

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 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 6/3/2015 1:43 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 6/3/2015 Time: 1:43 pm
Contractor use only	5. <input type="checkbox"/> 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. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by GOOD SAMARITAN HOSPITAL ( 150042 ) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
Officer or Administrator of Provider(s)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	71,453	124,213	-64,283	0	1.00
2.00 Subprovider - IPF	0	4,334	83		0	2.00
3.00 Subprovider - IRF	0	38,560	210		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	114,347	124,506	-64,283	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.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 150042		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 6/3/2015 1:34 pm							
1.00			2.00		3.00			4.00								
Hospital and Hospital Health Care Complex Address:																
1.00	Street: 520 SOUTH 7TH STREET				PO Box:							1.00				
2.00	City: VINCENNES				State: IN		Zip Code: 47591		County: KNOX			2.00				
Component Name																
CCN Number																
CBSA Number																
Provider Type																
Date Certified																
Payment System (P, T, O, or N)																
V																
XVIII																
XIX																
1.00											2.00					
2.00											3.00					
3.00											4.00					
4.00											5.00					
5.00											6.00					
6.00											7.00					
7.00											8.00					
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14.00											15.00					
15.00											16.00					
16.00											17.00					
17.00											18.00					
18.00											19.00					
19.00											20.00					
Hospital and Hospital-Based Component Identification:																
3.00	Hospital				GOOD SAMARITAN HOSPITAL	150042	99915	1	07/01/1966	N	P	O	3.00			
4.00	Subprovider - IPF				GOOD SAMARITAN HOSPITAL	15S042	99915	4	01/01/1984	N	P	O	4.00			
5.00	Subprovider - IRF				GOOD SAMARITAN - REHAB	15T042	99915	5	01/01/2001	N	P	O	5.00			
6.00	Subprovider - (Other)												6.00			
7.00	Swing Beds - SNF												7.00			
8.00	Swing Beds - NF												8.00			
9.00	Hospital-Based SNF												9.00			
10.00	Hospital-Based NF												10.00			
11.00	Hospital-Based OLTC												11.00			
12.00	Hospital-Based HHA				GOOD SAMARITAN HOME CARE	157432	99915		06/27/1995	N	P	N	12.00			
13.00	Separately Certified ASC												13.00			
14.00	Hospital-Based Hospice				GOOD SAMARITAN LINCOLN TRAIL HOSPICE	151526	99915		01/01/1984				14.00			
15.00	Hospital-Based Health Clinic - RHC												15.00			
16.00	Hospital-Based Health Clinic - FQHC												16.00			
17.00	Hospital-Based (CMHC) I												17.00			
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)								01/01/2014	12/31/2014		20.00				
21.00	Type of Control (see instructions)								9		21.00					
Inpatient PPS Information																
22.00	Does this facility qualify 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				
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)								N	N		22.01				
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.								N	N		22.02				
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.								N	N		22.03				
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.								2		N	23.00				
											In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
											1.00	2.00	3.00	4.00	5.00	6.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.								1,535	415	224	512	970	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 unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.								129	48	65	30	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 6/3/2015 1:34 pm			
		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	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	2				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
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		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	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		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N		48.00	
<b>Teaching Hospitals</b>							
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 Wkst. D, Parts III & IV and D-2, Pt. 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, § 2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. 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	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
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	
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<u>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.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider 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 associated with each of your primary care programs in which you trained residents. 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
				1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y	70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) 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, 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 fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)				N N 0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
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 an approved GME 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, 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 fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)				N N 0	76.00
				1.00		
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N	81.00
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00

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		V	XIX		
		1.00	2.00		
<b>Title V and XIX Services</b>					
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
<b>Rural Providers</b>					
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 Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. 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 1.00	Occupational 2.00	Speech 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.	N	N	N	N
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
				1.00	2.00
				3.00	
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,538,987	0	250,000	118.01
				1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 6/3/2015 1:34 pm	
		1.00	2.00		
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
<b>All Providers</b>					
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:	
142.00	Street:	PO Box:		Zip Code:	
143.00	City:	State:		Zip Code:	
		1.00			
144.00	Are provider based physicians' costs included in Worksheet A?	Y			144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the 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, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N			147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N			148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N			149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
					1.00
<b>Multi campus</b>					
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
		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 (see instructions)				0.00
					1.00
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>					
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0
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)				0.50

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 6/3/2015 1:34 pm	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		01/01/2014	12/31/2014	170.00
				1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 6/3/2015 1:34 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/15/2015	N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
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
<b>Interest Expense</b>					
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
<b>Purchased Services</b>					
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
<b>Provider-Based Physicians</b>					
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
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
				1.00	2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BOB		BRANDENBURG	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-383-4000		B BRANDENBURG@BKD.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 6/3/2015 1:34 pm
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		Part B		
		Date		
		4.00		
<b>PS&amp;R Data</b>				
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)	04/15/2014		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)			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PARTNER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet S-3  
Part I  
Date/Time Prepared:  
6/3/2015 1:34 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	Title V
	Line Number				Visits / Trips	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	172	62,780	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		172	62,780	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		192	70,080	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	22	8,030		0	16.00
17.00 SUBPROVIDER - IRF	41.00	25	9,125		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		239				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet S-3  
Part I  
Date/Time Prepared:  
6/3/2015 1:34 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	13,402	1,311	21,837			1.00
2.00 HMO and other (see instructions)	1,113	2,074				2.00
3.00 HMO IPF Subprovider	20	0				3.00
4.00 HMO IRF Subprovider	73	143				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	13,402	1,311	21,837			7.00
8.00 INTENSIVE CARE UNIT	1,706	155	2,581			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		64	1,070			13.00
14.00 Total (see instructions)	15,108	1,530	25,488	0.00	1,555.68	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,782	1,156	4,536	0.00	29.82	16.00
17.00 SUBPROVIDER - IRF	6,459	129	7,693	0.00	51.87	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	11.30	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	1,648.67	27.00
28.00 Observation Bed Days		1,443	2,427			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	52	103			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet S-3  
Part I  
Date/Time Prepared:  
6/3/2015 1:34 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		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)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,184	776	6,080	1.00
2.00 HMO and other (see instructions)			209	776		2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,184	776	6,080	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	250	196	849	16.00
17.00 SUBPROVIDER - IRF	0.00	0	586	8	705	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150042		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part II Date/Time Prepared: 6/3/2015 1:34 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	95,604,183	0	95,604,183	3,473,493.00	27.52	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		268,214	0	268,214	2,549.00	105.22	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		3,983,052	0	3,983,052	22,057.00	180.58	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		30,027,523	1,949,675	31,977,198	932,399.00	34.30	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		7,150	0	7,150	669.00	10.69	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		204,450	0	204,450	2,873.00	71.16	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		15,600,315	0	15,600,315			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		5,779,330	0	5,779,330			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		15,073	0	15,073			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		137,808	0	137,808			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	4,210,844	0	4,210,844	268,145.00	15.70	26.00
27.00	Administrative & General	5.00	7,493,682	622,237	8,115,919	282,133.00	28.77	27.00
28.00	Administrative & General under contract (see inst.)		369,744	0	369,744	4,149.00	89.12	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,134,088	124,447	2,258,535	121,159.00	18.64	30.00
31.00	Laundry & Linen Service	8.00	200,701	0	200,701	18,520.00	10.84	31.00
32.00	Housekeeping	9.00	1,831,085	0	1,831,085	147,643.00	12.40	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,293,454	-962,621	330,833	25,152.00	13.15	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	962,621	962,621	73,183.00	13.15	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,538,193	41,482	1,579,675	44,054.00	35.86	38.00
39.00	Central Services and Supply	14.00	362,158	0	362,158	28,715.00	12.61	39.00
40.00	Pharmacy	15.00	3,039,837	-463,113	2,576,724	71,666.00	35.95	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet S-3  
Part II  
Date/Time Prepared:  
6/3/2015 1:34 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	2,346,984	0	2,346,984	129,363.00	18.14	41.00
42.00	Social Service	17.00	4,148,245	-2,737,841	1,410,404	84,889.00	16.61	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet S-3  
Part III  
Date/Time Prepared:  
6/3/2015 1:34 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	91,990,875	0	91,990,875	3,455,585.00	26.62	1.00
2.00	Excluded area salaries (see instructions)	30,027,523	1,949,675	31,977,198	932,399.00	34.30	2.00
3.00	Subtotal salaries (line 1 minus line 2)	61,963,352	-1,949,675	60,013,677	2,523,186.00	23.78	3.00
4.00	Subtotal other wages & related costs (see inst.)	211,600	0	211,600	3,542.00	59.74	4.00
5.00	Subtotal wage-related costs (see inst.)	15,615,388	0	15,615,388	0.00	26.02	5.00
6.00	Total (sum of lines 3 thru 5)	77,790,340	-1,949,675	75,840,665	2,526,728.00	30.02	6.00
7.00	Total overhead cost (see instructions)	28,969,015	-2,412,788	26,556,227	1,298,771.00	20.45	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 6/3/2015 1:34 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		4,937,926	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
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
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		11,105,183	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		441,177	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		187,619	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)		215,583	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		308	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
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		3,590,558	17.00
18.00	Medicare Taxes - Employers Portion Only		1,030,493	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		23,679	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		21,532,526	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet S-3  
Part V  
Date/Time Prepared:  
6/3/2015 1:34 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			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 6/3/2015 1:34 pm
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				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.309800		1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		15,949,903		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		2,933,647		5.00
6.00	Medicaid charges		52,482,575		6.00
7.00	Medicaid cost (line 1 times line 6)		16,259,102		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0		8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
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
<b>Other state or local government indigent care program (see instructions for each line)</b>					
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
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	5,059,996	7,872,410	12,932,406	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,567,587	2,438,873	4,006,460	21.00
22.00	Partial payment by patients approved for charity care	74,128	31,616	105,744	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,493,459	2,407,257	3,900,716	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)		18,842,659		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		431,148		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		18,411,511		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		5,703,886		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		9,604,602		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		9,604,602		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150042		Period: From 01/01/2014 To 12/31/2014		Worksheet A Date/Time Prepared: 6/3/2015 1:34 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	0	0	1.00
1.01	00101	NEW CRC - CT EAST		0	0	991,830	991,830	1.01
1.02	00102	NEW CRC- CT WEST		0	0	1,165,706	1,165,706	1.02
1.03	00103	NEW CRC- MEMORIAL		0	0	366,120	366,120	1.03
1.04	00104	NEW CRC - OUTPATIENT		0	0	502,037	502,037	1.04
1.05	00105	NEW CRD - HEALTH PAVILION		0	0	1,533,051	1,533,051	1.05
1.06	00106	NEW CRC - STORAGE		0	0	1,224	1,224	1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER		0	0	411,426	411,426	1.07
2.00	00200	CAP REL COSTS-MVBLE EQUIP		5,181,269	5,181,269	0	5,181,269	2.00
2.01	00201	NEW CRC - EQUIPMENT		0	0	2,817,555	2,817,555	2.01
2.02	00202	NEW CRC - HEALTH PAVILION		0	0	1,066,523	1,066,523	2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	688,120	2,626,318	3,314,438	18,906,208	22,220,646	4.00
4.01	00401	COMMUNICATIONS	244,275	100,406	344,681	-79,636	265,045	4.01
4.02	00402	PURCHASING & RECEIVING	637,844	274,541	912,385	-209,957	702,428	4.02
4.03	00403	REGISTRATION	723,488	385,871	1,109,359	-278,704	830,655	4.03
4.04	00404	PATIENT ACCOUNTS	1,917,117	2,654,974	4,572,091	-669,560	3,902,531	4.04
5.00	00500	ADMINISTRATIVE & GENERAL	7,493,682	25,780,413	33,274,095	-3,510,730	29,763,365	5.00
7.00	00700	OPERATION OF PLANT	2,134,088	4,769,357	6,903,445	-569,959	6,333,486	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	200,701	258,999	459,700	-150,507	309,193	8.00
9.00	00900	HOUSEKEEPING	1,831,085	1,029,948	2,861,033	-646,908	2,214,125	9.00
10.00	01000	DIETARY	1,293,454	1,886,656	3,180,110	-2,421,901	758,209	10.00
11.00	01100	CAFETERIA	0	0	0	1,961,692	1,961,692	11.00
13.00	01300	NURSING ADMINISTRATION	1,538,193	770,174	2,308,367	-423,829	1,884,538	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	362,158	364,196	726,354	-176,821	549,533	14.00
15.00	01500	PHARMACY	3,039,837	12,507,747	15,547,584	-12,571,841	2,975,743	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,346,984	1,655,288	4,002,272	-655,048	3,347,224	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	MENTAL HEALTH OVERHEAD	4,148,245	2,623,038	6,771,283	-4,855,583	1,915,700	17.01
23.00	02300	PARAMED PRGM-(SPECIFY)	179,008	73,234	252,242	-43,469	208,773	23.00
23.01	02301	PARAMED PRGM-LAB	17,478	14,493	31,971	-2,157	29,814	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	7,830,412	4,841,235	12,671,647	-2,817,708	9,853,939	30.00
31.00	03100	INTENSIVE CARE UNIT	1,656,181	839,819	2,496,000	-578,539	1,917,461	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	619,785	619,785	40.00
41.00	04100	SUBPROVIDER - IRF	2,571,119	1,642,214	4,213,333	-616,485	3,596,848	41.00
43.00	04300	NURSERY	330,443	145,048	475,491	-100,488	375,003	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,094,519	5,918,747	10,013,266	-3,849,093	6,164,173	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
51.01	05101	ENDOSCOPY	962,868	1,046,927	2,009,795	-732,016	1,277,779	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	423,542	249,715	673,257	-165,742	507,515	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,757,151	5,004,737	8,761,888	-3,112,085	5,649,803	54.00
54.01	05401	RADIOLOGY-NON-CAMPUS	825,260	998,576	1,823,836	-655,906	1,167,930	54.01
54.08	05408	RADIOLOGY-GSH BREAST CENTER	269,183	111,963	381,146	-49,937	331,209	54.08
60.00	06000	LABORATORY	2,508,414	4,658,930	7,167,344	-3,064,267	4,103,077	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	954,012	954,012	63.00
65.00	06500	RESPIRATORY THERAPY	2,066,658	1,026,210	3,092,868	-680,709	2,412,159	65.00
66.00	06600	PHYSICAL THERAPY	2,449,752	1,031,115	3,480,867	-609,613	2,871,254	66.00
69.00	06900	ELECTROCARDIOLOGY	4,398,711	2,639,394	7,038,105	-1,805,564	5,232,541	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	249,424	261,775	511,199	-99,824	411,375	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,839,007	7,839,007	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,456,432	2,456,432	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,781,349	11,781,349	73.00
75.00	07500	ASC (NON-DISTINCT PART)	942,617	3,048,497	3,991,114	-1,841,342	2,149,772	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03950	INPATIENT DIALYSIS	0	586,703	586,703	-61,267	525,436	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,426,458	1,094,849	2,521,307	-719,469	1,801,838	90.00
91.00	09100	EMERGENCY	2,730,481	5,941,680	8,672,161	-753,638	7,918,523	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	55,315	203,012	258,327	-44,588	213,739	96.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE		1,257,903	1,257,903	-1,257,903	0	113.00
116.00	11600	HOSPICE	695,325	727,562	1,422,887	-181,752	1,241,135	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	69,039,590	106,233,533	175,273,123	2,309,412	177,582,535	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet A  
Date/Time Prepared:  
6/3/2015 1:34 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		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	24,701,599	11,149,378	35,850,977	-3,786,106	32,064,871	192.00
194.00	07950	COMMUNITY HEALTH SERVICES	146,141	109,554	255,695	-60,285	195,410	194.00
194.01	07951	WORK FITNESS	0	0	0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	127,341	585,475	712,816	-36,164	676,652	194.02
194.03	07953	MH RESIDENTIAL	779,461	425,862	1,205,323	-261,650	943,673	194.03
194.04	07954	UNUSED SPACE	0	0	0	0	0	194.04
194.05	07955	MOB	703,759	419,518	1,123,277	-178,269	945,008	194.05
194.06	07956	FOUNDATION	94,948	965,218	1,060,166	-14,765	1,045,401	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	0	90	90	0	90	194.07
194.08	07958	INDUSTRIAL HEALTH	11,344	6,072	17,416	-561	16,855	194.08
194.09	07959	NRCC	0	0	0	2,028,388	2,028,388	194.09
200.00		TOTAL (SUM OF LINES 118-199)	95,604,183	119,894,700	215,498,883	0	215,498,883	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet A  
Date/Time Prepared:  
6/3/2015 1:34 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	00101	NEW CRC - CT EAST	0	991,830	1.01
1.02	00102	NEW CRC- CT WEST	0	1,165,706	1.02
1.03	00103	NEW CRC- MEMORIAL	0	366,120	1.03
1.04	00104	NEW CRC - OUTPATIENT	0	502,037	1.04
1.05	00105	NEW CRD - HEALTH PAVILION	0	1,533,051	1.05
1.06	00106	NEW CRC - STORAGE	0	1,224	1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER	0	411,426	1.07
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	5,181,269	2.00
2.01	00201	NEW CRC - EQUIPMENT	-372,142	2,445,413	2.01
2.02	00202	NEW CRC - HEALTH PAVILION	-26,044	1,040,479	2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-394,697	21,825,949	4.00
4.01	00401	COMMUNICATIONS	0	265,045	4.01
4.02	00402	PURCHASING & RECEIVING	-221,409	481,019	4.02
4.03	00403	REGISTRATION	0	830,655	4.03
4.04	00404	PATIENT ACCOUNTS	-202,137	3,700,394	4.04
5.00	00500	ADMINISTRATIVE & GENERAL	-988,660	28,774,705	5.00
7.00	00700	OPERATION OF PLANT	-70,113	6,263,373	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	309,193	8.00
9.00	00900	HOUSEKEEPING	0	2,214,125	9.00
10.00	01000	DIETARY	-24,054	734,155	10.00
11.00	01100	CAFETERIA	-1,033,430	928,262	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,884,538	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	549,533	14.00
15.00	01500	PHARMACY	0	2,975,743	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,430	3,344,794	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
17.01	01701	MENTAL HEALTH OVERHEAD	-832,127	1,083,573	17.01
23.00	02300	PARAMED PRGM-(SPECIFY)	-58,811	149,962	23.00
23.01	02301	PARAMED PRGM-LAB	0	29,814	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	0	9,853,939	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,162	1,916,299	31.00
40.00	04000	SUBPROVIDER - I PF	0	619,785	40.00
41.00	04100	SUBPROVIDER - I RF	-266	3,596,582	41.00
43.00	04300	NURSERY	0	375,003	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-1,647,112	4,517,061	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
51.01	05101	ENDOSCOPY	0	1,277,779	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	507,515	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-366,983	5,282,820	54.00
54.01	05401	RADIOLOGY-NON-CAMPUS	0	1,167,930	54.01
54.08	05408	RADIOLOGY-GSH BREAST CENTER	-151,215	179,994	54.08
60.00	06000	LABORATORY	-60,157	4,042,920	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	954,012	63.00
65.00	06500	RESPIRATORY THERAPY	-16,686	2,395,473	65.00
66.00	06600	PHYSICAL THERAPY	-220	2,871,034	66.00
69.00	06900	ELECTROCARDIOLOGY	-2,423,247	2,809,294	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	-4,171	407,204	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,839,007	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,456,432	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-430,331	11,351,018	73.00
75.00	07500	ASC (NON-DISTINCT PART)	-29	2,149,743	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	76.00
76.01	03950	INPATIENT DIALYSIS	-171,866	353,570	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-700,592	1,101,246	90.00
91.00	09100	EMERGENCY	-4,621,419	3,297,104	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	-414	213,325	96.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-748	1,240,387	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-14,822,672	162,759,863	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	32,064,871	192.00
194.00	07950	COMMUNITY HEALTH SERVICES	0	195,410	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet A  
Date/Time Prepared:  
6/3/2015 1:34 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.01	07951	WORK FITNESS	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	0	676,652	194.02
194.03	07953	MH RESIDENTIAL	0	943,673	194.03
194.04	07954	UNUSED SPACE	0	0	194.04
194.05	07955	MOB	0	945,008	194.05
194.06	07956	FOUNDATION	0	1,045,401	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	0	90	194.07
194.08	07958	INDUSTRIAL HEALTH	0	16,855	194.08
194.09	07959	NRCC	0	2,028,388	194.09
200.00		TOTAL (SUM OF LINES 118-199)	-14,822,672	200,676,211	200.00

RECLASSIFICATIONS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet A-6

Date/Time Prepared:  
6/3/2015 1:34 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - DRUGS CHARGED TO PATIENTS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,097,993	1.00
	TOTALS		0	11,097,993	
<b>B - MEDICAL SUPPLIES CHARGED TO PATIENTS</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,839,007	1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	954,012	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
	TOTALS		0	8,793,019	
<b>C - EMPLOYEE BENEFITS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	18,977,874	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
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
	TOTALS		0	18,977,874		
<b>D - INTEREST EXPENSE</b>						
1.00	NEW CRC - EQUIPMENT	2.01	0	1,252,853		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	5,050		2.00
	TOTALS		0	1,257,903		
<b>E - DEPRECIATION EXPENSE</b>						
1.00	NEW CRC - EQUIPMENT	2.01	0	7,224,920		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
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	7,224,920		

RECLASSIFICATIONS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet A-6

Date/Time Prepared:  
6/3/2015 1:34 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>G - INSURANCE EXPENSE</b>					
1.00	NEW CRC - EQUIPMENT	2.01	0	377,699	1.00
	TOTALS		0	377,699	
<b>H - MENTAL HEALTH OVERHEAD</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	622,237	222,925	1.00
2.00	OPERATION OF PLANT	7.00	124,447	44,585	2.00
3.00	NURSING ADMINISTRATION	13.00	41,482	14,862	3.00
4.00	SUBPROVIDER - IPF	40.00	456,307	163,478	4.00
5.00	NRCC	194.09	1,493,368	535,020	5.00
	TOTALS		2,737,841	980,870	
<b>I - IMPL. DEV. CHARGED TO PATIENT</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,456,432	1.00
	ADULTS & PEDIATRICS	30.00	0	2,650	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
	TOTALS		0	2,459,082	
<b>J - ONCOLOGY</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	463,113	220,243	1.00
	TOTALS		463,113	220,243	
<b>K - DIETARY</b>					
1.00	CAFETERIA	11.00	962,621	999,071	1.00
	TOTALS		962,621	999,071	
<b>L - DEPRECIATION EXPENSE</b>					
1.00	NEW CRC - CT EAST	1.01	0	991,830	1.00
2.00	NEW CRC- CT WEST	1.02	0	1,165,706	2.00
3.00	NEW CRC- MEMORIAL	1.03	0	366,120	3.00
4.00	NEW CRC - OUTPATIENT	1.04	0	502,037	4.00
5.00	NEW CRD - HEALTH PAVILION	1.05	0	1,533,051	5.00
6.00	NEW CRC - STORAGE	1.06	0	1,224	6.00
7.00	NEW CRC - DIAGNOSTIC CENTER	1.07	0	411,426	7.00
8.00	NEW CRC - HEALTH PAVILION	2.02	0	1,066,523	8.00
	TOTALS		0	6,037,917	
500.00	Grand Total: Increases		4,163,575	58,426,591	500.00

RECLASSIFICATIONS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet A-6  
Date/Time Prepared:  
6/3/2015 1:34 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - DRUGS CHARGED TO PATIENTS</b>							
1.00	PHARMACY	15.00	0	11,097,993	0		1.00
	TOTALS		0	11,097,993			
<b>B - MEDICAL SUPPLIES CHARGED TO PATIENTS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	50,024	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	512	0		2.00
3.00	OPERATION OF PLANT	7.00	0	74	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	86	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,413	0		5.00
6.00	PHARMACY	15.00	0	3,418	0		6.00
7.00	MENTAL HEALTH OVERHEAD	17.01	0	2,097	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	686,757	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	71,408	0		9.00
10.00	SUBPROVIDER - IRF	41.00	0	17,005	0		10.00
11.00	NURSERY	43.00	0	9,918	0		11.00
12.00	OPERATING ROOM	50.00	0	818,123	0		12.00
13.00	ENDOSCOPY	51.01	0	174,063	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	43,366	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	935,401	0		15.00
16.00	RADIOLOGY-NON-CAMPUS	54.01	0	31,936	0		16.00
17.00	RADIOLOGY-NON-CAMPUS	54.01	0	31,931	0		17.00
18.00	RADIOLOGY-GSH BREAST CENTER	54.08	0	16	0		18.00
19.00	LABORATORY	60.00	0	2,342,359	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	167,919	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	66,720	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	1,142,301	0		22.00
23.00	NEURODIAGNOSTICS	70.01	0	238	0		23.00
24.00	INPATIENT DIALYSIS	76.01	0	2,398	0		24.00
25.00	ASC (NON-DISTINCT PART)	75.00	0	776,925	0		25.00
26.00	CLINIC	90.00	0	445,124	0		26.00
27.00	EMERGENCY	91.00	0	25,969	0		27.00
28.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	25,420	0		28.00
29.00	HOSPICE	116.00	0	34,008	0		29.00
30.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	842,331	0		30.00
31.00	COMMUNITY HEALTH SERVICES	194.00	0	18,022	0		31.00
32.00	MH RESIDENTIAL	194.03	0	265	0		32.00
33.00	MOB	194.05	0	23,319	0		33.00
34.00	INDUSTRIAL HEALTH	194.08	0	55	0		34.00
35.00	LAUNDRY & LINEN SERVICE	8.00	0	20	0		35.00
36.00	HOUSEKEEPING	9.00	0	41	0		36.00
37.00	DIETARY	10.00	0	37	0		37.00
	TOTALS		0	8,793,019			
<b>C - EMPLOYEE BENEFITS</b>							
1.00	COMMUNICATIONS	4.01	0	78,762	0		1.00
2.00	PURCHASING & RECEIVING	4.02	0	195,913	0		2.00
3.00	REGISTRATION	4.03	0	276,069	0		3.00
4.00	PATIENT ACCOUNTS	4.04	0	626,193	0		4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	0	1,427,558	0		5.00
6.00	OPERATION OF PLANT	7.00	0	508,020	0		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	73,388	0		7.00
8.00	HOUSEKEEPING	9.00	0	610,589	0		8.00
9.00	DIETARY	10.00	0	412,282	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	288,829	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	133,261	0		11.00
12.00	PHARMACY	15.00	0	603,412	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	645,127	0		13.00
14.00	MENTAL HEALTH OVERHEAD	17.01	0	1,088,159	0		14.00
15.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	42,371	0		15.00
16.00	PARAMED ED PRGM-LAB	23.01	0	1,351	0		16.00
17.00	ADULTS & PEDIATRICS	30.00	0	1,977,605	0		17.00
18.00	INTENSIVE CARE UNIT	31.00	0	395,318	0		18.00
19.00	SUBPROVIDER - IRF	41.00	0	575,032	0		19.00
20.00	NURSERY	43.00	0	78,400	0		20.00
21.00	OPERATING ROOM	50.00	0	424,038	0		21.00
22.00	ENDOSCOPY	51.01	0	240,403	0		22.00
23.00	DELIVERY ROOM & LABOR ROOM	52.00	0	100,580	0		23.00
24.00	OPERATING ROOM	50.00	0	136,020	0		24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	775,567	0		25.00
26.00	RADIOLOGY-NON-CAMPUS	54.01	0	12,583	0		26.00
27.00	RADIOLOGY-NON-CAMPUS	54.01	0	4,226	0		27.00
28.00	RADIOLOGY-NON-CAMPUS	54.01	0	93,703	0		28.00
29.00	RADIOLOGY-NON-CAMPUS	54.01	0	45,165	0		29.00
30.00	RADIOLOGY-NON-CAMPUS	54.01	0	17,204	0		30.00
31.00	RADIOLOGY-GSH BREAST CENTER	54.08	0	49,921	0		31.00

RECLASSIFICATIONS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet A-6  
Date/Time Prepared:  
6/3/2015 1:34 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
32.00	LABORATORY	60.00	0	620,570	0	32.00	
33.00	RESPIRATORY THERAPY	65.00	0	458,349	0	33.00	
34.00	PHYSICAL THERAPY	66.00	0	526,862	0	34.00	
35.00	ELECTROCARDIOLOGY	69.00	0	577,696	0	35.00	
36.00	NEURODIAGNOSTICS	70.01	0	63,423	0	36.00	
37.00	ASC (NON-DISTINCT PART)	75.00	0	272,806	0	37.00	
38.00	CLINIC	90.00	0	273,390	0	38.00	
39.00	EMERGENCY	91.00	0	657,043	0	39.00	
40.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	18,790	0	40.00	
41.00	HOSPICE	116.00	0	138,530	0	41.00	
42.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,934,592	0	42.00	
43.00	COMMUNITY HEALTH SERVICES	194.00	0	41,945	0	43.00	
44.00	MARKETING AND PUBLIC RELATIONS	194.02	0	29,262	0	44.00	
45.00	MH RESIDENTIAL	194.03	0	257,346	0	45.00	
46.00	MOB	194.05	0	154,950	0	46.00	
47.00	FOUNDATION	194.06	0	14,765	0	47.00	
48.00	INDUSTRIAL HEALTH	194.08	0	506	0	48.00	
TOTALS			0	18,977,874			
<b>D - INTEREST EXPENSE</b>							
1.00	INTEREST EXPENSE	113.00	0	1,257,903	11	1.00	
2.00		0.00	0	0	0	2.00	
TOTALS			0	1,257,903			
<b>E - DEPRECIATION EXPENSE</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	21,642	9	1.00	
2.00	COMMUNICATIONS	4.01	0	874	9	2.00	
3.00	PURCHASING & RECEIVING	4.02	0	14,044	9	3.00	
4.00	REGISTRATION	4.03	0	2,635	9	4.00	
5.00	PATIENT ACCOUNTS	4.04	0	43,367	9	5.00	
6.00	ADMINISTRATIVE & GENERAL	5.00	0	2,555,173	9	6.00	
7.00	OPERATION OF PLANT	7.00	0	230,897	9	7.00	
8.00	LAUNDRY & LINEN SERVICE	8.00	0	77,099	9	8.00	
9.00	HOUSEKEEPING	9.00	0	36,278	9	9.00	
10.00	DIETARY	10.00	0	47,890	9	10.00	
11.00	NURSING ADMINISTRATION	13.00	0	191,258	9	11.00	
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	39,815	9	12.00	
13.00	PHARMACY	15.00	0	183,662	9	13.00	
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	9,921	9	14.00	
15.00	MENTAL HEALTH OVERHEAD	17.01	0	46,616	9	15.00	
16.00	PARAMED PRGM-(SPECIFY)	23.00	0	1,098	9	16.00	
17.00	PARAMED PRGM-LAB	23.01	0	806	9	17.00	
18.00	ADULTS & PEDIATRICS	30.00	0	155,996	9	18.00	
19.00	INTENSIVE CARE UNIT	31.00	0	111,346	9	19.00	
20.00	SUBPROVIDER - IRF	41.00	0	24,448	9	20.00	
21.00	NURSERY	43.00	0	12,170	9	21.00	
22.00	OPERATING ROOM	50.00	0	372,305	9	22.00	
23.00	ENDOSCOPY	51.01	0	317,550	0	23.00	
24.00	DELIVERY ROOM & LABOR ROOM	52.00	0	21,796	9	24.00	
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,376,819	9	25.00	
26.00	RADIOLOGY-NON-CAMPUS	54.01	0	2,930	9	26.00	
27.00	RADIOLOGY-NON-CAMPUS	54.01	0	331,727	9	27.00	
28.00	RADIOLOGY-NON-CAMPUS	54.01	0	82,529	9	28.00	
29.00	RADIOLOGY-NON-CAMPUS	54.01	0	1,972	9	29.00	
30.00	LABORATORY	60.00	0	101,338	9	30.00	
31.00	RESPIRATORY THERAPY	65.00	0	54,441	9	31.00	
32.00	PHYSICAL THERAPY	66.00	0	16,031	9	32.00	
33.00	ELECTROCARDIOLOGY	69.00	0	85,567	9	33.00	
34.00	NEURODIAGNOSTICS	70.01	0	36,163	9	34.00	
35.00	INPATIENT DIALYSIS	76.01	0	58,869	9	35.00	
36.00	ASC (NON-DISTINCT PART)	75.00	0	456,233	9	36.00	
37.00	CLINIC	90.00	0	955	9	37.00	
38.00	EMERGENCY	91.00	0	70,626	9	38.00	
39.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	378	9	39.00	
40.00	HOSPICE	116.00	0	9,214	9	40.00	
41.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	9,183	9	41.00	
42.00	COMMUNITY HEALTH SERVICES	194.00	0	318	9	42.00	
43.00	MARKETING AND PUBLIC RELATIONS	194.02	0	6,902	9	43.00	
44.00	MH RESIDENTIAL	194.03	0	4,039	9	44.00	
45.00		0.00	0	0	9	45.00	
46.00		0.00	0	0	9	46.00	
TOTALS			0	7,224,920			

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>G - INSURANCE EXPENSE</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	377,699	12	1.00
	TOTALS		0	377,699		
<b>H - MENTAL HEALTH OVERHEAD</b>						
1.00	MENTAL HEALTH OVERHEAD	17.01	2,737,841	980,870	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		2,737,841	980,870		
<b>I - IMPL. DEV. CHARGED TO PATIENT</b>						
1.00	ASC (NON-DISTINCT PART)	75.00	0	335,378	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	332	0	2.00
3.00	OPERATING ROOM	50.00	0	2,098,607	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	24,298	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	467	0	5.00
	TOTALS		0	2,459,082		
<b>J - ONCOLOGY</b>						
1.00	PHARMACY	15.00	463,113	220,243	0	1.00
	TOTALS		463,113	220,243		
<b>K - DIETARY</b>						
1.00	DIETARY	10.00	962,621	999,071	0	1.00
	TOTALS		962,621	999,071		
<b>L - DEPRECIATION EXPENSE</b>						
1.00	NEW CRC - EQUIPMENT	2.01	0	6,037,917	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	6,037,917		
500.00	Grand Total: Decreases		4,163,575	58,426,591		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet A-7  
Part I  
Date/Time Prepared:  
6/3/2015 1:34 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	6,474,187	2,013,460	0	2,013,460	0	1.00
2.00	Land Improvements	5,832,114	270,719	0	270,719	0	2.00
3.00	Buildings and Fixtures	0	0	0	0	0	3.00
4.00	Building Improvements	83,238,261	5,105,354	0	5,105,354	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	190,723,302	54,706,990	0	54,706,990	1,634,878	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	286,267,864	62,096,523	0	62,096,523	1,634,878	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	286,267,864	62,096,523	0	62,096,523	1,634,878	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	8,487,647	0				1.00
2.00	Land Improvements	6,102,833	0				2.00
3.00	Buildings and Fixtures	0	0				3.00
4.00	Building Improvements	88,343,615	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	243,795,414	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	346,729,509	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	346,729,509	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet A-7  
Part II  
Date/Time Prepared:  
6/3/2015 1:34 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CRC - CT EAST	0	0	0	0	0	1.01
1.02	NEW CRC- CT WEST	0	0	0	0	0	1.02
1.03	NEW CRC- MEMORIAL	0	0	0	0	0	1.03
1.04	NEW CRC - OUTPATIENT	0	0	0	0	0	1.04
1.05	NEW CRD - HEALTH PAVILION	0	0	0	0	0	1.05
1.06	NEW CRC - STORAGE	0	0	0	0	0	1.06
1.07	NEW CRC - DIAGNOSTIC CENTER	0	0	0	0	0	1.07
2.00	CAP REL COSTS-MVBLE EQUIP	5,181,269	0	0	0	0	2.00
2.01	NEW CRC - EQUIPMENT	0	0	0	0	0	2.01
2.02	NEW CRC - HEALTH PAVILION	0	0	0	0	0	2.02
3.00	Total (sum of lines 1-2)	5,181,269	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	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	CAP REL COSTS-MVBLE EQUIP	0	5,181,269				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	5,181,269				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet A-7  
Part III  
Date/Time Prepared:  
6/3/2015 1:34 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	102,934,095	0	102,934,095	0.296871	0	1.00
1.01	NEW CRC - CT EAST	0	0	0	0.000000	0	1.01
1.02	NEW CRC- CT WEST	0	0	0	0.000000	0	1.02
1.03	NEW CRC- MEMORIAL	0	0	0	0.000000	0	1.03
1.04	NEW CRC - OUTPATIENT	0	0	0	0.000000	0	1.04
1.05	NEW CRD - HEALTH PAVILION	0	0	0	0.000000	0	1.05
1.06	NEW CRC - STORAGE	0	0	0	0.000000	0	1.06
1.07	NEW CRC - DIAGNOSTIC CENTER	0	0	0	0.000000	0	1.07
2.00	CAP REL COSTS-MVBLE EQUIP	243,795,414	0	243,795,414	0.703129	0	2.00
2.01	NEW CRC - EQUIPMENT	0	0	0	0.000000	0	2.01
2.02	NEW CRC - HEALTH PAVILION	0	0	0	0.000000	0	2.02
3.00	Total (sum of lines 1-2)	346,729,509	0	346,729,509	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CRC - CT EAST	0	0	0	991,830	0	1.01
1.02	NEW CRC- CT WEST	0	0	0	1,165,706	0	1.02
1.03	NEW CRC- MEMORIAL	0	0	0	366,120	0	1.03
1.04	NEW CRC - OUTPATIENT	0	0	0	502,037	0	1.04
1.05	NEW CRD - HEALTH PAVILION	0	0	0	1,533,051	0	1.05
1.06	NEW CRC - STORAGE	0	0	0	1,224	0	1.06
1.07	NEW CRC - DIAGNOSTIC CENTER	0	0	0	411,426	0	1.07
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,181,269	0	2.00
2.01	NEW CRC - EQUIPMENT	0	0	0	814,861	0	2.01
2.02	NEW CRC - HEALTH PAVILION	0	0	0	1,040,479	0	2.02
3.00	Total (sum of lines 1-2)	0	0	0	12,008,003	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CRC - CT EAST	0	0	0	0	991,830	1.01
1.02	NEW CRC- CT WEST	0	0	0	0	1,165,706	1.02
1.03	NEW CRC- MEMORIAL	0	0	0	0	366,120	1.03
1.04	NEW CRC - OUTPATIENT	0	0	0	0	502,037	1.04
1.05	NEW CRD - HEALTH PAVILION	0	0	0	0	1,533,051	1.05
1.06	NEW CRC - STORAGE	0	0	0	0	1,224	1.06
1.07	NEW CRC - DIAGNOSTIC CENTER	0	0	0	0	411,426	1.07
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,181,269	2.00
2.01	NEW CRC - EQUIPMENT	1,252,853	377,699	0	0	2,445,413	2.01
2.02	NEW CRC - HEALTH PAVILION	0	0	0	0	1,040,479	2.02
3.00	Total (sum of lines 1-2)	1,252,853	377,699	0	0	13,638,555	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			3.00	4.00	
1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT	1.00	0 1.00
1.01 Investment income - NEW CRC - CT EAST (chapter 2)			ONEW CRC - CT EAST	1.01	0 1.01
1.02 Investment income - NEW CRC- CT WEST (chapter 2)			ONEW CRC- CT WEST	1.02	0 1.02
1.03 Investment income - NEW CRC- MEMORIAL (chapter 2)			ONEW CRC- MEMORIAL	1.03	0 1.03
1.04 Investment income - NEW CRC - OUTPATIENT (chapter 2)			ONEW CRC - OUTPATIENT	1.04	0 1.04
1.05 Investment income - NEW CRD - HEALTH PAVILION (chapter 2)			ONEW CRD - HEALTH PAVILION	1.05	0 1.05
1.06 Investment income - NEW CRC - STORAGE (chapter 2)			ONEW CRC - STORAGE	1.06	0 1.06
1.07 Investment income - NEW CRC - DIAGNOSTIC CENTER (chapter 2)			ONEW CRC - DIAGNOSTIC CENTER	1.07	0 1.07
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
2.01 Investment income - NEW CRC - EQUIPMENT (chapter 2)			ONEW CRC - EQUIPMENT	2.01	0 2.01
2.02 Investment income - NEW CRC - HEALTH PAVILION (chapter 2)			ONEW CRC - HEALTH PAVILION	2.02	0 2.02
3.00 Investment income - other (chapter 2)			0	0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-221,409	PURCHASING & RECEIVING	4.02	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)			0	0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)			0	0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0	0.00	0 7.00
8.00 Television and radio service (chapter 21)			0	0.00	0 8.00
9.00 Parking lot (chapter 21)			0	0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-10,733,076			0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0	0.00	0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1		0		0 12.00
13.00 Laundry and linen service			0	0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-1,033,430	CAFETERIA	11.00	0 14.00
15.00 Rental of quarters to employee and others			0	0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients			0	0.00	0 16.00
17.00 Sale of drugs to other than patients	B	-430,331	DRUGS CHARGED TO PATIENTS	73.00	0 17.00
18.00 Sale of medical records and abstracts	B	-63,134	ADMINISTRATIVE & GENERAL	5.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)			0	0.00	0 19.00
20.00 Vending machines			0	0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		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

ADJUSTMENTS TO EXPENSES

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet A-8

Date/Time Prepared:  
6/3/2015 1:34 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01 Depreciation - NEW CRC - CT EAST			ONEW CRC - CT EAST	1.01	0	26.01
26.02 Depreciation - NEW CRC- CT WEST			ONEW CRC- CT WEST	1.02	0	26.02
26.03 Depreciation - NEW CRC- MEMORIAL			ONEW CRC- MEMORIAL	1.03	0	26.03
26.04 Depreciation - NEW CRC - OUTPATIENT			ONEW CRC - OUTPATIENT	1.04	0	26.04
26.05 Depreciation - NEW CRD - HEALTH PAVILION			ONEW CRD - HEALTH PAVILION	1.05	0	26.05
26.06 Depreciation - NEW CRC - STORAGE			ONEW CRC - STORAGE	1.06	0	26.06
26.07 Depreciation - NEW CRC - DIAGNOSTIC CENTER			ONEW CRC - DIAGNOSTIC CENTER	1.07	0	26.07
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
27.01 Depreciation - NEW CRC - EQUIPMENT			ONEW CRC - EQUIPMENT	2.01	0	27.01
27.02 Depreciation - NEW CRC - HEALTH PAVILION			ONEW CRC - HEALTH PAVILION	2.02	0	27.02
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00 OTHER MISC FEES	B	-29,133	ASC (NON-DISTINCT PART)	75.00	0	33.00
33.01 OTHER MISC FEES	B	-70,113	OPERATION OF PLANT	7.00	0	33.01
33.02 OTHER MISC FEES	B	-314,931	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03 RENTAL INCOME	B	-377,241	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04 OTHER MISC FEES	B	-2,430	MEDICAL RECORDS & LIBRARY	16.00	0	33.04
33.05 RENTAL INCOME	B	-1,100	ELECTROCARDIOLOGY	69.00	0	33.05
33.06 OTHER MISC FEES	B	-22,056	PATIENT ACCOUNTS	4.04	0	33.06
33.07 OTHER MISC FEES	B	-2,965	ELECTROCARDIOLOGY	69.00	0	33.07
33.11 ANESTHESIOLOGY BENEFITS	B	-354,947	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.11
33.12 RADIOLOGY - SILVER ETC	B	-286	RADIOLOGY-DIAGNOSTIC	54.00	0	33.12
33.13 PT MASSAGE THERAPY	B	-3,626	RESPIRATORY THERAPY	65.00	0	33.13
33.14 FOOD SERVICE	B	-24,054	DIETARY	10.00	0	33.14
33.15 RADIOLOGY - STUDENT TUITION	B	-58,811	PARAMED ED PRGM-(SPECIFY)	23.00	0	33.15
33.16 RENTAL INCOME	B	-18,662	MENTAL HEALTH OVERHEAD	17.01	0	33.16
33.17 RENTAL INCOME	B	-4,995	RADIOLOGY-DIAGNOSTIC	54.00	0	33.17
33.18 PHYSICIAN EMPLOYEE BENEFIT COMPENSAT	A	-39,750	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.18
33.19 PHYSICIAN ON-CALL TIME	A	-161,625	ADMINISTRATIVE & GENERAL	5.00	0	33.19
33.20 AHA USEFUL LIVES CARRYFORWARD	A	-95	NEW CRC - EQUIPMENT	2.01	9	33.20
33.21 HEALTH PAVILION AHA CARRYFORWARD	A	-26,044	NEW CRC - HEALTH PAVILION	2.02	9	33.21
33.22 OTHER MISC FEES	B	-1,162	INTENSIVE CARE UNIT	31.00	0	33.22
33.23 ADVANCE EMT TRAINING	A	-13,060	RESPIRATORY THERAPY	65.00	0	33.23
33.24 1990 ASSETS - AHA LIVES CARRYFORWARD	A	-2,119	NEW CRC - EQUIPMENT	2.01	9	33.24
33.28 INTEREST INCOME	B	-369,928	NEW CRC - EQUIPMENT	2.01	9	33.28
33.30 NEPHROLOGY RENTAL INCOME	B	-157,680	INPATIENT DIALYSIS	76.01	0	33.30
33.31 PHYSICIAN BILLING COSTS	A	-180,081	PATIENT ACCOUNTS	4.04	0	33.31
33.33 ANESTHESIOLOGY CONTRACT LABOR	A	-16,623	OPERATING ROOM	50.00	0	33.33
33.35 DONATIONS EXPENSE	A	-66,118	ADMINISTRATIVE & GENERAL	5.00	0	33.35
33.37 2004 SURETY BOND EXPENSE	A	-20,525	ADMINISTRATIVE & GENERAL	5.00	0	33.37
33.39 ADVERTISING	A	-296	RADIOLOGY-DIAGNOSTIC	54.00	0	33.39
33.40 ADVERTISING	A	-220	PHYSICAL THERAPY	66.00	0	33.40
33.41 ADVERTISING	A	-414	DURABLE MEDICAL EQUIP-RENTED	96.00	0	33.41
33.42 ADVERTISING	A	-748	HOSPICE	116.00	0	33.42
33.43 2012 BOND ISSUE COSTS	B	45,855	ADMINISTRATIVE & GENERAL	5.00	0	33.43

Provider CCN: 150042

Period:  
 From 01/01/2014  
 To 12/31/2014

Worksheet A-8

Date/Time Prepared:  
 6/3/2015 1:34 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
33.44 IHA LOBBYING OFFSET	B	-3,032	ADMINISTRATIVE & GENERAL	5.00	0	33.44
33.46 INDIANA CHAMBER LOBBYING OFFSET	B	-125	ADMINISTRATIVE & GENERAL	5.00	0	33.46
33.47 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-43,453	ELECTROCARDIOLOGY	69.00	0	33.47
33.48 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-27,784	ADMINISTRATIVE & GENERAL	5.00	0	33.48
33.49 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-18	MENTAL HEALTH OVERHEAD	17.01	0	33.49
33.51 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-1	SUBPROVIDER - IRF	41.00	0	33.51
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-14,822,672				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet A-8-2

Date/Time Prepared:  
6/3/2015 1:34 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	17.01	MENTAL HEALTH OVERHEAD	968,253	759,650	208,603	159,800	2,015	1.00
2.00	41.00	SUBPROVIDER - IRF	265	265	0	0	0	2.00
3.00	54.00	DR. O	253,916	251,155	2,760	159,800	106	3.00
4.00	54.00	DR. P	110,250	110,250	0	0	0	4.00
5.00	54.08	DR. G	205,615	150,615	55,000	217,600	520	5.00
6.00	60.00	DR. Q	123,108	60,157	62,951	159,800	1,476	6.00
7.00	65.00	DR. R	18,000	0	18,000	159,800	300	7.00
8.00	69.00	ELECTROCARDIOLOGY	2,376,805	2,372,195	4,610	159,800	14	8.00
9.00	70.01	NEURODIAGNOSTICS	18,000	0	18,000	159,800	180	9.00
10.00	76.01	DR. S	40,000	0	40,000	159,800	336	10.00
11.00	75.00	ASC (NON-DISTINCT PART)	11,000	0	11,000	159,800	144	11.00
12.00	90.00	DR. L	700,592	700,592	0	0	0	12.00
13.00	91.00	EMERGENCY	4,646,849	4,595,111	51,738	159,800	331	13.00
14.00	50.00	OPERATING ROOM	1,630,489	1,630,489	0	0	0	14.00
200.00			11,103,142	10,630,479	472,662		5,422	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	17.01	MENTAL HEALTH OVERHEAD	154,806	7,740	0	0	0	1.00
2.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	2.00
3.00	54.00	DR. O	8,144	407	0	0	0	3.00
4.00	54.00	DR. P	0	0	0	0	0	4.00
5.00	54.08	DR. G	54,400	2,720	0	0	0	5.00
6.00	60.00	DR. Q	113,396	5,670	0	0	0	6.00
7.00	65.00	DR. R	23,048	1,152	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	1,076	54	0	0	0	8.00
9.00	70.01	NEURODIAGNOSTICS	13,829	691	0	0	0	9.00
10.00	76.01	DR. S	25,814	1,291	0	0	0	10.00
11.00	75.00	ASC (NON-DISTINCT PART)	11,063	553	0	0	0	11.00
12.00	90.00	DR. L	0	0	0	0	0	12.00
13.00	91.00	EMERGENCY	25,430	1,272	0	0	0	13.00
14.00	50.00	OPERATING ROOM	0	0	0	0	0	14.00
200.00			431,006	21,550	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	17.01	MENTAL HEALTH OVERHEAD	0	154,806	53,797	813,447		1.00
2.00	41.00	SUBPROVIDER - IRF	0	0	0	265		2.00
3.00	54.00	DR. O	0	8,144	0	251,156		3.00
4.00	54.00	DR. P	0	0	0	110,250		4.00
5.00	54.08	DR. G	0	54,400	600	151,215		5.00
6.00	60.00	DR. Q	0	113,396	0	60,157		6.00
7.00	65.00	DR. R	0	23,048	0	0		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	1,076	3,534	2,375,729		8.00
9.00	70.01	NEURODIAGNOSTICS	0	13,829	4,171	4,171		9.00
10.00	76.01	DR. S	0	25,814	14,186	14,186		10.00
11.00	75.00	ASC (NON-DISTINCT PART)	0	11,063	0	0		11.00
12.00	90.00	DR. L	0	0	0	700,592		12.00
13.00	91.00	EMERGENCY	0	25,430	26,308	4,621,419		13.00
14.00	50.00	OPERATING ROOM	0	0	0	1,630,489		14.00
200.00			0	431,006	102,596	10,733,076		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B  
Part I  
Date/Time Prepared:  
6/3/2015 1:34 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		BLDG & FIXT	NEW CRC - CT EAST	NEW CRC- CT WEST	NEW CRC-MEMORIAL	
		0	1.00	1.01	1.02	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	0	0			1.00
1.01 00101	NEW CRC - CT EAST	991,830	0	991,830		1.01
1.02 00102	NEW CRC- CT WEST	1,165,706	0	0	1,165,706	1.02
1.03 00103	NEW CRC- MEMORIAL	366,120	0	0	0	366,120
1.04 00104	NEW CRC - OUTPATIENT	502,037	0	0	0	0
1.05 00105	NEW CRD - HEALTH PAVILION	1,533,051	0	0	0	0
1.06 00106	NEW CRC - STORAGE	1,224	0	0	0	0
1.07 00107	NEW CRC - DIAGNOSTIC CENTER	411,426	0	0	0	0
2.00 00200	CAP REL COSTS-MVBLE EQUIP	5,181,269				2.00
2.01 00201	NEW CRC - EQUIPMENT	2,445,413				2.01
2.02 00202	NEW CRC - HEALTH PAVILION	1,040,479				2.02
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	21,825,949	0	0	0	17,100
4.01 00401	COMMUNICATIONS	265,045	0	0	0	0
4.02 00402	PURCHASING & RECEIVING	481,019	0	83,672	0	599
4.03 00403	REGISTRATION	830,655	0	0	4,988	0
4.04 00404	PATIENT ACCOUNTS	3,700,394	0	0	0	22,847
5.00 00500	ADMINISTRATIVE & GENERAL	28,774,705	0	20,495	96,843	63,662
7.00 00700	OPERATION OF PLANT	6,263,373	0	95,982	139,288	115,457
8.00 00800	LAUNDRY & LINEN SERVICE	309,193	0	0	0	22,248
9.00 00900	HOUSEKEEPING	2,214,125	0	6,207	23,320	12,227
10.00 01000	DIETARY	734,155	0	0	0	0
11.00 01100	CAFETERIA	928,262	0	73,787	0	0
13.00 01300	NURSING ADMINISTRATION	1,884,538	0	29,927	0	0
14.00 01400	CENTRAL SERVICES & SUPPLY	549,533	0	0	2,944	0
15.00 01500	PHARMACY	2,975,743	0	34,304	0	0
16.00 01600	MEDICAL RECORDS & LIBRARY	3,344,794	0	3,297	1,058	0
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
17.01 01701	MENTAL HEALTH OVERHEAD	1,083,573	0	22,253	0	0
23.00 02300	PARAMED PRGM-(SPECIFY)	149,962	0	0	0	0
23.01 02301	PARAMED PRGM-LAB	29,814	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	9,853,939	0	247,320	242,494	0
31.00 03100	INTENSIVE CARE UNIT	1,916,299	0	0	131,955	0
40.00 04000	SUBPROVIDER - IPF	619,785	0	85,683	0	0
41.00 04100	SUBPROVIDER - IRF	3,596,582	0	17,553	0	54,843
43.00 04300	NURSERY	375,003	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	4,517,061	0	122,224	0	0
51.00 05100	RECOVERY ROOM	0	0	0	0	0
51.01 05101	ENDOSCOPY	1,277,779	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	507,515	0	0	0	0
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,282,820	0	64,704	3,384	0
54.01 05401	RADIOLOGY-NON-CAMPUS	1,167,930	0	2,883	0	0
54.08 05408	RADIOLOGY-GSH BREAST CENTER	179,994	0	0	0	0
60.00 06000	LABORATORY	4,042,920	0	45,295	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	954,012	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	2,395,473	0	996	102,466	0
66.00 06600	PHYSICAL THERAPY	2,871,034	0	2,302	113,641	0
69.00 06900	ELECTROCARDIOLOGY	2,809,294	0	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
70.01 07001	NEURODIAGNOSTICS	407,204	0	9,206	4,248	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,839,007	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	2,456,432	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	11,351,018	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	2,149,743	0	0	0	0
76.00 03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0
76.01 03950	INPATIENT DIALYSIS	353,570	0	0	3,102	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	1,101,246	0	0	0	0
91.00 09100	EMERGENCY	3,297,104	0	0	291,180	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	213,325	0	996	0	0
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	1,240,387	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B  
Part I  
Date/Time Prepared:  
6/3/2015 1:34 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation col. 7)	CAPITAL RELATED COSTS					
		BLDG & FIXT	NEW CRC - CT EAST	NEW CRC- CT WEST	NEW CRC-MEMORIAL		
	0	1.00	1.01	1.02	1.03		
118.00	SUBTOTALS (SUM OF LINES 1-117)	162,759,863	0	969,086	1,160,911	308,983	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	32,064,871	0	4,603	0	1,945	192.00
194.00	07950 COMMUNITY HEALTH SERVICES	195,410	0	0	0	0	194.00
194.01	07951 WORK FITNESS	0	0	0	0	0	194.01
194.02	07952 MARKETING AND PUBLIC RELATIONS	676,652	0	0	0	4,365	194.02
194.03	07953 MH RESIDENTIAL	943,673	0	0	0	0	194.03
194.04	07954 UNUSED SPACE	0	0	18,141	0	35,667	194.04
194.05	07955 MOB	945,008	0	0	0	0	194.05
194.06	07956 FOUNDATION	1,045,401	0	0	0	2,165	194.06
194.07	07957 KNOX COUNTY HEALTH DEPT	90	0	0	0	12,995	194.07
194.08	07958 INDUSTRIAL HEALTH	16,855	0	0	0	0	194.08
194.09	07959 NRCC	2,028,388	0	0	4,795	0	194.09
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	TOTAL (sum lines 118-201)	200,676,211	0	991,830	1,165,706	366,120	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B  
Part I  
Date/Time Prepared:  
6/3/2015 1:34 pm

Cost Center Description		CAPITAL RELATED COSTS					
		NEW CRC - OUTPATIENT	NEW CRD - HEALTH PAVILION	NEW CRC - STORAGE	NEW CRC - DIAGNOSTIC CENTER	MVBLE EQUIP	
		1.04	1.05	1.06	1.07	2.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CRC - CT EAST					1.01
1.02	00102	NEW CRC- CT WEST					1.02
1.03	00103	NEW CRC- MEMORIAL					1.03
1.04	00104	NEW CRC - OUTPATIENT	502,037				1.04
1.05	00105	NEW CRD - HEALTH PAVILION	0	1,533,051			1.05
1.06	00106	NEW CRC - STORAGE	0	0	1,224		1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER	0	0	0	411,426	1.07
2.00	00200	CAP REL COSTS-MVBLE EQUIP					5,181,269
2.01	00201	NEW CRC - EQUIPMENT					0
2.02	00202	NEW CRC - HEALTH PAVILION					0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,894	0	0	0	0
4.01	00401	COMMUNICATIONS	0	0	0	0	0
4.02	00402	PURCHASING & RECEIVING	3,194	0	0	0	437,100
4.03	00403	REGISTRATION	0	15,740	0	0	0
4.04	00404	PATIENT ACCOUNTS	21,549	0	0	0	0
5.00	00500	ADMINISTRATIVE & GENERAL	13,841	52,495	0	0	107,063
7.00	00700	OPERATION OF PLANT	49,598	282,114	1,224	128,004	501,406
8.00	00800	LAUNDRY & LINEN SERVICE	9,936	0	0	0	0
9.00	00900	HOUSEKEEPING	7,296	6,024	0	0	32,423
10.00	01000	DIETARY	0	0	0	0	0
11.00	01100	CAFETERIA	0	3,369	0	0	385,460
13.00	01300	NURSING ADMINISTRATION	1,034	0	0	0	156,339
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,531	0	0	0
15.00	01500	PHARMACY	0	0	0	0	179,204
16.00	01600	MEDICAL RECORDS & LIBRARY	343	3,659	0	0	17,225
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.01	01701	MENTAL HEALTH OVERHEAD	0	0	0	0	116,249
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMED PRGM-LAB	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	14,383	322,848	0	0	1,291,982
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	447,604
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	91,696
43.00	04300	NURSERY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	638,493
51.00	05100	RECOVERY ROOM	0	0	0	0	0
51.01	05101	ENDOSCOPY	0	208,229	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,494	75,672	0	198,486	338,008
54.01	05401	RADIOLOGY-NON-CAMPUS	1,730	2,382	0	84,936	15,063
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0
60.00	06000	LABORATORY	3,326	6,977	0	0	236,619
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	5,201
66.00	06600	PHYSICAL THERAPY	2,274	1,600	0	0	12,023
69.00	06900	ELECTROCARDIOLOGY	0	175,881	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
70.01	07001	NEURODIAGNOSTICS	0	125,989	0	0	48,094
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0
76.01	03950	INPATIENT DIALYSIS	14,711	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	5,034	0	0	0	0
91.00	09100	EMERGENCY	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	743	0	0	0	5,201
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	9,172	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	163,552	1,284,510	1,224	411,426	5,062,453

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B  
Part I  
Date/Time Prepared:  
6/3/2015 1:34 pm

Cost Center Description	CAPITAL RELATED COSTS							
	NEW CRC - OUTPATIENT	NEW CRD - HEALTH PAVILION	NEW CRC - STORAGE	NEW CRC - DIAGNOSTIC CENTER	MVBLE EQUIP			
	1.04	1.05	1.06	1.07	2.00			
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	193,097	81,883	0	0	24,047	192.00
194.00	07950	COMMUNITY HEALTH SERVICES	4,785	0	0	0	0	194.00
194.01	07951	WORK FITNESS	0	0	0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	0	0	0	0	0	194.02
194.03	07953	MH RESIDENTIAL	38,226	0	0	0	0	194.03
194.04	07954	UNUSED SPACE	68	0	0	0	94,769	194.04
194.05	07955	MOB	43,958	166,658	0	0	0	194.05
194.06	07956	FOUNDATION	0	0	0	0	0	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	0	0	0	0	0	194.07
194.08	07958	INDUSTRIAL HEALTH	0	0	0	0	0	194.08
194.09	07959	NRCC	58,351	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)	502,037	1,533,051	1,224	411,426	5,181,269	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 6/3/2015 1:34 pm
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	PURCHASING & RECEIVING	
	NEW CRC - EQUIPMENT	NEW CRC - HEALTH PAVILION				
	2.01	2.02				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CRC - CT EAST				1.01
1.02	00102	NEW CRC- CT WEST				1.02
1.03	00103	NEW CRC- MEMORIAL				1.03
1.04	00104	NEW CRC - OUTPATIENT				1.04
1.05	00105	NEW CRD - HEALTH PAVILION				1.05
1.06	00106	NEW CRC - STORAGE				1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER				1.07
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
2.01	00201	NEW CRC - EQUIPMENT	2,445,413			2.01
2.02	00202	NEW CRC - HEALTH PAVILION	0	1,040,479		2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	15,988	0	21,860,931	4.00
4.01	00401	COMMUNICATIONS	0	0	56,261	4.01
4.02	00402	PURCHASING & RECEIVING	53,226	0	146,908	4.02
4.03	00403	REGISTRATION	4,358	10,683	166,633	4.03
4.04	00404	PATIENT ACCOUNTS	57,721	0	441,548	4.04
5.00	00500	ADMINISTRATIVE & GENERAL	114,883	35,628	1,869,250	5.00
7.00	00700	OPERATION OF PLANT	390,076	191,470	520,184	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	35,085	0	46,225	8.00
9.00	00900	HOUSEKEEPING	32,304	4,088	421,734	9.00
10.00	01000	DIETARY	0	0	76,197	10.00
11.00	01100	CAFETERIA	41,885	2,287	221,710	11.00
13.00	01300	NURSING ADMINISTRATION	18,675	0	363,829	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	927	1,039	83,412	14.00
15.00	01500	PHARMACY	19,141	0	593,468	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,488	2,483	540,555	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	17.00
17.01	01701	MENTAL HEALTH OVERHEAD	12,416	0	324,843	17.01
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	41,229	23.00
23.01	02301	PARAMED PRGM-LAB	0	0	4,026	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	283,562	219,119	1,803,493	30.00
31.00	03100	INTENSIVE CARE UNIT	27,005	0	381,450	31.00
40.00	04000	SUBPROVIDER - IPF	47,808	0	105,096	40.00
41.00	04100	SUBPROVIDER - IRF	49,453	0	592,178	41.00
43.00	04300	NURSERY	0	0	76,107	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	68,197	0	943,046	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
51.01	05101	ENDOSCOPY	44,143	141,324	221,767	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	97,550	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	83,990	51,358	865,343	54.00
54.01	05401	RADIOLOGY-NON-CAMPUS	15,894	1,617	190,073	54.01
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0	61,998	54.08
60.00	06000	LABORATORY	33,112	4,735	577,735	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	21,525	0	475,991	65.00
66.00	06600	PHYSICAL THERAPY	29,227	1,086	564,224	66.00
69.00	06900	ELECTROCARDIOLOGY	37,285	119,370	1,013,107	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	32,715	85,508	57,447	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	106,664	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	217,103	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	76.00
76.01	03950	INPATIENT DIALYSIS	28,761	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	9,624	0	328,540	90.00
91.00	09100	EMERGENCY	59,590	0	628,882	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	1,977	0	12,740	96.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	17,535	0	160,147	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,691,576	871,795	15,398,693	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B  
Part I  
Date/Time Prepared:  
6/3/2015 1:34 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	PURCHASING & RECEIVING			
	NEW CRC - EQUIPMENT	NEW CRC - HEALTH PAVILION						
	2.01	2.02						
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	390,509	55,574	5,689,204	62,492	60,419	192.00
194.00	07950	COMMUNITY HEALTH SERVICES	9,148	0	33,659	5,365	963	194.00
194.01	07951	WORK FITNESS	0	0	0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	3,156	0	29,329	0	9,732	194.02
194.03	07953	MH RESIDENTIAL	73,085	0	179,525	0	2,462	194.03
194.04	07954	UNUSED SPACE	36,045	0	0	0	0	194.04
194.05	07955	MOB	119,374	113,110	162,089	435	1,344	194.05
194.06	07956	FOUNDATION	1,566	0	21,868	0	2,804	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	9,397	0	0	2,030	0	194.07
194.08	07958	INDUSTRIAL HEALTH	0	0	2,613	0	2	194.08
194.09	07959	NRCC	111,557	0	343,951	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)	2,445,413	1,040,479	21,860,931	321,306	1,209,198	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150042		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 6/3/2015 1:34 pm	
Cost Center Description			REGISTRATION	PATIENT ACCOUNTS	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	
			4.03	4.04	4A.04	5.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CRC - CT EAST						1.01
1.02	00102	NEW CRC- CT WEST						1.02
1.03	00103	NEW CRC- MEMORIAL						1.03
1.04	00104	NEW CRC - OUTPATIENT						1.04
1.05	00105	NEW CRD - HEALTH PAVILION						1.05
1.06	00106	NEW CRC - STORAGE						1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER						1.07
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CRC - EQUIPMENT						2.01
2.02	00202	NEW CRC - HEALTH PAVILION						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	COMMUNICATIONS						4.01
4.02	00402	PURCHASING & RECEIVING						4.02
4.03	00403	REGISTRATION	1,036,974					4.03
4.04	00404	PATIENT ACCOUNTS	0	4,261,248				4.04
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	31,195,889	31,195,889		5.00
7.00	00700	OPERATION OF PLANT	0	0	8,697,046	1,600,848	10,297,894	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	426,106	78,432	199,707	8.00
9.00	00900	HOUSEKEEPING	0	0	2,772,373	510,305	183,876	9.00
10.00	01000	DIETARY	0	0	862,032	158,673	0	10.00
11.00	01100	CAFETERIA	0	0	1,656,760	304,956	238,412	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,460,823	452,959	106,301	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	644,555	118,642	5,277	14.00
15.00	01500	PHARMACY	0	0	4,271,465	786,240	108,950	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,929,402	723,277	19,856	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	MENTAL HEALTH OVERHEAD	0	0	1,581,601	291,122	70,676	17.01
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	191,202	35,194	0	23.00
23.01	02301	PARAMED PRGM-LAB	0	0	33,991	6,257	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	89,853	369,225	14,852,457	2,733,862	1,614,060	30.00
31.00	03100	INTENSIVE CARE UNIT	14,592	59,960	2,543,715	468,217	153,712	31.00
40.00	04000	SUBPROVIDER - I/PF	11,821	48,574	1,367,241	251,665	272,128	40.00
41.00	04100	SUBPROVIDER - I/RF	15,911	65,384	4,498,467	828,024	281,491	41.00
43.00	04300	NURSERY	2,367	9,727	464,576	85,514	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	68,185	280,186	6,717,210	1,236,423	388,182	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
51.01	05101	ENDOSCOPY	24,927	102,430	2,036,276	374,813	251,266	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,695	35,729	652,880	120,174	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	172,076	707,192	7,905,666	1,455,180	478,076	54.00
54.01	05401	RADIOLOGY-NON-CAMPUS	40,882	167,991	1,696,503	312,272	90,470	54.01
54.08	05408	RADIOLOGY-GSH BREAST CENTER	854	3,508	246,610	45,393	0	54.08
60.00	06000	LABORATORY	107,178	440,420	5,610,326	1,032,681	188,475	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,895	24,225	984,132	181,147	0	63.00
65.00	06500	RESPIRATORY THERAPY	21,476	88,248	3,125,805	575,361	122,522	65.00
66.00	06600	PHYSICAL THERAPY	57,624	236,791	3,896,771	717,271	166,361	66.00
69.00	06900	ELECTROCARDIOLOGY	67,546	277,560	4,555,191	838,465	212,232	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	13,265	54,510	843,301	155,225	186,216	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,823	77,347	7,935,177	1,460,612	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,668	113,693	2,699,239	496,844	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	124,997	513,641	12,096,320	2,226,545	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	48,192	198,032	2,675,949	492,557	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03950	INPATIENT DIALYSIS	2,770	11,384	415,776	76,531	163,712	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	8,056	33,103	1,505,158	277,051	54,783	90.00
91.00	09100	EMERGENCY	75,703	311,082	4,681,476	861,710	339,189	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	1,472	6,050	245,688	45,223	11,252	96.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	6,146	25,256	1,461,383	268,994	99,812	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,036,974	4,261,248	154,436,538	22,684,659	6,006,994	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	38,628,644	7,110,282	2,222,809	192.00
194.00	07950	COMMUNITY HEALTH SERVICES	0	0	249,330	45,894	52,072	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B  
Part I  
Date/Time Prepared:  
6/3/2015 1:34 pm

Cost Center Description			REGISTRATION	PATIENT ACCOUNTS	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	
			4.03	4.04	4A.04	5.00	7.00	
194.01	07951	WORK FITNESS	0	0	0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	0	0	723,234	133,124	17,967	194.02
194.03	07953	MH RESIDENTIAL	0	0	1,236,971	227,687	416,004	194.03
194.04	07954	UNUSED SPACE	0	0	184,690	33,996	205,169	194.04
194.05	07955	MOB	0	0	1,551,976	285,669	679,487	194.05
194.06	07956	FOUNDATION	0	0	1,073,804	197,653	8,911	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	0	0	24,512	4,512	53,489	194.07
194.08	07958	INDUSTRIAL HEALTH	0	0	19,470	3,584	0	194.08
194.09	07959	NRCC	0	0	2,547,042	468,829	634,992	194.09
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,036,974	4,261,248	200,676,211	31,195,889	10,297,894	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150042		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 6/3/2015 1:34 pm	
Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CRC - CT EAST						1.01
1.02	00102	NEW CRC- CT WEST						1.02
1.03	00103	NEW CRC- MEMORIAL						1.03
1.04	00104	NEW CRC - OUTPATIENT						1.04
1.05	00105	NEW CRD - HEALTH PAVILION						1.05
1.06	00106	NEW CRC - STORAGE						1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER						1.07
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CRC - EQUIPMENT						2.01
2.02	00202	NEW CRC - HEALTH PAVILION						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	COMMUNICATIONS						4.01
4.02	00402	PURCHASING & RECEIVING						4.02
4.03	00403	REGISTRATION						4.03
4.04	00404	PATIENT ACCOUNTS						4.04
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	704,245					8.00
9.00	00900	HOUSEKEEPING	37,640	3,504,194				9.00
10.00	01000	DIETARY	6,380	107,578	1,134,663			10.00
11.00	01100	CAFETERIA	0	18,899	0	2,219,027		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	36,343	3,056,426	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,492	42,859	0	25,112	0	14.00
15.00	01500	PHARMACY	0	34,944	0	78,158	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	24,175	0	113,132	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	MENTAL HEALTH OVERHEAD	12,598	101,978	0	132,632	0	17.01
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	5,747	0	23.00
23.01	02301	PARAMED ED PRGM-LAB	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	285,830	1,160,096	658,236	329,282	1,310,198	30.00
31.00	03100	INTENSIVE CARE UNIT	37,321	114,093	77,434	55,641	221,393	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	136,088	54,112	215,311	40.00
41.00	04100	SUBPROVIDER - I/RF	43,660	179,027	230,803	115,224	458,473	41.00
43.00	04300	NURSERY	4,920	12,276	32,102	10,835	43,114	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	28,128	265,445	0	60,870	242,198	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
51.01	05101	ENDOSCOPY	19,168	57,289	0	32,744	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,399	15,184	0	14,055	55,926	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	59,063	173,535	0	127,247	0	54.00
54.01	05401	RADIOLOGY-NON-CAMPUS	0	0	0	26,583	0	54.01
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0	54.08
60.00	06000	LABORATORY	0	55,297	0	109,912	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	280	32,413	0	63,081	0	65.00
66.00	06600	PHYSICAL THERAPY	24,277	76,080	0	70,770	0	66.00
69.00	06900	ELECTROCARDIOLOGY	10,848	88,194	0	77,893	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	19,546	69,349	0	11,480	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	25,314	167,774	0	0	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03950	INPATIENT DIALYSIS	0	0	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	195	24,229	0	26,329	0	90.00
91.00	09100	EMERGENCY	56,321	166,589	0	101,457	403,692	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	2,683	0	96.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	41,190	0	26,671	106,121	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	685,380	3,028,493	1,134,663	1,707,993	3,056,426	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	18,865	434,888	0	424,094	0	192.00
194.00	07950	COMMUNITY HEALTH SERVICES	0	16,530	0	6,191	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

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Cost Center Description			LAUNDRY &	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING		
			LINEN SERVICE						ADMINISTRATION
			8.00	9.00	10.00	11.00	13.00		
194.01	07951	WORK FITNESS	0	0	0	0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	0	6,407	0	6,946	0	0	194.02
194.03	07953	MH RESIDENTIAL	0	0	0	47,037	0	0	194.03
194.04	07954	UNUSED SPACE	0	0	0	0	0	0	194.04
194.05	07955	MOB	0	0	0	23,122	0	0	194.05
194.06	07956	FOUNDATION	0	0	0	3,644	0	0	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	0	17,876	0	0	0	0	194.07
194.08	07958	INDUSTRIAL HEALTH	0	0	0	0	0	0	194.08
194.09	07959	NRCC	0	0	0	0	0	0	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)	704,245	3,504,194	1,134,663	2,219,027	3,056,426		202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 6/3/2015 1:34 pm			
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	MENTAL HEALTH OVERHEAD	
		14.00	15.00	16.00	17.00	17.01	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CRC - CT EAST					1.01
1.02	00102	NEW CRC- CT WEST					1.02
1.03	00103	NEW CRC- MEMORIAL					1.03
1.04	00104	NEW CRC - OUTPATIENT					1.04
1.05	00105	NEW CRD - HEALTH PAVILION					1.05
1.06	00106	NEW CRC - STORAGE					1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER					1.07
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CRC - EQUIPMENT					2.01
2.02	00202	NEW CRC - HEALTH PAVILION					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	COMMUNICATIONS					4.01
4.02	00402	PURCHASING & RECEIVING					4.02
4.03	00403	REGISTRATION					4.03
4.04	00404	PATIENT ACCOUNTS					4.04
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	841,937				14.00
15.00	01500	PHARMACY	353,843	5,633,600			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	577	0	4,810,419		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	MENTAL HEALTH OVERHEAD	3,825	663	0	0	17.01
23.00	02300	PARAMED ED PRGM-(SPECIFY)	9	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-LAB	116	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	36,162	9,992	1,880,947	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,298	2,424	356,179	0	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	268,135	0	40.00
41.00	04100	SUBPROVIDER - I/RF	2,935	3,279	320,161	0	41.00
43.00	04300	NURSERY	1,046	235	32,016	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	52,487	22,489	328,165	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
51.01	05101	ENDOSCOPY	9,416	1,350	132,066	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,587	268	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,167	68,929	0	0	54.00
54.01	05401	RADIOLOGY-NON-CAMPUS	3,908	14,590	0	0	54.01
54.08	05408	RADIOLOGY-GSH BREAST CENTER	195	0	0	0	54.08
60.00	06000	LABORATORY	80,365	1,663	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	8,021	1,800	20,010	0	65.00
66.00	06600	PHYSICAL THERAPY	3,219	6,815	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	37,206	457	144,072	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	1,358	14	100,050	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	77,395	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,886,599	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	40,892	5,655	316,159	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	76.00
76.01	03950	INPATIENT DIALYSIS	132	1,163	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	14,919	3,953	0	0	90.00
91.00	09100	EMERGENCY	8,373	5,545	912,459	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	2,429	0	0	0	96.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	1,758	14,910	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	782,638	5,052,793	4,810,419	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	46,095	571,718	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150042

Period:  
From 01/01/2014  
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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	
194.00	07950 COMMUNITY HEALTH SERVICES	735	9,089	0	0	0	194.00
194.01	07951 WORK FITNESS	0	0	0	0	0	194.01
194.02	07952 MARKETING AND PUBLIC RELATIONS	7,424	0	0	0	0	194.02
194.03	07953 MH RESIDENTIAL	1,879	0	0	0	0	194.03
194.04	07954 UNUSED SPACE	0	0	0	0	0	194.04
194.05	07955 MOB	1,025	0	0	0	0	194.05
194.06	07956 FOUNDATION	2,139	0	0	0	0	194.06
194.07	07957 KNOX COUNTY HEALTH DEPT	0	0	0	0	0	194.07
194.08	07958 INDUSTRIAL HEALTH	2	0	0	0	0	194.08
194.09	07959 NRCC	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	841,937	5,633,600	4,810,419	0	2,195,095	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

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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	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CRC - CT EAST						1.01
1.02	00102	NEW CRC- CT WEST						1.02
1.03	00103	NEW CRC- MEMORIAL						1.03
1.04	00104	NEW CRC - OUTPATIENT						1.04
1.05	00105	NEW CRD - HEALTH PAVILION						1.05
1.06	00106	NEW CRC - STORAGE						1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER						1.07
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CRC - EQUIPMENT						2.01
2.02	00202	NEW CRC - HEALTH PAVILION						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	COMMUNICATIONS						4.01
4.02	00402	PURCHASING & RECEIVING						4.02
4.03	00403	REGISTRATION						4.03
4.04	00404	PATIENT ACCOUNTS						4.04
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	MENTAL HEALTH OVERHEAD						17.01
23.00	02300	PARAMED PRGM-(SPECIFY)	232,152					23.00
23.01	02301	PARAMED PRGM-LAB	0	40,364				23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	25,878,565	0	25,878,565	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	4,035,427	0	4,035,427	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	2,760,620	0	2,760,620	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	6,961,544	0	6,961,544	41.00
43.00	04300	NURSEY	0	0	686,634	0	686,634	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	9,341,597	0	9,341,597	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
51.01	05101	ENDOSCOPY	0	0	2,914,388	0	2,914,388	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	869,473	0	869,473	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	232,152	0	10,534,015	0	10,534,015	54.00
54.01	05401	RADIOLOGY-NON-CAMPUS	0	0	2,144,326	0	2,144,326	54.01
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0	292,198	0	292,198	54.08
60.00	06000	LABORATORY	0	40,364	7,119,083	0	7,119,083	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,165,279	0	1,165,279	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	3,949,293	0	3,949,293	65.00
66.00	06600	PHYSICAL THERAPY	0	0	4,961,564	0	4,961,564	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	5,964,558	0	5,964,558	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	0	0	1,386,539	0	1,386,539	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	9,395,789	0	9,395,789	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	3,273,478	0	3,273,478	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	19,209,464	0	19,209,464	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	4,523,140	0	4,523,140	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03950	INPATIENT DIALYSIS	0	0	657,314	0	657,314	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	1,906,617	0	1,906,617	90.00
91.00	09100	EMERGENCY	0	0	7,536,811	0	7,536,811	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	307,275	0	307,275	96.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	2,020,839	0	2,020,839	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	232,152	40,364	139,795,830	0	139,795,830	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150042

Period:  
From 01/01/2014  
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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	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	49,650,267	0	49,650,267	192.00
194.00	07950	COMMUNITY HEALTH SERVICES	0	0	379,841	0	379,841	194.00
194.01	07951	WORK FITNESS	0	0	0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	0	0	895,102	0	895,102	194.02
194.03	07953	MH RESIDENTIAL	0	0	1,929,578	0	1,929,578	194.03
194.04	07954	UNUSED SPACE	0	0	423,855	0	423,855	194.04
194.05	07955	MOB	0	0	2,541,279	0	2,541,279	194.05
194.06	07956	FOUNDATION	0	0	1,286,151	0	1,286,151	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	0	0	100,389	0	100,389	194.07
194.08	07958	INDUSTRIAL HEALTH	0	0	23,056	0	23,056	194.08
194.09	07959	NRCC	0	0	3,650,863	0	3,650,863	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)	232,152	40,364	200,676,211	0	200,676,211	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	NEW CRC - CT EAST	NEW CRC- CT WEST	NEW CRC-MEMORIAL	
			0	1.00	1.01	1.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CRC - CT EAST					1.01
1.02	00102	NEW CRC- CT WEST					1.02
1.03	00103	NEW CRC- MEMORIAL					1.03
1.04	00104	NEW CRC - OUTPATIENT					1.04
1.05	00105	NEW CRD - HEALTH PAVILION					1.05
1.06	00106	NEW CRC - STORAGE					1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER					1.07
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CRC - EQUIPMENT					2.01
2.02	00202	NEW CRC - HEALTH PAVILION					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	17,100	4.00
4.01	00401	COMMUNICATIONS	0	0	0	0	4.01
4.02	00402	PURCHASING & RECEIVING	0	0	83,672	599	4.02
4.03	00403	REGISTRATION	0	0	0	4,988	4.03
4.04	00404	PATIENT ACCOUNTS	0	0	0	22,847	4.04
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	20,495	96,843	5.00
7.00	00700	OPERATION OF PLANT	0	0	95,982	139,288	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	22,248	8.00
9.00	00900	HOUSEKEEPING	0	0	6,207	23,320	9.00
10.00	01000	DIETARY	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	73,787	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	29,927	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2,944	14.00
15.00	01500	PHARMACY	0	0	34,304	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,297	1,058	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	MENTAL HEALTH OVERHEAD	0	0	22,253	0	17.01
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED PRGM-LAB	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	0	247,320	242,494	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	131,955	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	85,683	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	17,553	0	41.00
43.00	04300	NURSERY	0	0	0	54,843	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	122,224	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
51.01	05101	ENDOSCOPY	0	0	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	64,704	3,384	54.00
54.01	05401	RADIOLOGY-NON-CAMPUS	0	0	2,883	0	54.01
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0	0	0	54.08
60.00	06000	LABORATORY	0	0	45,295	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	996	102,466	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,302	113,641	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	0	0	9,206	4,248	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	76.00
76.01	03950	INPATIENT DIALYSIS	0	0	0	3,102	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	291,180	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	996	0	96.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	969,086	1,160,911	308,983

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B  
Part II  
Date/Time Prepared:  
6/3/2015 1:34 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		BLDG & FIXT	NEW CRC - CT EAST	NEW CRC- CT WEST	NEW CRC-MEMORI AL	
		1.00	1.01	1.02	1.03	
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	4,603	0	1,945	192.00
194.00 07950 COMMUNITY HEALTH SERVICES	0	0	0	0	0	194.00
194.01 07951 WORK FITNESS	0	0	0	0	0	194.01
194.02 07952 MARKETING AND PUBLIC RELATIONS	0	0	0	0	4,365	194.02
194.03 07953 MH RESIDENTIAL	0	0	0	0	0	194.03
194.04 07954 UNUSED SPACE	0	0	18,141	0	35,667	194.04
194.05 07955 MOB	0	0	0	0	0	194.05
194.06 07956 FOUNDATION	0	0	0	0	2,165	194.06
194.07 07957 KNOX COUNTY HEALTH DEPT	0	0	0	0	12,995	194.07
194.08 07958 INDUSTRIAL HEALTH	0	0	0	0	0	194.08
194.09 07959 NRCC	0	0	0	4,795	0	194.09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	991,830	1,165,706	366,120	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 6/3/2015 1:34 pm
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Cost Center Description		CAPITAL RELATED COSTS						
		NEW CRC - OUTPATIENT	NEW CRD - HEALTH PAVILION	NEW CRC - STORAGE	NEW CRC - DIAGNOSTIC CENTER	MVBLE EQUIP		
		1.04	1.05	1.06	1.07	2.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CRC - CT EAST						1.01
1.02	00102	NEW CRC- CT WEST						1.02
1.03	00103	NEW CRC- MEMORIAL						1.03
1.04	00104	NEW CRC - OUTPATIENT						1.04
1.05	00105	NEW CRD - HEALTH PAVILION						1.05
1.06	00106	NEW CRC - STORAGE						1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER						1.07
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CRC - EQUIPMENT						2.01
2.02	00202	NEW CRC - HEALTH PAVILION						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,894	0	0	0	0	4.00
4.01	00401	COMMUNICATIONS	0	0	0	0	0	4.01
4.02	00402	PURCHASING & RECEIVING	3,194	0	0	0	437,100	4.02
4.03	00403	REGISTRATION	0	15,740	0	0	0	4.03
4.04	00404	PATIENT ACCOUNTS	21,549	0	0	0	0	4.04
5.00	00500	ADMINISTRATIVE & GENERAL	13,841	52,495	0	0	107,063	5.00
7.00	00700	OPERATION OF PLANT	49,598	282,114	1,224	128,004	501,406	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,936	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	7,296	6,024	0	0	32,423	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	3,369	0	0	385,460	11.00
13.00	01300	NURSING ADMINISTRATION	1,034	0	0	0	156,339	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,531	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	179,204	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	343	3,659	0	0	17,225	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	MENTAL HEALTH OVERHEAD	0	0	0	0	116,249	17.01
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PRGM-LAB	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	14,383	322,848	0	0	1,291,982	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	447,604	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	91,696	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	638,493	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
51.01	05101	ENDOSCOPY	0	208,229	0	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,494	75,672	0	198,486	338,008	54.00
54.01	05401	RADIOLOGY-NON-CAMPUS	1,730	2,382	0	84,936	15,063	54.01
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0	54.08
60.00	06000	LABORATORY	3,326	6,977	0	0	236,619	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	5,201	65.00
66.00	06600	PHYSICAL THERAPY	2,274	1,600	0	0	12,023	66.00
69.00	06900	ELECTROCARDIOLOGY	0	175,881	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	0	125,989	0	0	48,094	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03950	INPATIENT DIALYSIS	14,711	0	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	5,034	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	743	0	0	0	5,201	96.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	9,172	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	163,552	1,284,510	1,224	411,426	5,062,453	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B  
Part II  
Date/Time Prepared:  
6/3/2015 1:34 pm

Cost Center Description		CAPITAL RELATED COSTS						
		NEW CRC - OUTPATIENT	NEW CRD - HEALTH PAVILION	NEW CRC - STORAGE	NEW CRC - DIAGNOSTIC CENTER	MVBLE EQUIP		
		1.04	1.05	1.06	1.07	2.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	193,097	81,883	0	0	24,047	192.00
194.00	07950	COMMUNITY HEALTH SERVICES	4,785	0	0	0	0	194.00
194.01	07951	WORK FITNESS	0	0	0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	0	0	0	0	0	194.02
194.03	07953	MH RESIDENTIAL	38,226	0	0	0	0	194.03
194.04	07954	UNUSED SPACE	68	0	0	0	94,769	194.04
194.05	07955	MOB	43,958	166,658	0	0	0	194.05
194.06	07956	FOUNDATION	0	0	0	0	0	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	0	0	0	0	0	194.07
194.08	07958	INDUSTRIAL HEALTH	0	0	0	0	0	194.08
194.09	07959	NRCC	58,351	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)	502,037	1,533,051	1,224	411,426	5,181,269	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B  
Part II  
Date/Time Prepared:  
6/3/2015 1:34 pm

Cost Center Description		CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW CRC - EQUIPMENT	NEW CRC - HEALTH PAVILION				
		2.01	2.02				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CRC - CT EAST					1.01
1.02	00102	NEW CRC- CT WEST					1.02
1.03	00103	NEW CRC- MEMORIAL					1.03
1.04	00104	NEW CRC - OUTPATIENT					1.04
1.05	00105	NEW CRD - HEALTH PAVILION					1.05
1.06	00106	NEW CRC - STORAGE					1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER					1.07
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CRC - EQUIPMENT					2.01
2.02	00202	NEW CRC - HEALTH PAVILION					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	15,988	0	34,982	34,982	4.00
4.01	00401	COMMUNICATIONS	0	0	0	90	4.01
4.02	00402	PURCHASING & RECEIVING	53,226	0	577,791	235	1 4.02
4.03	00403	REGISTRATION	4,358	10,683	35,769	267	1 4.03
4.04	00404	PATIENT ACCOUNTS	57,721	0	102,117	707	4 4.04
5.00	00500	ADMINISTRATIVE & GENERAL	114,883	35,628	504,910	2,995	9 5.00
7.00	00700	OPERATION OF PLANT	390,076	191,470	1,894,619	833	0 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	35,085	0	67,269	74	0 8.00
9.00	00900	HOUSEKEEPING	32,304	4,088	123,889	676	1 9.00
10.00	01000	DIETARY	0	0	0	122	1 10.00
11.00	01100	CAFETERIA	41,885	2,287	506,788	355	0 11.00
13.00	01300	NURSING ADMINISTRATION	18,675	0	205,975	583	1 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	927	1,039	6,441	134	0 14.00
15.00	01500	PHARMACY	19,141	0	232,649	951	2 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,488	2,483	31,553	866	3 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0 17.00
17.01	01701	MENTAL HEALTH OVERHEAD	12,416	0	150,918	520	5 17.01
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	66	0 23.00
23.01	02301	PARAMED PRGM-LAB	0	0	0	6	0 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	283,562	219,119	2,621,708	2,889	17 30.00
31.00	03100	INTENSIVE CARE UNIT	27,005	0	158,960	611	2 31.00
40.00	04000	SUBPROVIDER - I PF	47,808	0	581,095	168	0 40.00
41.00	04100	SUBPROVIDER - I RF	49,453	0	213,545	949	3 41.00
43.00	04300	NURSERY	0	0	0	122	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	68,197	0	828,914	1,511	3 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
51.01	05101	ENDOSCOPY	44,143	141,324	393,696	355	1 51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	156	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	83,990	51,358	819,096	1,386	4 54.00
54.01	05401	RADIOLOGY-NON-CAMPUS	15,894	1,617	124,505	305	0 54.01
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0	0	99	0 54.08
60.00	06000	LABORATORY	33,112	4,735	330,064	926	2 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	21,525	0	130,188	763	1 65.00
66.00	06600	PHYSICAL THERAPY	29,227	1,086	162,153	904	0 66.00
69.00	06900	ELECTROCARDIOLOGY	37,285	119,370	332,536	1,623	2 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
70.01	07001	NEURODIAGNOSTICS	32,715	85,508	305,760	92	1 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	171	0 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	348	3 75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0 76.00
76.01	03950	INPATIENT DIALYSIS	28,761	0	46,574	0	0 76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	9,624	0	14,658	526	0 90.00
91.00	09100	EMERGENCY	59,590	0	350,770	1,008	2 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	1,977	0	8,917	20	0 96.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	17,535	0	26,707	257	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,691,576	871,795	11,925,516	24,669	69 118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B  
Part II  
Date/Time Prepared:  
6/3/2015 1:34 pm

Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS		
	NEW CRC - EQUIPMENT	NEW CRC - HEALTH PAVILION					
	2.01	2.02					
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	390,509	55,574	751,658	9,074	18192.00
194.00	07950	COMMUNITY HEALTH SERVICES	9,148	0	13,933	54	2194.00
194.01	07951	WORK FITNESS	0	0	0	0	0194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	3,156	0	7,521	47	0194.02
194.03	07953	MH RESIDENTIAL	73,085	0	111,311	288	0194.03
194.04	07954	UNUSED SPACE	36,045	0	184,690	0	0194.04
194.05	07955	MOB	119,374	113,110	443,100	260	0194.05
194.06	07956	FOUNDATION	1,566	0	3,731	35	0194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	9,397	0	22,392	0	1194.07
194.08	07958	INDUSTRIAL HEALTH	0	0	0	4	0194.08
194.09	07959	NRCC	111,557	0	174,703	551	0194.09
200.00		Cross Foot Adjustments			0		200.00
201.00		Negative Cost Centers	0	0	0	0	0201.00
202.00		TOTAL (sum lines 118-201)	2,445,413	1,040,479	13,638,555	34,982	90202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 6/3/2015 1:34 pm			
Cost Center Description		PURCHASING & RECEIVING	REGISTRATION	PATIENT ACCOUNTS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	
		4.02	4.03	4.04	5.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CRC - CT EAST					1.01
1.02	00102	NEW CRC- CT WEST					1.02
1.03	00103	NEW CRC- MEMORIAL					1.03
1.04	00104	NEW CRC - OUTPATIENT					1.04
1.05	00105	NEW CRD - HEALTH PAVILION					1.05
1.06	00106	NEW CRC - STORAGE					1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER					1.07
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CRC - EQUIPMENT					2.01
2.02	00202	NEW CRC - HEALTH PAVILION					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	COMMUNICATIONS					4.01
4.02	00402	PURCHASING & RECEIVING	578,027				4.02
4.03	00403	REGISTRATION	347	36,384			4.03
4.04	00404	PATIENT ACCOUNTS	1,217	0	104,045		4.04
5.00	00500	ADMINISTRATIVE & GENERAL	7,438	0	0	515,352	5.00
7.00	00700	OPERATION OF PLANT	9,020	0	0	26,448	1,930,920
8.00	00800	LAUNDRY & LINEN SERVICE	1,634	0	0	1,296	37,446
9.00	00900	HOUSEKEEPING	4,718	0	0	8,431	34,478
10.00	01000	DIETARY	23,457	0	0	2,621	0
11.00	01100	CAFETERIA	0	0	0	5,038	44,704
13.00	01300	NURSING ADMINISTRATION	741	0	0	7,483	19,932
14.00	01400	CENTRAL SERVICES & SUPPLY	1,916	0	0	1,960	989
15.00	01500	PHARMACY	221,702	0	0	12,990	20,429
16.00	01600	MEDICAL RECORDS & LIBRARY	362	0	0	11,949	3,723
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.01	01701	MENTAL HEALTH OVERHEAD	2,396	0	0	4,810	13,252
23.00	02300	PARAMED PRGM-(SPECIFY)	5	0	0	581	0
23.01	02301	PARAMED PRGM-LAB	72	0	0	103	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	22,659	3,167	9,032	45,166	302,646
31.00	03100	INTENSIVE CARE UNIT	3,320	514	1,467	7,735	28,822
40.00	04000	SUBPROVIDER - IPF	0	417	1,188	4,158	51,026
41.00	04100	SUBPROVIDER - IRF	1,839	561	1,599	13,680	52,781
43.00	04300	NURSERY	656	83	238	1,413	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	32,888	2,403	6,854	20,427	72,787
51.00	05100	RECOVERY ROOM	0	0	0	0	0
51.01	05101	ENDOSCOPY	5,900	879	2,506	6,192	47,114
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,621	306	874	1,985	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,409	5,898	17,104	24,041	89,642
54.01	05401	RADIOLOGY-NON-CAMPUS	2,449	1,441	4,109	5,159	16,964
54.08	05408	RADIOLOGY-GSH BREAST CENTER	122	30	86	750	0
60.00	06000	LABORATORY	50,356	3,778	10,774	17,061	35,340
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	208	593	2,993	0
65.00	06500	RESPIRATORY THERAPY	5,026	757	2,159	9,506	22,974
66.00	06600	PHYSICAL THERAPY	2,017	2,031	5,793	11,850	31,194
69.00	06900	ELECTROCARDIOLOGY	23,313	2,381	6,790	13,852	39,795
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
70.01	07001	NEURODIAGNOSTICS	851	468	1,333	2,564	34,917
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	663	1,892	24,131	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	48,495	975	2,781	8,208	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,406	12,565	36,785	0
75.00	07500	ASC (NON-DISTINCT PART)	25,623	1,699	4,844	8,138	0
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0
76.01	03950	INPATIENT DIALYSIS	83	98	278	1,264	30,697
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	9,348	284	810	4,577	10,272
91.00	09100	EMERGENCY	5,247	2,668	7,610	14,236	63,600
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	1,522	52	148	747	2,110
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	1,102	217	618	4,444	18,715
118.00		SUBTOTALS (SUM OF LINES 1-117)	540,871	36,384	104,045	374,772	1,126,349
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	28,883	0	0	117,434	416,791
194.00	07950	COMMUNITY HEALTH SERVICES	461	0	0	758	9,764

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B  
Part II  
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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	
194.01	07951	WORK FITNESS	0	0	0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	4,652	0	0	2,199	3,369	194.02
194.03	07953	MH RESIDENTIAL	1,177	0	0	3,762	78,003	194.03
194.04	07954	UNUSED SPACE	0	0	0	562	38,470	194.04
194.05	07955	MOB	642	0	0	4,720	127,408	194.05
194.06	07956	FOUNDATION	1,340	0	0	3,265	1,671	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	0	0	0	75	10,030	194.07
194.08	07958	INDUSTRIAL HEALTH	1	0	0	59	0	194.08
194.09	07959	NRCC	0	0	0	7,746	119,065	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)	578,027	36,384	104,045	515,352	1,930,920	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150042		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 6/3/2015 1:34 pm	
Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CRC - CT EAST						1.01
1.02	00102	NEW CRC- CT WEST						1.02
1.03	00103	NEW CRC- MEMORIAL						1.03
1.04	00104	NEW CRC - OUTPATIENT						1.04
1.05	00105	NEW CRD - HEALTH PAVILION						1.05
1.06	00106	NEW CRC - STORAGE						1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER						1.07
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CRC - EQUIPMENT						2.01
2.02	00202	NEW CRC - HEALTH PAVILION						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	COMMUNICATIONS						4.01
4.02	00402	PURCHASING & RECEIVING						4.02
4.03	00403	REGISTRATION						4.03
4.04	00404	PATIENT ACCOUNTS						4.04
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	107,719					8.00
9.00	00900	HOUSEKEEPING	5,757	177,950				9.00
10.00	01000	DIETARY	976	5,463	32,640			10.00
11.00	01100	CAFETERIA	0	960	0	557,845		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	9,136	243,851	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	840	2,176	0	6,313	0	14.00
15.00	01500	PHARMACY	0	1,775	0	19,648	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,228	0	28,440	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	MENTAL HEALTH OVERHEAD	1,927	5,179	0	33,343	0	17.01
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	1,445	0	23.00
23.01	02301	PARAMED ED PRGM-LAB	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	43,719	58,913	18,936	82,779	104,532	30.00
31.00	03100	INTENSIVE CARE UNIT	5,708	5,794	2,227	13,988	17,663	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	3,915	13,603	17,178	40.00
41.00	04100	SUBPROVIDER - I RF	6,678	9,091	6,639	28,966	36,578	41.00
43.00	04300	NURSERY	753	623	923	2,724	3,440	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,302	13,480	0	15,302	19,323	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
51.01	05101	ENDOSCOPY	2,932	2,909	0	8,232	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,285	771	0	3,533	4,462	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,034	8,812	0	31,989	0	54.00
54.01	05401	RADIOLOGY-NON-CAMPUS	0	0	0	6,683	0	54.01
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0	54.08
60.00	06000	LABORATORY	0	2,808	0	27,631	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	43	1,646	0	15,858	0	65.00
66.00	06600	PHYSICAL THERAPY	3,713	3,863	0	17,791	0	66.00
69.00	06900	ELECTROCARDIOLOGY	1,659	4,479	0	19,582	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	2,990	3,522	0	2,886	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	3,872	8,520	0	0	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03950	INPATIENT DIALYSIS	0	0	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	30	1,230	0	6,619	0	90.00
91.00	09100	EMERGENCY	8,615	8,460	0	25,505	32,208	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	674	0	96.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,092	0	6,705	8,467	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	104,833	153,794	32,640	429,375	243,851	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,886	22,084	0	106,614	0	192.00
194.00	07950	COMMUNITY HEALTH SERVICES	0	839	0	1,556	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150042

Period:  
From 01/01/2014  
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Cost Center Description			LAUNDRY &	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING		
			LINEN SERVICE						ADMINISTRATION
			8.00	9.00	10.00	11.00	13.00		
194.01	07951	WORK FITNESS	0	0	0	0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	0	325	0	1,746	0	0	194.02
194.03	07953	MH RESIDENTIAL	0	0	0	11,825	0	0	194.03
194.04	07954	UNUSED SPACE	0	0	0	0	0	0	194.04
194.05	07955	MOB	0	0	0	5,813	0	0	194.05
194.06	07956	FOUNDATION	0	0	0	916	0	0	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	0	908	0	0	0	0	194.07
194.08	07958	INDUSTRIAL HEALTH	0	0	0	0	0	0	194.08
194.09	07959	NRCC	0	0	0	0	0	0	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)	107,719	177,950	32,640	557,845	243,851	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 6/3/2015 1:34 pm			
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	MENTAL HEALTH OVERHEAD	
		14.00	15.00	16.00	17.00	17.01	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CRC - CT EAST					1.01
1.02	00102	NEW CRC- CT WEST					1.02
1.03	00103	NEW CRC- MEMORIAL					1.03
1.04	00104	NEW CRC - OUTPATIENT					1.04
1.05	00105	NEW CRD - HEALTH PAVILION					1.05
1.06	00106	NEW CRC - STORAGE					1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER					1.07
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CRC - EQUIPMENT					2.01
2.02	00202	NEW CRC - HEALTH PAVILION					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	COMMUNICATIONS					4.01
4.02	00402	PURCHASING & RECEIVING					4.02
4.03	00403	REGISTRATION					4.03
4.04	00404	PATIENT ACCOUNTS					4.04
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,769				14.00
15.00	01500	PHARMACY	8,734	518,880			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	14	0	78,138		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	MENTAL HEALTH OVERHEAD	94	61	0	0	212,505
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-LAB	3	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	892	920	30,552	0	97,518
31.00	03100	INTENSIVE CARE UNIT	131	223	5,786	0	0
40.00	04000	SUBPROVIDER - I/PF	0	0	4,355	0	18,971
41.00	04100	SUBPROVIDER - I/RF	72	302	5,201	0	0
43.00	04300	NURSERY	26	22	520	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,294	2,071	5,331	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
51.01	05101	ENDOSCOPY	232	124	2,145	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	64	25	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	843	6,349	0	0	0
54.01	05401	RADIOLOGY-NON-CAMPUS	96	1,344	0	0	0
54.08	05408	RADIOLOGY-GSH BREAST CENTER	5	0	0	0	0
60.00	06000	LABORATORY	1,982	153	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	198	166	325	0	0
66.00	06600	PHYSICAL THERAPY	79	628	0	0	0
69.00	06900	ELECTROCARDIOLOGY	918	42	2,340	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
70.01	07001	NEURODIAGNOSTICS	33	1	1,625	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,909	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	450,079	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	1,008	521	5,136	0	77,342
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0
76.01	03950	INPATIENT DIALYSIS	3	107	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	368	364	0	0	0
91.00	09100	EMERGENCY	206	511	14,822	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	60	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	43	1,373	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,307	465,386	78,138	0	193,831
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,137	52,657	0	0	18,674

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	
194.00	07950 COMMUNITY HEALTH SERVICES	18	837	0	0	0	194.00
194.01	07951 WORK FITNESS	0	0	0	0	0	194.01
194.02	07952 MARKETING AND PUBLIC RELATIONS	183	0	0	0	0	194.02
194.03	07953 MH RESIDENTIAL	46	0	0	0	0	194.03
194.04	07954 UNUSED SPACE	0	0	0	0	0	194.04
194.05	07955 MOB	25	0	0	0	0	194.05
194.06	07956 FOUNDATION	53	0	0	0	0	194.06
194.07	07957 KNOX COUNTY HEALTH DEPT	0	0	0	0	0	194.07
194.08	07958 INDUSTRIAL HEALTH	0	0	0	0	0	194.08
194.09	07959 NRCC	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	20,769	518,880	78,138	0	212,505	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B  
Part II  
Date/Time Prepared:  
6/3/2015 1:34 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	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CRC - CT EAST						1.01
1.02	00102	NEW CRC- CT WEST						1.02
1.03	00103	NEW CRC- MEMORIAL						1.03
1.04	00104	NEW CRC - OUTPATIENT						1.04
1.05	00105	NEW CRD - HEALTH PAVILION						1.05
1.06	00106	NEW CRC - STORAGE						1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER						1.07
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CRC - EQUIPMENT						2.01
2.02	00202	NEW CRC - HEALTH PAVILION						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	COMMUNICATIONS						4.01
4.02	00402	PURCHASING & RECEIVING						4.02
4.03	00403	REGISTRATION						4.03
4.04	00404	PATIENT ACCOUNTS						4.04
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	MENTAL HEALTH OVERHEAD						17.01
23.00	02300	PARAMED PRGM-(SPECIFY)	2,097					23.00
23.01	02301	PARAMED PRGM-LAB		184				23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS			3,446,045	0	3,446,045	30.00
31.00	03100	INTENSIVE CARE UNIT			252,951	0	252,951	31.00
40.00	04000	SUBPROVIDER - IPF			696,074	0	696,074	40.00
41.00	04100	SUBPROVIDER - IRF			378,484	0	378,484	41.00
43.00	04300	NURSERY			11,543	0	11,543	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM			1,026,890	0	1,026,890	50.00
51.00	05100	RECOVERY ROOM			0	0	0	51.00
51.01	05101	ENDOSCOPY			473,217	0	473,217	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM			15,082	0	15,082	52.00
53.00	05300	ANESTHESIOLOGY			0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			1,035,607	0	1,035,607	54.00
54.01	05401	RADIOLOGY-NON-CAMPUS			163,055	0	163,055	54.01
54.08	05408	RADIOLOGY-GSH BREAST CENTER			1,092	0	1,092	54.08
60.00	06000	LABORATORY			480,875	0	480,875	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.			3,794	0	3,794	63.00
65.00	06500	RESPIRATORY THERAPY			189,610	0	189,610	65.00
66.00	06600	PHYSICAL THERAPY			242,016	0	242,016	66.00
69.00	06900	ELECTROCARDIOLOGY			449,312	0	449,312	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS			357,043	0	357,043	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			26,686	0	26,686	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			62,368	0	62,368	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			504,006	0	504,006	73.00
75.00	07500	ASC (NON-DISTINCT PART)			137,054	0	137,054	75.00
76.00	03020	MH ANCILLARY OUTPATIENT			0	0	0	76.00
76.01	03950	INPATIENT DIALYSIS			79,104	0	79,104	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC			49,086	0	49,086	90.00
91.00	09100	EMERGENCY			535,468	0	535,468	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED			14,250	0	14,250	96.00
101.00	10100	HOME HEALTH AGENCY			0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE			70,740	0	70,740	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	10,701,452	0	10,701,452	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B  
Part II  
Date/Time Prepared:  
6/3/2015 1:34 pm

Cost Center Description		PARAMED ED PRGM	PARAMED ED PRGM-LAB	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	23.01	24.00	25.00	26.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		1,527,910	0	1,527,910	192.00
194.00	07950	COMMUNITY HEALTH SERVICES		28,222	0	28,222	194.00
194.01	07951	WORK FITNESS		0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS		20,042	0	20,042	194.02
194.03	07953	MH RESIDENTIAL		206,412	0	206,412	194.03
194.04	07954	UNUSED SPACE		223,722	0	223,722	194.04
194.05	07955	MOB		581,968	0	581,968	194.05
194.06	07956	FOUNDATION		11,011	0	11,011	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT		33,406	0	33,406	194.07
194.08	07958	INDUSTRIAL HEALTH		64	0	64	194.08
194.09	07959	NRCC		302,065	0	302,065	194.09
200.00		Cross Foot Adjustments	2,097	184	0	2,281	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,097	184	0	13,638,555	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B-1  
Date/Time Prepared:  
6/3/2015 1:34 pm

Cost Center Description		CAPITAL RELATED COSTS					
		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	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0				1.00
1.01	00101	NEW CRC - CT EAST	0	153,411			1.01
1.02	00102	NEW CRC- CT WEST	0	0	66,132		1.02
1.03	00103	NEW CRC- MEMORIAL	0	0	0	73,394	1.03
1.04	00104	NEW CRC - OUTPATIENT	0	0	0	0	266,080
1.05	00105	NEW CRD - HEALTH PAVILION	0	0	0	0	0
1.06	00106	NEW CRC - STORAGE	0	0	0	0	0
1.07	00107	NEW CRC - DIAGNOSTIC CENTER	0	0	0	0	0
2.00	00200	CAP REL COSTS-MVBLE EQUIP					
2.01	00201	NEW CRC - EQUIPMENT					
2.02	00202	NEW CRC - HEALTH PAVILION					
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	3,428	1,004
4.01	00401	COMMUNICATIONS	0	0	0	0	0
4.02	00402	PURCHASING & RECEIVING	0	12,942	0	120	1,693
4.03	00403	REGISTRATION	0	0	283	0	0
4.04	00404	PATIENT ACCOUNTS	0	0	0	4,580	11,421
5.00	00500	ADMINISTRATIVE & GENERAL	0	3,170	5,494	12,762	7,336
7.00	00700	OPERATION OF PLANT	0	14,846	7,902	23,145	26,287
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	4,460	5,266
9.00	00900	HOUSEKEEPING	0	960	1,323	2,451	3,867
10.00	01000	DIETARY	0	0	0	0	0
11.00	01100	CAFETERIA	0	11,413	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	4,629	0	0	548
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	167	0	0
15.00	01500	PHARMACY	0	5,306	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	510	60	0	182
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.01	01701	MENTAL HEALTH OVERHEAD	0	3,442	0	0	0
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMED PRGM-LAB	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	38,254	13,757	0	7,623
31.00	03100	INTENSIVE CARE UNIT	0	0	7,486	0	0
40.00	04000	SUBPROVIDER - I/PF	0	13,253	0	0	0
41.00	04100	SUBPROVIDER - I/RF	0	2,715	0	10,994	0
43.00	04300	NURSERY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	18,905	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
51.01	05101	ENDOSCOPY	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,008	192	0	1,852
54.01	05401	RADIOLOGY-NON-CAMPUS	0	446	0	0	917
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0
60.00	06000	LABORATORY	0	7,006	0	0	1,763
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	154	5,813	0	0
66.00	06600	PHYSICAL THERAPY	0	356	6,447	0	1,205
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
70.01	07001	NEURODIAGNOSTICS	0	1,424	241	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0
76.01	03950	INPATIENT DIALYSIS	0	0	176	0	7,797
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	2,668
91.00	09100	EMERGENCY	0	0	16,519	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	154	0	0	394
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	0	0	0	0	4,861
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	149,893	65,860	61,940	86,684

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B-1

Date/Time Prepared:  
6/3/2015 1:34 pm

Cost Center Description		CAPITAL RELATED COSTS					
		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	
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	712	0	390	102,340	192.00
194.00	07950 COMMUNITY HEALTH SERVICES	0	0	0	0	2,536	194.00
194.01	07951 WORK FITNESS	0	0	0	0	0	194.01
194.02	07952 MARKETING AND PUBLIC RELATIONS	0	0	0	875	0	194.02
194.03	07953 MH RESIDENTIAL	0	0	0	0	20,260	194.03
194.04	07954 UNUSED SPACE	0	2,806	0	7,150	36	194.04
194.05	07955 MOB	0	0	0	0	23,298	194.05
194.06	07956 FOUNDATION	0	0	0	434	0	194.06
194.07	07957 KNOX COUNTY HEALTH DEPT	0	0	0	2,605	0	194.07
194.08	07958 INDUSTRIAL HEALTH	0	0	0	0	0	194.08
194.09	07959 NRCC	0	0	272	0	30,926	194.09
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	991,830	1,165,706	366,120	502,037	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	6.465182	17.626958	4.988419	1.886790	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 01/01/2014  
To 12/31/2014

Worksheet B-1  
Date/Time Prepared:  
6/3/2015 1:34 pm

Cost Center Description		CAPITAL RELATED COSTS						
		NEW CRD - HEALTH PAVILION (SQUARE FEET)	NEW CRC - STORAGE (SQUARE FEET)	NEW CRC - DIAGNOSTIC CENTER (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	NEW CRC - EQUIPMENT (SQUARE FEET)		
		1.05	1.06	1.07	2.00	2.01		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CRC - CT EAST						1.01
1.02	00102	NEW CRC- CT WEST						1.02
1.03	00103	NEW CRC- MEMORIAL						1.03
1.04	00104	NEW CRC - OUTPATIENT						1.04
1.05	00105	NEW CRD - HEALTH PAVILION	90,093					1.05
1.06	00106	NEW CRC - STORAGE	0	15,000				1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER	0	0	14,062			1.07
2.00	00200	CAP REL COSTS-MVBLE EQUIP				153,411		2.00
2.01	00201	NEW CRC - EQUIPMENT				0	677,899	2.01
2.02	00202	NEW CRC - HEALTH PAVILION				0	0	2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4,432	4.00
4.01	00401	COMMUNICATIONS	0	0	0	0	0	4.01
4.02	00402	PURCHASING & RECEIVING	0	0	0	12,942	14,755	4.02
4.03	00403	REGISTRATION	925	0	0	0	1,208	4.03
4.04	00404	PATIENT ACCOUNTS	0	0	0	0	16,001	4.04
5.00	00500	ADMINISTRATIVE & GENERAL	3,085	0	0	3,170	31,847	5.00
7.00	00700	OPERATION OF PLANT	16,579	15,000	4,375	14,846	108,134	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	9,726	8.00
9.00	00900	HOUSEKEEPING	354	0	0	960	8,955	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	198	0	0	11,413	11,611	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	4,629	5,177	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	90	0	0	0	257	14.00
15.00	01500	PHARMACY	0	0	0	5,306	5,306	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	215	0	0	510	967	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	MENTAL HEALTH OVERHEAD	0	0	0	3,442	3,442	17.01
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-LAB	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	18,973	0	0	38,254	78,607	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	7,486	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	13,253	13,253	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	2,715	13,709	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	18,905	18,905	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
51.01	05101	ENDOSCOPY	12,237	0	0	0	12,237	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,447	0	6,784	10,008	23,283	54.00
54.01	05401	RADIOLOGY-NON-CAMPUS	140	0	2,903	446	4,406	54.01
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0	54.08
60.00	06000	LABORATORY	410	0	0	7,006	9,179	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	154	5,967	65.00
66.00	06600	PHYSICAL THERAPY	94	0	0	356	8,102	66.00
69.00	06900	ELECTROCARDIOLOGY	10,336	0	0	0	10,336	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	7,404	0	0	1,424	9,069	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03950	INPATIENT DIALYSIS	0	0	0	0	7,973	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	2,668	90.00
91.00	09100	EMERGENCY	0	0	0	0	16,519	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	154	548	96.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	4,861	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	75,487	15,000	14,062	149,893	468,926	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B-1

Date/Time Prepared:  
6/3/2015 1:34 pm

Cost Center Description	CAPITAL RELATED COSTS					
	NEW CRD - HEALTH PAVILION (SQUARE FEET)	NEW CRC - STORAGE (SQUARE FEET)	NEW CRC - DIAGNOSTIC CENTER (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	NEW CRC - EQUIPMENT (SQUARE FEET)	
	1.05	1.06	1.07	2.00	2.01	
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	4,812	0	0	712	108,254	192.00
194.00 07950 COMMUNITY HEALTH SERVICES	0	0	0	0	2,536	194.00
194.01 07951 WORK FITNESS	0	0	0	0	0	194.01
194.02 07952 MARKETING AND PUBLIC RELATIONS	0	0	0	0	875	194.02
194.03 07953 MH RESIDENTIAL	0	0	0	0	20,260	194.03
194.04 07954 UNUSED SPACE	0	0	0	2,806	9,992	194.04
194.05 07955 MOB	9,794	0	0	0	33,092	194.05
194.06 07956 FOUNDATION	0	0	0	0	434	194.06
194.07 07957 KNOX COUNTY HEALTH DEPT	0	0	0	0	2,605	194.07
194.08 07958 INDUSTRIAL HEALTH	0	0	0	0	0	194.08
194.09 07959 NRCC	0	0	0	0	30,925	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)	1,533,051	1,224	411,426	5,181,269	2,445,413	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	17.016316	0.081600	29.258000	33.773778	3.607341	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 01/01/2014  
To 12/31/2014

Worksheet B-1  
Date/Time Prepared:  
6/3/2015 1:34 pm

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (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		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01 00101	NEW CRC - CT EAST					1.01	
1.02 00102	NEW CRC- CT WEST					1.02	
1.03 00103	NEW CRC- MEMORIAL					1.03	
1.04 00104	NEW CRC - OUTPATIENT					1.04	
1.05 00105	NEW CRD - HEALTH PAVILION					1.05	
1.06 00106	NEW CRC - STORAGE					1.06	
1.07 00107	NEW CRC - DIAGNOSTIC CENTER					1.07	
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00	
2.01 00201	NEW CRC - EQUIPMENT					2.01	
2.02 00202	NEW CRC - HEALTH PAVILION	90,093				2.02	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	94,916,063			4.00	
4.01 00401	COMMUNICATIONS	0	244,275	2,216		4.01	
4.02 00402	PURCHASING & RECEIVING	0	637,844	24	29,279,587	4.02	
4.03 00403	REGISTRATION	925	723,488	22	17,593	451,245,669	4.03
4.04 00404	PATIENT ACCOUNTS	0	1,917,117	101	61,621	0	4.04
5.00 00500	ADMINISTRATIVE & GENERAL	3,085	8,115,919	217	376,784	0	5.00
7.00 00700	OPERATION OF PLANT	16,579	2,258,535	0	456,919	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	200,701	0	82,778	0	8.00
9.00 00900	HOUSEKEEPING	354	1,831,085	19	238,988	0	9.00
10.00 01000	DIETARY	0	330,833	18	1,188,192	0	10.00
11.00 01100	CAFETERIA	198	962,621	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	1,579,675	34	37,545	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	90	362,158	8	97,072	0	14.00
15.00 01500	PHARMACY	0	2,576,724	40	11,230,515	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	215	2,346,984	81	18,312	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01 01701	MENTAL HEALTH OVERHEAD	0	1,410,404	119	121,389	0	17.01
23.00 02300	PARAMED PRGM-(SPECIFY)	0	179,008	0	276	0	23.00
23.01 02301	PARAMED PRGM-LAB	0	17,478	0	3,666	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	18,973	7,830,412	461	1,147,756	39,100,373	30.00
31.00 03100	INTENSIVE CARE UNIT	0	1,656,181	38	168,149	6,349,700	31.00
40.00 04000	SUBPROVIDER - I PF	0	456,307	6	0	5,143,872	40.00
41.00 04100	SUBPROVIDER - I RF	0	2,571,119	76	93,145	6,924,045	41.00
43.00 04300	NURSERY	0	330,443	0	33,210	1,030,098	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	0	4,094,519	76	1,665,890	29,671,320	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0	51.00
51.01 05101	ENDOSCOPY	12,237	962,868	23	298,860	10,847,143	51.01
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	423,542	0	82,100	3,783,627	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,447	3,757,151	99	1,084,427	74,876,268	54.00
54.01 05401	RADIOLOGY-NON-CAMPUS	140	825,260	0	124,034	17,790,040	54.01
54.08 05408	RADIOLOGY-GSH BREAST CENTER	0	269,183	0	6,200	371,533	54.08
60.00 06000	LABORATORY	410	2,508,414	46	2,550,709	46,639,858	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	2,565,383	63.00
65.00 06500	RESPIRATORY THERAPY	0	2,066,658	27	254,577	9,345,346	65.00
66.00 06600	PHYSICAL THERAPY	94	2,449,752	5	102,181	25,075,778	66.00
69.00 06900	ELECTROCARDIOLOGY	10,336	4,398,711	44	1,180,882	29,393,176	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 07001	NEURODIAGNOSTICS	7,404	249,424	23	43,090	5,772,488	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	8,190,955	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,456,432	12,039,954	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	463,113	0	0	54,393,860	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	942,617	64	1,297,871	20,971,332	75.00
76.00 03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01 03950	INPATIENT DIALYSIS	0	0	9	4,181	1,205,589	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	0	1,426,458	0	473,504	3,505,519	90.00
91.00 09100	EMERGENCY	0	2,730,481	48	265,754	32,943,170	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	55,315	0	77,108	640,718	96.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300	INTEREST EXPENSE						113.00
116.00 11600	HOSPICE	0	695,325	3	55,802	2,674,524	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B-1

Date/Time Prepared:  
6/3/2015 1:34 pm

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (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		
118.00	SUBTOTALS (SUM OF LINES 1-117)	75,487	66,858,102	1,731	27,397,512	451,245,669	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	4,812	24,701,599	431	1,463,004	0	192.00
194.00	07950 COMMUNITY HEALTH SERVICES	0	146,141	37	23,328	0	194.00
194.01	07951 WORK FITNESS	0	0	0	0	0	194.01
194.02	07952 MARKETING AND PUBLIC RELATIONS	0	127,341	0	235,643	0	194.02
194.03	07953 MH RESIDENTIAL	0	779,461	0	59,623	0	194.03
194.04	07954 UNUSED SPACE	0	0	0	0	0	194.04
194.05	07955 MOB	9,794	703,759	3	32,537	0	194.05
194.06	07956 FOUNDATION	0	94,948	0	67,885	0	194.06
194.07	07957 KNOX COUNTY HEALTH DEPT	0	0	14	0	0	194.07
194.08	07958 INDUSTRIAL HEALTH	0	11,344	0	55	0	194.08
194.09	07959 NRCC	0	1,493,368	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)	1,040,479	21,860,931	321,306	1,209,198	1,036,974	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	11.548944	0.230319	144.993682	0.041298	0.002298	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		34,982	90	578,027	36,384	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.000369	0.040614	0.019742	0.000081	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet B-1 Date/Time Prepared: 6/3/2015 1:34 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	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CRC - CT EAST					1.01
1.02 00102	NEW CRC- CT WEST					1.02
1.03 00103	NEW CRC- MEMORIAL					1.03
1.04 00104	NEW CRC - OUTPATIENT					1.04
1.05 00105	NEW CRD - HEALTH PAVILION					1.05
1.06 00106	NEW CRC - STORAGE					1.06
1.07 00107	NEW CRC - DIAGNOSTIC CENTER					1.07
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01 00201	NEW CRC - EQUIPMENT					2.01
2.02 00202	NEW CRC - HEALTH PAVILION					2.02
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01 00401	COMMUNICATIONS					4.01
4.02 00402	PURCHASING & RECEIVING					4.02
4.03 00403	REGISTRATION					4.03
4.04 00404	PATIENT ACCOUNTS	451,245,669				4.04
5.00 00500	ADMINISTRATIVE & GENERAL	0	-31,195,889	169,480,322		5.00
7.00 00700	OPERATION OF PLANT	0	0	8,697,046	501,522	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	426,106	9,726	8.00
9.00 00900	HOUSEKEEPING	0	0	2,772,373	8,955	9.00
10.00 01000	DIETARY	0	0	862,032	0	10.00
11.00 01100	CAFETERIA	0	0	1,656,760	11,611	11.00
13.00 01300	NURSING ADMINISTRATION	0	0	2,460,823	5,177	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	644,555	257	14.00
15.00 01500	PHARMACY	0	0	4,271,465	5,306	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	3,929,402	967	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01 01701	MENTAL HEALTH OVERHEAD	0	0	1,581,601	3,442	17.01
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	191,202	0	23.00
23.01 02301	PARAMED ED PRGM-LAB	0	0	33,991	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	39,100,373	0	14,852,457	78,607	30.00
31.00 03100	INTENSIVE CARE UNIT	6,349,700	0	2,543,715	7,486	31.00
40.00 04000	SUBPROVIDER - IPF	5,143,872	0	1,367,241	13,253	40.00
41.00 04100	SUBPROVIDER - IRF	6,924,045	0	4,498,467	13,709	41.00
43.00 04300	NURSERY	1,030,098	0	464,576	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	29,671,320	0	6,717,210	18,905	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
51.01 05101	ENDOSCOPY	10,847,143	0	2,036,276	12,237	51.01
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,783,627	0	652,880	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	74,876,268	0	7,905,666	23,283	54.00
54.01 05401	RADIOLOGY-NON-CAMPUS	17,790,040	0	1,696,503	4,406	54.01
54.08 05408	RADIOLOGY-GSH BREAST CENTER	371,533	0	246,610	0	54.08
60.00 06000	LABORATORY	46,639,858	0	5,610,326	9,179	60.00
63.00 06300	BLOOD STORAGE, PROCESSING & TRANS.	2,565,383	0	984,132	0	63.00
65.00 06500	RESPIRATORY THERAPY	9,345,346	0	3,125,805	5,967	65.00
66.00 06600	PHYSICAL THERAPY	25,075,778	0	3,896,771	8,102	66.00
69.00 06900	ELECTROCARDIOLOGY	29,393,176	0	4,555,191	10,336	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01 07001	NEURODIAGNOSTICS	5,772,488	0	843,301	9,069	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,190,955	0	7,935,177	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	12,039,954	0	2,699,239	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	54,393,860	0	12,096,320	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	20,971,332	0	2,675,949	0	75.00
76.00 03020	MH ANCILLARY OUTPATIENT	0	0	0	0	76.00
76.01 03950	INPATIENT DIALYSIS	1,205,589	0	415,776	7,973	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	3,505,519	0	1,505,158	2,668	90.00
91.00 09100	EMERGENCY	32,943,170	0	4,681,476	16,519	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	640,718	0	245,688	548	96.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	2,674,524	0	1,461,383	4,861	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	451,245,669	-31,195,889	123,240,649	292,549	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B-1

Date/Time Prepared:  
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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		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	38,628,644	108,254	31,173	192.00
194.00	07950	COMMUNITY HEALTH SERVICES	0	0	249,330	2,536	0	194.00
194.01	07951	WORK FITNESS	0	0	0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	0	0	723,234	875	0	194.02
194.03	07953	MH RESIDENTIAL	0	0	1,236,971	20,260	0	194.03
194.04	07954	UNUSED SPACE	0	0	184,690	9,992	0	194.04
194.05	07955	MOB	0	0	1,551,976	33,092	0	194.05
194.06	07956	FOUNDATION	0	0	1,073,804	434	0	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	0	0	24,512	2,605	0	194.07
194.08	07958	INDUSTRIAL HEALTH	0	0	19,470	0	0	194.08
194.09	07959	NRCC	0	0	2,547,042	30,925	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)	4,261,248		31,195,889	10,297,894	704,245	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.009443		0.184068	20.533285	0.605168	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	104,045		515,352	1,930,920	107,719	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000231		0.003041	3.850120	0.092565	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		HOUSEKEEPING (TIME SPENT)	DIETARY (PATIENT DAYS)	CAFETERIA (MAN HOURS)	NURSING ADMINISTRATION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLIES (COST)	
		9.00	10.00	11.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
1.04	00104						1.04
1.05	00105						1.05
1.06	00106						1.06
1.07	00107						1.07
2.00	00200						2.00
2.01	00201						2.01
2.02	00202						2.02
4.00	00400						4.00
4.01	00401						4.01
4.02	00402						4.02
4.03	00403						4.03
4.04	00404						4.04
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	65,082					10.00
11.00	01100	1,998	37,820				11.00
13.00	01300	351	0	2,537,396			13.00
14.00	01400	0	0	41,557	878,356		14.00
15.00	01500	796	0	28,715	0	26,722,095	15.00
16.00	01600	649	0	89,371	0	11,230,515	16.00
17.00	01700	449	0	129,363	0	18,312	17.00
17.01	01701	0	0	0	0	0	17.01
17.01	01701	1,894	0	151,661	0	121,389	17.01
23.00	02300	0	0	6,572	0	276	23.00
23.01	02301	0	0	0	0	3,666	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	21,546	21,940	376,525	376,525	1,147,756	30.00
31.00	03100	2,119	2,581	63,624	63,624	168,149	31.00
40.00	04000	0	4,536	61,876	61,876	0	40.00
41.00	04100	3,325	7,693	131,756	131,756	93,145	41.00
43.00	04300	228	1,070	12,390	12,390	33,210	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	4,930	0	69,603	69,603	1,665,890	50.00
51.00	05100	0	0	0	0	0	51.00
51.01	05101	1,064	0	37,442	0	298,860	51.01
52.00	05200	282	0	16,072	16,072	82,100	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	3,223	0	145,504	0	1,084,427	54.00
54.01	05401	0	0	30,397	0	124,034	54.01
54.08	05408	0	0	0	0	6,200	54.08
60.00	06000	1,027	0	125,681	0	2,550,709	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	602	0	72,131	0	254,577	65.00
66.00	06600	1,413	0	80,924	0	102,181	66.00
69.00	06900	1,638	0	89,069	0	1,180,882	69.00
70.00	07000	0	0	0	0	0	70.00
70.01	07001	1,288	0	13,127	0	43,090	70.01
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	2,456,432	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	3,116	0	0	0	1,297,871	75.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	0	0	0	0	4,181	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	450	0	30,106	0	473,504	90.00
91.00	09100	3,094	0	116,013	116,013	265,754	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
96.00	09600	0	0	3,068	0	77,108	96.00
101.00	10100	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
116.00	11600	765	0	30,497	30,497	55,802	116.00
118.00		56,247	37,820	1,953,044	878,356	24,840,020	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B-1

Date/Time Prepared:  
6/3/2015 1:34 pm

Cost Center Description		HOUSEKEEPING (TIME SPENT)	DIETARY (PATIENT DAYS)	CAFETERIA (MAN HOURS)	NURSING ADMINISTRATION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLIES COST	
		9.00	10.00	11.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,077	0	484,939	1,463,004	192.00
194.00	07950	COMMUNITY HEALTH SERVICES	307	0	7,079	23,328	194.00
194.01	07951	WORK FITNESS	0	0	0	0	194.01
194.02	07952	MARKETING AND PUBLIC RELATIONS	119	0	7,942	235,643	194.02
194.03	07953	MH RESIDENTIAL	0	0	53,786	59,623	194.03
194.04	07954	UNUSED SPACE	0	0	0	0	194.04
194.05	07955	MOB	0	0	26,439	32,537	194.05
194.06	07956	FOUNDATION	0	0	4,167	67,885	194.06
194.07	07957	KNOX COUNTY HEALTH DEPT	332	0	0	0	194.07
194.08	07958	INDUSTRIAL HEALTH	0	0	0	55	194.08
194.09	07959	NRCC	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)	3,504,194	1,134,663	2,219,027	3,056,426	841,937
203.00		Unit cost multiplier (Wkst. B, Part I)	53.842752	30.001666	0.874529	3.479712	0.031507
204.00		Cost to be allocated (per Wkst. B, Part II)	177,950	32,640	557,845	243,851	20,769
205.00		Unit cost multiplier (Wkst. B, Part II)	2.734243	0.863035	0.219849	0.277622	0.000777

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 150042		Period: From 01/01/2014 To 12/31/2014		Worksheet B-1	
Date/Time Prepared: 6/3/2015 1:34 pm							
Cost Center Description		PHARMACY (COSTED REQUIS)	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	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CRC - CT EAST					1.01
1.02	00102	NEW CRC- CT WEST					1.02
1.03	00103	NEW CRC- MEMORIAL					1.03
1.04	00104	NEW CRC - OUTPATIENT					1.04
1.05	00105	NEW CRD - HEALTH PAVILION					1.05
1.06	00106	NEW CRC - STORAGE					1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER					1.07
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CRC - EQUIPMENT					2.01
2.02	00202	NEW CRC - HEALTH PAVILION					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	COMMUNICATIONS					4.01
4.02	00402	PURCHASING & RECEIVING					4.02
4.03	00403	REGISTRATION					4.03
4.04	00404	PATIENT ACCOUNTS					4.04
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	11,618,102				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,202			16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
17.01	01701	MENTAL HEALTH OVERHEAD	1,368	0	0	57,626,171	17.01
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	100 23.00
23.01	02301	PARAMED PRGM-LAB	0	0	0	0	0 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	20,607	470	0	26,447,640	0 30.00
31.00	03100	INTENSIVE CARE UNIT	5,000	89	0	0	0 31.00
40.00	04000	SUBPROVIDER - IPF	0	67	0	5,143,872	0 40.00
41.00	04100	SUBPROVIDER - IRF	6,762	80	0	0	0 41.00
43.00	04300	NURSERY	484	8	0	0	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	46,379	82	0	0	0 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
51.01	05101	ENDOSCOPY	2,784	33	0	0	0 51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	553	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	142,151	0	0	0	100 54.00
54.01	05401	RADIOLOGY-NON-CAMPUS	30,089	0	0	0	0 54.01
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0 54.08
60.00	06000	LABORATORY	3,430	0	0	0	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	3,712	5	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	14,055	0	0	0	0 66.00
69.00	06900	ELECTROCARDIOLOGY	942	36	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
70.01	07001	NEURODIAGNOSTICS	29	25	0	0	0 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,077,569	0	0	0	0 73.00
75.00	07500	ASC (NON-DISTINCT PART)	11,662	79	0	20,971,332	0 75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0 76.00
76.01	03950	INPATIENT DIALYSIS	2,398	0	0	0	0 76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	8,152	0	0	0	0 90.00
91.00	09100	EMERGENCY	11,435	228	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	30,749	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,420,310	1,202	0	52,562,844	100 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		PHARMACY (COSTED REQUIS)	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	
192.00	19200	1,179,047	0	0	5,063,327	0	192.00
194.00	07950	18,745	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	0	0	0	0	0	194.07
194.08	07958	0	0	0	0	0	194.08
194.09	07959	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments						
201.00	Negative Cost Centers						
202.00	Cost to be allocated (per Wkst. B, Part I)	5,633,600	4,810,419	0	2,195,095	232,152	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.484898	4,002.012479	0.000000	0.038092	2,321.520000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	518,880	78,138	0	212,505	2,097	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.044661	65.006656	0.000000	0.003688	20.970000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B-1  
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6/3/2015 1:34 pm

Cost Center Description		PARAMED PRGM-LAB (ASSIGNED TIME)	
		23.01	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	NEW CRC - CT EAST	1.01
1.02	00102	NEW CRC- CT WEST	1.02
1.03	00103	NEW CRC- MEMORIAL	1.03
1.04	00104	NEW CRC - OUTPATIENT	1.04
1.05	00105	NEW CRD - HEALTH PAVILION	1.05
1.06	00106	NEW CRC - STORAGE	1.06
1.07	00107	NEW CRC - DIAGNOSTIC CENTER	1.07
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
2.01	00201	NEW CRC - EQUIPMENT	2.01
2.02	00202	NEW CRC - HEALTH PAVILION	2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
4.01	00401	COMMUNICATIONS	4.01
4.02	00402	PURCHASING & RECEIVING	4.02
4.03	00403	REGISTRATION	4.03
4.04	00404	PATIENT ACCOUNTS	4.04
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
17.01	01701	MENTAL HEALTH OVERHEAD	17.01
23.00	02300	PARAMED PRGM-(SPECIFY)	23.00
23.01	02301	PARAMED PRGM-LAB	23.01
		100	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
51.01	05101	ENDOSCOPY	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	RADIOLOGY-NON-CAMPUS	54.01
54.08	05408	RADIOLOGY-GSH BREAST CENTER	54.08
60.00	06000	LABORATORY	60.00
		100	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
70.01	07001	NEURODIAGNOSTICS	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	76.00
76.01	03950	INPATIENT DIALYSIS	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	96.00
101.00	10100	HOME HEALTH AGENCY	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
		100	
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet B-1  
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Cost Center Description		PARAMED ED PRGM-LAB (ASSIGNED TIME)	
		23.01	
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950 COMMUNITY HEALTH SERVICES	0	194.00
194.01	07951 WORK FITNESS	0	194.01
194.02	07952 MARKETING AND PUBLIC RELATIONS	0	194.02
194.03	07953 MH RESIDENTIAL	0	194.03
194.04	07954 UNUSED SPACE	0	194.04
194.05	07955 MOB	0	194.05
194.06	07956 FOUNDATION	0	194.06
194.07	07957 KNOX COUNTY HEALTH DEPT	0	194.07
194.08	07958 INDUSTRIAL HEALTH	0	194.08
194.09	07959 NRCC	0	194.09
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	40,364	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	403.640000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	184	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.840000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet C  
Part I  
Date/Time Prepared:  
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		Title XVII		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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	25,878,565		25,878,565	0	25,878,565	30.00
31.00	03100	INTENSIVE CARE UNIT	4,035,427		4,035,427	0	4,035,427	31.00
40.00	04000	SUBPROVIDER - I/PF	2,760,620		2,760,620	0	2,760,620	40.00
41.00	04100	SUBPROVIDER - I/RF	6,961,544		6,961,544	0	6,961,544	41.00
43.00	04300	NURSERY	686,634		686,634	0	686,634	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	9,341,597		9,341,597	0	9,341,597	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
51.01	05101	ENDOSCOPY	2,914,388		2,914,388	0	2,914,388	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	869,473		869,473	0	869,473	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,534,015		10,534,015	0	10,534,015	54.00
54.01	05401	RADIOLOGY-NON-CAMPUS	2,144,326		2,144,326	0	2,144,326	54.01
54.08	05408	RADIOLOGY-GSH BREAST CENTER	292,198		292,198	600	292,798	54.08
60.00	06000	LABORATORY	7,119,083		7,119,083	0	7,119,083	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,165,279		1,165,279	0	1,165,279	63.00
65.00	06500	RESPIRATORY THERAPY	3,949,293	0	3,949,293	0	3,949,293	65.00
66.00	06600	PHYSICAL THERAPY	4,961,564	0	4,961,564	0	4,961,564	66.00
69.00	06900	ELECTROCARDIOLOGY	5,964,558		5,964,558	3,534	5,968,092	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	1,386,539		1,386,539	4,171	1,390,710	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,395,789		9,395,789	0	9,395,789	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,273,478		3,273,478	0	3,273,478	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,209,464		19,209,464	0	19,209,464	73.00
75.00	07500	ASC (NON-DISTINCT PART)	4,523,140		4,523,140	0	4,523,140	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0		0	0	0	76.00
76.01	03950	INPATIENT DIALYSIS	657,314		657,314	14,186	671,500	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,906,617		1,906,617	0	1,906,617	90.00
91.00	09100	EMERGENCY	7,536,811		7,536,811	26,308	7,563,119	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,588,493		2,588,493	0	2,588,493	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	307,275		307,275	0	307,275	96.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,020,839		2,020,839		2,020,839	116.00
200.00		Subtotal (see instructions)	142,384,323	0	142,384,323	48,799	142,433,122	200.00
201.00		Less Observation Beds	2,588,493		2,588,493		2,588,493	201.00
202.00		Total (see instructions)	139,795,830	0	139,795,830	48,799	139,844,629	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet C  
Part I  
Date/Time Prepared:  
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		Title XVII			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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	26,447,640		26,447,640		30.00
31.00	03100	INTENSIVE CARE UNIT	6,349,700		6,349,700		31.00
40.00	04000	SUBPROVIDER - I/PF	5,143,872		5,143,872		40.00
41.00	04100	SUBPROVIDER - I/RP	6,924,045		6,924,045		41.00
43.00	04300	NURSERY	1,030,098		1,030,098		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	13,848,076	15,823,244	29,671,320	0.314836	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
51.01	05101	ENDOSCOPY	1,752,484	9,094,659	10,847,143	0.268678	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,449,695	333,932	3,783,627	0.229799	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,094,473	62,781,795	74,876,268	0.140686	54.00
54.01	05401	RADIOLOGY-NON-CAMPUS	2,150,582	15,639,458	17,790,040	0.120535	54.01
54.08	05408	RADIOLOGY-GSH BREAST CENTER	7,206	364,327	371,533	0.786466	54.08
60.00	06000	LABORATORY	14,981,341	31,658,517	46,639,858	0.152639	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,776,566	788,817	2,565,383	0.454232	63.00
65.00	06500	RESPIRATORY THERAPY	6,221,115	3,124,231	9,345,346	0.422595	65.00
66.00	06600	PHYSICAL THERAPY	11,609,916	13,465,862	25,075,778	0.197863	66.00
69.00	06900	ELECTROCARDIOLOGY	7,783,169	21,610,007	29,393,176	0.202923	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
70.01	07001	NEURODIAGNOSTICS	187,113	5,585,375	5,772,488	0.240198	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,526,676	1,664,279	8,190,955	1.147093	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,709,494	2,330,460	12,039,954	0.271885	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,164,846	38,229,014	54,393,860	0.353155	73.00
75.00	07500	ASC (NON-DISTINCT PART)	31,460	20,939,872	20,971,332	0.215682	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0.000000	76.00
76.01	03950	INPATIENT DIALYSIS	1,155,094	50,495	1,205,589	0.545222	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	3,505,519	3,505,519	0.543890	90.00
91.00	09100	EMERGENCY	5,528,920	27,414,250	32,943,170	0.228782	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,123,457	8,529,276	12,652,733	0.204580	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	74,659	566,059	640,718	0.479579	96.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	8,482	2,666,042	2,674,524		116.00
200.00		Subtotal (see instructions)	165,080,179	286,165,490	451,245,669		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	165,080,179	286,165,490	451,245,669		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 6/3/2015 1:34 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - I/PF			40.00
41.00	04100 SUBPROVIDER - I/RF			41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.314836		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
51.01	05101 ENDOSCOPY	0.268678		51.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.229799		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.140686		54.00
54.01	05401 RADIOLOGY-NON-CAMPUS	0.120535		54.01
54.08	05408 RADIOLOGY-GSH BREAST CENTER	0.788081		54.08
60.00	06000 LABORATORY	0.152639		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.454232		63.00
65.00	06500 RESPIRATORY THERAPY	0.422595		65.00
66.00	06600 PHYSICAL THERAPY	0.197863		66.00
69.00	06900 ELECTROCARDIOLOGY	0.203043		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	07001 NEURODIAGNOSTICS	0.240920		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.147093		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.271885		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.353155		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.215682		75.00
76.00	03020 MH ANCILLARY OUTPATIENT	0.000000		76.00
76.01	03950 INPATIENT DIALYSIS	0.556989		76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.543890		90.00
91.00	09100 EMERGENCY	0.229581		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.204580		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.479579		96.00
101.00	10100 HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 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 01/01/2014  
To 12/31/2014

Worksheet C  
Part I  
Date/Time Prepared:  
6/3/2015 1:34 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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	25,878,565		25,878,565	0	25,878,565	30.00
31.00	03100 INTENSIVE CARE UNIT	4,035,427		4,035,427	0	4,035,427	31.00
40.00	04000 SUBPROVIDER - I/PF	2,760,620		2,760,620	0	2,760,620	40.00
41.00	04100 SUBPROVIDER - I/RF	6,961,544		6,961,544	0	6,961,544	41.00
43.00	04300 NURSERY	686,634		686,634	0	686,634	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	9,341,597		9,341,597	0	9,341,597	50.00
51.00	05100 RECOVERY ROOM	0		0	0	0	51.00
51.01	05101 ENDOSCOPY	2,914,388		2,914,388	0	2,914,388	51.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	869,473		869,473	0	869,473	52.00
53.00	05300 ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,534,015		10,534,015	0	10,534,015	54.00
54.01	05401 RADIOLOGY-NON-CAMPUS	2,144,326		2,144,326	0	2,144,326	54.01
54.08	05408 RADIOLOGY-GSH BREAST CENTER	292,198		292,198	600	292,798	54.08
60.00	06000 LABORATORY	7,119,083		7,119,083	0	7,119,083	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,165,279		1,165,279	0	1,165,279	63.00
65.00	06500 RESPIRATORY THERAPY	3,949,293	0	3,949,293	0	3,949,293	65.00
66.00	06600 PHYSICAL THERAPY	4,961,564	0	4,961,564	0	4,961,564	66.00
69.00	06900 ELECTROCARDIOLOGY	5,964,558		5,964,558	3,534	5,968,092	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
70.01	07001 NEURODIAGNOSTICS	1,386,539		1,386,539	4,171	1,390,710	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	9,395,789		9,395,789	0	9,395,789	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,273,478		3,273,478	0	3,273,478	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	19,209,464		19,209,464	0	19,209,464	73.00
75.00	07500 ASC (NON-DISTINCT PART)	4,523,140		4,523,140	0	4,523,140	75.00
76.00	03020 MH ANCILLARY OUTPATIENT	0		0	0	0	76.00
76.01	03950 INPATIENT DIALYSIS	657,314		657,314	14,186	671,500	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	1,906,617		1,906,617	0	1,906,617	90.00
91.00	09100 EMERGENCY	7,536,811		7,536,811	26,308	7,563,119	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,588,493		2,588,493	0	2,588,493	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	307,275		307,275	0	307,275	96.00
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	2,020,839		2,020,839		2,020,839	116.00
200.00	Subtotal (see instructions)	142,384,323	0	142,384,323	48,799	142,433,122	200.00
201.00	Less Observation Beds	2,588,493		2,588,493		2,588,493	201.00
202.00	Total (see instructions)	139,795,830	0	139,795,830	48,799	139,844,629	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet C  
Part I  
Date/Time Prepared:  
6/3/2015 1:34 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	26,447,640		26,447,640		30.00
31.00	03100	INTENSIVE CARE UNIT	6,349,700		6,349,700		31.00
40.00	04000	SUBPROVIDER - I/PF	5,143,872		5,143,872		40.00
41.00	04100	SUBPROVIDER - I/RP	6,924,045		6,924,045		41.00
43.00	04300	NURSERY	1,030,098		1,030,098		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	13,848,076	15,823,244	29,671,320	0.314836	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
51.01	05101	ENDOSCOPY	1,752,484	9,094,659	10,847,143	0.268678	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,449,695	333,932	3,783,627	0.229799	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,094,473	62,781,795	74,876,268	0.140686	54.00
54.01	05401	RADIOLOGY-NON-CAMPUS	2,150,582	15,639,458	17,790,040	0.120535	54.01
54.08	05408	RADIOLOGY-GSH BREAST CENTER	7,206	364,327	371,533	0.786466	54.08
60.00	06000	LABORATORY	14,981,341	31,658,517	46,639,858	0.152639	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,776,566	788,817	2,565,383	0.454232	63.00
65.00	06500	RESPIRATORY THERAPY	6,221,115	3,124,231	9,345,346	0.422595	65.00
66.00	06600	PHYSICAL THERAPY	11,609,916	13,465,862	25,075,778	0.197863	66.00
69.00	06900	ELECTROCARDIOLOGY	7,783,169	21,610,007	29,393,176	0.202923	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
70.01	07001	NEURODIAGNOSTICS	187,113	5,585,375	5,772,488	0.240198	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,526,676	1,664,279	8,190,955	1.147093	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,709,494	2,330,460	12,039,954	0.271885	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,164,846	38,229,014	54,393,860	0.353155	73.00
75.00	07500	ASC (NON-DISTINCT PART)	31,460	20,939,872	20,971,332	0.215682	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0.000000	76.00
76.01	03950	INPATIENT DIALYSIS	1,155,094	50,495	1,205,589	0.545222	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	3,505,519	3,505,519	0.543890	90.00
91.00	09100	EMERGENCY	5,528,920	27,414,250	32,943,170	0.228782	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,123,457	8,529,276	12,652,733	0.204580	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	74,659	566,059	640,718	0.479579	96.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	8,482	2,666,042	2,674,524		116.00
200.00		Subtotal (see instructions)	165,080,179	286,165,490	451,245,669		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	165,080,179	286,165,490	451,245,669		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 6/3/2015 1:34 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
51.01	05101 ENDOSCOPY	0.000000		51.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 RADIOLOGY-NON-CAMPUS	0.000000		54.01
54.08	05408 RADIOLOGY-GSH BREAST CENTER	0.000000		54.08
60.00	06000 LABORATORY	0.000000		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	07001 NEURODIAGNOSTICS	0.000000		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020 MH ANCILLARY OUTPATIENT	0.000000		76.00
76.01	03950 INPATIENT DIALYSIS	0.000000		76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
101.00	10100 HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 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 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 6/3/2015 1:34 pm
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Cost Center Description		Title XVIII			Hospital		Per Diem (col. 3 / col. 4)		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS			
		1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	ADULTS & PEDIATRICS	3,446,045	0	3,446,045	24,264	142.02	30.00		
31.00	INTENSIVE CARE UNIT	252,951	0	252,951	2,581	98.01	31.00		
40.00	SUBPROVIDER - IPF	696,074	0	696,074	4,536	153.46	40.00		
41.00	SUBPROVIDER - IRF	378,484	0	378,484	7,693	49.20	41.00		
43.00	NURSERY	11,543		11,543	1,070	10.79	43.00		
200.00	Total (lines 30-199)	4,785,097		4,785,097	40,144		200.00		
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)						
		6.00	7.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	ADULTS & PEDIATRICS	13,402	1,903,352						30.00
31.00	INTENSIVE CARE UNIT	1,706	167,205						31.00
40.00	SUBPROVIDER - IPF	1,782	273,466						40.00
41.00	SUBPROVIDER - IRF	6,459	317,783						41.00
43.00	NURSERY	0	0						43.00
200.00	Total (lines 30-199)	23,349	2,661,806						200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet D  
Part II  
Date/Time Prepared:  
6/3/2015 1:34 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		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,026,890	29,671,320	0.034609	10,722,204	371,085	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
51.01	05101	ENDOSCOPY	473,217	10,847,143	0.043626	995,182	43,416	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,082	3,783,627	0.003986	3,740	15	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,035,607	74,876,268	0.013831	7,136,741	98,708	54.00
54.01	05401	RADIOLOGY-NON-CAMPUS	163,055	17,790,040	0.009166	1,111,068	10,184	54.01
54.08	05408	RADIOLOGY-GSH BREAST CENTER	1,092	371,533	0.002939	0	0	54.08
60.00	06000	LABORATORY	480,875	46,639,858	0.010310	9,648,236	99,473	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,794	2,565,383	0.001479	1,635,649	2,419	63.00
65.00	06500	RESPIRATORY THERAPY	189,610	9,345,346	0.020289	3,190,261	64,727	65.00
66.00	06600	PHYSICAL THERAPY	242,016	25,075,778	0.009651	3,503,567	33,813	66.00
69.00	06900	ELECTROCARDIOLOGY	449,312	29,393,176	0.015286	5,944,991	90,875	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	357,043	5,772,488	0.061853	107,532	6,651	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,686	8,190,955	0.003258	2,894,451	9,430	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	62,368	12,039,954	0.005180	4,480,479	23,209	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	504,006	54,393,860	0.009266	9,532,931	88,332	73.00
75.00	07500	ASC (NON-DISTINCT PART)	137,054	20,971,332	0.006535	0	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0.000000	0	0	76.00
76.01	03950	INPATIENT DIALYSIS	79,104	1,205,589	0.065614	965,964	63,381	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	49,086	3,505,519	0.014002	0	0	90.00
91.00	09100	EMERGENCY	535,468	32,943,170	0.016254	3,014,672	49,000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	344,689	12,652,733	0.027242	975,695	26,580	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	14,250	640,718	0.022241	0	0	96.00
200.00		Total (lines 50-199)	6,190,304	402,675,790		65,863,363	1,081,298	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150042		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 6/3/2015 1:34 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,264	0.00	13,402	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,581	0.00	1,706	0		31.00
40.00	04000	SUBPROVIDER - IPF	4,536	0.00	1,782	0		40.00
41.00	04100	SUBPROVIDER - IRF	7,693	0.00	6,459	0		41.00
43.00	04300	NURSERY	1,070	0.00	0	0		43.00
200.00		Total (lines 30-199)	40,144		23,349	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet D  
Part IV  
Date/Time Prepared:  
6/3/2015 1:34 pm

Cost Center Description		Title XVIII				Hospital		PPS
		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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
51.01	05101	ENDOSCOPY	0	0	0	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	232,152	0	232,152	54.00
54.01	05401	RADIOLOGY-NON-CAMPUS	0	0	0	0	0	54.01
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0	54.08
60.00	06000	LABORATORY	0	0	40,364	0	40,364	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03950	INPATIENT DIALYSIS	0	0	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	272,516	0	272,516	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 6/3/2015 1:34 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	29,671,320	0.000000	0.000000	10,722,204	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
51.01	05101 ENDOSCOPY	0	10,847,143	0.000000	0.000000	995,182	51.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,783,627	0.000000	0.000000	3,740	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	232,152	74,876,268	0.003100	0.003100	7,136,741	54.00
54.01	05401 RADIOLOGY-NON-CAMPUS	0	17,790,040	0.000000	0.000000	1,111,068	54.01
54.08	05408 RADIOLOGY-GSH BREAST CENTER	0	371,533	0.000000	0.000000	0	54.08
60.00	06000 LABORATORY	40,364	46,639,858	0.000865	0.000865	9,648,236	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	2,565,383	0.000000	0.000000	1,635,649	63.00
65.00	06500 RESPIRATORY THERAPY	0	9,345,346	0.000000	0.000000	3,190,261	65.00
66.00	06600 PHYSICAL THERAPY	0	25,075,778	0.000000	0.000000	3,503,567	66.00
69.00	06900 ELECTROCARDIOLOGY	0	29,393,176	0.000000	0.000000	5,944,991	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
70.01	07001 NEURODIAGNOSTICS	0	5,772,488	0.000000	0.000000	107,532	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,190,955	0.000000	0.000000	2,894,451	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	12,039,954	0.000000	0.000000	4,480,479	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	54,393,860	0.000000	0.000000	9,532,931	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	20,971,332	0.000000	0.000000	0	75.00
76.00	03020 MH ANCILLARY OUTPATIENT	0	0	0.000000	0.000000	0	76.00
76.01	03950 INPATIENT DIALYSIS	0	1,205,589	0.000000	0.000000	965,964	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	3,505,519	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	32,943,170	0.000000	0.000000	3,014,672	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	12,652,733	0.000000	0.000000	975,695	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	640,718	0.000000	0.000000	0	96.00
200.00	Total (lines 50-199)	272,516	402,675,790			65,863,363	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet D  
Part IV  
Date/Time Prepared:  
6/3/2015 1:34 pm

Cost Center Description		Title XVIII			Hospital	PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	14,251,163	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
51.01	05101 ENDOSCOPY	0	5,006,752	0		51.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	22,124	24,905,423	77,207		54.00
54.01	05401 RADIOLOGY-NON-CAMPUS	0	4,752,473	0		54.01
54.08	05408 RADIOLOGY-GSH BREAST CENTER	0	0	0		54.08
60.00	06000 LABORATORY	8,346	5,119,973	4,429		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	693,671	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	2,853,123	0		65.00
66.00	06600 PHYSICAL THERAPY	0	6,412	0		66.00
69.00	06900 ELECTROCARDIOLOGY	0	6,919,510	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01	07001 NEURODIAGNOSTICS	0	2,054,991	0		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,453,636	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,034,045	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	21,542,245	0		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03020 MH ANCILLARY OUTPATIENT	0	0	0		76.00
76.01	03950 INPATIENT DIALYSIS	0	32,976	0		76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	6,662,037	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,660,292	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
200.00	Total (lines 50-199)	30,470	99,948,722	81,636		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 6/3/2015 1:34 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.314836	14,251,163	0	0	4,486,779	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
51.01	05101 ENDOSCOPY	0.268678	5,006,752	0	0	1,345,204	51.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.229799	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.140686	24,905,423	0	0	3,503,844	54.00
54.01	05401 RADIOLOGY-NON-CAMPUS	0.120535	4,752,473	0	0	572,839	54.01
54.08	05408 RADIOLOGY-GSH BREAST CENTER	0.786466	0	0	0	0	54.08
60.00	06000 LABORATORY	0.152639	5,119,973	3,416	0	781,508	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.454232	693,671	0	0	315,088	63.00
65.00	06500 RESPIRATORY THERAPY	0.422595	2,853,123	0	0	1,205,716	65.00
66.00	06600 PHYSICAL THERAPY	0.197863	6,412	0	0	1,269	66.00
69.00	06900 ELECTROCARDIOLOGY	0.202923	6,919,510	0	0	1,404,128	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01	07001 NEURODIAGNOSTICS	0.240198	2,054,991	0	0	493,605	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.147093	1,453,636	0	0	1,667,456	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.271885	2,034,045	0	0	553,026	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.353155	21,542,245	0	41,239	7,607,752	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.215682	0	0	0	0	75.00
76.00	03020 MH ANCILLARY OUTPATIENT	0.000000	0	0	0	0	76.00
76.01	03950 INPATIENT DIALYSIS	0.545222	32,976	0	0	17,979	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.543890	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.228782	6,662,037	0	0	1,524,154	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.204580	1,660,292	0	0	339,663	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.479579	0	0	0	0	96.00
200.00	Subtotal (see instructions)		99,948,722	3,416	41,239	25,820,010	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		99,948,722	3,416	41,239	25,820,010	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 6/3/2015 1:34 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
51.01 05101 ENDOSCOPY	0	0		51.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY-NON-CAMPUS	0	0		54.01
54.08 05408 RADIOLOGY-GSH BREAST CENTER	0	0		54.08
60.00 06000 LABORATORY	521	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 NEURODIAGNOSTICS	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	14,564		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03020 MH ANCILLARY OUTPATIENT	0	0		76.00
76.01 03950 INPATIENT DIALYSIS	0	0		76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00 Subtotal (see instructions)	521	14,564		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	521	14,564		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150042		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 6/3/2015 1:34 pm		
		Component CCN: 15S042		Title XVIII		Subprovider - IPF		
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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,026,890	29,671,320	0.034609	9,359	324	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
51.01	05101	ENDOSCOPY	473,217	10,847,143	0.043626	600	26	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,082	3,783,627	0.003986	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,035,607	74,876,268	0.013831	69,007	954	54.00
54.01	05401	RADIOLOGY-NON-CAMPUS	163,055	17,790,040	0.009166	14,614	134	54.01
54.08	05408	RADIOLOGY-GSH BREAST CENTER	1,092	371,533	0.002939	0	0	54.08
60.00	06000	LABORATORY	480,875	46,639,858	0.010310	166,864	1,720	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,794	2,565,383	0.001479	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	189,610	9,345,346	0.020289	64,512	1,309	65.00
66.00	06600	PHYSICAL THERAPY	242,016	25,075,778	0.009651	18,379	177	66.00
69.00	06900	ELECTROCARDIOLOGY	449,312	29,393,176	0.015286	15,051	230	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	357,043	5,772,488	0.061853	1,730	107	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,686	8,190,955	0.003258	4,422	14	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	62,368	12,039,954	0.005180	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	504,006	54,393,860	0.009266	169,666	1,572	73.00
75.00	07500	ASC (NON-DISTINCT PART)	137,054	20,971,332	0.006535	0	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0.000000	0	0	76.00
76.01	03950	INPATIENT DIALYSIS	79,104	1,205,589	0.065614	5,153	338	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	49,086	3,505,519	0.014002	0	0	90.00
91.00	09100	EMERGENCY	535,468	32,943,170	0.016254	152,696	2,482	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	12,652,733	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	14,250	640,718	0.022241	0	0	96.00
200.00		Total (lines 50-199)	5,845,615	402,675,790		692,053	9,387	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150042 Component CCN: 15S042	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 6/3/2015 1:34 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
51.01	05101 ENDOSCOPY	0	0	0	0	0	51.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	232,152	0	232,152	54.00
54.01	05401 RADIOLOGY-NON-CAMPUS	0	0	0	0	0	54.01
54.08	05408 RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0	54.08
60.00	06000 LABORATORY	0	0	40,364	0	40,364	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 NEURODIAGNOSTICS	0	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03950 INPATIENT DIALYSIS	0	0	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00	Total (lines 50-199)	0	0	272,516	0	272,516	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150042 Component CCN: 15S042	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 6/3/2015 1:34 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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	29,671,320	0.000000	0.000000	9,359	50.00
51.00 05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
51.01 05101 ENDOSCOPY	0	10,847,143	0.000000	0.000000	600	51.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	3,783,627	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	232,152	74,876,268	0.003100	0.003100	69,007	54.00
54.01 05401 RADIOLOGY-NON-CAMPUS	0	17,790,040	0.000000	0.000000	14,614	54.01
54.08 05408 RADIOLOGY-GSH BREAST CENTER	0	371,533	0.000000	0.000000	0	54.08
60.00 06000 LABORATORY	40,364	46,639,858	0.000865	0.000865	166,864	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	2,565,383	0.000000	0.000000	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	9,345,346	0.000000	0.000000	64,512	65.00
66.00 06600 PHYSICAL THERAPY	0	25,075,778	0.000000	0.000000	18,379	66.00
69.00 06900 ELECTROCARDIOLOGY	0	29,393,176	0.000000	0.000000	15,051	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
70.01 07001 NEURODIAGNOSTICS	0	5,772,488	0.000000	0.000000	1,730	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,190,955	0.000000	0.000000	4,422	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	12,039,954	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	54,393,860	0.000000	0.000000	169,666	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	20,971,332	0.000000	0.000000	0	75.00
76.00 03020 MH ANCILLARY OUTPATIENT	0	0	0.000000	0.000000	0	76.00
76.01 03950 INPATIENT DIALYSIS	0	1,205,589	0.000000	0.000000	5,153	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	3,505,519	0.000000	0.000000	0	90.00
91.00 09100 EMERGENCY	0	32,943,170	0.000000	0.000000	152,696	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	12,652,733	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	640,718	0.000000	0.000000	0	96.00
200.00 Total (lines 50-199)	272,516	402,675,790			692,053	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 6/3/2015 1:34 pm
	Component CCN: 15S042	Title XVIII	Subprovider - IPF PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	556	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
51.01	05101 ENDOSCOPY	0	0	0	51.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	214	0	0	54.00
54.01	05401 RADIOLOGY-NON-CAMPUS	0	0	0	54.01
54.08	05408 RADIOLOGY-GSH BREAST CENTER	0	0	0	54.08
60.00	06000 LABORATORY	144	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	07001 NEURODIAGNOSTICS	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03020 MH ANCILLARY OUTPATIENT	0	0	0	76.00
76.01	03950 INPATIENT DIALYSIS	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
200.00	Total (lines 50-199)	358	556	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150042 Component CCN: 15S042	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 6/3/2015 1:34 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.314836	556	0	0	175	50.00
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
51.01 05101 ENDOSCOPY	0.268678	0	0	0	0	51.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.229799	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.140686	0	0	0	0	54.00
54.01 05401 RADIOLOGY-NON-CAMPUS	0.120535	0	0	0	0	54.01
54.08 05408 RADIOLOGY-GSH BREAST CENTER	0.786466	0	0	0	0	54.08
60.00 06000 LABORATORY	0.152639	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.454232	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.422595	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.197863	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.202923	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01 07001 NEURODIAGNOSTICS	0.240198	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.147093	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.271885	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.353155	0	0	552	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0.215682	0	0	0	0	75.00
76.00 03020 MH ANCILLARY OUTPATIENT	0.000000	0	0	0	0	76.00
76.01 03950 INPATIENT DIALYSIS	0.545222	0	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0.543890	0	0	0	0	90.00
91.00 09100 EMERGENCY	0.228782	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.204580	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.479579	0	0	0	0	96.00
200.00 Subtotal (see instructions)		556	0	552	175	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		556	0	552	175	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150042 Component CCN: 15S042	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 6/3/2015 1:34 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
51.01 05101 ENDOSCOPY	0	0	51.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401 RADIOLOGY-NON-CAMPUS	0	0	54.01
54.08 05408 RADIOLOGY-GSH BREAST CENTER	0	0	54.08
60.00 06000 LABORATORY	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01 07001 NEURODIAGNOSTICS	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	195	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03020 MH ANCILLARY OUTPATIENT	0	0	76.00
76.01 03950 INPATIENT DIALYSIS	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00 Subtotal (see instructions)	0	195	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	195	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150042 Component CCN: 15T042		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 6/3/2015 1:34 pm		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,026,890	29,671,320	0.034609	145,484	5,035	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
51.01	05101	ENDOSCOPY	473,217	10,847,143	0.043626	72,965	3,183	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,082	3,783,627	0.003986	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,035,607	74,876,268	0.013831	409,768	5,668	54.00
54.01	05401	RADIOLOGY-NON-CAMPUS	163,055	17,790,040	0.009166	106,040	972	54.01
54.08	05408	RADIOLOGY-GSH BREAST CENTER	1,092	371,533	0.002939	0	0	54.08
60.00	06000	LABORATORY	480,875	46,639,858	0.010310	748,762	7,720	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,794	2,565,383	0.001479	33,536	50	63.00
65.00	06500	RESPIRATORY THERAPY	189,610	9,345,346	0.020289	540,306	10,962	65.00
66.00	06600	PHYSICAL THERAPY	242,016	25,075,778	0.009651	5,481,473	52,902	66.00
69.00	06900	ELECTROCARDIOLOGY	449,312	29,393,176	0.015286	83,822	1,281	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
70.01	07001	NEURODIAGNOSTICS	357,043	5,772,488	0.061853	14,283	883	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,686	8,190,955	0.003258	221,531	722	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	62,368	12,039,954	0.005180	33,221	172	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	504,006	54,393,860	0.009266	768,402	7,120	73.00
75.00	07500	ASC (NON-DISTINCT PART)	137,054	20,971,332	0.006535	0	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0	0	0.000000	0	0	76.00
76.01	03950	INPATIENT DIALYSIS	79,104	1,205,589	0.065614	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	49,086	3,505,519	0.014002	0	0	90.00
91.00	09100	EMERGENCY	535,468	32,943,170	0.016254	105,001	1,707	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	12,652,733	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	14,250	640,718	0.022241	0	0	96.00
200.00		Total (lines 50-199)	5,845,615	402,675,790		8,764,594	98,377	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150042 Component CCN: 15T042	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 6/3/2015 1:34 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
51.01	05101 ENDOSCOPY	0	0	0	0	0	51.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	232,152	0	232,152	54.00
54.01	05401 RADIOLOGY-NON-CAMPUS	0	0	0	0	0	54.01
54.08	05408 RADIOLOGY-GSH BREAST CENTER	0	0	0	0	0	54.08
60.00	06000 LABORATORY	0	0	40,364	0	40,364	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 NEURODIAGNOSTICS	0	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 MH ANCILLARY OUTPATIENT	0	0	0	0	0	76.00
76.01	03950 INPATIENT DIALYSIS	0	0	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00	Total (lines 50-199)	0	0	272,516	0	272,516	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150042 Component CCN: 15T042	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 6/3/2015 1:34 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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	29,671,320	0.000000	0.000000	145,484	50.00
51.00 05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
51.01 05101 ENDOSCOPY	0	10,847,143	0.000000	0.000000	72,965	51.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	3,783,627	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	232,152	74,876,268	0.003100	0.003100	409,768	54.00
54.01 05401 RADIOLOGY-NON-CAMPUS	0	17,790,040	0.000000	0.000000	106,040	54.01
54.08 05408 RADIOLOGY-GSH BREAST CENTER	0	371,533	0.000000	0.000000	0	54.08
60.00 06000 LABORATORY	40,364	46,639,858	0.000865	0.000865	748,762	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	2,565,383	0.000000	0.000000	33,536	63.00
65.00 06500 RESPIRATORY THERAPY	0	9,345,346	0.000000	0.000000	540,306	65.00
66.00 06600 PHYSICAL THERAPY	0	25,075,778	0.000000	0.000000	5,481,473	66.00
69.00 06900 ELECTROCARDIOLOGY	0	29,393,176	0.000000	0.000000	83,822	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
70.01 07001 NEURODIAGNOSTICS	0	5,772,488	0.000000	0.000000	14,283	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,190,955	0.000000	0.000000	221,531	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	12,039,954	0.000000	0.000000	33,221	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	54,393,860	0.000000	0.000000	768,402	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	20,971,332	0.000000	0.000000	0	75.00
76.00 03020 MH ANCILLARY OUTPATIENT	0	0	0.000000	0.000000	0	76.00
76.01 03950 INPATIENT DIALYSIS	0	1,205,589	0.000000	0.000000	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	3,505,519	0.000000	0.000000	0	90.00
91.00 09100 EMERGENCY	0	32,943,170	0.000000	0.000000	105,001	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	12,652,733	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	640,718	0.000000	0.000000	0	96.00
200.00 Total (lines 50-199)	272,516	402,675,790			8,764,594	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150042 Component CCN: 15T042	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 6/3/2015 1:34 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	1,468	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
51.01	05101 ENDOSCOPY	0	0	0	51.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,270	0	0	54.00
54.01	05401 RADIOLOGY-NON-CAMPUS	0	0	0	54.01
54.08	05408 RADIOLOGY-GSH BREAST CENTER	0	0	0	54.08
60.00	06000 LABORATORY	648	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	07001 NEURODIAGNOSTICS	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03020 MH ANCILLARY OUTPATIENT	0	0	0	76.00
76.01	03950 INPATIENT DIALYSIS	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
200.00	Total (lines 50-199)	1,918	1,468	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150042 Component CCN: 15T042	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 6/3/2015 1:34 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.314836	1,468	0	0	462	50.00
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
51.01 05101 ENDOSCOPY	0.268678	0	0	0	0	51.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.229799	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.140686	0	0	0	0	54.00
54.01 05401 RADIOLOGY-NON-CAMPUS	0.120535	0	0	0	0	54.01
54.08 05408 RADIOLOGY-GSH BREAST CENTER	0.786466	0	0	0	0	54.08
60.00 06000 LABORATORY	0.152639	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.454232	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.422595	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.197863	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.202923	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01 07001 NEURODIAGNOSTICS	0.240198	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.147093	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.271885	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.353155	0	0	1,640	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0.215682	0	0	0	0	75.00
76.00 03020 MH ANCILLARY OUTPATIENT	0.000000	0	0	0	0	76.00
76.01 03950 INPATIENT DIALYSIS	0.545222	0	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0.543890	0	0	0	0	90.00
91.00 09100 EMERGENCY	0.228782	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.204580	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.479579	0	0	0	0	96.00
200.00 Subtotal (see instructions)		1,468	0	1,640	462	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		1,468	0	1,640	462	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150042 Component CCN: 15T042	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 6/3/2015 1:34 pm
Title XVII		Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
51.01 05101 ENDOSCOPY	0	0	51.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401 RADIOLOGY-NON-CAMPUS	0	0	54.01
54.08 05408 RADIOLOGY-GSH BREAST CENTER	0	0	54.08
60.00 06000 LABORATORY	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01 07001 NEURODIAGNOSTICS	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	579	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03020 MH ANCILLARY OUTPATIENT	0	0	76.00
76.01 03950 INPATIENT DIALYSIS	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00 Subtotal (see instructions)	0	579	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	579	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 6/3/2015 1:34 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.314836	0	1,449,316	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
51.01	05101 ENDOSCOPY	0.268678	0	872,729	0	0	51.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.229799	0	32,044	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.140686	0	6,024,578	0	0	54.00
54.01	05401 RADIOLOGY-NON-CAMPUS	0.120535	0	1,500,772	0	0	54.01
54.08	05408 RADIOLOGY-GSH BREAST CENTER	0.786466	0	34,961	0	0	54.08
60.00	06000 LABORATORY	0.152639	0	3,037,970	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.454232	0	95,146	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.422595	0	271,108	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.197863	0	1,292,192	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.202923	0	2,073,709	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01	07001 NEURODIAGNOSTICS	0.240198	0	535,976	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.147093	0	159,705	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.271885	0	223,632	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.353155	0	3,668,479	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.215682	0	2,009,402	0	0	75.00
76.00	03020 MH ANCILLARY OUTPATIENT	0.000000	0	0	0	0	76.00
76.01	03950 INPATIENT DIALYSIS	0.545222	0	4,845	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.543890	0	336,392	0	0	90.00
91.00	09100 EMERGENCY	0.228782	0	2,630,687	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.204580	0	818,474	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.479579	0	54,319	0	0	96.00
200.00	Subtotal (see instructions)		0	27,126,436	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	27,126,436	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 6/3/2015 1:34 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	456,297	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
51.01	05101 ENDOSCOPY	234,483	0	51.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,364	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	847,574	0	54.00
54.01	05401 RADIOLOGY-NON-CAMPUS	180,896	0	54.01
54.08	05408 RADIOLOGY-GSH BREAST CENTER	27,496	0	54.08
60.00	06000 LABORATORY	463,713	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	43,218	0	63.00
65.00	06500 RESPIRATORY THERAPY	114,569	0	65.00
66.00	06600 PHYSICAL THERAPY	255,677	0	66.00
69.00	06900 ELECTROCARDIOLOGY	420,803	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001 NEURODIAGNOSTICS	128,740	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	183,196	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	60,802	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,295,542	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	433,392	0	75.00
76.00	03020 MH ANCILLARY OUTPATIENT	0	0	76.00
76.01	03950 INPATIENT DIALYSIS	2,642	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	182,960	0	90.00
91.00	09100 EMERGENCY	601,854	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	167,443	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	26,050	0	96.00
200.00	Subtotal (see instructions)	6,134,711	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)	6,134,711	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 6/3/2015 1:34 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		24,264	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		24,264	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		21,837	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)		13,402	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
<b>SWING BED ADJUSTMENT</b>				
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)		25,878,565	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)		25,878,565	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	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)		0.00	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)		25,878,565	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,066.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,293,769	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)		14,293,769	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150042		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		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	4,035,427	2,581	1,563.51	1,706	2,667,348	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					19,606,744	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					36,567,861	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)					2,070,557	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,111,768	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,182,325	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					33,385,536	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)					2,427	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,066.54	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,588,493	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150042		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 6/3/2015 1:34 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,446,045	25,878,565	0.133162	2,588,493	344,689	90.00
91.00	Nursing School cost	0	25,878,565	0.000000	2,588,493	0	91.00
92.00	Allied health cost	0	25,878,565	0.000000	2,588,493	0	92.00
93.00	All other Medical Education	0	25,878,565	0.000000	2,588,493	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 15S042		Date/Time Prepared: 6/3/2015 1:34 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,536	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,536	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,536	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)		1,782	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
<b>SWING BED ADJUSTMENT</b>				
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)		2,760,620	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)		2,760,620	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	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)		0.00	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)		2,760,620	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		608.60	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,084,525	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,084,525	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150042		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 15S042				Date/Time Prepared: 6/3/2015 1:34 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	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					177,335		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,261,860		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					273,466		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					9,745		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					283,211		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					978,649		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 15S042				Date/Time Prepared: 6/3/2015 1:34 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	696,074	2,760,620	0.252144	0	0	90.00
91.00	Nursing School cost	0	2,760,620	0.000000	0	0	91.00
92.00	Allied health cost	0	2,760,620	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,760,620	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 15T042		Date/Time Prepared: 6/3/2015 1:34 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,693	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,693	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		7,693	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)		6,459	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
<b>SWING BED ADJUSTMENT</b>				
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)		6,961,544	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)		6,961,544	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	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)		0.00	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)		6,961,544	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		904.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,844,878	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)		5,844,878	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150042		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 15T042				Date/Time Prepared: 6/3/2015 1:34 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
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,157,354		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					8,002,232		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					317,783		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					100,295		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					418,078		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					7,584,154		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 6/3/2015 1:34 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	378,484	6,961,544	0.054368	0	0	90.00
91.00	Nursing School cost	0	6,961,544	0.000000	0	0	91.00
92.00	Allied health cost	0	6,961,544	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,961,544	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 6/3/2015 1:34 pm
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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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		16,162,065		30.00
31.00	03100 INTENSIVE CARE UNIT		3,843,584		31.00
40.00	04000 SUBPROVIDER - IPF		488		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.314836	10,722,204	3,375,736	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
51.01	05101 ENDOSCOPY	0.268678	995,182	267,384	51.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.229799	3,740	859	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.140686	7,136,741	1,004,040	54.00
54.01	05401 RADIOLOGY-NON-CAMPUS	0.120535	1,111,068	133,923	54.01
54.08	05408 RADIOLOGY-GSH BREAST CENTER	0.788081	0	0	54.08
60.00	06000 LABORATORY	0.152639	9,648,236	1,472,697	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.454232	1,635,649	742,964	63.00
65.00	06500 RESPIRATORY THERAPY	0.422595	3,190,261	1,348,188	65.00
66.00	06600 PHYSICAL THERAPY	0.197863	3,503,567	693,226	66.00
69.00	06900 ELECTROCARDIOLOGY	0.203043	5,944,991	1,207,089	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
70.01	07001 NEURODIAGNOSTICS	0.240920	107,532	25,907	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.147093	2,894,451	3,320,204	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.271885	4,480,479	1,218,175	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.353155	9,532,931	3,366,602	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.215682	0	0	75.00
76.00	03020 MH ANCILLARY OUTPATIENT	0.000000	0	0	76.00
76.01	03950 INPATIENT DIALYSIS	0.556989	965,964	538,031	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.543890	0	0	90.00
91.00	09100 EMERGENCY	0.229581	3,014,672	692,111	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.204580	975,695	199,608	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.479579	0	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		65,863,363	19,606,744	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)		65,863,363		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 15S042		Date/Time Prepared: 6/3/2015 1:34 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		2,027,649	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.314836	9,359	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
51.01	05101	ENDOSCOPY	0.268678	600	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.229799	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140686	69,007	54.00
54.01	05401	RADIOLOGY-NON-CAMPUS	0.120535	14,614	54.01
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0.788081	0	54.08
60.00	06000	LABORATORY	0.152639	166,864	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.454232	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.422595	64,512	65.00
66.00	06600	PHYSICAL THERAPY	0.197863	18,379	66.00
69.00	06900	ELECTROCARDIOLOGY	0.203043	15,051	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
70.01	07001	NEURODIAGNOSTICS	0.240920	1,730	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.147093	4,422	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.271885	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.353155	169,666	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.215682	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0.000000	0	76.00
76.01	03950	INPATIENT DIALYSIS	0.556989	5,153	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.543890	0	90.00
91.00	09100	EMERGENCY	0.229581	152,696	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.204580	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.479579	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		692,053	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)		692,053	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 15T042		Date/Time Prepared: 6/3/2015 1:34 pm	
		Title XVIIII	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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		5,797,829	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.314836	145,484	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
51.01	05101	ENDOSCOPY	0.268678	72,965	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.229799	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140686	409,768	54.00
54.01	05401	RADIOLOGY-NON-CAMPUS	0.120535	106,040	54.01
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0.788081	0	54.08
60.00	06000	LABORATORY	0.152639	748,762	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.454232	33,536	63.00
65.00	06500	RESPIRATORY THERAPY	0.422595	540,306	65.00
66.00	06600	PHYSICAL THERAPY	0.197863	5,481,473	66.00
69.00	06900	ELECTROCARDIOLOGY	0.203043	83,822	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
70.01	07001	NEURODIAGNOSTICS	0.240920	14,283	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.147093	221,531	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.271885	33,221	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.353155	768,402	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.215682	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0.000000	0	76.00
76.01	03950	INPATIENT DIALYSIS	0.556989	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.543890	0	90.00
91.00	09100	EMERGENCY	0.229581	105,001	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.204580	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.479579	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		8,764,594	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)		8,764,594	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 6/3/2015 1:34 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		2,248,806	30.00
31.00	03100	INTENSIVE CARE UNIT		539,906	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		87,588	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.314836	1,238,703	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
51.01	05101	ENDOSCOPY	0.268678	149,011	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.229799	293,323	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140686	1,028,376	54.00
54.01	05401	RADIOLOGY-NON-CAMPUS	0.120535	182,861	54.01
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0.786466	613	54.08
60.00	06000	LABORATORY	0.152639	1,273,843	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.454232	106,696	63.00
65.00	06500	RESPIRATORY THERAPY	0.422595	528,973	65.00
66.00	06600	PHYSICAL THERAPY	0.197863	987,175	66.00
69.00	06900	ELECTROCARDIOLOGY	0.202923	661,792	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
70.01	07001	NEURODIAGNOSTICS	0.240198	15,910	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.147093	554,954	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.271885	825,585	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.353155	1,374,475	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.215682	2,675	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0.000000	0	76.00
76.01	03950	INPATIENT DIALYSIS	0.545222	98,216	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.543890	0	90.00
91.00	09100	EMERGENCY	0.228782	470,116	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.204580	350,612	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.479579	6,348	96.00
200.00		Total (sum of lines 50-94 and 96-98)		10,150,257	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)		10,150,257	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 15S042		Date/Time Prepared: 6/3/2015 1:34 pm	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		359,681	41.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.314836	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
51.01	05101	ENDOSCOPY	0.268678	130	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.229799	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140686	9,972	54.00
54.01	05401	RADIOLOGY-NON-CAMPUS	0.120535	584	54.01
54.08	05408	RADIOLOGY-GSH BREAST CENTER	0.786466	0	54.08
60.00	06000	LABORATORY	0.152639	23,768	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.454232	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.422595	6,650	65.00
66.00	06600	PHYSICAL THERAPY	0.197863	5,822	66.00
69.00	06900	ELECTROCARDIOLOGY	0.202923	1,755	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
70.01	07001	NEURODIAGNOSTICS	0.240198	513	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.147093	1,218	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.271885	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.353155	26,811	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.215682	0	75.00
76.00	03020	MH ANCILLARY OUTPATIENT	0.000000	0	76.00
76.01	03950	INPATIENT DIALYSIS	0.545222	472	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.543890	0	90.00
91.00	09100	EMERGENCY	0.228782	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.204580	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.479579	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		77,695	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)		77,695	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3
		Component CCN: 15T042	Date/Time Prepared: 6/3/2015 1:34 pm	
		Title XIX	Subprovider - IRF	Cost
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
40.00	04000 SUBPROVIDER - IPF		0	40.00
41.00	04100 SUBPROVIDER - IRF		262,802	41.00
43.00	04300 NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.314836	814	256 50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0 51.00
51.01	05101 ENDOSCOPY	0.268678	2,109	567 51.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.229799	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.140686	16,663	2,344 54.00
54.01	05401 RADIOLOGY-NON-CAMPUS	0.120535	3,877	467 54.01
54.08	05408 RADIOLOGY-GSH BREAST CENTER	0.786466	0	0 54.08
60.00	06000 LABORATORY	0.152639	29,636	4,524 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.454232	685	311 63.00
65.00	06500 RESPIRATORY THERAPY	0.422595	9,320	3,939 65.00
66.00	06600 PHYSICAL THERAPY	0.197863	215,749	42,689 66.00
69.00	06900 ELECTROCARDIOLOGY	0.202923	3,915	794 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
70.01	07001 NEURODIAGNOSTICS	0.240198	495	119 70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.147093	7,812	8,961 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.271885	302	82 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.353155	31,205	11,020 73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.215682	0	0 75.00
76.00	03020 MH ANCILLARY OUTPATIENT	0.000000	0	0 76.00
76.01	03950 INPATIENT DIALYSIS	0.545222	0	0 76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.543890	0	0 90.00
91.00	09100 EMERGENCY	0.228782	3,359	768 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.204580	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.479579	0	0 96.00
200.00	Total (sum of lines 50-94 and 96-98)		325,941	76,841 200.00
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)		325,941	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 6/3/2015 1:34 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		23,000,738	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		0	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,039,224	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
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)		185.35	4.00
<b>Indirect Medical Education Adjustment</b>				
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), 64 FR 26340 (May 12, 1998), and 67 FR 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
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
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 factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.43	30.00
31.00	Percentage of Medicaid patient days (see instructions)		14.29	31.00
32.00	Sum of lines 30 and 31		19.72	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.57	33.00
34.00	Disproportionate share adjustment (see instructions)		320,285	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 6/3/2015 1:34 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,855	35.00
35.01	Factor 3 (see instructions)		0.000096432	0.000099244	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		872,361	758,983	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		652,478	191,305	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		843,783		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
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
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
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 41.01)		0		46.00
47.00	Subtotal (see instructions)		25,204,030		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 (see instructions)		25,204,030		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,920,625		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		6,031		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		30,470		58.00
59.00	Total (sum of amounts on lines 49 through 58)		27,161,156		59.00
60.00	Primary payer payments		12,077		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		27,149,079		61.00
62.00	Deductibles billed to program beneficiaries		2,410,464		62.00
63.00	Coinurance billed to program beneficiaries		90,872		63.00
64.00	Allowable bad debts (see instructions)		173,699		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		112,904		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		101,835		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		24,760,647		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		110,652		70.93
70.94	HRR adjustment amount (see instructions)		-28,687		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 6/3/2015 1:34 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		24,842,612		71.00
71.01	Sequestration adjustment (see instructions)		496,852		71.01
72.00	Interim payments		24,274,307		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		71,453		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		74,580		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. 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 (see instructions)		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
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
6/3/2015 1:34 pm

		Title XVIII		Hospital		PPS		
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	23,000,738	0	0	23,000,738	23,000,738	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0	0	0	0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,039,224	0	0	1,039,224	1,039,224	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0557	0.0557	0.0557	0.0557		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	320,285	0	0	320,285	320,285	11.00
11.01	Uncompensated care payments	36.00	843,783	0	0	843,783	843,783	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	25,204,030	0	0	25,204,030	25,204,030	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	25,204,030	0	0	25,204,030	25,204,030	15.00
16.00	Payment for inpatient program capital	50.00	1,920,625	0	0	1,920,625	1,920,625	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
6/3/2015 1:34 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	0	27,124,655	27,124,655	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,823,346	0	0	1,823,346	1,823,346	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	97,279	0	0	97,279	97,279	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,920,625	0	0	1,920,625	1,920,625	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Exhibit 5 Date/Time Prepared: 6/3/2015 1:34 pm
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		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	23,000,738	23,000,738		23,000,738	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0	0	0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,039,224	1,039,224	0	1,039,224	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0557	0.0557	0.0557		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	320,285	320,285	0	320,285	11.00
11.01	Uncompensated care payments	36.00	843,783	843,783	0	843,783	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	25,204,030	25,204,030	0	25,204,030	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	25,204,030	25,204,030	0	25,204,030	15.00
16.00	Payment for inpatient program capital	50.00	1,920,625	1,920,625	0	1,920,625	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			27,124,655	0	27,124,655	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
6/3/2015 1:34 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,823,346	1,823,346	0	1,823,346	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	97,279	97,279	0	97,279	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,920,625	1,920,625	0	1,920,625	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	110,652	110,652	0	110,652	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-28,687	-28,687	0	-28,687	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 6/3/2015 1:34 pm
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		15,085	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		25,738,374	2.00
3.00	PPS payments		20,605,478	3.00
4.00	Outlier payment (see instructions)		48,626	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 Wkst. D, Pt. IV, col. 13, line 200		81,636	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		15,085	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		44,655	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		44,655	14.00
<b>Customary charges</b>				
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)		44,655	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		29,570	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)		15,085	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		20,735,740	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		4,482,945	26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		16,267,880	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		16,267,880	30.00
31.00	Primary payer payments		3,298	31.00
32.00	Subtotal (line 30 minus line 31)		16,264,582	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		473,277	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		307,630	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		351,309	36.00
37.00	Subtotal (see instructions)		16,572,212	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-135	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		16,572,347	40.00
40.01	Sequestration adjustment (see instructions)		331,447	40.01
41.00	Interim payments		16,116,687	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		124,213	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 6/3/2015 1:34 pm
		Component CCN: 15S042	Title XVII I	Subprovider - IPF PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		195	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		175	2.00
3.00	PPS payments		305	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 Wkst. D, Pt. IV, col. 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)		195	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		552	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		552	14.00
<b>Customary charges</b>				
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)		552	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		357	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)		195	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		305	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		500	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		500	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		500	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. 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 (see instructions)		500	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		500	40.00
40.01	Sequestration adjustment (see instructions)		10	40.01
41.00	Interim payments		407	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		83	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 6/3/2015 1:34 pm
		Component CCN: 15T042	Title XVII I	Subprovider - IRF PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		579	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		462	2.00
3.00	PPS payments		794	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 Wkst. D, Pt. IV, col. 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)		579	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		1,640	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		1,640	14.00
<b>Customary charges</b>				
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)		1,640	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,061	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)		579	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		794	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		1,373	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		1,373	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,373	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. 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 (see instructions)		1,373	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		1,373	40.00
40.01	Sequestration adjustment (see instructions)		27	40.01
41.00	Interim payments		1,136	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		210	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet E-1  
Part I  
Date/Time Prepared:  
6/3/2015 1:34 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		24,123,607		16,116,687	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	07/31/2014	104,700		0	3.01	
3.02		07/31/2014	46,000		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)		150,700		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)		24,274,307		16,116,687	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		71,453		124,213	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		24,345,760		16,240,900	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150042  
Component CCN: 15S042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet E-1  
Part I  
Date/Time Prepared:  
6/3/2015 1:34 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		1,257,961		407	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)		1,257,961		407	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		4,334		83	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,262,295		490	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150042  
Component CCN: 15T042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet E-1  
Part I  
Date/Time Prepared:  
6/3/2015 1:34 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		8,836,079		1,136	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)		8,836,079		1,136	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		38,560		210	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		8,874,639		1,346	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet E-1  
Part II  
Date/Time Prepared:  
6/3/2015 1:34 pm

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			6,080 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			15,108 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			1,113 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			24,418 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			451,245,669 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			12,932,406 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,021,131 8.00
9.00	Sequestration adjustment amount (see instructions)			20,423 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,000,708 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,064,991 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			-64,283 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part II Date/Time Prepared: 6/3/2015 1:34 pm
		Component CCN: 15S042	Title XVII	Subprovider - IPF
		PPS		
		1.00		
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,489,591	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
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		12.427397	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$ .		0.000000	10.00
11.00	Teaching 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)		1,489,591	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,489,591	16.00
17.00	Primary payer payments		2,696	17.00
18.00	Subtotal (line 16 less line 17).		1,486,895	18.00
19.00	Deductibles		198,080	19.00
20.00	Subtotal (line 18 minus line 19)		1,288,815	20.00
21.00	Coinsurance		5,152	21.00
22.00	Subtotal (line 20 minus line 21)		1,283,663	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		6,207	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		4,035	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		5,836	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,287,698	26.00
27.00	Direct graduate medical education payments (from Wkst. 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
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,288,056	31.00
31.01	Sequestration adjustment (see instructions)		25,761	31.01
32.00	Interim payments		1,257,961	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)		4,334	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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 Component CCN: 15T042	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part III Date/Time Prepared: 6/3/2015 1:34 pm
		Title XVII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			8,832,527 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0248 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			165,168 3.00
4.00	Outlier Payments			295,418 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			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)			21.076712 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			9,293,113 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			9,293,113 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			9,293,113 19.00
20.00	Deductibles			224,576 20.00
21.00	Subtotal (line 19 minus line 20)			9,068,537 21.00
22.00	Coinsurance			21,280 22.00
23.00	Subtotal (line 21 minus line 22)			9,047,257 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			10,121 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			6,579 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			9,209 26.00
27.00	Subtotal (sum of lines 23 and 25)			9,053,836 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			1,918 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			9,055,754 32.00
32.01	Sequestration adjustment (see instructions)			181,115 32.01
33.00	Interim payments			8,836,079 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34			38,560 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			295,418 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 01/01/2014  
To 12/31/2014

Worksheet G

Date/Time Prepared:  
6/3/2015 1:34 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	19,121,140	0	0	0	1.00
2.00	Temporary investments	55,442,933	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	51,434,372	0	0	0	4.00
5.00	Other receivable	5,410,099	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-16,650,139	0	0	0	6.00
7.00	Inventory	2,188,742	0	0	0	7.00
8.00	Prepaid expenses	6,751,989	0	0	0	8.00
9.00	Other current assets	7,464,992	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)	131,164,128	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	8,487,647	0	0	0	12.00
13.00	Land improvements	6,102,833	0	0	0	13.00
14.00	Accumulated depreciation	-4,354,395	0	0	0	14.00
15.00	Buildings	88,343,615	0	0	0	15.00
16.00	Accumulated depreciation	-52,616,661	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	150,954,732	0	0	0	23.00
24.00	Accumulated depreciation	-113,613,098	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	92,840,682	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)	176,145,355	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	100,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	2,037,849	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,137,849	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	309,447,332	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	16,928,349	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,392,475	0	0	0	38.00
39.00	Payroll taxes payable	1,015,034	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,669,644	0	0	0	40.00
41.00	Deferred income	72,813	0	0	0	41.00
42.00	Accelerated payments	1,551,753	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	31,630,068	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	82,675,754	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)	82,675,754	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	114,305,822	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	195,141,510	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	195,141,510	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	309,447,332	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet G-1

Date/Time Prepared:  
6/3/2015 1:34 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		185,711,804		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		9,429,706			2.00
3.00	Total (sum of line 1 and line 2)		195,141,510		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)		195,141,510		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)		195,141,510		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
6/3/2015 1:34 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	26,527,297		26,527,297	1.00
2.00	SUBPROVIDER - IPF	5,834,009		5,834,009	2.00
3.00	SUBPROVIDER - IRF	6,925,172		6,925,172	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	39,286,478		39,286,478	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,368,302		6,368,302	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	6,368,302		6,368,302	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	45,654,780		45,654,780	17.00
18.00	Ancillary services	126,902,958	280,272,288	407,175,246	18.00
19.00	Outpatient services	0	0	0	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
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	8,482	2,666,042	2,674,524	26.00
27.00	PHYSICIAN OFFICE	0	51,919,069	51,919,069	27.00
27.01	MH RESIDENTIAL	0	1,057,019	1,057,019	27.01
27.02	MOB	0	1,457,288	1,457,288	27.02
27.03	ASC	0	24,838,168	24,838,168	27.03
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	172,566,220	362,209,874	534,776,094	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		215,498,883		29.00
30.00	NURSING HOME EXPENSES	17,653,204			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)		17,653,204		36.00
37.00	MISCELLANEOUS EXPENSES	16,992			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		16,992		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		233,135,095		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150042

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet G-3

Date/Time Prepared:  
6/3/2015 1:34 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	534,776,094	1.00
2.00	Less contractual allowances and discounts on patients' accounts	327,285,718	2.00
3.00	Net patient revenues (line 1 minus line 2)	207,490,376	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	233,135,095	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-25,644,719	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	3,557,527	6.00
7.00	Income from investments	3,001,370	7.00
8.00	Revenues from telephone and other miscellaneous communication services	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	527,911	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	6,890,239	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	NURSING HOME REVENUE	21,097,378	24.00
25.00	Total other income (sum of lines 6-24)	35,074,425	25.00
26.00	Total (line 5 plus line 25)	9,429,706	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)	9,429,706	29.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150042

Period: From 01/01/2014

Worksheet K

Hospice CCN: 151526

To 12/31/2014

Date/Time Prepared: 6/3/2015 1:34 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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	695,325	182,225	75,238	275,634	192,946	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	1,519	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
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
<b>OTHER HOSPICE SERVICE COSTS</b>							
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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
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)	695,325	182,225	75,238	275,634	194,465	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150042

Period: From 01/01/2014

Worksheet K

Hospice CCN: 151526

To 12/31/2014

Date/Time Prepared: 6/3/2015 1:34 pm

		Hospice I				
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)
		6.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>						
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	1,421,368	-162,533	1,258,835	-748	1,258,087 6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care	1,519	-19,219	-17,700	0	-17,700 7.00
8.00	Inpatient - Respite Care	0	0	0	0	0 8.00
<b>VISITING SERVICES</b>						
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
<b>OTHER HOSPICE SERVICE COSTS</b>						
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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
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)	1,422,887	-181,752	1,241,135	-748	1,240,387 39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150042

Period: From 01/01/2014

Worksheet K-1

Hospice CCN: 151526

To 12/31/2014

Date/Time Prepared: 6/3/2015 1:34 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	695,325	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
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
<b>OTHER HOSPICE SERVICE COSTS</b>							
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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
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)	695,325	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150042

Period:

Worksheet K-1

Hospice CCN: 151526

From 01/01/2014  
To 12/31/2014

Date/Time Prepared:  
6/3/2015 1:34 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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	695,325	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
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	0	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
<b>OTHER HOSPICE SERVICE COSTS</b>						
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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	695,325	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provider CCN: 150042	Period: From 01/01/2014	Worksheet K-2
		Hospice CCN: 151526	To 12/31/2014	Date/Time Prepared: 6/3/2015 1:34 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	182,225	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
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
<b>OTHER HOSPICE SERVICE COSTS</b>							
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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
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	182,225	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 150042

Period:

Worksheet K-2

Hospice CCN: 151526

From 01/01/2014  
To 12/31/2014

Date/Time Prepared:  
6/3/2015 1:34 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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	182,225	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
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	0	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
<b>OTHER HOSPICE SERVICE COSTS</b>						
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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	182,225	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet K-3
		Hospice CCN: 151526		Date/Time Prepared: 6/3/2015 1:34 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	275,634	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
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
<b>OTHER HOSPICE SERVICE COSTS</b>							
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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
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)	275,634	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 150042	Period: From 01/01/2014 To 12/31/2014	Worksheet K-3
		Hospice CCN: 151526		Date/Time Prepared: 6/3/2015 1:34 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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	275,634	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
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	0	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
<b>OTHER HOSPICE SERVICE COSTS</b>						
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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	275,634	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150042  
 Hospice CCN: 151526

Period:  
 From 01/01/2014  
 To 12/31/2014

Worksheet K-4  
 Part I  
 Date/Time Prepared:  
 6/3/2015 1:34 pm

		Hospice I				
		NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COST		PLANT OPERATION & MAINT.	TRANSPORTATION
			BUILDINGS & FIXTURES	MOVABLE EQUIPMENT		
		0	1.00	2.00	3.00	4.00
<b>GENERAL SERVICE COST CENTERS</b>						
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	4.00
5.00	Volunteer Service Coordination	0	0	0	0	5.00
6.00	Administrative and General	1,258,087	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care	-17,700	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
<b>VISITING SERVICES</b>						
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	0	0	0	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	0	0	0	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
<b>OTHER HOSPICE SERVICE COSTS</b>						
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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	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)	1,240,387	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 150042	Period: From 01/01/2014	Worksheet K-4
		Hospice CCN: 151526	To 12/31/2014	Part I Date/Time Prepared: 6/3/2015 1:34 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	Hospice I	TOTAL (col. 5A ± col. 6)	
		5.00	5A	6.00		7.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance						3.00
4.00	Transportation - Staff						4.00
5.00	Volunteer Service Coordination	0					5.00
6.00	Administrative and General	0	1,258,087	1,258,087			6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	-17,700	1,258,087		1,240,387	7.00
8.00	Inpatient - Respite Care	0	0	0		0	8.00
<b>VISITING SERVICES</b>							
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	0	0		0	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	0	0		0	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
<b>OTHER HOSPICE SERVICE COSTS</b>							
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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0		0	35.00
36.00	Volunteer Program Costs	0	0	0		0	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	1,240,387			1,240,387	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150042

Period: From 01/01/2014

Worksheet K-4

Hospice CCN: 151526

To 12/31/2014

Part II  
Date/Time Prepared:  
6/3/2015 1:34 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	
<b>GENERAL SERVICE COST CENTERS</b>							
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
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
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
<b>OTHER HOSPICE SERVICE COSTS</b>							
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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
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:	Worksheet K-4
	Hospice CCN: 151526	From 01/01/2014 To 12/31/2014	Part II Date/Time Prepared: 6/3/2015 1:34 pm
		Hospice I	

	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
	6A	6.00	
<b>GENERAL SERVICE COST CENTERS</b>			
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	-1,258,087	6.00
<b>INPATIENT CARE SERVICE</b>			
7.00	Inpatient - General Care	0	7.00
8.00	Inpatient - Respite Care	0	8.00
<b>VISITING SERVICES</b>			
9.00	Physician Services	0	9.00
10.00	Nursing Care	0	10.00
11.00	Nursing Care-Continuous Home Care	0	11.00
12.00	Physical Therapy	0	12.00
13.00	Occupational Therapy	0	13.00
14.00	Speech/ Language Pathology	0	14.00
15.00	Medical Social Services	0	15.00
16.00	Spiritual Counseling	0	16.00
17.00	Dietary Counseling	0	17.00
18.00	Counseling - Other	0	18.00
19.00	Home Health Aide and Homemaker	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	20.00
21.00	Other	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>			
22.00	Drugs, Biological and Infusion Therapy	0	22.00
23.00	Analgesics	0	23.00
24.00	Sedatives / Hypnotics	0	24.00
25.00	Other - Specify	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	26.00
27.00	Patient Transportation	0	27.00
28.00	Imaging Services	0	28.00
29.00	Labs and Diagnostics	0	29.00
30.00	Medical Supplies	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	31.00
32.00	Radiation Therapy	0	32.00
33.00	Chemotherapy	0	33.00
34.00	Other	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>			
35.00	Bereavement Program Costs	0	35.00
36.00	Volunteer Program Costs	0	36.00
37.00	Fundraising	0	37.00
38.00	Other Program Costs	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	1,258,087	39.00
40.00	Unit Cost Multiplier	-71.078362	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150042

Period:

Worksheet K-5

Hospice CCN: 151526

From 01/01/2014  
To 12/31/2014

Part I  
Date/Time Prepared:  
6/3/2015 1:34 pm

Hospice I

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS				
		BLDG & FIXT	NEW CRC - CT EAST	NEW CRC- CT WEST	NEW CRC-MEMORIAL	
		1.00	1.01	1.02	1.03	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	1,240,387	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)	1,240,387	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 01/01/2014

Part I

To 12/31/2014

Date/Time Prepared:

6/3/2015 1:34 pm

Hospice I

Cost Center Description	CAPITAL RELATED COSTS					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		
1.00 Administrative and General	9,172	0	0	0	0	0	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)	9,172	0	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 01/01/2014  
To 12/31/2014

Part I  
Date/Time Prepared:  
6/3/2015 1:34 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT 4.00	COMMUNICATIONS 4.01	PURCHASING & RECEIVING 4.02	
		NEW CRC - EQUIPMENT 2.01	NEW CRC - HEALTH PAVILION 2.02				
		1.00	Administrative and General				
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)	17,535	0	160,147	435	2,305	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 01/01/2014  
To 12/31/2014

Part I  
Date/Time Prepared:  
6/3/2015 1:34 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	6,146	25,256	220,996	40,678	99,812	1.00
2.00	Inpatient - General Care	0	0	1,240,387	228,316	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)	6,146	25,256	1,461,383	268,994	99,812	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 01/01/2014  
To 12/31/2014

Part I  
Date/Time Prepared:  
6/3/2015 1:34 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	41,190	0	26,671	106,121	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 - 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	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	41,190	0	26,671	106,121	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 01/01/2014  
To 12/31/2014

Part I  
Date/Time Prepared:  
6/3/2015 1:34 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	1,758	14,910	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)	1,758	14,910	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 01/01/2014  
To 12/31/2014

Part I  
Date/Time Prepared:  
6/3/2015 1:34 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	552,136			1.00
2.00	Inpatient - General Care	0	0	1,468,703	0	1,468,703	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	2,020,839	0	2,020,839	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 01/01/2014 To 12/31/2014	Worksheet K-5 Part I Date/Time Prepared: 6/3/2015 1:34 pm
		Hospice CCN: 151526	Hospice I	

Cost Center Description		Allocated Hospice A&G (See Part 11)	Total Hospice Costs (cols. 26 ± 27)	
		27.00	28.00	
1.00	Administrative and General			1.00
2.00	Inpatient - General Care	552,136	2,020,839	2.00
3.00	Inpatient - Respite Care	0	0	3.00
4.00	Physician Services	0	0	4.00
5.00	Nursing Care	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	6.00
7.00	Physical Therapy	0	0	7.00
8.00	Occupational Therapy	0	0	8.00
9.00	Speech/ Language Pathology	0	0	9.00
10.00	Medical Social Services	0	0	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	0	0	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	0	0	30.00
31.00	Volunteer Program Costs	0	0	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)		2,020,839	34.00
35.00	Unit Cost Multiplier (see instructions)	0.375934		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150042  
Hospice CCN: 151526

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet K-5  
Part II  
Date/Time Prepared:  
6/3/2015 1:34 pm

Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	NEW CRC - CT EAST (SQUARE FEET)	NEW CRC- CT WEST (SQUARE FEET)	NEW CRC- MEMORIAL (SQUARE FEET)	NEW CRC - OUTPATIENT (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	
1.00	Administrative and General	0	0	0	0	4,861	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	4,861	34.00
35.00	Total cost to be allocated	0	0	0	0	9,172	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	1.886855	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150042

Period:

Worksheet K-5

Hospice CCN: 151526

From 01/01/2014  
To 12/31/2014

Part II  
Date/Time Prepared:  
6/3/2015 1:34 pm

Hospice I

Cost Center Description	CAPITAL RELATED COSTS					
	NEW CRD - HEALTH PAVILION (SQUARE FEET)	NEW CRC - STORAGE (SQUARE FEET)	NEW CRC - DIAGNOSTIC CENTER (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	NEW CRC - EQUIPMENT (SQUARE FEET)	
	1.05	1.06	1.07	2.00	2.01	
1.00 Administrative and General	0	0	0	0	4,861	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	4,861	34.00
35.00 Total cost to be allocated	0	0	0	0	17,535	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	3.607282	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150042

Hospice CCN: 151526

Period:

From 01/01/2014  
To 12/31/2014

Worksheet K-5

Part II  
Date/Time Prepared:  
6/3/2015 1:34 pm

Cost Center Description		Hospice I					
		CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (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	695,325	3	55,802	2,674,524	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	695,325	3	55,802	2,674,524	34.00
35.00	Total cost to be allocated	0	160,147	435	2,305	6,146	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.230320	145.000000	0.041307	0.002298	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150042

Period:

Worksheet K-5

Hospice CCN: 151526

From 01/01/2014

Part II

To 12/31/2014

Date/Time Prepared:

6/3/2015 1:34 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	2,674,524	0	220,996	4,861	0	1.00
2.00	Inpatient - General Care	0	0	1,240,387	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)	2,674,524		1,461,383	4,861	0	34.00
35.00	Total cost to be allocated	25,256		268,994	99,812	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.009443		0.184068	20.533224	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 01/01/2014

Part II

To 12/31/2014

Date/Time Prepared:

6/3/2015 1:34 pm

Cost Center Description	Hospice I						
	HOUSEKEEPING (TIME SPENT)	DIETARY (PATIENT DAYS)	CAFETERIA (MAN HOURS)	NURSING ADMINISTRATION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (SUPPLIES COST)		
	9.00	10.00	11.00	13.00	14.00		
1.00 Administrative and General	765	0	34,865	34,865	55,802	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)	765	0	34,865	34,865	55,802	34.00	
35.00 Total cost to be allocated	41,190	0	26,671	106,121	1,758	35.00	
36.00 Unit Cost Multiplier (see instructions)	53.843137	0.000000	0.764979	3.043769	0.031504	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150042  
Hospice CCN: 151526

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet K-5  
Part II  
Date/Time Prepared:  
6/3/2015 1:34 pm

Cost Center Description		Hospice I					
		PHARMACY (COSTED REC QUI S)	MEDI CAL RECORDS & LI BRARY (TI ME SPENT)	SOCI AL SERVI CE (TI ME SPENT)	MENTAL HEALTH OVERHEAD (CHARGES)	PARAMED ED PRGM (ASSI GNE D TI ME)	
		15.00	16.00	17.00	17.01	23.00	
1.00	Administrative and General	30,749	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)	30,749	0	0	0	0	34.00
35.00	Total cost to be allocated	14,910	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.484894	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150042  
Hospice CCN: 151526

Period:  
From 01/01/2014  
To 12/31/2014

Worksheet K-5  
Part II  
Date/Time Prepared:  
6/3/2015 1:34 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:

Worksheet K-5

Hospice CCN: 151526

From 01/01/2014

Part III

To 12/31/2014

Date/Time Prepared:  
6/3/2015 1:34 pm

Cost Center Description		Hospice I			
		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	0.197863	0	0
2.00	OCCUPATIONAL THERAPY	67.00		0	0
3.00	SPEECH PATHOLOGY	68.00		0	0
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.353155	0	0
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0.479579	0	0
6.00	LABORATORY	60.00	0.152639	0	0
6.01	BLOOD LABORATORY	60.01		0	0
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	1.147093	0	0
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00		0	0
9.00	RADIOLOGY-THERAPEUTIC	55.00		0	0
10.00	MH ANCI LLARY OUTPATIENT	76.00	0.000000	0	0
10.01	INPATIENT DIALYSIS	76.01	0.556989	0	0
11.00	Totals (sum of lines 1-10)				

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150042

Period:

Worksheet K-6

Hospice CCN: 151526

From 01/01/2014

To 12/31/2014

Date/Time Prepared:  
6/3/2015 1:34 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				2,020,839	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 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 6/3/2015 1:34 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,823,346	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		97,279	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		67.18	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 (multiply line 5 by the sum of lines 1 and 1.01)		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 (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 10 times the sum of lines 1 and 1.01)		0	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,920,625	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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