06 FOUNDATION			7,523	0	7,523	194.06
194.07 KNOX COUNTY HEALTH DEPT			23,617	0	23,617	194.07
194.08 INDUSTRIAL HEALTH			92	0	92	194.08
194.09 NRCC			320,690	0	320,690	194.09
200.00 Cross Foot Adjustments	3,317	173	3,490	0	3,490	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,317	173	10,654,551	0	10,654,551	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet B-1

Date/Time Prepared:
5/29/2012 2:21 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	NEW CAP REL COSTS-BLDG & FIXT	0					1.00
1.01	NEW CRC - CT EAST	0	154,475				1.01
1.02	NEW CRC- CT WEST	0	0	63,777			1.02
1.03	NEW CRC- MEMORIAL	0	0	0	73,395		1.03
1.04	NEW CRC - OUTPATIENT	0	0	0	0	183,254	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						2.00
2.01	NEW CRC - EQUIPMENT						2.01
2.02	NEW CRC - HEALTH PAVILION						2.02
4.00	EMPLOYEE BENEFITS	0	0	0	3,428	0	4.00
4.01	COMMUNICATIONS	0	0	0	0	0	4.01
4.02	PURCHASING & RECEIVING	0	12,740	0	120	553	4.02
4.03	REGISTRATION	0	0	283	0	0	4.03
4.04	PATIENT ACCOUNTS	0	0	0	4,580	0	4.04
5.00	ADMINISTRATIVE & GENERAL	0	1,797	5,054	12,763	8,099	5.00
7.00	OPERATION OF PLANT	0	14,084	7,902	23,145	19,404	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	4,460	0	8.00
9.00	HOUSEKEEPING	0	710	1,359	2,451	721	9.00
10.00	DIETARY	0	0	0	0	0	10.00
11.00	CAFETERIA	0	11,413	0	0	0	11.00
13.00	NURSING ADMINISTRATION	0	1,155	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	167	0	0	14.00
15.00	PHARMACY	0	5,306	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	60	0	1,736	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	MENTAL HEALTH OVERHEAD	0	3,442	0	0	0	17.01
23.00	PARAMED PRGM	0	0	0	0	0	23.00
23.01	PARAMED PRGM-LAB	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	48,231	13,757	0	7,574	30.00
31.00	INTENSIVE CARE UNIT	0	0	7,486	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	SUBPROVIDER - I PF	0	13,253	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	10,994	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	18,105	0	0	0	50.00
51.00	RECOVERY ROOM	0	800	0	0	0	51.00
51.01	ENDOSCOPY	0	0	0	0	0	51.01
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	10,319	192	0	2,725	54.00
54.01	RADIOLOGY-MONROE CITY	0	0	0	0	157	54.01
54.02	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03	RADIOLOGY-BICKNELL	0	0	0	0	760	54.03
54.04	RADIOLOGY-MRI	0	0	0	0	0	54.04
54.05	RADIOLOGY-ULTRASOUND	0	446	0	0	0	54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR	0	0	0	0	0	54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0	54.08
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	7,006	0	0	653	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	4,124	0	0	65.00
66.00	PHYSICAL THERAPY	0	564	6,447	0	291	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	NEURODIAGNOSTICS	0	1,550	1,930	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet B-1

Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description	CAPITAL RELATED COSTS					NEW CRC - OUTPATIENT (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW CRC - CT EAST (SQUARE FEET)	NEW CRC- CT WEST (SQUARE FEET)	NEW CRC-MEMORIAL (SQUARE FEET)			
	1.00	1.01	1.02	1.03	1.04		
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	INPATIENT RENAL DIALYSIS	0	0	176	0	7,797	76.01
76.02	ACUPUNCTURE	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	2,668	90.00
91.00	EMERGENCY	0	0	14,128	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	394	96.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	HOSPICE	0	0	0	0	4,861	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	150,921	63,065	61,941	58,393	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	440	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	390	45,615	192.00
194.00	COMMUNITY HEALTH SERVICES	0	0	0	0	3,492	194.00
194.01	WORK FITNESS	0	0	0	0	0	194.01
194.02	MARKETING AND PUBLIC RELATIONS	0	0	0	875	0	194.02
194.03	MH RESIDENTIAL	0	0	0	0	20,260	194.03
194.04	UNUSED SPACE	0	3,198	0	7,231	1,270	194.04
194.05	MOB	0	0	0	0	23,298	194.05
194.06	FOUNDATION	0	0	0	434	0	194.06
194.07	KNOX COUNTY HEALTH DEPT	0	0	0	2,524	0	194.07
194.08	INDUSTRIAL HEALTH	0	0	0	0	0	194.08
194.09	NRCC	0	356	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	804,182	951,497	294,030	403,186	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	5.205904	14.919124	4.006131	2.200148	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 01/01/2011
To 12/31/2011

Worksheet B-1

Date/Time Prepared:
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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 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CRC - CT EAST						1.01
1.02 NEW CRC- CT WEST						1.02
1.03 NEW CRC- MEMORIAL						1.03
1.04 NEW CRC - OUTPATIENT						1.04
1.05 NEW CRD - HEALTH PAVILION	90,075					1.05
1.06 NEW CRC - STORAGE	0	11,507				1.06
1.07 NEW CRC - DIAGNOSTIC CENTER	0	0	14,062			1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP				154,475		2.00
2.01 NEW CRC - EQUIPMENT				0	607,627	2.01
2.02 NEW CRC - HEALTH PAVILION				0	0	2.02
4.00 EMPLOYEE BENEFITS	3,310	4,560	0	0	11,298	4.00
4.01 COMMUNICATIONS	0	0	0	0	0	4.01
4.02 PURCHASING & RECEIVING	0	0	0	12,740	13,413	4.02
4.03 REGISTRATION	925	0	0	0	1,208	4.03
4.04 PATIENT ACCOUNTS	0	0	0	0	4,580	4.04
5.00 ADMINISTRATIVE & GENERAL	4,121	2,398	0	1,797	34,300	5.00
7.00 OPERATION OF PLANT	16,531	2,851	4,375	14,084	91,470	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	4,460	8.00
9.00 HOUSEKEEPING	354	36	0	710	5,737	9.00
10.00 DIETARY	0	0	0	0	0	10.00
11.00 CAFETERIA	198	0	0	11,413	11,611	11.00
13.00 NURSING ADMINISTRATION	0	0	0	1,155	1,155	13.00
14.00 CENTRAL SERVICES & SUPPLY	90	0	0	0	257	14.00
15.00 PHARMACY	0	0	0	5,306	5,444	15.00
16.00 MEDICAL RECORDS & LIBRARY	5,998	168	0	0	7,962	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
17.01 MENTAL HEALTH OVERHEAD	0	0	0	3,442	3,442	17.01
23.00 PARAMED ED PRGM	0	0	0	0	0	23.00
23.01 PARAMED ED PRGM-LAB	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	16,091	0	0	48,231	85,653	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	7,486	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00 SUBPROVIDER - I/PF	0	0	0	13,253	13,253	40.00
41.00 SUBPROVIDER - I/RF	0	0	0	0	10,994	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	18,105	18,105	50.00
51.00 RECOVERY ROOM	0	0	0	800	800	51.00
51.01 ENDOSCOPY	12,237	0	0	0	12,237	51.01
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	4,447	650	6,784	10,319	25,117	54.00
54.01 RADIOLOGY-MONROE CITY	0	0	0	0	157	54.01
54.02 RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03 RADIOLOGY-BICKNELL	0	0	0	0	0	54.03
54.04 RADIOLOGY-MRI	140	0	0	0	760	54.04
54.05 RADIOLOGY-ULTRASOUND	0	0	2,903	446	3,043	54.05
54.06 RADIOLOGY-PETERSBURG AMBER MANOR	0	0	0	0	446	54.06
54.07 RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08 RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0	54.08
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	410	0	0	7,006	8,068	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	520	0	0	4,644	65.00
66.00 PHYSICAL THERAPY	94	0	0	564	7,396	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	10,336	324	0	0	10,660	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 NEURODIAGNOSTICS	0	0	0	1,550	3,480	70.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet B-1

Date/Time Prepared:
5/29/2012 2:21 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 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01 INPATIENT RENAL DIALYSIS	0	0	0	0	7,973	76.01
76.02 ACUPUNCTURE	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	2,668	90.00
91.00 EMERGENCY	0	0	0	0	14,128	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	394	96.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	0	0	0	0	4,861	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	75,282	11,507	14,062	150,921	438,660	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	440	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	4,812	0	0	0	50,817	192.00
194.00 COMMUNITY HEALTH SERVICES	0	0	0	0	3,492	194.00
194.01 WORK FITNESS	0	0	0	0	0	194.01
194.02 MARKETING AND PUBLIC RELATIONS	0	0	0	0	875	194.02
194.03 MH RESIDENTIAL	0	0	0	0	20,260	194.03
194.04 UNUSED SPACE	117	0	0	3,198	11,735	194.04
194.05 MOB	9,864	0	0	0	33,162	194.05
194.06 FOUNDATION	0	0	0	0	434	194.06
194.07 KNOX COUNTY HEALTH DEPT	0	0	0	0	2,605	194.07
194.08 INDUSTRIAL HEALTH	0	0	0	0	0	194.08
194.09 NRCC	0	0	0	356	45,147	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)	1,231,191	983	340,556	4,498,795	1,098,884	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	13.668510	0.085426	24.218177	29.123127	1.808484	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 01/01/2011
To 12/31/2011

Worksheet B-1
Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNI CATIONS (NUMBER OF PHONES)	PURCHASI NG & RECEI VI NG (SUPPLI ES COST)	REGI STRATION (GROSS CHARGES)	
	NEW CRC - HEALTH PAVI LI ON (SQUARE FEET)					
	2. 02	4. 00	4. 01	4. 02	4. 03	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CRC - CT EAST						1.01
1.02 NEW CRC- CT WEST						1.02
1.03 NEW CRC- MEMORIAL						1.03
1.04 NEW CRC - OUTPATIENT						1.04
1.05 NEW CRD - HEALTH PAVI LI ON						1.05
1.06 NEW CRC - STORAGE						1.06
1.07 NEW CRC - DIAGNOSTIC CENTER						1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01 NEW CRC - EQUIPMENT						2.01
2.02 NEW CRC - HEALTH PAVI LI ON	90,075					2.02
4.00 EMPLOYEE BENEFITS	3,310	74,871,212				4.00
4.01 COMMUNI CATIONS	0	230,893	2,137			4.01
4.02 PURCHASI NG & RECEI VI NG	0	518,461	24	27,114,381		4.02
4.03 REGI STRATION	925	510,076	21	16,270	340,030,357	4.03
4.04 PATI ENT ACCOUNTS	0	1,013,417	101	14,605	0	4.04
5.00 ADMI NI STRATI VE & GENERAL	4,121	6,114,635	179	295,370	0	5.00
7.00 OPERATI ON OF PLANT	16,531	1,988,508	161	310,835	0	7.00
8.00 LAUNDRY & LI NEN SERVI CE	0	174,333	0	83,441	0	8.00
9.00 HOUSEKEEPI NG	354	1,731,702	12	224,087	0	9.00
10.00 DI ETARY	0	1,283,018	18	895,882	0	10.00
11.00 CAFETERIA	198	46,972	0	236,180	0	11.00
13.00 NURSI NG ADMI NI STRATI ON	0	1,295,397	33	17,117	0	13.00
14.00 CENTRAL SERVI CES & SUPPLY	90	377,636	8	103,418	0	14.00
15.00 PHARMACY	0	2,312,898	34	9,835,261	0	15.00
16.00 MEDI CAL RECORDS & LI BRARY	5,998	2,345,413	81	16,152	0	16.00
17.00 SOCI AL SERVI CE	0	0	0	0	0	17.00
17.01 MENTAL HEALTH OVERHEAD	0	1,517,209	119	171,315	0	17.01
23.00 PARAMED ED PRGM	0	194,031	0	614	0	23.00
23.01 PARAMED ED PRGM-LAB	0	19,784	0	2,054	0	23.01
INPATI ENT ROUTI NE SERVI CE COST CENTERS						
30.00 ADULTS & PEDI ATRI CS	16,091	7,854,562	438	635,303	28,252,801	30.00
31.00 INTENSI VE CARE UNI T	0	1,644,243	38	147,794	5,316,911	31.00
32.00 CORONARY CARE UNI T	0	0	0	0	0	32.00
40.00 SUBPROVI DER - I PF	0	490,861	6	0	4,168,097	40.00
41.00 SUBPROVI DER - I RF	0	1,765,950	69	81,950	4,585,390	41.00
42.00 SUBPROVI DER	0	0	0	0	0	42.00
43.00 NURSERY	0	288,591	0	25,512	871,292	43.00
ANCI LLARY SERVI CE COST CENTERS						
50.00 OPERATI NG ROOM	0	2,128,072	68	1,963,796	20,057,865	50.00
51.00 RECOVERY ROOM	0	351,640	0	47,063	1,360,590	51.00
51.01 ENDOSCOPY	12,237	863,993	23	262,836	8,276,172	51.01
52.00 DELI VERY ROOM & LABOR ROOM	0	520,352	0	93,763	3,301,426	52.00
53.00 ANESTHESI OLOGY	0	1,639,598	0	81,190	2,727,536	53.00
54.00 RADI OLOGY-DI AGNOSTI C	4,447	3,464,826	93	744,295	54,818,843	54.00
54.01 RADI OLOGY-MONROE CI TY	0	53,410	0	616	199,523	54.01
54.02 RADI OLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03 RADI OLOGY-BI CKNELL	0	46,535	0	2,416	99,795	54.03
54.04 RADI OLOGY-MRI	140	320,944	0	50,213	11,284,420	54.04
54.05 RADI OLOGY-ULTRASOUND	0	256,271	0	67,593	3,507,665	54.05
54.06 RADI OLOGY-PETERSBURG AMBER MANOR	0	41,426	0	2,525	239,460	54.06
54.07 RADI OLOGY-ORTHOPEDI C ASSOCI ATES	0	0	0	0	0	54.07
54.08 RADI OLOGY-GSH BREAST CENTER	0	301,434	0	5,177	317,573	54.08
55.00 RADI OLOGY-THERAPEUTI C	0	0	0	0	0	55.00
56.00 RADI OI SOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETI C RESONANCE IMAGI NG (MRI)	0	0	0	0	0	58.00
59.00 CARDI AC CATHETERI ZATI ON	0	0	0	0	0	59.00
60.00 LABORATORY	410	2,382,704	44	2,873,984	40,377,161	60.00
63.00 BLOOD STORI NG, PROCESSI NG & TRANS.	0	0	0	0	2,785,769	63.00
64.00 I NTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPI RATORY THERAPY	0	2,059,176	23	213,668	4,641,951	65.00
66.00 PHYSI CAL THERAPY	94	2,166,767	3	84,652	10,657,030	66.00
67.00 OCCUPATI ONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDI OLOGY	10,336	1,392,374	43	1,468,181	21,977,034	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 NEURODI AGNOSTI CS	0	211,347	21	18,634	2,543,878	70.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet B-1
Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	PURCHASING & RECEIVING (SUPPLIES COST)	REGISTRATION (GROSS CHARGES)	
	NEW CRC - HEALTH PAVILION (SQUARE FEET)					
	2.02	4.00	4.01	4.02	4.03	
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	7,126,292	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	3,043,687	10,689,807	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	322,863	0	0	50,550,093	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	892,507	64	1,025,420	15,314,953	75.00
76.00 MH ANCI LLARY OUTPATIENT	0	0	0	0	0	76.00
76.01 INPATIENT RENAL DIALYSIS	0	0	9	5,433	716,131	76.01
76.02 ACUPUNCTURE	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	269,656	0	7,158	186,342	90.00
91.00 EMERGENCY	0	2,555,470	45	245,623	22,142,638	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	61,939	0	58,372	935,919	96.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	0	717,078	1	160,780	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	75,282	56,738,972	1,779	25,640,235	340,030,357	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	4,812	14,703,741	304	989,535	0	192.00
194.00 COMMUNITY HEALTH SERVICES	0	152,568	37	24,668	0	194.00
194.01 WORK FITNESS	0	0	0	0	0	194.01
194.02 MARKETING AND PUBLIC RELATIONS	0	164,957	0	262,550	0	194.02
194.03 MH RESIDENTIAL	0	542,679	0	63,779	0	194.03
194.04 UNUSED SPACE	117	0	0	0	0	194.04
194.05 MOB	9,864	870,435	3	52,510	0	194.05
194.06 FOUNDATION	0	80,412	0	79,019	0	194.06
194.07 KNOX COUNTY HEALTH DEPT	0	250	14	0	0	194.07
194.08 INDUSTRIAL HEALTH	0	10,743	0	2,085	0	194.08
194.09 NRCC	0	1,606,455	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)	1,031,247	23,715,820	358,928	1,198,095	769,585	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	11.448759	0.316755	167.958821	0.044187	0.002263	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)		117,692	363	464,126	30,724	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)		0.001572	0.169864	0.017117	0.000090	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet B-1
Date/Time Prepared:
5/29/2012 2:21 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 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CRC - CT EAST						1.01
1.02 NEW CRC- CT WEST						1.02
1.03 NEW CRC- MEMORIAL						1.03
1.04 NEW CRC - OUTPATIENT						1.04
1.05 NEW CRD - HEALTH PAVILION						1.05
1.06 NEW CRC - STORAGE						1.06
1.07 NEW CRC - DIAGNOSTIC CENTER						1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01 NEW CRC - EQUIPMENT						2.01
2.02 NEW CRC - HEALTH PAVILION						2.02
4.00 EMPLOYEE BENEFITS						4.00
4.01 COMMUNICATIONS						4.01
4.02 PURCHASING & RECEIVING						4.02
4.03 REGISTRATION						4.03
4.04 PATIENT ACCOUNTS	340,030,357					4.04
5.00 ADMINISTRATIVE & GENERAL	0	-15,223,201	142,639,997			5.00
7.00 OPERATION OF PLANT	0	0	7,102,552	451,769		7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	399,805	4,460	1,015,264	8.00
9.00 HOUSEKEEPING	0	0	2,645,508	5,737	68,837	9.00
10.00 DIETARY	0	0	2,688,360	0	9,190	10.00
11.00 CAFETERIA	0	0	466,617	11,611	0	11.00
13.00 NURSING ADMINISTRATION	0	0	1,950,950	1,155	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	649,087	257	5,001	14.00
15.00 PHARMACY	0	0	3,813,350	5,444	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	3,828,086	7,962	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
17.01 MENTAL HEALTH OVERHEAD	0	0	1,149,055	3,442	0	17.01
23.00 PARAMED ED PRGM	0	0	251,809	0	20,551	23.00
23.01 PARAMED ED PRGM-LAB	0	0	39,143	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	28,252,801	0	13,401,562	85,653	425,211	30.00
31.00 INTENSIVE CARE UNIT	5,316,911	0	2,487,785	7,486	61,293	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00 SUBPROVIDER - I PF	4,168,097	0	1,267,834	13,253	0	40.00
41.00 SUBPROVIDER - IRF	4,585,390	0	3,285,210	10,994	52,421	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	871,292	0	409,204	0	5,850	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	20,057,865	0	5,011,223	18,105	58,770	50.00
51.00 RECOVERY ROOM	1,360,590	0	524,182	800	0	51.00
51.01 ENDOSCOPY	8,276,172	0	1,777,146	12,237	22,079	51.01
52.00 DELIVERY ROOM & LABOR ROOM	3,301,426	0	798,339	0	15,780	52.00
53.00 ANESTHESIOLOGY	2,727,536	0	1,053,369	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	54,818,843	0	7,093,070	25,117	71,010	54.00
54.01 RADIOLOGY-MONROE CITY	199,523	0	83,934	568	0	54.01
54.02 RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03 RADIOLOGY-BICKNELL	99,795	0	88,102	760	0	54.03
54.04 RADIOLOGY-MRI	11,284,420	0	574,898	3,043	14,512	54.04
54.05 RADIOLOGY-ULTRASOUND	3,507,665	0	540,827	446	0	54.05
54.06 RADIOLOGY-PETERSBURG AMBER MANOR	239,460	0	77,641	0	0	54.06
54.07 RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08 RADIOLOGY-GSH BREAST CENTER	317,573	0	237,844	0	0	54.08
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	40,377,161	0	5,873,555	8,068	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	2,785,769	0	1,100,798	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	4,641,951	0	3,058,914	4,644	0	65.00
66.00 PHYSICAL THERAPY	10,657,030	0	3,393,509	7,396	17,530	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	21,977,034	0	3,136,627	10,660	25,132	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 NEURODIAGNOSTICS	2,543,878	0	427,159	3,480	6,008	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,126,292	0	6,245,757	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	10,689,807	0	3,258,170	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	50,550,093	0	10,428,632	0	0	73.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet B-1
Date/Time Prepared:
5/29/2012 2:21 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 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	15,314,953	0	2,545,133	0	49,524	75.00
76.00 MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01 INPATIENT RENAL DIALYSIS	716,131	0	329,026	7,973	0	76.01
76.02 ACUPUNCTURE	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	186,342	0	379,304	2,668	2,131	90.00
91.00 EMERGENCY	22,142,638	0	4,113,389	14,128	78,052	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	935,919	0	461,574	394	0	96.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	0	0	1,592,441	4,861	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	340,030,357	-15,223,201	110,040,480	282,802	1,008,882	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	7,360	440	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	25,412,037	50,817	6,382	192.00
194.00 COMMUNITY HEALTH SERVICES	0	0	377,984	3,492	0	194.00
194.01 WORK FITNESS	0	0	0	0	0	194.01
194.02 MARKETING AND PUBLIC RELATIONS	0	0	865,902	875	0	194.02
194.03 MH RESIDENTIAL	0	0	879,621	20,260	0	194.03
194.04 UNUSED SPACE	0	0	165,708	11,735	0	194.04
194.05 MOB	0	0	1,760,130	33,162	0	194.05
194.06 FOUNDATION	0	0	454,329	434	0	194.06
194.07 KNOX COUNTY HEALTH DEPT	0	0	19,805	2,605	0	194.07
194.08 INDUSTRIAL HEALTH	0	0	14,179	0	0	194.08
194.09 NRCC	0	0	2,642,462	45,147	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)	1,774,822		15,223,201	7,860,572	520,076	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.005220		0.106725	17.399538	0.512257	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	28,491		386,481	1,451,345	43,046	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000084		0.002709	3.212582	0.042399	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet B-1

Date/Time Prepared:
5/29/2012 2:21 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 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CRC - CT EAST						1.01
1.02 NEW CRC- CT WEST						1.02
1.03 NEW CRC- MEMORIAL						1.03
1.04 NEW CRC - OUTPATIENT						1.04
1.05 NEW CRD - HEALTH PAVILION						1.05
1.06 NEW CRC - STORAGE						1.06
1.07 NEW CRC - DIAGNOSTIC CENTER						1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01 NEW CRC - EQUIPMENT						2.01
2.02 NEW CRC - HEALTH PAVILION						2.02
4.00 EMPLOYEE BENEFITS						4.00
4.01 COMMUNICATIONS						4.01
4.02 PURCHASING & RECEIVING						4.02
4.03 REGISTRATION						4.03
4.04 PATIENT ACCOUNTS						4.04
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING	65,623					9.00
10.00 DIETARY	2,012	35,398				10.00
11.00 CAFETERIA	162	0	2,266,907			11.00
13.00 NURSING ADMINISTRATION	0	0	36,829	806,457		13.00
14.00 CENTRAL SERVICES & SUPPLY	736	0	29,814	0	24,917,176	14.00
15.00 PHARMACY	724	0	80,998	0	9,835,261	15.00
16.00 MEDICAL RECORDS & LIBRARY	795	0	131,934	0	16,152	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
17.01 MENTAL HEALTH OVERHEAD	1,875	0	150,741	0	171,315	17.01
23.00 PARAMED PRGM	0	0	7,126	0	614	23.00
23.01 PARAMED PRGM-LAB	0	0	0	0	2,054	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	22,139	21,233	355,939	355,939	635,303	30.00
31.00 INTENSIVE CARE UNIT	3,361	2,667	62,177	62,177	147,794	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00 SUBPROVIDER - I PF	0	4,239	55,641	55,641	0	40.00
41.00 SUBPROVIDER - I RF	2,380	6,154	91,050	91,050	81,950	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	216	1,105	10,350	10,350	25,512	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	3,357	0	73,557	73,557	1,963,796	50.00
51.00 RECOVERY ROOM	0	0	9,354	9,354	47,063	51.00
51.01 ENDOSCOPY	1,032	0	33,241	0	262,836	51.01
52.00 DELIVERY ROOM & LABOR ROOM	252	0	16,991	16,991	93,763	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	81,190	53.00
54.00 RADIOLOGY-DIAGNOSTIC	4,989	0	138,448	0	744,295	54.00
54.01 RADIOLOGY-MONROE CITY	0	0	2,191	0	616	54.01
54.02 RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03 RADIOLOGY-BICKNELL	0	0	1,969	0	2,416	54.03
54.04 RADIOLOGY-MRI	311	0	12,888	0	50,213	54.04
54.05 RADIOLOGY-ULTRASOUND	0	0	7,364	0	67,593	54.05
54.06 RADIOLOGY-PETERSBURG AMBER MANOR	0	0	2,647	0	2,525	54.06
54.07 RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08 RADIOLOGY-GSH BREAST CENTER	0	0	0	0	5,177	54.08
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	1,345	0	121,210	0	2,873,984	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	614	0	88,647	0	213,668	65.00
66.00 PHYSICAL THERAPY	1,652	0	74,576	0	84,652	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	2,626	0	58,800	0	1,468,181	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 NEURODIAGNOSTICS	771	0	10,528	0	18,634	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	3,043,687	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet B-1

Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description	HOUSEKEEPING (TIME SPENT)	DIETARY (PATIENT DAYS)	CAFETERIA (MAN HOURS)	NURSING ADMINISTRATION (DIRECT NURSING HO)	CENTRAL SERVICES & SUPPLIES (SUPPLIES COST)	
	9.00	10.00	11.00	13.00	14.00	
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	4,157	0	0	0	1,025,420	75.00
76.00 MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01 INPATIENT RENAL DIALYSIS	0	0	0	0	5,433	76.01
76.02 ACUPUNCTURE	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	402	0	9,509	0	7,158	90.00
91.00 EMERGENCY	2,857	0	100,756	100,756	245,623	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	58,372	96.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	595	0	30,642	30,642	160,780	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	59,360	35,398	1,805,917	806,457	23,443,030	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	5,642	0	360,224	0	989,535	192.00
194.00 COMMUNITY HEALTH SERVICES	281	0	7,741	0	24,668	194.00
194.01 WORK FITNESS	0	0	0	0	0	194.01
194.02 MARKETING AND PUBLIC RELATIONS	123	0	8,136	0	262,550	194.02
194.03 MH RESIDENTIAL	0	0	47,133	0	63,779	194.03
194.04 UNUSED SPACE	0	0	0	0	0	194.04
194.05 MOB	0	0	33,603	0	52,510	194.05
194.06 FOUNDATION	0	0	4,128	0	79,019	194.06
194.07 KNOX COUNTY HEALTH DEPT	217	0	25	0	0	194.07
194.08 INDUSTRIAL HEALTH	0	0	0	0	2,085	194.08
194.09 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)	3,062,933	3,073,892	726,004	2,191,056	769,296	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	46.674687	86.838013	0.320262	2.716891	0.030874	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	110,400	28,413	460,723	60,555	17,674	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	1.682337	0.802672	0.203239	0.075088	0.000709	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet B-1

Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description	PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	MENTAL HEALTH OVERHEAD (CHARGES)	PARAMED PRGM (ASSIGNED TIME)	
	15.00	16.00	17.00	17.01	23.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CRC - CT EAST						1.01
1.02 NEW CRC- CT WEST						1.02
1.03 NEW CRC- MEMORIAL						1.03
1.04 NEW CRC - OUTPATIENT						1.04
1.05 NEW CRD - HEALTH PAVILION						1.05
1.06 NEW CRC - STORAGE						1.06
1.07 NEW CRC - DIAGNOSTIC CENTER						1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01 NEW CRC - EQUIPMENT						2.01
2.02 NEW CRC - HEALTH PAVILION						2.02
4.00 EMPLOYEE BENEFITS						4.00
4.01 COMMUNICATIONS						4.01
4.02 PURCHASING & RECEIVING						4.02
4.03 REGISTRATION						4.03
4.04 PATIENT ACCOUNTS						4.04
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	10,690,939					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	61,723				16.00
17.00 SOCIAL SERVICE	0	0	0			17.00
17.01 MENTAL HEALTH OVERHEAD	1,304	0	0	45,704,485		17.01
23.00 PARAMED PRGM	0	0	0	0	100	23.00
23.01 PARAMED PRGM-LAB	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	23,654	15,934	0	21,788,778	0	30.00
31.00 INTENSIVE CARE UNIT	5,383	1,317	0	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00 SUBPROVIDER - IPF	0	1,800	0	4,168,097	0	40.00
41.00 SUBPROVIDER - IRF	5,029	2,880	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	613	441	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	10,623	1,909	0	0	0	50.00
51.00 RECOVERY ROOM	97	0	0	0	0	51.00
51.01 ENDOSCOPY	2,806	2,952	0	0	0	51.01
52.00 DELIVERY ROOM & LABOR ROOM	1,201	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	1,937	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	73,793	0	0	0	100	54.00
54.01 RADIOLOGY-MONROE CITY	0	0	0	0	0	54.01
54.02 RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03 RADIOLOGY-BICKNELL	0	0	0	0	0	54.03
54.04 RADIOLOGY-MRI	792	0	0	0	0	54.04
54.05 RADIOLOGY-ULTRASOUND	382	0	0	0	0	54.05
54.06 RADIOLOGY-PETERSBURG AMBER MANOR	0	0	0	0	0	54.06
54.07 RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08 RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0	54.08
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	3,843	0	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	5,474	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	1,138	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	626	4,447	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 NEURODIAGNOSTICS	14	1,320	0	0	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet B-1

Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description	PHARMACY (COSTED REQUIREMENT)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	MENTAL HEALTH OVERHEAD (CHARGES)	PARAMEDICAL PRGM (ASSIGNED TIME)	
	15.00	16.00	17.00	17.01	23.00	
73.00 DRUGS CHARGED TO PATIENTS	9,884,652	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	17,228	2,137	0	15,314,953	0	75.00
76.00 MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01 INPATIENT RENAL DIALYSIS	3,829	0	0	0	0	76.01
76.02 ACUPUNCTURE	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	2,723	0	0	0	0	90.00
91.00 EMERGENCY	9,382	26,586	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	127,530	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	10,184,053	61,723	0	41,271,828	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	492,553	0	0	4,432,657	0	192.00
194.00 COMMUNITY HEALTH SERVICES	13,766	0	0	0	0	194.00
194.01 WORK FITNESS	0	0	0	0	0	194.01
194.02 MARKETING AND PUBLIC RELATIONS	0	0	0	0	0	194.02
194.03 MH RESIDENTIAL	567	0	0	0	0	194.03
194.04 UNUSED SPACE	0	0	0	0	0	194.04
194.05 MOB	0	0	0	0	0	194.05
194.06 FOUNDATION	0	0	0	0	0	194.06
194.07 KNOX COUNTY HEALTH DEPT	0	0	0	0	0	194.07
194.08 INDUSTRIAL HEALTH	0	0	0	0	0	194.08
194.09 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)	4,678,442	4,455,031	0	1,473,229	291,511	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.437608	72.177811	0.000000	0.032234	2,915.110000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	416,479	237,869	0	177,856	3,317	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.038956	3.853815	0.000000	0.003891	33.170000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PARAMED PRGM-LAB (ASSIGNED TIME)	
		23.01	
GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	NEW CRC - CT EAST		1.01
1.02	NEW CRC- CT WEST		1.02
1.03	NEW CRC- MEMORIAL		1.03
1.04	NEW CRC - OUTPATIENT		1.04
1.05	NEW CRD - HEALTH PAVILION		1.05
1.06	NEW CRC - STORAGE		1.06
1.07	NEW CRC - DIAGNOSTIC CENTER		1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2.00
2.01	NEW CRC - EQUIPMENT		2.01
2.02	NEW CRC - HEALTH PAVILION		2.02
4.00	EMPLOYEE BENEFITS		4.00
4.01	COMMUNICATIONS		4.01
4.02	PURCHASING & RECEIVING		4.02
4.03	REGISTRATION		4.03
4.04	PATIENT ACCOUNTS		4.04
5.00	ADMINISTRATIVE & GENERAL		5.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
17.01	MENTAL HEALTH OVERHEAD		17.01
23.00	PARAMED PRGM		23.00
23.01	PARAMED PRGM-LAB	100	23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	0	30.00
31.00	INTENSIVE CARE UNIT	0	31.00
32.00	CORONARY CARE UNIT	0	32.00
40.00	SUBPROVIDER - IPF	0	40.00
41.00	SUBPROVIDER - IRF	0	41.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0	50.00
51.00	RECOVERY ROOM	0	51.00
51.01	ENDOSCOPY	0	51.01
52.00	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	ANESTHESIOLOGY	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	RADIOLOGY-MONROE CITY	0	54.01
54.02	RADIOLOGY-PETERSBURG	0	54.02
54.03	RADIOLOGY-BICKNELL	0	54.03
54.04	RADIOLOGY-MRI	0	54.04
54.05	RADIOLOGY-ULTRASOUND	0	54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR	0	54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	54.07
54.08	RADIOLOGY-GSH BREAST CENTER	0	54.08
55.00	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	RADIOISOTOPE	0	56.00
57.00	CT SCAN	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	CARDIAC CATHETERIZATION	0	59.00
60.00	LABORATORY	100	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	INTRAVENOUS THERAPY	0	64.00
65.00	RESPIRATORY THERAPY	0	65.00
66.00	PHYSICAL THERAPY	0	66.00
67.00	OCCUPATIONAL THERAPY	0	67.00
68.00	SPEECH PATHOLOGY	0	68.00
69.00	ELECTROCARDIOLOGY	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	70.00
70.01	NEURODIAGNOSTICS	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	73.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet B-1
Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description		PARAMED PRGM-LAB (ASSIGNED TIME)	
		23.01	
74.00	RENAL DIALYSIS	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	75.00
76.00	MH ANCILLARY OUTPATIENT	0	76.00
76.01	INPATIENT RENAL DIALYSIS	0	76.01
76.02	ACUPUNCTURE	0	76.02
OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	CLINIC	0	90.00
91.00	EMERGENCY	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS			
96.00	DURABLE MEDICAL EQUIP-RENTED	0	96.00
99.10	CORF	0	99.10
101.00	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
109.00	PANCREAS ACQUISITION	0	109.00
110.00	INTESTINAL ACQUISITION	0	110.00
111.00	ISLET ACQUISITION	0	111.00
113.00	INTEREST EXPENSE	0	113.00
116.00	HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	COMMUNITY HEALTH SERVICES	0	194.00
194.01	WORK FITNESS	0	194.01
194.02	MARKETING AND PUBLIC RELATIONS	0	194.02
194.03	MH RESIDENTIAL	0	194.03
194.04	UNUSED SPACE	0	194.04
194.05	MOB	0	194.05
194.06	FOUNDATION	0	194.06
194.07	KNOX COUNTY HEALTH DEPT	0	194.07
194.08	INDUSTRIAL HEALTH	0	194.08
194.09	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)	43,384	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	433.840000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	173	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.730000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet C
Part I
Date/Time Prepared:
5/29/2012 2:21 pm

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		22,380,565	0	22,380,565	30.00
31.00	INTENSIVE CARE UNIT		3,594,234	0	3,594,234	31.00
32.00	CORONARY CARE UNIT		0	0	0	32.00
40.00	SUBPROVIDER - 1PF		2,435,111	0	2,435,111	40.00
41.00	SUBPROVIDER - 1RF		4,988,591	0	4,988,591	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		626,232	0	626,232	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		6,474,327	398	6,474,725	50.00
51.00	RECOVERY ROOM		623,950	0	623,950	51.00
51.01	ENDOSCOPY		2,472,266	0	2,472,266	51.01
52.00	DELIVERY ROOM & LABOR ROOM		958,413	0	958,413	52.00
53.00	ANESTHESIOLOGY		1,169,145	0	1,169,145	53.00
54.00	RADIOLOGY-DIAGNOSTIC		8,947,459	0	8,947,459	54.00
54.01	RADIOLOGY-MONROE CITY		103,496	0	103,496	54.01
54.02	RADIOLOGY-PETERSBURG		0	0	0	54.02
54.03	RADIOLOGY-BICKNELL		111,435	0	111,435	54.03
54.04	RADIOLOGY-MRI		717,176	0	717,176	54.04
54.05	RADIOLOGY-ULTRASOUND		610,919	0	610,919	54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR		86,853	0	86,853	54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES		0	0	0	54.07
54.08	RADIOLOGY-GSH BREAST CENTER		263,388	10,009	273,397	54.08
55.00	RADIOLOGY-THERAPEUTIC		0	0	0	55.00
56.00	RADIOISOTOPE		0	0	0	56.00
57.00	CT SCAN		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	LABORATORY		6,876,182	0	6,876,182	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.		1,218,281	0	1,218,281	63.00
64.00	INTRAVENOUS THERAPY		0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	3,532,220	0	3,532,220	65.00
66.00	PHYSICAL THERAPY	0	3,997,451	0	3,997,451	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	4,177,714	0	4,177,714	69.00
70.00	ELECTROENCEPHALOGRAPHY		0	0	0	70.00
70.01	NEURODIAGNOSTICS		671,590	865	672,455	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		6,912,335	0	6,912,335	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		3,699,869	0	3,699,869	72.00
73.00	DRUGS CHARGED TO PATIENTS		15,867,231	0	15,867,231	73.00
74.00	RENAL DIALYSIS		0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)		3,723,262	1,091	3,724,353	75.00
76.00	MH ANCILLARY OUTPATIENT		0	0	0	76.00
76.01	INPATIENT RENAL DIALYSIS		504,712	14,186	518,898	76.01
76.02	ACUPUNCTURE		0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	CLINIC		490,520	0	490,520	90.00
91.00	EMERGENCY		7,208,164	20,651	7,228,815	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		3,501,061	0	3,501,061	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00	DURABLE MEDICAL EQUIP-RENTED		519,492	0	519,492	96.00
99.10	CORF		0	0	0	99.10
101.00	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION		0	0	0	109.00
110.00	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	ISLET ACQUISITION		0	0	0	111.00
113.00	INTEREST EXPENSE		0	0	0	113.00
116.00	HOSPICE		2,028,580	0	2,028,580	116.00
200.00	Subtotal (see instructions)		121,492,224	47,200	121,539,424	200.00
201.00	Less Observation Beds		3,501,061	0	3,501,061	201.00
202.00	Total (see instructions)		117,991,163	47,200	118,038,363	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150042		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/29/2012 2:21 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	21,788,778		21,788,778			30.00
31.00	INTENSIVE CARE UNIT	5,316,911		5,316,911			31.00
32.00	CORONARY CARE UNIT	0		0			32.00
40.00	SUBPROVIDER - IRF	4,168,097		4,168,097			40.00
41.00	SUBPROVIDER - IRF	4,585,390		4,585,390			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	871,292		871,292			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	10,265,829	9,792,036	20,057,865	0.322782	0.000000	50.00
51.00	RECOVERY ROOM	826,831	533,759	1,360,590	0.458588	0.000000	51.00
51.01	ENDOSCOPY	1,521,068	6,755,104	8,276,172	0.298721	0.000000	51.01
52.00	DELIVERY ROOM & LABOR ROOM	2,649,593	651,833	3,301,426	0.290303	0.000000	52.00
53.00	ANESTHESIOLOGY	1,687,069	1,040,467	2,727,536	0.428645	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	10,100,525	44,718,318	54,818,843	0.163219	0.000000	54.00
54.01	RADIOLOGY-MONROE CITY	0	199,523	199,523	0.518717	0.000000	54.01
54.02	RADIOLOGY-PETERSBURG	0	0	0	0.000000	0.000000	54.02
54.03	RADIOLOGY-BICKNELL	0	99,795	99,795	1.116639	0.000000	54.03
54.04	RADIOLOGY-MRI	1,409,642	9,874,778	11,284,420	0.063555	0.000000	54.04
54.05	RADIOLOGY-ULTRASOUND	422,310	3,085,355	3,507,665	0.174167	0.000000	54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR	0	239,460	239,460	0.362704	0.000000	54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0.000000	0.000000	54.07
54.08	RADIOLOGY-GSH BREAST CENTER	33,116	284,457	317,573	0.829378	0.000000	54.08
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	LABORATORY	12,244,605	28,132,556	40,377,161	0.170299	0.000000	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	1,871,468	914,301	2,785,769	0.437323	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	RESPIRATORY THERAPY	2,767,075	1,874,876	4,641,951	0.760934	0.000000	65.00
66.00	PHYSICAL THERAPY	7,194,242	3,462,788	10,657,030	0.375100	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	ELECTROCARDIOLOGY	7,252,859	14,724,175	21,977,034	0.190095	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
70.01	NEURODIAGNOSTICS	194,140	2,349,738	2,543,878	0.264002	0.000000	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,598,833	3,527,459	7,126,292	0.969976	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	10,511,243	178,564	10,689,807	0.346112	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	16,346,293	34,203,800	50,550,093	0.313891	0.000000	73.00
74.00	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	11,781	15,303,172	15,314,953	0.243113	0.000000	75.00
76.00	MH ANCILLARY OUTPATIENT	0	0	0	0.000000	0.000000	76.00
76.01	INPATIENT RENAL DIALYSIS	709,863	6,268	716,131	0.704776	0.000000	76.01
76.02	ACUPUNCTURE	0	0	0	0.000000	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	0	186,342	186,342	2.632364	0.000000	90.00
91.00	EMERGENCY	4,327,480	17,815,158	22,142,638	0.325533	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2,461,994	4,002,029	6,464,023	0.541623	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	63,465	872,454	935,919	0.555061	0.000000	96.00
99.10	CORF	0	0	0			99.10
101.00	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
113.00	INTEREST EXPENSE	0	0	0			113.00
116.00	HOSPICE	0	0	0			116.00
200.00	Subtotal (see instructions)	135,201,792	204,828,565	340,030,357			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	135,201,792	204,828,565	340,030,357			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 2:21 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.322802		50.00
51.00	RECOVERY ROOM	0.458588		51.00
51.01	ENDOSCOPY	0.298721		51.01
52.00	DELIVERY ROOM & LABOR ROOM	0.290303		52.00
53.00	ANESTHESIOLOGY	0.428645		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.163219		54.00
54.01	RADIOLOGY-MONROE CITY	0.518717		54.01
54.02	RADIOLOGY-PETERSBURG	0.000000		54.02
54.03	RADIOLOGY-BICKNELL	1.116639		54.03
54.04	RADIOLOGY-MRI	0.063555		54.04
54.05	RADIOLOGY-ULTRASOUND	0.174167		54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR	0.362704		54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0.000000		54.07
54.08	RADIOLOGY-GSH BREAST CENTER	0.860895		54.08
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.000000		56.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.170299		60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.437323		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.760934		65.00
66.00	PHYSICAL THERAPY	0.375100		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.190095		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	NEURODIAGNOSTICS	0.264342		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.969976		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.346112		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.313891		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
75.00	ASC (NON-DISTINCT PART)	0.243184		75.00
76.00	MH ANCILLARY OUTPATIENT	0.000000		76.00
76.01	INPATIENT RENAL DIALYSIS	0.724585		76.01
76.02	ACUPUNCTURE	0.000000		76.02
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	2.632364		90.00
91.00	EMERGENCY	0.326466		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.541623		92.00
	OTHER REIMBURSABLE COST CENTERS			
96.00	DURABLE MEDICAL EQUIP-RENTED	0.555061		96.00
99.10	CORF			99.10
101.00	HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet C
Part I
Date/Time Prepared:
5/29/2012 2:21 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	22,380,565		22,380,565	0	0	30.00
31.00	INTENSIVE CARE UNIT	3,594,234		3,594,234	0	0	31.00
32.00	CORONARY CARE UNIT	0		0	0	0	32.00
40.00	SUBPROVIDER - 1PF	2,435,111		2,435,111	0	0	40.00
41.00	SUBPROVIDER - 1RF	4,988,591		4,988,591	0	0	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	NURSERY	626,232		626,232	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	6,474,327		6,474,327	0	0	50.00
51.00	RECOVERY ROOM	623,950		623,950	0	0	51.00
51.01	ENDOSCOPY	2,472,266		2,472,266	0	0	51.01
52.00	DELIVERY ROOM & LABOR ROOM	958,413		958,413	0	0	52.00
53.00	ANESTHESIOLOGY	1,169,145		1,169,145	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	8,947,459		8,947,459	0	0	54.00
54.01	RADIOLOGY-MONROECITY	103,496		103,496	0	0	54.01
54.02	RADIOLOGY-PETERSBURG	0		0	0	0	54.02
54.03	RADIOLOGY-BICKNELL	111,435		111,435	0	0	54.03
54.04	RADIOLOGY-MRI	717,176		717,176	0	0	54.04
54.05	RADIOLOGY-ULTRASOUND	610,919		610,919	0	0	54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR	86,853		86,853	0	0	54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0		0	0	0	54.07
54.08	RADIOLOGY-GSH BREAST CENTER	263,388		263,388	0	0	54.08
55.00	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	RADIOISOTOPE	0		0	0	0	56.00
57.00	CT SCAN	0		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	LABORATORY	6,876,182		6,876,182	0	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	1,218,281		1,218,281	0	0	63.00
64.00	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	RESPIRATORY THERAPY	3,532,220	0	3,532,220	0	0	65.00
66.00	PHYSICAL THERAPY	3,997,451	0	3,997,451	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	4,177,714	0	4,177,714	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
70.01	NEURODIAGNOSTICS	671,590		671,590	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,912,335		6,912,335	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	3,699,869		3,699,869	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	15,867,231		15,867,231	0	0	73.00
74.00	RENAL DIALYSIS	0		0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	3,723,262		3,723,262	0	0	75.00
76.00	MH ANCILLARY OUTPATIENT	0		0	0	0	76.00
76.01	INPATIENT RENAL DIALYSIS	504,712		504,712	0	0	76.01
76.02	ACUPUNCTURE	0		0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	CLINIC	490,520		490,520	0	0	90.00
91.00	EMERGENCY	7,208,164		7,208,164	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	3,501,061		3,501,061	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	519,492		519,492	0	0	96.00
99.10	CORF	0		0	0	0	99.10
101.00	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0		0		0	109.00
110.00	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	ISLET ACQUISITION	0		0		0	111.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	2,028,580		2,028,580			116.00
200.00	Subtotal (see instructions)	121,492,224	0	121,492,224	0	0	200.00
201.00	Less Observation Beds	3,501,061		3,501,061			201.00
202.00	Total (see instructions)	117,991,163	0	117,991,163	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 2:21 pm
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Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	Cost
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	21,788,778		21,788,778			30.00
31.00 INTENSIVE CARE UNIT	5,316,911		5,316,911			31.00
32.00 CORONARY CARE UNIT	0		0			32.00
40.00 SUBPROVIDER - IRF	4,168,097		4,168,097			40.00
41.00 SUBPROVIDER - IRF	4,585,390		4,585,390			41.00
42.00 SUBPROVIDER	0		0			42.00
43.00 NURSERY	871,292		871,292			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	10,265,829	9,792,036	20,057,865	0.322782	0.000000	50.00
51.00 RECOVERY ROOM	826,831	533,759	1,360,590	0.458588	0.000000	51.00
51.01 ENDOSCOPY	1,521,068	6,755,104	8,276,172	0.298721	0.000000	51.01
52.00 DELIVERY ROOM & LABOR ROOM	2,649,593	651,833	3,301,426	0.290303	0.000000	52.00
53.00 ANESTHESIOLOGY	1,687,069	1,040,467	2,727,536	0.428645	0.000000	53.00
54.00 RADIOLOGY-DIAGNOSTIC	10,100,525	44,718,318	54,818,843	0.163219	0.000000	54.00
54.01 RADIOLOGY-MONROE CITY	0	199,523	199,523	0.518717	0.000000	54.01
54.02 RADIOLOGY-PETERSBURG	0	0	0	0.000000	0.000000	54.02
54.03 RADIOLOGY-BICKNELL	0	99,795	99,795	1.116639	0.000000	54.03
54.04 RADIOLOGY-MRI	1,409,642	9,874,778	11,284,420	0.063555	0.000000	54.04
54.05 RADIOLOGY-ULTRASOUND	422,310	3,085,355	3,507,665	0.174167	0.000000	54.05
54.06 RADIOLOGY-PETERSBURG AMBER MANOR	0	239,460	239,460	0.362704	0.000000	54.06
54.07 RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0.000000	0.000000	54.07
54.08 RADIOLOGY-GSH BREAST CENTER	33,116	284,457	317,573	0.829378	0.000000	54.08
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00 RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00 CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00 LABORATORY	12,244,605	28,132,556	40,377,161	0.170299	0.000000	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	1,871,468	914,301	2,785,769	0.437323	0.000000	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00 RESPIRATORY THERAPY	2,767,075	1,874,876	4,641,951	0.760934	0.000000	65.00
66.00 PHYSICAL THERAPY	7,194,242	3,462,788	10,657,030	0.375100	0.000000	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00 ELECTROCARDIOLOGY	7,252,859	14,724,175	21,977,034	0.190095	0.000000	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
70.01 NEURODIAGNOSTICS	194,140	2,349,738	2,543,878	0.264002	0.000000	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,598,833	3,527,459	7,126,292	0.969976	0.000000	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	10,511,243	178,564	10,689,807	0.346112	0.000000	72.00
73.00 DRUGS CHARGED TO PATIENTS	16,346,293	34,203,800	50,550,093	0.313891	0.000000	73.00
74.00 RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00 ASC (NON-DISTINCT PART)	11,781	15,303,172	15,314,953	0.243113	0.000000	75.00
76.00 MH ANCILLARY OUTPATIENT	0	0	0	0.000000	0.000000	76.00
76.01 INPATIENT RENAL DIALYSIS	709,863	6,268	716,131	0.704776	0.000000	76.01
76.02 ACUPUNCTURE	0	0	0	0.000000	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00 CLINIC	0	186,342	186,342	2.632364	0.000000	90.00
91.00 EMERGENCY	4,327,480	17,815,158	22,142,638	0.325533	0.000000	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	2,461,994	4,002,029	6,464,023	0.541623	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	63,465	872,454	935,919	0.555061	0.000000	96.00
99.10 CORF	0	0	0			99.10
101.00 HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0			109.00
110.00 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 ISLET ACQUISITION	0	0	0			111.00
113.00 INTEREST EXPENSE	0	0	0			113.00
116.00 HOSPICE	0	0	0			116.00
200.00 Subtotal (see instructions)	135,201,792	204,828,565	340,030,357			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	135,201,792	204,828,565	340,030,357			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet C
Part I
Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
32.00	CORONARY CARE UNIT				32.00
40.00	SUBPROVIDER - I PF				40.00
41.00	SUBPROVIDER - I RF				41.00
42.00	SUBPROVIDER				42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.000000			50.00
51.00	RECOVERY ROOM	0.000000			51.00
51.01	ENDOSCOPY	0.000000			51.01
52.00	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	ANESTHESIOLOGY	0.000000			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	RADIOLOGY-MONROE CITY	0.000000			54.01
54.02	RADIOLOGY-PETERSBURG	0.000000			54.02
54.03	RADIOLOGY-BICKNELL	0.000000			54.03
54.04	RADIOLOGY-MRI	0.000000			54.04
54.05	RADIOLOGY-ULTRASOUND	0.000000			54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR	0.000000			54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0.000000			54.07
54.08	RADIOLOGY-GSH BREAST CENTER	0.000000			54.08
55.00	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	RADIOISOTOPE	0.000000			56.00
57.00	CT SCAN	0.000000			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	LABORATORY	0.000000			60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	INTRAVENOUS THERAPY	0.000000			64.00
65.00	RESPIRATORY THERAPY	0.000000			65.00
66.00	PHYSICAL THERAPY	0.000000			66.00
67.00	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	SPEECH PATHOLOGY	0.000000			68.00
69.00	ELECTROCARDIOLOGY	0.000000			69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	NEURODIAGNOSTICS	0.000000			70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	RENAL DIALYSIS	0.000000			74.00
75.00	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	MH ANCILLARY OUTPATIENT	0.000000			76.00
76.01	INPATIENT RENAL DIALYSIS	0.000000			76.01
76.02	ACUPUNCTURE	0.000000			76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	CLINIC	0.000000			90.00
91.00	EMERGENCY	0.000000			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
99.10	CORF				99.10
101.00	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
109.00	PANCREAS ACQUISITION				109.00
110.00	INTESTINAL ACQUISITION				110.00
111.00	ISLET ACQUISITION				111.00
113.00	INTEREST EXPENSE				113.00
116.00	HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150042		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/29/2012 2:21 pm	
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)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,095,336	0	3,095,336	25,065	123.49	30.00
31.00	INTENSIVE CARE UNIT	195,148		195,148	2,667	73.17	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
40.00	SUBPROVIDER - IPF	568,484	0	568,484	4,239	134.11	40.00
41.00	SUBPROVIDER - IRF	160,995	0	160,995	6,154	26.16	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	8,272		8,272	1,105	7.49	43.00
200.00	Total (Lines 30-199)	4,028,235		4,028,235	39,230		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150042		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/29/2012 2:21 pm	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	Title XVII I	Hospital	PPS	
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	13,915	1,718,363				30.00
31.00	INTENSIVE CARE UNIT	1,698	124,243				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
40.00	SUBPROVIDER - IPF	1,633	219,002				40.00
41.00	SUBPROVIDER - IRF	5,125	134,070				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
200.00	Total (Lines 30-199)	22,371	2,195,678				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150042		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/29/2012 2:21 pm	
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)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	804,246	20,057,865	0.040096	6,738,761	270,197	50.00
51.00	RECOVERY ROOM	37,136	1,360,590	0.027294	340,661	9,298	51.00
51.01	ENDOSCOPY	402,016	8,276,172	0.048575	787,900	38,272	51.01
52.00	DELIVERY ROOM & LABOR ROOM	11,095	3,301,426	0.003361	0	0	52.00
53.00	ANESTHESIOLOGY	7,428	2,727,536	0.002723	850,359	2,316	53.00
54.00	RADIOLOGY-DIAGNOSTIC	855,214	54,818,843	0.015601	6,120,140	95,480	54.00
54.01	RADIOLOGY-MONROE CITY	3,256	199,523	0.016319	0	0	54.01
54.02	RADIOLOGY-PETERSBURG	0	0	0.000000	0	0	54.02
54.03	RADIOLOGY-BICKNELL	4,886	99,795	0.048960	0	0	54.03
54.04	RADIOLOGY-MRI	23,376	11,284,420	0.002072	815,575	1,690	54.04
54.05	RADIOLOGY-ULTRASOUND	97,748	3,507,665	0.027867	254,237	7,085	54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR	1,707	239,460	0.007129	0	0	54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0.000000	0	0	54.07
54.08	RADIOLOGY-GSH BREAST CENTER	1,267	317,573	0.003990	0	0	54.08
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	397,725	40,377,161	0.009850	7,930,235	78,113	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	3,467	2,785,769	0.001245	1,749,724	2,178	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	120,295	4,641,951	0.025915	1,567,566	40,623	65.00
66.00	PHYSICAL THERAPY	190,368	10,657,030	0.017863	2,180,844	38,956	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	388,449	21,977,034	0.017675	5,005,044	88,464	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
70.01	NEURODIAGNOSTICS	110,526	2,543,878	0.043448	115,956	5,038	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,160	7,126,292	0.002548	2,532,091	6,452	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	64,943	10,689,807	0.006075	3,804,531	23,113	72.00
73.00	DRUGS CHARGED TO PATIENTS	422,625	50,550,093	0.008361	8,994,149	75,200	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	106,842	15,314,953	0.006976	0	0	75.00
76.00	MH ANCILLARY OUTPATIENT	0	0	0.000000	0	0	76.00
76.01	INPATIENT RENAL DIALYSIS	61,077	716,131	0.085287	578,438	49,333	76.01
76.02	ACUPUNCTURE	0	0	0.000000	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	23,684	186,342	0.127100	0	0	90.00
91.00	EMERGENCY	444,096	22,142,638	0.020056	2,392,249	47,979	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	484,214	6,464,023	0.074909	844,895	63,290	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	5,396	935,919	0.005765	0	0	96.00
200.00	Total (lines 50-199)	5,091,242	303,299,889		53,603,355	943,077	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150042		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/29/2012 2:21 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/29/2012 2:21 pm
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Cost Center Description	Title XVIII					Hospital		PPS
	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School			
	6.00	7.00	8.00	9.00	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 ADULTS & PEDIATRICS	25,065	0.00	13,915	0	0	0	30.00	
31.00 INTENSIVE CARE UNIT	2,667	0.00	1,698	0	0	0	31.00	
32.00 CORONARY CARE UNIT	0	0.00	0	0	0	0	32.00	
40.00 SUBPROVIDER - IPF	4,239	0.00	1,633	0	0	0	40.00	
41.00 SUBPROVIDER - IRF	6,154	0.00	5,125	0	0	0	41.00	
42.00 SUBPROVIDER	0	0.00	0	0	0	0	42.00	
43.00 NURSERY	1,105	0.00	0	0	0	0	43.00	
200.00 Total (Lines 30-199)	39,230		22,371	0	0	0	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/29/2012 2:21 pm
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost		
	12.00	13.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	0	0		30.00
31.00 INTENSIVE CARE UNIT	0	0		31.00
32.00 CORONARY CARE UNIT	0	0		32.00
40.00 SUBPROVIDER - IPF	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
200.00 Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 2:21 pm
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS								
50.00 OPERATING ROOM	0	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	0	51.00
51.01 ENDOSCOPY	0	0	0	0	0	0	0	51.01
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	291,511	0	0	0	291,511	54.00
54.01 RADIOLOGY-MONROE CITY	0	0	0	0	0	0	0	54.01
54.02 RADIOLOGY-PETERSBURG	0	0	0	0	0	0	0	54.02
54.03 RADIOLOGY-BICKNELL	0	0	0	0	0	0	0	54.03
54.04 RADIOLOGY-MRI	0	0	0	0	0	0	0	54.04
54.05 RADIOLOGY-ULTRASOUND	0	0	0	0	0	0	0	54.05
54.06 RADIOLOGY-PETERSBURG AMBER MANOR	0	0	0	0	0	0	0	54.06
54.07 RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	0	0	54.07
54.08 RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0	0	0	54.08
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	43,384	0	0	0	43,384	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	70.00
70.01 NEURODIAGNOSTICS	0	0	0	0	0	0	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	0	75.00
76.00 MH ANCILLARY OUTPATIENT	0	0	0	0	0	0	0	76.00
76.01 INPATIENT RENAL DIALYSIS	0	0	0	0	0	0	0	76.01
76.02 ACUPUNCTURE	0	0	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	0	96.00
200.00 Total (Lines 50-199)	0	0	334,895	0	0	0	334,895	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 2:21 pm
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Cost Center Description	Title XVIII			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	20,057,865	0.000000	0.000000	6,738,761	50.00
51.00 RECOVERY ROOM	0	1,360,590	0.000000	0.000000	340,661	51.00
51.01 ENDOSCOPY	0	8,276,172	0.000000	0.000000	787,900	51.01
52.00 DELIVERY ROOM & LABOR ROOM	0	3,301,426	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	2,727,536	0.000000	0.000000	850,359	53.00
54.00 RADIOLOGY-DIAGNOSTIC	291,511	54,818,843	0.005318	0.005318	6,120,140	54.00
54.01 RADIOLOGY-MONROE CITY	0	199,523	0.000000	0.000000	0	54.01
54.02 RADIOLOGY-PETERSBURG	0	0	0.000000	0.000000	0	54.02
54.03 RADIOLOGY-BICKNELL	0	99,795	0.000000	0.000000	0	54.03
54.04 RADIOLOGY-MRI	0	11,284,420	0.000000	0.000000	815,575	54.04
54.05 RADIOLOGY-ULTRASOUND	0	3,507,665	0.000000	0.000000	254,237	54.05
54.06 RADIOLOGY-PETERSBURG AMBER MANOR	0	239,460	0.000000	0.000000	0	54.06
54.07 RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0.000000	0.000000	0	54.07
54.08 RADIOLOGY-GSH BREAST CENTER	0	317,573	0.000000	0.000000	0	54.08
55.00 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	43,384	40,377,161	0.001074	0.001074	7,930,235	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	2,785,769	0.000000	0.000000	1,749,724	63.00
64.00 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00 RESPIRATORY THERAPY	0	4,641,951	0.000000	0.000000	1,567,566	65.00
66.00 PHYSICAL THERAPY	0	10,657,030	0.000000	0.000000	2,180,844	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	21,977,034	0.000000	0.000000	5,005,044	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
70.01 NEURODIAGNOSTICS	0	2,543,878	0.000000	0.000000	115,956	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,126,292	0.000000	0.000000	2,532,091	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	10,689,807	0.000000	0.000000	3,804,531	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	50,550,093	0.000000	0.000000	8,994,149	73.00
74.00 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	15,314,953	0.000000	0.000000	0	75.00
76.00 MH ANCILLARY OUTPATIENT	0	0	0.000000	0.000000	0	76.00
76.01 INPATIENT RENAL DIALYSIS	0	716,131	0.000000	0.000000	578,438	76.01
76.02 ACUPUNCTURE	0	0	0.000000	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	186,342	0.000000	0.000000	0	90.00
91.00 EMERGENCY	0	22,142,638	0.000000	0.000000	2,392,249	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,464,023	0.000000	0.000000	844,895	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	935,919	0.000000	0.000000	0	96.00
200.00 Total (lines 50-199)	334,895	303,299,889			53,603,355	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 2:21 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
Title VIII		11.00	12.00	13.00	21.00	22.00	
Hospital							
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	8,015,125	0	0	0	50.00
51.00	RECOVERY ROOM	0	373,406	0	0	0	51.00
51.01	ENDOSCOPY	0	3,248,623	0	0	0	51.01
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	837,304	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	32,547	16,754,196	89,099	0	0	54.00
54.01	RADIOLOGY-MONROE CITY	0	0	0	0	0	54.01
54.02	RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03	RADIOLOGY-BICKNELL	0	0	0	0	0	54.03
54.04	RADIOLOGY-MRI	0	3,569,564	0	0	0	54.04
54.05	RADIOLOGY-ULTRASOUND	0	803,710	0	0	0	54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR	0	0	0	0	0	54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08	RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0	54.08
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	8,517	603,119	648	0	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	528,718	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	596,235	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	9,843	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	5,947,192	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	NEURODIAGNOSTICS	0	831,912	0	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,266,059	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	1,731,382	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	15,860,589	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	INPATIENT RENAL DIALYSIS	0	0	0	0	0	76.01
76.02	ACUPUNCTURE	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	3,693,503	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,762,838	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00	Total (lines 50-199)	41,064	66,433,318	89,747	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 2:21 pm
	Title XVIII	Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0		50.00
51.00 RECOVERY ROOM	0	0		51.00
51.01 ENDOSCOPY	0	0		51.01
52.00 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 ANESTHESIOLOGY	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 RADIOLOGY-MONROE CITY	0	0		54.01
54.02 RADIOLOGY-PETERSBURG	0	0		54.02
54.03 RADIOLOGY-BICKNELL	0	0		54.03
54.04 RADIOLOGY-MRI	0	0		54.04
54.05 RADIOLOGY-ULTRASOUND	0	0		54.05
54.06 RADIOLOGY-PETERSBURG AMBER MANOR	0	0		54.06
54.07 RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0		54.07
54.08 RADIOLOGY-GSH BREAST CENTER	0	0		54.08
55.00 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 RADIOISOTOPE	0	0		56.00
57.00 CT SCAN	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0		59.00
60.00 LABORATORY	0	0		60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0		65.00
66.00 PHYSICAL THERAPY	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 NEURODIAGNOSTICS	0	0		70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 RENAL DIALYSIS	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 MH ANCILLARY OUTPATIENT	0	0		76.00
76.01 INPATIENT RENAL DIALYSIS	0	0		76.01
76.02 ACUPUNCTURE	0	0		76.02
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 CLINIC	0	0		90.00
91.00 EMERGENCY	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00 Total (Lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 2:21 pm		
		Title XVIII	Hospital	PPS		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.322782	8,015,125	0	0	50.00
51.00	RECOVERY ROOM	0.458588	373,406	0	0	51.00
51.01	ENDOSCOPY	0.298721	3,248,623	-724	0	51.01
52.00	DELIVERY ROOM & LABOR ROOM	0.290303	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.428645	837,304	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.163219	16,754,196	0	0	54.00
54.01	RADIOLOGY-MONROE CITY	0.518717	0	0	0	54.01
54.02	RADIOLOGY-PETERSBURG	0.000000	0	0	0	54.02
54.03	RADIOLOGY-BICKNELL	1.116639	0	0	0	54.03
54.04	RADIOLOGY-MRI	0.063555	3,569,564	0	0	54.04
54.05	RADIOLOGY-ULTRASOUND	0.174167	803,710	0	0	54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR	0.362704	0	0	0	54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0.000000	0	0	0	54.07
54.08	RADIOLOGY-GSH BREAST CENTER	0.829378	0	0	0	54.08
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	CT SCAN	0.000000	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	LABORATORY	0.170299	603,119	-187	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.437323	528,718	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0.760934	596,235	0	0	65.00
66.00	PHYSICAL THERAPY	0.375100	9,843	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.190095	5,947,192	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
70.01	NEURODIAGNOSTICS	0.264002	831,912	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.969976	1,266,059	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.346112	1,731,382	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.313891	15,860,589	0	29,919	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.243113	0	0	0	75.00
76.00	MH ANCILLARY OUTPATIENT	0.000000	0	0	0	76.00
76.01	INPATIENT RENAL DIALYSIS	0.704776	0	0	0	76.01
76.02	ACUPUNCTURE	0.000000	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	2.632364	0	0	0	90.00
91.00	EMERGENCY	0.325533	3,693,503	-642	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.541623	1,762,838	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00	DURABLE MEDICAL EQUIP-RENTED	0.555061	0	0	0	96.00
200.00	Subtotal (see instructions)		66,433,318	-1,553	29,919	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		66,433,318	-1,553	29,919	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150042		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part V Date/Time Prepared: 5/29/2012 2:21 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Costs						
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)				
	5.00	6.00	7.00				
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,587,138	0	0			50.00
51.00	RECOVERY ROOM	171,240	0	0			51.00
51.01	ENDOSCOPY	970,432	-216	0			51.01
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	ANESTHESIOLOGY	358,906	0	0			53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,734,603	0	0			54.00
54.01	RADIOLOGY-MONROE CITY	0	0	0			54.01
54.02	RADIOLOGY-PETERSBURG	0	0	0			54.02
54.03	RADIOLOGY-BICKNELL	0	0	0			54.03
54.04	RADIOLOGY-MRI	226,864	0	0			54.04
54.05	RADIOLOGY-ULTRASOUND	139,980	0	0			54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR	0	0	0			54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0			54.07
54.08	RADIOLOGY-GSH BREAST CENTER	0	0	0			54.08
55.00	RADIOLOGY-THERAPEUTIC	0	0	0			55.00
56.00	RADIOISOTOPE	0	0	0			56.00
57.00	CT SCAN	0	0	0			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0			58.00
59.00	CARDIAC CATHETERIZATION	0	0	0			59.00
60.00	LABORATORY	102,711	-32	0			60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	231,221	0	0			63.00
64.00	INTRAVENOUS THERAPY	0	0	0			64.00
65.00	RESPIRATORY THERAPY	453,695	0	0			65.00
66.00	PHYSICAL THERAPY	3,692	0	0			66.00
67.00	OCCUPATIONAL THERAPY	0	0	0			67.00
68.00	SPEECH PATHOLOGY	0	0	0			68.00
69.00	ELECTROCARDIOLOGY	1,130,531	0	0			69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0			70.00
70.01	NEURODIAGNOSTICS	219,626	0	0			70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,228,047	0	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	599,252	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	4,978,496	0	9,391			73.00
74.00	RENAL DIALYSIS	0	0	0			74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0			75.00
76.00	MH ANCILLARY OUTPATIENT	0	0	0			76.00
76.01	INPATIENT RENAL DIALYSIS	0	0	0			76.01
76.02	ACUPUNCTURE	0	0	0			76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	0	0	0			90.00
91.00	EMERGENCY	1,202,357	-209	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	954,794	0	0			92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
200.00	Subtotal (see instructions)	18,293,585	-457	9,391			200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0				201.00
202.00	Net Charges (line 200 +/- line 201)	18,293,585	-457	9,391			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150042 Component CCN: 15S042		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/29/2012 2:21 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	OPERATING ROOM	804,246	20,057,865	0.040096	0	0	50.00
51.00	RECOVERY ROOM	37,136	1,360,590	0.027294	0	0	51.00
51.01	ENDOSCOPY	402,016	8,276,172	0.048575	1,854	90	51.01
52.00	DELIVERY ROOM & LABOR ROOM	11,095	3,301,426	0.003361	0	0	52.00
53.00	ANESTHESIOLOGY	7,428	2,727,536	0.002723	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	855,214	54,818,843	0.015601	43,509	679	54.00
54.01	RADIOLOGY-MONROE CITY	3,256	199,523	0.016319	0	0	54.01
54.02	RADIOLOGY-PETERSBURG	0	0	0.000000	0	0	54.02
54.03	RADIOLOGY-BICKNELL	4,886	99,795	0.048960	0	0	54.03
54.04	RADIOLOGY-MRI	23,376	11,284,420	0.002072	0	0	54.04
54.05	RADIOLOGY-ULTRASOUND	97,748	3,507,665	0.027867	1,504	42	54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR	1,707	239,460	0.007129	0	0	54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0.000000	0	0	54.07
54.08	RADIOLOGY-GSH BREAST CENTER	1,267	317,573	0.003990	0	0	54.08
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	397,725	40,377,161	0.009850	118,118	1,163	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	3,467	2,785,769	0.001245	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	120,295	4,641,951	0.025915	12,659	328	65.00
66.00	PHYSICAL THERAPY	190,368	10,657,030	0.017863	20,279	362	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	388,449	21,977,034	0.017675	13,995	247	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
70.01	NEURODIAGNOSTICS	110,526	2,543,878	0.043448	2,266	98	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,160	7,126,292	0.002548	5,363	14	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	64,943	10,689,807	0.006075	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	422,625	50,550,093	0.008361	85,791	717	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	106,842	15,314,953	0.006976	0	0	75.00
76.00	MH ANCILLARY OUTPATIENT	0	0	0.000000	0	0	76.00
76.01	INPATIENT RENAL DIALYSIS	61,077	716,131	0.085287	2,090	178	76.01
76.02	ACUPUNCTURE	0	0	0.000000	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	23,684	186,342	0.127100	0	0	90.00
91.00	EMERGENCY	444,096	22,142,638	0.020056	79,692	1,598	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	484,214	6,464,023	0.074909	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	5,396	935,919	0.005765	0	0	96.00
200.00	Total (lines 50-199)	5,091,242	303,299,889		387,120	5,516	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150042 Component CCN: 15S042	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 2:21 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 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
51.01 ENDOSCOPY	0	0	0	0	0	51.01
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	291,511	0	291,511	54.00
54.01 RADIOLOGY-MONROE CITY	0	0	0	0	0	54.01
54.02 RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03 RADIOLOGY-BICKNELL	0	0	0	0	0	54.03
54.04 RADIOLOGY-MRI	0	0	0	0	0	54.04
54.05 RADIOLOGY-ULTRASOUND	0	0	0	0	0	54.05
54.06 RADIOLOGY-PETERSBURG AMBER MANOR	0	0	0	0	0	54.06
54.07 RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08 RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0	54.08
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	43,384	0	43,384	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 NEURODIAGNOSTICS	0	0	0	0	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01 INPATIENT RENAL DIALYSIS	0	0	0	0	0	76.01
76.02 ACUPUNCTURE	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00 Total (lines 50-199)	0	0	334,895	0	334,895	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150042 Component CCN: 15S042	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 2:21 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	20,057,865	0.000000	0.000000	0	50.00
51.00 RECOVERY ROOM	0	1,360,590	0.000000	0.000000	0	51.00
51.01 ENDOSCOPY	0	8,276,172	0.000000	0.000000	1,854	51.01
52.00 DELIVERY ROOM & LABOR ROOM	0	3,301,426	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	2,727,536	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	291,511	54,818,843	0.005318	0.005318	43,509	54.00
54.01 RADIOLOGY-MONROE CITY	0	199,523	0.000000	0.000000	0	54.01
54.02 RADIOLOGY-PETERSBURG	0	0	0.000000	0.000000	0	54.02
54.03 RADIOLOGY-BICKNELL	0	99,795	0.000000	0.000000	0	54.03
54.04 RADIOLOGY-MRI	0	11,284,420	0.000000	0.000000	0	54.04
54.05 RADIOLOGY-ULTRASOUND	0	3,507,665	0.000000	0.000000	1,504	54.05
54.06 RADIOLOGY-PETERSBURG AMBER MANOR	0	239,460	0.000000	0.000000	0	54.06
54.07 RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0.000000	0.000000	0	54.07
54.08 RADIOLOGY-GSH BREAST CENTER	0	317,573	0.000000	0.000000	0	54.08
55.00 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	43,384	40,377,161	0.001074	0.001074	118,118	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	2,785,769	0.000000	0.000000	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00 RESPIRATORY THERAPY	0	4,641,951	0.000000	0.000000	12,659	65.00
66.00 PHYSICAL THERAPY	0	10,657,030	0.000000	0.000000	20,279	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	21,977,034	0.000000	0.000000	13,995	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
70.01 NEURODIAGNOSTICS	0	2,543,878	0.000000	0.000000	2,266	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,126,292	0.000000	0.000000	5,363	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	10,689,807	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	50,550,093	0.000000	0.000000	85,791	73.00
74.00 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	15,314,953	0.000000	0.000000	0	75.00
76.00 MH ANCILLARY OUTPATIENT	0	0	0.000000	0.000000	0	76.00
76.01 INPATIENT RENAL DIALYSIS	0	716,131	0.000000	0.000000	2,090	76.01
76.02 ACUPUNCTURE	0	0	0.000000	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	186,342	0.000000	0.000000	0	90.00
91.00 EMERGENCY	0	22,142,638	0.000000	0.000000	79,692	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,464,023	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	935,919	0.000000	0.000000	0	96.00
200.00 Total (lines 50-199)	334,895	303,299,889			387,120	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150042 Component CCN: 15S042	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 2:21 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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
51.01 ENDOSCOPY	0	0	0	0	0	51.01
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	231	0	0	0	0	54.00
54.01 RADIOLOGY-MONROE CITY	0	0	0	0	0	54.01
54.02 RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03 RADIOLOGY-BICKNELL	0	0	0	0	0	54.03
54.04 RADIOLOGY-MRI	0	0	0	0	0	54.04
54.05 RADIOLOGY-ULTRASOUND	0	0	0	0	0	54.05
54.06 RADIOLOGY-PETERSBURG AMBER MANOR	0	0	0	0	0	54.06
54.07 RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08 RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0	54.08
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	127	0	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 NEURODIAGNOSTICS	0	0	0	0	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01 INPATIENT RENAL DIALYSIS	0	0	0	0	0	76.01
76.02 ACUPUNCTURE	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00 Total (lines 50-199)	358	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150042 Component CCN: 15S042	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 2:21 pm
	Title XVII I	Subprovider - IPF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	0	50.00
51.00 RECOVERY ROOM	0	0	51.00
51.01 ENDOSCOPY	0	0	51.01
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 RADIOLOGY-MONROECITY	0	0	54.01
54.02 RADIOLOGY-PETERSBURG	0	0	54.02
54.03 RADIOLOGY-BICKNELL	0	0	54.03
54.04 RADIOLOGY-MRI	0	0	54.04
54.05 RADIOLOGY-ULTRASOUND	0	0	54.05
54.06 RADIOLOGY-PETERSBURG AMBER MANOR	0	0	54.06
54.07 RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	54.07
54.08 RADIOLOGY-GSH BREAST CENTER	0	0	54.08
55.00 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 RADIOISOTOPE	0	0	56.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01 NEURODIAGNOSTICS	0	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 RENAL DIALYSIS	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 MH ANCILLARY OUTPATIENT	0	0	76.00
76.01 INPATIENT RENAL DIALYSIS	0	0	76.01
76.02 ACUPUNCTURE	0	0	76.02
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150042 Component CCN: 15T042		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/29/2012 2:21 pm	
		Title XVIIII		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	OPERATING ROOM	804,246	20,057,865	0.040096	57,048	2,287	50.00
51.00	RECOVERY ROOM	37,136	1,360,590	0.027294	3,540	97	51.00
51.01	ENDOSCOPY	402,016	8,276,172	0.048575	30,387	1,476	51.01
52.00	DELIVERY ROOM & LABOR ROOM	11,095	3,301,426	0.003361	0	0	52.00
53.00	ANESTHESIOLOGY	7,428	2,727,536	0.002723	8,432	23	53.00
54.00	RADIOLOGY-DIAGNOSTIC	855,214	54,818,843	0.015601	323,056	5,040	54.00
54.01	RADIOLOGY-MONROE CITY	3,256	199,523	0.016319	0	0	54.01
54.02	RADIOLOGY-PETERSBURG	0	0	0.000000	0	0	54.02
54.03	RADIOLOGY-BICKNELL	4,886	99,795	0.048960	0	0	54.03
54.04	RADIOLOGY-MRI	23,376	11,284,420	0.002072	70,539	146	54.04
54.05	RADIOLOGY-ULTRASOUND	97,748	3,507,665	0.027867	12,115	338	54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR	1,707	239,460	0.007129	0	0	54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0.000000	0	0	54.07
54.08	RADIOLOGY-GSH BREAST CENTER	1,267	317,573	0.003990	0	0	54.08
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	397,725	40,377,161	0.009850	485,110	4,778	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	3,467	2,785,769	0.001245	14,358	18	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	120,295	4,641,951	0.025915	123,793	3,208	65.00
66.00	PHYSICAL THERAPY	190,368	10,657,030	0.017863	3,346,463	59,778	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	388,449	21,977,034	0.017675	57,086	1,009	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
70.01	NEURODIAGNOSTICS	110,526	2,543,878	0.043448	7,599	330	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,160	7,126,292	0.002548	203,693	519	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	64,943	10,689,807	0.006075	14,082	86	72.00
73.00	DRUGS CHARGED TO PATIENTS	422,625	50,550,093	0.008361	368,379	3,080	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	106,842	15,314,953	0.006976	0	0	75.00
76.00	MH ANCILLARY OUTPATIENT	0	0	0.000000	0	0	76.00
76.01	INPATIENT RENAL DIALYSIS	61,077	716,131	0.085287	0	0	76.01
76.02	ACUPUNCTURE	0	0	0.000000	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	23,684	186,342	0.127100	0	0	90.00
91.00	EMERGENCY	444,096	22,142,638	0.020056	40,634	815	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	484,214	6,464,023	0.074909	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	5,396	935,919	0.005765	0	0	96.00
200.00	Total (lines 50-199)	5,091,242	303,299,889		5,166,314	83,028	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150042 Component CCN: 15T042	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 2:21 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 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
51.01 ENDOSCOPY	0	0	0	0	0	51.01
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	291,511	0	291,511	54.00
54.01 RADIOLOGY-MONROE CITY	0	0	0	0	0	54.01
54.02 RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03 RADIOLOGY-BICKNELL	0	0	0	0	0	54.03
54.04 RADIOLOGY-MRI	0	0	0	0	0	54.04
54.05 RADIOLOGY-ULTRASOUND	0	0	0	0	0	54.05
54.06 RADIOLOGY-PETERSBURG AMBER MANOR	0	0	0	0	0	54.06
54.07 RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08 RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0	54.08
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	43,384	0	43,384	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 NEURODIAGNOSTICS	0	0	0	0	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01 INPATIENT RENAL DIALYSIS	0	0	0	0	0	76.01
76.02 ACUPUNCTURE	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00 Total (lines 50-199)	0	0	334,895	0	334,895	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150042 Component CCN: 15T042	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 2:21 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	20,057,865	0.000000	0.000000	57,048	50.00
51.00 RECOVERY ROOM	0	1,360,590	0.000000	0.000000	3,540	51.00
51.01 ENDOSCOPY	0	8,276,172	0.000000	0.000000	30,387	51.01
52.00 DELIVERY ROOM & LABOR ROOM	0	3,301,426	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	2,727,536	0.000000	0.000000	8,432	53.00
54.00 RADIOLOGY-DIAGNOSTIC	291,511	54,818,843	0.005318	0.005318	323,056	54.00
54.01 RADIOLOGY-MONROE CITY	0	199,523	0.000000	0.000000	0	54.01
54.02 RADIOLOGY-PETERSBURG	0	0	0.000000	0.000000	0	54.02
54.03 RADIOLOGY-BICKNELL	0	99,795	0.000000	0.000000	0	54.03
54.04 RADIOLOGY-MRI	0	11,284,420	0.000000	0.000000	70,539	54.04
54.05 RADIOLOGY-ULTRASOUND	0	3,507,665	0.000000	0.000000	12,115	54.05
54.06 RADIOLOGY-PETERSBURG AMBER MANOR	0	239,460	0.000000	0.000000	0	54.06
54.07 RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0.000000	0.000000	0	54.07
54.08 RADIOLOGY-GSH BREAST CENTER	0	317,573	0.000000	0.000000	0	54.08
55.00 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	43,384	40,377,161	0.001074	0.001074	485,110	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	2,785,769	0.000000	0.000000	14,358	63.00
64.00 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00 RESPIRATORY THERAPY	0	4,641,951	0.000000	0.000000	123,793	65.00
66.00 PHYSICAL THERAPY	0	10,657,030	0.000000	0.000000	3,346,463	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	21,977,034	0.000000	0.000000	57,086	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
70.01 NEURODIAGNOSTICS	0	2,543,878	0.000000	0.000000	7,599	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,126,292	0.000000	0.000000	203,693	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	10,689,807	0.000000	0.000000	14,082	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	50,550,093	0.000000	0.000000	368,379	73.00
74.00 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	15,314,953	0.000000	0.000000	0	75.00
76.00 MH ANCILLARY OUTPATIENT	0	0	0.000000	0.000000	0	76.00
76.01 INPATIENT RENAL DIALYSIS	0	716,131	0.000000	0.000000	0	76.01
76.02 ACUPUNCTURE	0	0	0.000000	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	186,342	0.000000	0.000000	0	90.00
91.00 EMERGENCY	0	22,142,638	0.000000	0.000000	40,634	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,464,023	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	935,919	0.000000	0.000000	0	96.00
200.00 Total (lines 50-199)	334,895	303,299,889			5,166,314	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150042 Component CCN: 15T042	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 2:21 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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	160	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
51.01 ENDOSCOPY	0	0	0	0	0	51.01
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,718	188	1	0	0	54.00
54.01 RADIOLOGY-MONROE CITY	0	0	0	0	0	54.01
54.02 RADIOLOGY-PETERSBURG	0	0	0	0	0	54.02
54.03 RADIOLOGY-BICKNELL	0	0	0	0	0	54.03
54.04 RADIOLOGY-MRI	0	0	0	0	0	54.04
54.05 RADIOLOGY-ULTRASOUND	0	0	0	0	0	54.05
54.06 RADIOLOGY-PETERSBURG AMBER MANOR	0	0	0	0	0	54.06
54.07 RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0	0	0	54.07
54.08 RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0	54.08
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	521	0	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	89	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 NEURODIAGNOSTICS	0	0	0	0	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01 INPATIENT RENAL DIALYSIS	0	0	0	0	0	76.01
76.02 ACUPUNCTURE	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00 Total (lines 50-199)	2,239	437	1	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150042 Component CCN: 15T042	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 2:21 pm
Title XVII		Subprovider - IRF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . AI I Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	0	50.00
51.00 RECOVERY ROOM	0	0	51.00
51.01 ENDOSCOPY	0	0	51.01
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 RADIOLOGY-MONROECITY	0	0	54.01
54.02 RADIOLOGY-PETERSBURG	0	0	54.02
54.03 RADIOLOGY-BICKNELL	0	0	54.03
54.04 RADIOLOGY-MRI	0	0	54.04
54.05 RADIOLOGY-ULTRASOUND	0	0	54.05
54.06 RADIOLOGY-PETERSBURG AMBER MANOR	0	0	54.06
54.07 RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	54.07
54.08 RADIOLOGY-GSH BREAST CENTER	0	0	54.08
55.00 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 RADIOISOTOPE	0	0	56.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01 NEURODIAGNOSTICS	0	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 RENAL DIALYSIS	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 MH ANCILLARY OUTPATIENT	0	0	76.00
76.01 INPATIENT RENAL DIALYSIS	0	0	76.01
76.02 ACUPUNCTURE	0	0	76.02
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 2:21 pm		
		Component CCN: 15T042	Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.322782	160	0	0	50.00
51.00	RECOVERY ROOM	0.458588	0	0	0	51.00
51.01	ENDOSCOPY	0.298721	0	0	0	51.01
52.00	DELIVERY ROOM & LABOR ROOM	0.290303	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.428645	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.163219	188	0	0	54.00
54.01	RADIOLOGY-MONROE CITY	0.518717	0	0	0	54.01
54.02	RADIOLOGY-PETERSBURG	0.000000	0	0	0	54.02
54.03	RADIOLOGY-BICKNELL	1.116639	0	0	0	54.03
54.04	RADIOLOGY-MRI	0.063555	0	0	0	54.04
54.05	RADIOLOGY-ULTRASOUND	0.174167	0	0	0	54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR	0.362704	0	0	0	54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0.000000	0	0	0	54.07
54.08	RADIOLOGY-GSH BREAST CENTER	0.829378	0	0	0	54.08
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	CT SCAN	0.000000	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	LABORATORY	0.170299	0	0	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.437323	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0.760934	89	0	0	65.00
66.00	PHYSICAL THERAPY	0.375100	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.190095	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
70.01	NEURODIAGNOSTICS	0.264002	0	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.969976	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.346112	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.313891	0	0	74	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.243113	0	0	0	75.00
76.00	MH ANCILLARY OUTPATIENT	0.000000	0	0	0	76.00
76.01	INPATIENT RENAL DIALYSIS	0.704776	0	0	0	76.01
76.02	ACUPUNCTURE	0.000000	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	2.632364	0	0	0	90.00
91.00	EMERGENCY	0.325533	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.541623	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00	DURABLE MEDICAL EQUIP-RENTED	0.555061	0	0	0	96.00
200.00	Subtotal (see instructions)		437	0	74	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		437	0	74	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150042 Component CCN: 15T042	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 2:21 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	52	0	0		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
51.01 ENDOSCOPY	0	0	0		51.01
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	31	0	0		54.00
54.01 RADIOLOGY-MONROE CITY	0	0	0		54.01
54.02 RADIOLOGY-PETERSBURG	0	0	0		54.02
54.03 RADIOLOGY-BICKNELL	0	0	0		54.03
54.04 RADIOLOGY-MRI	0	0	0		54.04
54.05 RADIOLOGY-ULTRASOUND	0	0	0		54.05
54.06 RADIOLOGY-PETERSBURG AMBER MANOR	0	0	0		54.06
54.07 RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0		54.07
54.08 RADIOLOGY-GSH BREAST CENTER	0	0	0		54.08
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 RADIOISOTOPE	0	0	0		56.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	0	0		60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	68	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01 NEURODIAGNOSTICS	0	0	0		70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	23		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00 MH ANCILLARY OUTPATIENT	0	0	0		76.00
76.01 INPATIENT RENAL DIALYSIS	0	0	0		76.01
76.02 ACUPUNCTURE	0	0	0		76.02
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
91.00 EMERGENCY	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
200.00 Subtotal (see instructions)	151	0	23		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	151	0	23		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 2:21 pm		
		Title XIX	Hospital	Cost		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.322782	1,093,892	0	0	50.00
51.00	RECOVERY ROOM	0.458588	59,627	0	0	51.00
51.01	ENDOSCOPY	0.298721	754,629	0	0	51.01
52.00	DELIVERY ROOM & LABOR ROOM	0.290303	72,818	0	0	52.00
53.00	ANESTHESIOLOGY	0.428645	116,233	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.163219	4,995,590	0	0	54.00
54.01	RADIOLOGY-MONROE CITY	0.518717	21,962	0	0	54.01
54.02	RADIOLOGY-PETERSBURG	0.000000	0	0	0	54.02
54.03	RADIOLOGY-BICKNELL	1.116639	11,063	0	0	54.03
54.04	RADIOLOGY-MRI	0.063555	1,103,135	0	0	54.04
54.05	RADIOLOGY-ULTRASOUND	0.174167	344,672	0	0	54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR	0.362704	26,751	0	0	54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0.000000	0	0	0	54.07
54.08	RADIOLOGY-GSH BREAST CENTER	0.829378	31,777	0	0	54.08
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	CT SCAN	0.000000	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	LABORATORY	0.170299	3,142,163	0	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.437323	131,631	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0.760934	209,447	0	0	65.00
66.00	PHYSICAL THERAPY	0.375100	386,836	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.190095	1,644,873	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
70.01	NEURODIAGNOSTICS	0.264002	262,495	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.969976	394,061	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.346112	19,948	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.313891	3,820,988	0	0	73.00
74.00	RENAL DIALYSIS	0.000000	700	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.243113	1,709,554	0	0	75.00
76.00	MH ANCILLARY OUTPATIENT	0.000000	0	0	0	76.00
76.01	INPATIENT RENAL DIALYSIS	0.704776	0	0	0	76.01
76.02	ACUPUNCTURE	0.000000	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	2.632364	20,775	0	0	90.00
91.00	EMERGENCY	0.325533	1,990,174	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.541623	447,076	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00	DURABLE MEDICAL EQUIP-RENTED	0.555061	97,464	0	0	96.00
200.00	Subtotal (see instructions)		22,910,334	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)		22,910,334	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150042		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part V Date/Time Prepared: 5/29/2012 2:21 pm	
		Title XIX		Hospital		Cost	
Cost Center Description	Costs						
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)				
	5.00	6.00	7.00				
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	353,089	0	0			50.00
51.00	RECOVERY ROOM	27,344	0	0			51.00
51.01	ENDOSCOPY	225,424	0	0			51.01
52.00	DELIVERY ROOM & LABOR ROOM	21,139	0	0			52.00
53.00	ANESTHESIOLOGY	49,823	0	0			53.00
54.00	RADIOLOGY-DIAGNOSTIC	815,375	0	0			54.00
54.01	RADIOLOGY-MONROE CITY	11,392	0	0			54.01
54.02	RADIOLOGY-PETERSBURG	0	0	0			54.02
54.03	RADIOLOGY-BICKNELL	12,353	0	0			54.03
54.04	RADIOLOGY-MRI	70,110	0	0			54.04
54.05	RADIOLOGY-ULTRASOUND	60,030	0	0			54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR	9,703	0	0			54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0	0	0			54.07
54.08	RADIOLOGY-GSH BREAST CENTER	26,355	0	0			54.08
55.00	RADIOLOGY-THERAPEUTIC	0	0	0			55.00
56.00	RADIOISOTOPE	0	0	0			56.00
57.00	CT SCAN	0	0	0			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0			58.00
59.00	CARDIAC CATHETERIZATION	0	0	0			59.00
60.00	LABORATORY	535,107	0	0			60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	57,565	0	0			63.00
64.00	INTRAVENOUS THERAPY	0	0	0			64.00
65.00	RESPIRATORY THERAPY	159,375	0	0			65.00
66.00	PHYSICAL THERAPY	145,102	0	0			66.00
67.00	OCCUPATIONAL THERAPY	0	0	0			67.00
68.00	SPEECH PATHOLOGY	0	0	0			68.00
69.00	ELECTROCARDIOLOGY	312,682	0	0			69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0			70.00
70.01	NEURODIAGNOSTICS	69,299	0	0			70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	382,230	0	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	6,904	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	1,199,374	0	0			73.00
74.00	RENAL DIALYSIS	0	0	0			74.00
75.00	ASC (NON-DISTINCT PART)	415,615	0	0			75.00
76.00	MH ANCILLARY OUTPATIENT	0	0	0			76.00
76.01	INPATIENT RENAL DIALYSIS	0	0	0			76.01
76.02	ACUPUNCTURE	0	0	0			76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	54,687	0	0			90.00
91.00	EMERGENCY	647,867	0	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	242,147	0	0			92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	54,098	0	0			96.00
200.00	Subtotal (see instructions)	5,611,100	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)	5,611,100	0	0			202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2012 2:21 pm
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		25,065	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		25,065	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		25,065	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)		13,915	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)		22,380,565	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)		22,380,565	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		22,660,070	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		22,660,070	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.987665	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)		904.05	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)		22,380,565	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)		892.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,424,704	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)		12,424,704	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/29/2012 2:21 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	3,594,234	2,667	1,347.67	1,698	2,288,344	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)					17,388,824	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					32,101,872	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)					1,842,606	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					984,141	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,826,747	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					29,275,125	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)					3,921	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					892.90	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,501,061	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150042		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 2:21 pm	
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	3,095,336	22,380,565	0.138305	3,501,061	484,214	90.00
91.00	Nursing School cost	0	22,380,565	0.000000	3,501,061	0	91.00
92.00	Allied health cost	0	22,380,565	0.000000	3,501,061	0	92.00
93.00	All other Medical Education	0	22,380,565	0.000000	3,501,061	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15S042		Date/Time Prepared: 5/29/2012 2:21 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)		4,239	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,239	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,239	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)		1,633	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)		2,435,111	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)		2,435,111	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		4,168,097	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,168,097	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.584226	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)		983.27	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)		2,435,111	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)		574.45	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		938,077	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)		938,077	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150042		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1		
		Component CCN: 15S042				Date/Time Prepared: 5/29/2012 2:21 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)					108,193		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,046,270		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)					219,002		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,874		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					224,876		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					821,394		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 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 2:21 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	568,484	2,435,111	0.233453	0	0	90.00
91.00	Nursing School cost	0	2,435,111	0.000000	0	0	91.00
92.00	Allied health cost	0	2,435,111	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,435,111	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15T042		Date/Time Prepared: 5/29/2012 2:21 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)		6,154	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,154	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		6,154	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)		5,125	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)		4,988,591	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)		4,988,591	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		4,585,390	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,585,390	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.087932	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)		745.11	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)		4,988,591	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)		810.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,154,479	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)		4,154,479	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150042		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 15T042				Date/Time Prepared: 5/29/2012 2:21 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)				1,874,609		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				6,029,088		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				134,070		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				85,267		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				219,337		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)				5,809,751		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 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 2:21 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	160,995	4,988,591	0.032273	0	0	90.00
91.00	Nursing School cost	0	4,988,591	0.000000	0	0	91.00
92.00	Allied health cost	0	4,988,591	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,988,591	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/29/2012 2:21 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		14,079,015		30.00
31.00	INTENSIVE CARE UNIT		3,121,404		31.00
32.00	CORONARY CARE UNIT		0		32.00
40.00	SUBPROVIDER - IPF		7,067		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.322802	6,738,761	2,175,286	50.00
51.00	RECOVERY ROOM	0.458588	340,661	156,223	51.00
51.01	ENDOSCOPY	0.298721	787,900	235,362	51.01
52.00	DELIVERY ROOM & LABOR ROOM	0.290303	0	0	52.00
53.00	ANESTHESIOLOGY	0.428645	850,359	364,502	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.163219	6,120,140	998,923	54.00
54.01	RADIOLOGY-MONROE CITY	0.518717	0	0	54.01
54.02	RADIOLOGY-PETERSBURG	0.000000	0	0	54.02
54.03	RADIOLOGY-BICKNELL	1.116639	0	0	54.03
54.04	RADIOLOGY-MRI	0.063555	815,575	51,834	54.04
54.05	RADIOLOGY-ULTRASOUND	0.174167	254,237	44,280	54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR	0.362704	0	0	54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0.000000	0	0	54.07
54.08	RADIOLOGY-GSH BREAST CENTER	0.860895	0	0	54.08
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.170299	7,930,235	1,350,511	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.437323	1,749,724	765,195	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.760934	1,567,566	1,192,814	65.00
66.00	PHYSICAL THERAPY	0.375100	2,180,844	818,035	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.190095	5,005,044	951,434	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
70.01	NEURODIAGNOSTICS	0.264342	115,956	30,652	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.969976	2,532,091	2,456,067	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.346112	3,804,531	1,316,794	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.313891	8,994,149	2,823,182	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.243184	0	0	75.00
76.00	MH ANCILLARY OUTPATIENT	0.000000	0	0	76.00
76.01	INPATIENT RENAL DIALYSIS	0.724585	578,438	419,127	76.01
76.02	ACUPUNCTURE	0.000000	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	2.632364	0	0	90.00
91.00	EMERGENCY	0.326466	2,392,249	780,988	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.541623	844,895	457,615	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	DURABLE MEDICAL EQUIP-RENTED	0.555061	0	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		53,603,355	17,388,824	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		53,603,355		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 15S042		Date/Time Prepared: 5/29/2012 2:21 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	ADULTS & PEDIATRICS		432		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
40.00	SUBPROVIDER - IPF		1,641,237		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.322802	0	0	50.00
51.00	RECOVERY ROOM	0.458588	0	0	51.00
51.01	ENDOSCOPY	0.298721	1,854	554	51.01
52.00	DELIVERY ROOM & LABOR ROOM	0.290303	0	0	52.00
53.00	ANESTHESIOLOGY	0.428645	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.163219	43,509	7,101	54.00
54.01	RADIOLOGY-MONROE CITY	0.518717	0	0	54.01
54.02	RADIOLOGY-PETERSBURG	0.000000	0	0	54.02
54.03	RADIOLOGY-BICKNELL	1.116639	0	0	54.03
54.04	RADIOLOGY-MRI	0.063555	0	0	54.04
54.05	RADIOLOGY-ULTRASOUND	0.174167	1,504	262	54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR	0.362704	0	0	54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0.000000	0	0	54.07
54.08	RADIOLOGY-GSH BREAST CENTER	0.860895	0	0	54.08
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.170299	118,118	20,115	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.437323	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.760934	12,659	9,633	65.00
66.00	PHYSICAL THERAPY	0.375100	20,279	7,607	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.190095	13,995	2,660	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
70.01	NEURODIAGNOSTICS	0.264342	2,266	599	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.969976	5,363	5,202	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.346112	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.313891	85,791	26,929	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.243184	0	0	75.00
76.00	MH ANCILLARY OUTPATIENT	0.000000	0	0	76.00
76.01	INPATIENT RENAL DIALYSIS	0.724585	2,090	1,514	76.01
76.02	ACUPUNCTURE	0.000000	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	2.632364	0	0	90.00
91.00	EMERGENCY	0.326466	79,692	26,017	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.541623	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	DURABLE MEDICAL EQUIP-RENTED	0.555061	0	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		387,120	108,193	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		387,120		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 15T042		Date/Time Prepared: 5/29/2012 2:21 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	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		3,811,266		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.322802	57,048	18,415	50.00
51.00	RECOVERY ROOM	0.458588	3,540	1,623	51.00
51.01	ENDOSCOPY	0.298721	30,387	9,077	51.01
52.00	DELIVERY ROOM & LABOR ROOM	0.290303	0	0	52.00
53.00	ANESTHESIOLOGY	0.428645	8,432	3,614	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.163219	323,056	52,729	54.00
54.01	RADIOLOGY-MONROE CITY	0.518717	0	0	54.01
54.02	RADIOLOGY-PETERSBURG	0.000000	0	0	54.02
54.03	RADIOLOGY-BICKNELL	1.116639	0	0	54.03
54.04	RADIOLOGY-MRI	0.063555	70,539	4,483	54.04
54.05	RADIOLOGY-ULTRASOUND	0.174167	12,115	2,110	54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR	0.362704	0	0	54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0.000000	0	0	54.07
54.08	RADIOLOGY-GSH BREAST CENTER	0.860895	0	0	54.08
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.170299	485,110	82,614	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.437323	14,358	6,279	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.760934	123,793	94,198	65.00
66.00	PHYSICAL THERAPY	0.375100	3,346,463	1,255,258	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.190095	57,086	10,852	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
70.01	NEURODIAGNOSTICS	0.264342	7,599	2,009	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.969976	203,693	197,577	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.346112	14,082	4,874	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.313891	368,379	115,631	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.243184	0	0	75.00
76.00	MH ANCILLARY OUTPATIENT	0.000000	0	0	76.00
76.01	INPATIENT RENAL DIALYSIS	0.724585	0	0	76.01
76.02	ACUPUNCTURE	0.000000	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	2.632364	0	0	90.00
91.00	EMERGENCY	0.326466	40,634	13,266	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.541623	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	DURABLE MEDICAL EQUIP-RENTED	0.555061	0	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		5,166,314	1,874,609	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		5,166,314		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/29/2012 2:21 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		1,455,586		30.00
31.00	INTENSIVE CARE UNIT		355,193		31.00
32.00	CORONARY CARE UNIT		0		32.00
40.00	SUBPROVIDER - IPF		278,447		40.00
41.00	SUBPROVIDER - IRF		306,324		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		58,206		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.322782	685,802	221,365	50.00
51.00	RECOVERY ROOM	0.458588	55,236	25,331	51.00
51.01	ENDOSCOPY	0.298721	101,614	30,354	51.01
52.00	DELIVERY ROOM & LABOR ROOM	0.290303	177,004	51,385	52.00
53.00	ANESTHESIOLOGY	0.428645	112,704	48,310	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.163219	675,031	110,178	54.00
54.01	RADIOLOGY-MONROE CITY	0.518717	0	0	54.01
54.02	RADIOLOGY-PETERSBURG	0.000000	0	0	54.02
54.03	RADIOLOGY-BICKNELL	1.116639	0	0	54.03
54.04	RADIOLOGY-MRI	0.063555	94,170	5,985	54.04
54.05	RADIOLOGY-ULTRASOUND	0.174167	28,212	4,914	54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR	0.362704	0	0	54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0.000000	0	0	54.07
54.08	RADIOLOGY-GSH BREAST CENTER	0.829378	2,212	1,835	54.08
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.170299	817,993	139,303	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.437323	107,386	46,962	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.760934	184,853	140,661	65.00
66.00	PHYSICAL THERAPY	0.375100	480,607	180,276	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.190095	484,523	92,105	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
70.01	NEURODIAGNOSTICS	0.264002	12,969	3,424	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.969976	240,418	233,200	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.346112	702,197	243,039	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.313891	1,092,004	342,770	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.243113	787	191	75.00
76.00	MH ANCILLARY OUTPATIENT	0.000000	0	0	76.00
76.01	INPATIENT RENAL DIALYSIS	0.704776	47,422	33,422	76.01
76.02	ACUPUNCTURE	0.000000	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	2.632364	0	0	90.00
91.00	EMERGENCY	0.325533	289,095	94,110	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.541623	164,472	89,082	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	DURABLE MEDICAL EQUIP-RENTED	0.555061	4,240	2,353	96.00
200.00	Total (sum of lines 50-94 and 96-98)		6,560,951	2,140,555	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		6,560,951		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3
		Component CCN: 15S042	Date/Time Prepared: 5/29/2012 2:21 pm	
		Title XIX	Subprovider - IPF	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
32.00	CORONARY CARE UNIT		0	32.00
40.00	SUBPROVIDER - IPF		19,778	40.00
41.00	SUBPROVIDER - IRF		0	41.00
42.00	SUBPROVIDER		0	42.00
43.00	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.000000	0	50.00
51.00	RECOVERY ROOM	0.000000	0	51.00
51.01	ENDOSCOPY	0.000000	50	51.01
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000	0	54.00
54.01	RADIOLOGY-MONROE CITY	0.000000	0	54.01
54.02	RADIOLOGY-PETERSBURG	0.000000	0	54.02
54.03	RADIOLOGY-BICKNELL	0.000000	0	54.03
54.04	RADIOLOGY-MRI	0.000000	0	54.04
54.05	RADIOLOGY-ULTRASOUND	0.000000	18	54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR	0.000000	0	54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0.000000	0	54.07
54.08	RADIOLOGY-GSH BREAST CENTER	0.000000	0	54.08
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	RADIOISOTOPE	0.000000	0	56.00
57.00	CT SCAN	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	LABORATORY	0.000000	1,427	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0.000000	121	65.00
66.00	PHYSICAL THERAPY	0.000000	110	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	ELECTROCARDIOLOGY	0.000000	111	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
70.01	NEURODIAGNOSTICS	0.000000	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	58	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000	1,150	73.00
74.00	RENAL DIALYSIS	0.000000	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	MH ANCILLARY OUTPATIENT	0.000000	0	76.00
76.01	INPATIENT RENAL DIALYSIS	0.000000	0	76.01
76.02	ACUPUNCTURE	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	CLINIC	0.000000	0	90.00
91.00	EMERGENCY	0.000000	599	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS				
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		3,644	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)		3,644	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3
		Component CCN: 15T042	Date/Time Prepared: 5/29/2012 2:21 pm	
		Title XIX	Subprovider - IRF	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
32.00	CORONARY CARE UNIT		0	32.00
40.00	SUBPROVIDER - IPF		0	40.00
41.00	SUBPROVIDER - IRF		867	41.00
42.00	SUBPROVIDER		0	42.00
43.00	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.000000	8	50.00
51.00	RECOVERY ROOM	0.000000	0	51.00
51.01	ENDOSCOPY	0.000000	6	51.01
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000	49	54.00
54.01	RADIOLOGY-MONROE CITY	0.000000	0	54.01
54.02	RADIOLOGY-PETERSBURG	0.000000	0	54.02
54.03	RADIOLOGY-BICKNELL	0.000000	0	54.03
54.04	RADIOLOGY-MRI	0.000000	14	54.04
54.05	RADIOLOGY-ULTRASOUND	0.000000	0	54.05
54.06	RADIOLOGY-PETERSBURG AMBER MANOR	0.000000	0	54.06
54.07	RADIOLOGY-ORTHOPEDIC ASSOCIATES	0.000000	0	54.07
54.08	RADIOLOGY-GSH BREAST CENTER	0.000000	0	54.08
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	RADIOISOTOPE	0.000000	0	56.00
57.00	CT SCAN	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	LABORATORY	0.000000	69	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0.000000	21	65.00
66.00	PHYSICAL THERAPY	0.000000	705	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	ELECTROCARDIOLOGY	0.000000	111	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
70.01	NEURODIAGNOSTICS	0.000000	2	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	17	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000	96	73.00
74.00	RENAL DIALYSIS	0.000000	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	MH ANCILLARY OUTPATIENT	0.000000	0	76.00
76.01	INPATIENT RENAL DIALYSIS	0.000000	0	76.01
76.02	ACUPUNCTURE	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	CLINIC	0.000000	0	90.00
91.00	EMERGENCY	0.000000	599	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS				
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		1,697	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)		1,697	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/29/2012 2:21 pm
		Title XVII I	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		24,086,885	1.00
2.00	Outlier payments for discharges. (see instructions)		779,668	2.00
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		181.26	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	Adjustment 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)		4.80	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		10.77	31.00
32.00	Sum of lines 30 and 31		15.57	32.00
33.00	Allowable disproportionate share percentage (see instructions)		2.87	33.00
34.00	Disproportionate share adjustment (see instructions)		691,294	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 and 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 and 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)		25,557,847	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)		25,557,847	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,998,770	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/29/2012 2:21 pm
		Title XVIII	Hospital	PPS
				1.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			41,064 58.00
59.00	Total (sum of amounts on lines 49 through 58)			27,597,681 59.00
60.00	Primary payer payments			15,215 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			27,582,466 61.00
62.00	Deductibles billed to program beneficiaries			2,559,272 62.00
63.00	Coinsurance billed to program beneficiaries			92,541 63.00
64.00	Allowable bad debts (see instructions)			353,749 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			247,624 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			277,125 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			25,178,277 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			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)			25,178,277 71.00
72.00	Interim payments			25,669,573 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)			-491,296 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			180,652 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 2:21 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,934	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		18,203,838	2.00
3.00	PPS payments		15,718,987	3.00
4.00	Outlier payment (see instructions)		56,124	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		89,747	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		8,934	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		28,366	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)		28,366	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 charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		28,366	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		19,432	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)		8,934	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)		15,864,858	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)		3,689,975	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)		12,183,817	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)		12,183,817	30.00
31.00	Primary payer payments		2,912	31.00
32.00	Subtotal (line 30 minus line 31)		12,180,905	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)		439,157	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		307,410	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		340,322	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		12,488,315	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-85	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		12,488,400	40.00
41.00	Interim payments		12,088,888	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)		399,512	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	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 2:21 pm
		Title XVIII	Hospital
WORKSHEET OVERRIDE VALUES			PPS Overrides
			1.00
112.00 Override of Ancillary service charges (line 12)			0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 2:21 pm
		Component CCN: 15S042	Title XVIII	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
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 charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
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)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	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)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	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)		0	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 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 2:21 pm
	Title XVIII	Subprovider - IPF	PPS
			Overrides 1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 2:21 pm
		Component CCN: 15T042	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		23	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		150	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		1	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		23	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		74	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)		74	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 charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		74	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		51	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)		23	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)		137	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)		8	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)		152	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)		152	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		152	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)		152	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		152	40.00
41.00	Interim payments		150	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)		2	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 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 2:21 pm
	Title XVIII	Subprovider - IRF	PPS
			Overrides
WORKSHEET OVERRIDE VALUES			1.00
112.00 Override of Ancillary service charges (line 12)			0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2012 2:21 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		25,547,262		12,093,289	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	09/07/2011	✓ 7,937	09/07/2011	✓ 19,784	3.01
3.02		09/07/2011	✓ 56,505	09/07/2011	✓ 25,642	3.02
3.03		11/21/2011	✓ 58,183		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	09/07/2011	✓ 314	11/21/2011	✓ 49,827	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)		122,311		-4,401	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)		25,669,573		12,088,888	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		399,512	6.01
6.02	SETTLEMENT TO PROGRAM		491,296		0	6.02
7.00	Total Medicare program liability (see instructions)		25,178,277		12,488,400	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

Period: From 01/01/2011

Worksheet E-1

Component CCN: 15S042

To 12/31/2011

Part I
Date/Time Prepared:
5/29/2012 2:21 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					1.00
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		1,039,940		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)		1,039,940		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		81,836		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,121,776		0	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

Period: From 01/01/2011

Worksheet E-1

Component CCN: 15T042

To 12/31/2011

Part I
Date/Time Prepared:
5/29/2012 2:21 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					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		5,981,750		150	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	09/07/2011	16,263		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)		16,263		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		5,998,013		150	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		85,059		2	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		6,083,072		152	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part II Date/Time Prepared: 5/29/2012 2:21 pm
		Component CCN: 15S042	Title XVII	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)		1,271,954	1.00
2.00	Net IPF PPS Outlier Payments		0	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
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)		11.613699	9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1\}$.		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)		1,271,954	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)		1,271,954	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,271,954	18.00
19.00	Deductibles		184,325	19.00
20.00	Subtotal (line 18 minus line 19)		1,087,629	20.00
21.00	Coinsurance		47,689	21.00
22.00	Subtotal (line 20 minus line 21)		1,039,940	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		116,397	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		81,478	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		115,265	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,121,418	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)		358	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)		1,121,776	31.00
32.00	Interim payments		1,039,940	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)		81,836	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		0	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	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part III Date/Time Prepared: 5/29/2012 2:21 pm
		Component CCN: 15T042	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		5,988,235	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0336	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		203,678	3.00
4.00	Outlier Payments		43,947	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
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)		16.860274	10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line 9}/\text{line 10})) \text{ raised to the power of } .6876 - 1)\}$.		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)		6,235,860	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)		6,235,860	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		6,235,860	19.00
20.00	Deductibles		127,820	20.00
21.00	Subtotal (line 19 minus line 20)		6,108,040	21.00
22.00	Coinsurance		33,677	22.00
23.00	Subtotal (line 21 minus line 22)		6,074,363	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		9,243	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		6,470	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		6,728	26.00
27.00	Subtotal (sum of lines 23 and 25)		6,080,833	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)		2,239	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)		6,083,072	32.00
33.00	Interim payments		5,998,013	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)		85,059	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		0	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 01/01/2011
To 12/31/2011

Worksheet G
Date/Time Prepared:
5/29/2012 2:21 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	40,323,611	0	0	0	1.00
2.00	Temporary investments	51,204,630	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	36,592,803	0	0	0	4.00
5.00	Other receivable	920,450	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-13,776,000	0	0	0	6.00
7.00	Inventory	1,843,029	0	0	0	7.00
8.00	Prepaid expenses	5,171,213	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)	122,279,736	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,728,852	0	0	0	12.00
13.00	Land improvements	5,541,284	0	0	0	13.00
14.00	Accumulated depreciation	-3,404,768	0	0	0	14.00
15.00	Buildings	78,833,274	0	0	0	15.00
16.00	Accumulated depreciation	-45,363,164	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	134,148,247	0	0	0	23.00
24.00	Accumulated depreciation	-96,850,305	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)	78,633,420	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	5,088,151	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	2,347,138	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	7,435,289	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	208,348,445	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,607,707	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)	2,698,931	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	403,590	0	0	0	43.00
44.00	Other current liabilities	12,794,022	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	18,504,250	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	19,496,404	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)	19,496,404	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	38,000,654	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	170,347,791				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)	170,347,791	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	208,348,445	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet G-1

Date/Time Prepared:
5/29/2012 2:21 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		161,908,951	
2.00	Net income (loss) (From Wkst. G-3, line 29)		8,438,840			2.00
3.00	Total (sum of line 1 and line 2)		170,347,791		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		170,347,791		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		170,347,791		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet G-1

Date/Time Prepared:
5/29/2012 2:21 pm

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00			0		0	1.00
2.00						2.00
3.00			0		0	3.00
4.00	0			0		4.00
5.00	0			0		5.00
6.00	0			0		6.00
7.00	0			0		7.00
8.00	0			0		8.00
9.00	0			0		9.00
10.00			0		0	10.00
11.00			0		0	11.00
12.00	0			0		12.00
13.00	0			0		13.00
14.00	0			0		14.00
15.00	0			0		15.00
16.00	0			0		16.00
17.00	0			0		17.00
18.00			0		0	18.00
19.00			0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet G-2 Parts
Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	22,660,070		22,660,070	1.00
2.00	SUBPROVIDER - IPF	4,168,097		4,168,097	2.00
3.00	SUBPROVIDER - IRF	4,585,390		4,585,390	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)	31,413,557		31,413,557	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	5,316,911		5,316,911	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)	5,316,911		5,316,911	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	36,730,468		36,730,468	17.00
18.00	Ancillary services	91,346,302	166,909,712	258,256,014	18.00
19.00	Outpatient services	6,853,313	22,950,204	29,803,517	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	3,022	3,007,788	3,010,810	26.00
27.00	PHYSICIAN OFFICE	8,822,916	29,158,109	37,981,025	27.00
27.01	MH RESIDENTIAL	0	930,291	930,291	27.01
27.02	MOB	158,865	1,519,271	1,678,136	27.02
27.03	ASC	11,781	15,303,172	15,314,953	27.03
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	143,926,667	239,778,547	383,705,214	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		170,273,493		29.00
30.00		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	93,569			37.00
38.00	INTEREST EXPENSE	1,061,790			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)		1,155,359		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		169,118,134		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150042

Period:
From 01/01/2011
To 12/31/2011

Worksheet G-3

Date/Time Prepared:
5/29/2012 2:21 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	383,705,214	1.00
2.00	Less contractual allowances and discounts on patients' accounts	212,493,422	2.00
3.00	Net patient revenues (line 1 minus line 2)	171,211,792	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	169,118,134	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,093,658	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	3,415,809	6.00
7.00	Income from investments	202,387	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	0	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	OTHER DSH	2,726,986	24.00
25.00	Total other income (sum of lines 6-24)	6,345,182	25.00
26.00	Total (line 5 plus line 25)	8,438,840	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)	8,438,840	29.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150042

Period: From 01/01/2011

Worksheet K

Hospice CCN: 151526

To 12/31/2011

Date/Time Prepared: 5/29/2012 2:21 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	209,840	55,876	1,251	0	51,234	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	294,124	71,026	39,960	497,192	127,654	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	72,549	9,386	8,734	533	15	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	93,032	41,433	27,291	0	89	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	33,011	7,224	1,091	0	83	35.00
36.00	Volunteer Program Costs	14,522	1,101	215	0	10	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)	717,078	186,046	78,542	497,725	179,085	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150042

Period: From 01/01/2011

Worksheet K

Hospice CCN: 151526

To 12/31/2011

Date/Time Prepared: 5/29/2012 2:21 pm

		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Hospice I 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	318,201	-62,997	255,204	0	255,204	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	1,029,956	-198,200	831,756	0	831,756	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	91,217	-8,896	82,321	0	82,321	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	161,845	-41,498	120,347	0	120,347	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	41,409	-7,307	34,102	0	34,102	35.00
36.00	Volunteer Program Costs	15,848	-1,033	14,815	0	14,815	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)	1,658,476	-319,931	1,338,545	0	1,338,545	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150042

Period: From 01/01/2011

Worksheet K-1

Hospice CCN: 151526

To 12/31/2011

Date/Time Prepared: 5/29/2012 2:21 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	209,840	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	294,124	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	72,549	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	33,011	0	35.00
36.00	Volunteer Program Costs	0	0	0	14,522	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)	209,840	0	72,549	47,533	294,124	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150042

Period: From 01/01/2011

Worksheet K-1

Hospice CCN: 151526

To 12/31/2011

Date/Time Prepared: 5/29/2012 2:21 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	209,840	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	294,124	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	72,549	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		93,032	0	93,032	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	33,011	35.00
36.00	Volunteer Program Costs		0	0	14,522	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	93,032	0	717,078	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet K-2
		Hospice CCN: 151526		Date/Time Prepared: 5/29/2012 2:21 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	55,876	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	71,026	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	9,386	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	7,224	0	35.00
36.00	Volunteer Program Costs	0	0	0	1,101	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)	55,876	0	9,386	8,325	71,026	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 150042

Period: From 01/01/2011

Worksheet K-2

Hospice CCN: 151526

To 12/31/2011

Date/Time Prepared: 5/29/2012 2:21 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	55,876	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	71,026	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	9,386	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		41,433	0	41,433	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	7,224	35.00
36.00	Volunteer Program Costs		0	0	1,101	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	41,433	0	186,046	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 150042	Period: From 01/01/2011 To 12/31/2011	Worksheet K-3
		Hospice CCN: 151526		Date/Time Prepared: 5/29/2012 2:21 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	0	0	0	0	1,116	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)	0	0	533	0	1,116	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 150042	Period: From 01/01/2011	Worksheet K-3
		Hospice CCN: 151526	To 12/31/2011	Date/Time Prepared: 5/29/2012 2:21 pm

		Total Therapists	Aides	All-Other	Hospice I 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	496,076	497,192	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	496,076	497,725	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150042

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 151526

To 12/31/2011

Part I
Date/Time Prepared:
5/29/2012 2:21 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
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	255,204	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	831,756	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	82,321	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	120,347	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	34,102	0	0	0	0	35.00
36.00	Volunteer Program Costs	14,815	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)	1,338,545	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 150042	Period: From 01/01/2011	Worksheet K-4
		Hospice CCN: 151526	To 12/31/2011	Part I
				Date/Time Prepared: 5/29/2012 2:21 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 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.		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	0				5.00
6.00	Administrative and General	0	255,204			6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	831,756	195,939	1,027,695	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	82,321	19,392	101,713	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	120,347	28,350	148,697	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	34,102	8,033	42,135	35.00
36.00	Volunteer Program Costs	0	14,815	3,490	18,305	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	1,083,341	255,204	1,338,545	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150042

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 151526

To 12/31/2011

Part II
Date/Time Prepared:
5/29/2012 2:21 pm

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		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

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 151526

To 12/31/2011

Part II
Date/Time Prepared:
5/29/2012 2:21 pm

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		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	-255,204	1,083,341	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	831,756	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	82,321	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	120,347	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	34,102	35.00
36.00	Volunteer Program Costs	0	14,815	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)		255,204	39.00
40.00	Unit Cost Multiplier		0.235571	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150042

Period:

Worksheet K-5

Hospice CCN: 151526

From 01/01/2011
To 12/31/2011

Part I
Date/Time Prepared:
5/29/2012 2:21 pm

Hospice I

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS			NEW CRC- MEMORIAL	
		NEW BLDG & FIXT	NEW CRC - CT EAST	NEW CRC- CT WEST		
		1.00	1.01	1.02		
	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	1,027,695	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	101,713	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	148,697	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	42,135	0	0	0	0	30.00
31.00 Volunteer Program Costs	18,305	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)	1,338,545	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

Period:

Worksheet K-5

Hospice CCN: 151526

From 01/01/2011

Part I

To 12/31/2011

Date/Time Prepared: 5/29/2012 2:21 pm

Hospice I

Cost Center Description	CAPITAL RELATED COSTS				NEW MVBLE EQUIP	
	NEW CRC - OUTPATIENT	NEW CRD - HEALTH PAVILION	NEW CRC - STORAGE	NEW CRC - DIAGNOSTIC CENTER		
	1.04	1.05	1.06	1.07		
1.00 Administrative and General	10,695	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)	10,695	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

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151526

To 12/31/2011

Part I
Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	PURCHASING & RECEIVING	
		NEW CRC - EQUIPMENT	NEW CRC - HEALTH PAVILION				
		2.01	2.02				
1.00	Administrative and General	8,791	0	66,468	168	7,104	1.00
2.00	Inpatient - General Care	0	0	93,166	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	22,980	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	29,468	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	10,456	0	0	30.00
31.00	Volunteer Program Costs	0	0	4,600	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)	8,791	0	227,138	168	7,104	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150042

Period:

Worksheet K-5

Hospice CCN: 151526

From 01/01/2011

Part I

To 12/31/2011

Date/Time Prepared:

5/29/2012 2:21 pm

Cost Center Description		Hospice I					
		REGISTRATION	PATIENT ACCOUNTS	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	
		4.03	4.04	4A.04	5.00	7.00	
1.00	Administrative and General	0	0	93,226	9,950	84,579	1.00
2.00	Inpatient - General Care	0	0	1,120,861	119,622	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	124,693	13,308	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	178,165	19,015	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	52,591	5,613	0	30.00
31.00	Volunteer Program Costs	0	0	22,905	2,445	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	1,592,441	169,953	84,579	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

Period:

Worksheet K-5

Hospice CCN: 151526

From 01/01/2011
To 12/31/2011

Part I
Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description		Hospice I					
		LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	CAFETERIA 11.00	NURSING ADMINISTRATION 13.00	
1.00	Administrative and General	0	27,771	0	2,688	22,800	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	3,037	25,770	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	3	27	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	1,019	8,648	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	2,202	18,684	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 - Specif y	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	558	4,730	30.00
31.00	Volunteer Program Costs	0	0	0	306	2,592	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	27,771	0	9,813	83,251	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150042

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151526

To 12/31/2011

Part I
Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description		Hospice I					
		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	4,964	55,808	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)	4,964	55,808	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

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151526

To 12/31/2011

Part I
Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description		Hospice I					
		PARAMED ED PRGM	PARAMED ED PRGM-LAB	Subtotal (col.s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)	
		23.00	23.01	24.00	25.00	26.00	
1.00	Administrative and General	0	0	301,786			1.00
2.00	Inpatient - General Care	0	0	1,240,483	0	1,240,483	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	28,807	0	28,807	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	30	0	30	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	147,668	0	147,668	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	218,066	0	218,066	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	63,492	0	63,492	30.00
31.00	Volunteer Program Costs	0	0	28,248	0	28,248	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	2,028,580	0	2,028,580	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150042

Period:

Worksheet K-5

Hospice CCN: 151526

From 01/01/2011
To 12/31/2011

Part I
Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description		Allocated Hospice A&G (See Part 11)	Total Hospice Costs (cols. 26 ± 27)	Hospice I	
		27.00	28.00		
1.00	Administrative and General				1.00
2.00	Inpatient - General Care	216,795	1,457,278		2.00
3.00	Inpatient - Respite Care	0	0		3.00
4.00	Physician Services	0	0		4.00
5.00	Nursing Care	5,035	33,842		5.00
6.00	Nursing Care-Continuous Home Care	0	0		6.00
7.00	Physical Therapy	5	35		7.00
8.00	Occupational Therapy	0	0		8.00
9.00	Speech/ Language Pathology	0	0		9.00
10.00	Medical Social Services	25,807	173,475		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	38,111	256,177		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	11,096	74,588		30.00
31.00	Volunteer Program Costs	4,937	33,185		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)		2,028,580		34.00
35.00	Unit Cost Multiplier (see instructions)	0.174767			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150042

Period:

Worksheet K-5

Hospice CCN: 151526

From 01/01/2011
To 12/31/2011

Part II
Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description	CAPITAL RELATED COSTS					NEW CRC - OUTPATIENT (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW CRC - CT EAST (SQUARE FEET)	NEW CRC- CT WEST (SQUARE FEET)	NEW CRC- MEMORIAL (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	10,695	35.00	
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	2.200165	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150042

Hospice CCN: 151526

Period:
From 01/01/2011
To 12/31/2011

Worksheet K-5
Part II
Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description	CAPITAL RELATED COSTS					NEW CRC - EQUIPMENT (SQUARE FEET)	
	NEW CRD - HEALTH PAVILION (SQUARE FEET)	NEW CRC - STORAGE (SQUARE FEET)	NEW CRC - DIAGNOSTIC CENTER (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)			
	1.05	1.06	1.07	2.00	2.01		
1.00 Administrative and General	0	0	0	0	0	4,861	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	4,861	34.00
35.00 Total cost to be allocated	0	0	0	0	0	8,791	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	1.808476	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150042

Hospice CCN: 151526

Period:
From 01/01/2011
To 12/31/2011

Worksheet K-5
Part II
Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description		Hospice I					
		CAPITAL RELATED COSTS	EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	PURCHASING & RECEIVING (SUPPLIES COST)	REGISTRATION (GROSS CHARGES)	
		NEW CRC - HEALTH PAVILION (SQUARE FEET)					
	2.02	4.00	4.01	4.02	4.03		
1.00	Administrative and General	0	209,840	1	160,780	0	1.00
2.00	Inpatient - General Care	0	294,124	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	72,549	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	93,032	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	33,011	0	0	0	30.00
31.00	Volunteer Program Costs	0	14,522	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	717,078	1	160,780	0	34.00
35.00	Total cost to be allocated	0	227,138	168	7,104	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.316755	168.000000	0.044185	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150042

Hospice CCN: 151526

Period:
From 01/01/2011
To 12/31/2011

Worksheet K-5
Part II
Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description		Hospice I					
		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	0	0	93,226	4,861	0	1.00
2.00	Inpatient - General Care	0	0	1,120,861	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	124,693	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	178,165	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	52,591	0	0	30.00
31.00	Volunteer Program Costs	0	0	22,905	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	1,592,441	4,861	0	34.00
35.00	Total cost to be allocated	0	0	169,953	84,579	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000		0.106725	17.399506	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150042

Hospice CCN: 151526

Period:
From 01/01/2011
To 12/31/2011

Worksheet K-5
Part II
Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description	Hospice I					
	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	595	0	8,392	8,392	160,780	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	9,485	9,485	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	10	10	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	3,183	3,183	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	6,877	6,877	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	1,741	1,741	0	30.00
31.00 Volunteer Program Costs	0	0	954	954	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)	595	0	30,642	30,642	160,780	34.00
35.00 Total cost to be allocated	27,771	0	9,813	83,251	4,964	35.00
36.00 Unit Cost Multiplier (see instructions)	46.673950	0.000000	0.320247	2.716892	0.030874	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150042

Period:

Worksheet K-5

Hospice CCN: 151526

From 01/01/2011
To 12/31/2011

Part II
Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description		Hospice I					
		PHARMACY (COSTED REQUISITE)	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	127,530	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)	127,530	0	0	0	0	34.00
35.00	Total cost to be allocated	55,808	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.437607	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150042

Period:

Worksheet K-5

Hospice CCN: 151526

From 01/01/2011
To 12/31/2011

Part II
Date/Time Prepared:
5/29/2012 2:21 pm

Cost Center Description		PARAMED ED PRGM-LAB (ASSIGNED TIME)	Hospice I
		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	Period: From 01/01/2011	Worksheet K-5	
		Hospice CCN: 151526	To 12/31/2011	Part III	
		Hospice I		Date/Time Prepared: 5/29/2012 2:21 pm	
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	
ANCI LLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.375100	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.000000	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.313891	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0.555061	0	5.00
6.00	LABORATORY	60.00	0.170299	0	6.00
6.01	LABORATORY-SATELLITE	60.01			6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.969976	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	9.00
10.00	MH ANCI LLARY OUTPATIENT	76.00	0.000000	0	10.00
10.01	INPATIENT RENAL DIALYSIS	76.01	0.724585	0	10.01
10.02	ACUPUNCTURE	76.02	0.000000	0	10.02
11.00	Totals (sum of lines 1-10)				11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150042

Period:

Worksheet K-6

Hospice CCN: 151526

From 01/01/2011
To 12/31/2011

Date/Time Prepared:
5/29/2012 2:21 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				2,028,580	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	Unduplicated 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	Unduplicated 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 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/29/2012 2:21 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,934,252	1.00
2.00	Capital DRG outlier payments		64,518	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		65.24	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)		1,998,770	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