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: 150113	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/24/2012 2:28 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/24/2012 Time: 2:28 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [0] Cost Report Status
   (1) As Submitted
   (2) Settled without Audit
   (3) Settled with Audit
   (4) Reopened
   (5) Amended
6. Date Received:
7. Contractor No.
8. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 04
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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

Encryption Information

ECR: Date: 5/24/2012 Time: 2:28 pm
9DhYSizxGb1e2EV8gMV2ft4bmJSbC0
cRhOLO8RKo3ZeOnoTJ7IM9:HIDn.VN
piAj18aBibOXZUbg

PI: Date: 5/24/2012 Time: 2:28 pm
QRDnYs8mwUBKjte1HXdgg18uhCpOv1
nZsf50kl4GUlbI7Cei7d7hxlXHlpA1
KtU9dexzNqOOhrnb

(Signed) John S Hamm
Officer or Administrator of Provider(s)

VP FINANCE & CFO
Title

5-24-12
Date

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	333,393	97,672	1,868,353	1,534,409	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVIDER I	0	0	0		0	4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	333,393	97,672	1,868,353	1,534,409	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-2 Part I Date/Time Prepared: 5/24/2012 2:27 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1515 NORTH MADISON AVENUE	PO Box:			1.00
2.00	City: ANDERSON	State: IN	Zip Code: 46011	County: MADISON	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	COMMUNITY HOSPITAL ADNDERSON	150113	11300	1	01/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF						N	N	N	7.00
8.00	Swing Beds - NF						N		N	8.00
9.00	Hospital-Based SNF						N	N	N	9.00
10.00	Hospital-Based NF						N		N	10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA						N	N	N	12.00
13.00	Separately Certified ASC						N	N	N	13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC						N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC						N	N	N	16.00
17.00	Hospital-Based (CMHC) 1						N	N	N	17.00
17.10	Hospital-Based (CORF) 1						N	N	N	17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2011	12/31/2011	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of State Medicaid paid days	Out-of State Medicaid eligible days	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	1,678	840	6	2	2,558	0	24.00
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	0	0	0	0	0	0	25.00

		Urban/Rural S 1.00	Date of Geogr 2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.	1		26.00
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).	1	10/01/2011	27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150113	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/24/2012 2:27 pm

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

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

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

		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00

Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-2 Part I Date/Time Prepared: 5/24/2012 2:27 pm

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

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

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-2 Part I Date/Time Prepared: 5/24/2012 2:27 pm

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

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

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

		Physical 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	109.00

		1.00	2.00	
	Miscellaneous Cost Reporting Information			
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.	N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.	250,000	5,000,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §1087 Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-2 Part I Date/Time Prepared: 5/24/2012 2:27 pm

		1.00	2.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB0040	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: COMMUNITY HEALTH NETWORK	Contractor's Name: NGS	Contractor's Number: 08101	141.00
142.00	Street: 1500 NORTH RITTER AVENUE	PO Box:		142.00
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46219	143.00

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

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

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

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	1.00	169.00

		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

		Description	Part A Y/N	Part A Date		
		0	1.00	2.00		
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		Y	04/02/2012		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		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			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N			20.00

		Description	Part A Y/N	Part A Date		
		0	1.00	2.00		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N			21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions					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.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				N	33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				N	35.00
				Y/N	Date	
				1.00	2.00	
	Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y		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.			Y		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.			N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N		40.00

		Part B			
		Y/N	Date		
		3.00	4.00		
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	Y	04/02/2012		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	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			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N			21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part I Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours		
		1.00	2.00	3.00	4.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	128	46,720	0.00		1.00
2.00	HMO						2.00
3.00	HMO IPF						3.00
4.00	HMO IRF						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		128	46,720	0.00		7.00
8.00	INTENSIVE CARE UNIT	31.00	9	3,285	0.00		8.00
9.00	CORONARY CARE UNIT	32.00	0	0	0.00		9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	0	0	0.00		10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00		11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00					13.00
14.00	Total (see instructions)		137	50,005	0.00		14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	40.00	0	0			16.00
17.00	SUBPROVIDER - IRF	41.00	0	0			17.00
18.00	SUBPROVIDER	42.00	0	0			18.00
19.00	SKILLED NURSING FACILITY	44.00	0	0			19.00
20.00	NURSING FACILITY	45.00	0	0			20.00
21.00	OTHER LONG TERM CARE	46.00	0	0			21.00
22.00	HOME HEALTH AGENCY	101.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00	HOSPICE	116.00	0	0			24.00
25.00	CMHC - CMHC	99.00					25.00
25.10	CMHC - CORF	99.10					25.10
26.00	RURAL HEALTH CLINIC	88.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00	Total (sum of lines 14-26)		137				27.00
28.00	Observation Bed Days						28.00
28.01	SUBPROVIDER - IPF	40.00					28.01
28.02	SUBPROVIDER - IRF	41.00					28.02
28.03	SUBPROVIDER	42.00					28.03
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part I Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	I/P Days / O/P Visits / Trips					
		Title V	Title XVIII	Title XIX	Total All Patients		
		5.00	6.00	7.00	8.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	10,575	1,518	20,092		1.00
2.00	HMO		1,141	3,253			2.00
3.00	HMO IPF		0	0			3.00
4.00	HMO IRF		0	0			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	0	10,575	1,518	20,092		7.00
8.00	INTENSIVE CARE UNIT	0	835	21	1,873		8.00
9.00	CORONARY CARE UNIT	0	0	0	0		9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0	0		10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	0		209	1,939		13.00
14.00	Total (see instructions)	0	11,410	1,748	23,904		14.00
15.00	CAH visits	0	0	0	0		15.00
16.00	SUBPROVIDER - IPF	0	0	0	0		16.00
17.00	SUBPROVIDER - IRF	0	0	0	0		17.00
18.00	SUBPROVIDER	0	0	0	0		18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00	NURSING FACILITY	0		0	0		20.00
21.00	OTHER LONG TERM CARE				0		21.00
22.00	HOME HEALTH AGENCY	0	0	0	0		22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE		0	0	0		24.00
25.00	CMHC - CMHC	0	0	0	0		25.00
25.10	CMHC - CORF	0	0	0	0		25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00	Total (sum of lines 14-26)						27.00
28.00	Observation Bed Days	0		481	1,577		28.00
28.01	SUBPROVIDER - IPF				0		28.01
28.02	SUBPROVIDER - IRF				0		28.02
28.03	SUBPROVIDER				0		28.03
29.00	Ambulance Trips		0				29.00
30.00	Employee discount days (see instruction)				147		30.00
31.00	Employee discount days - IRF				0		31.00
32.00	Labor & delivery days (see instructions)			83	121		32.00
33.00	LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part I Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	Full Time Equivalents			Discharges		
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
		9.00	10.00	11.00	12.00	13.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	2,735	1.00
2.00	HMO					0	2.00
3.00	HMO IPF						3.00
4.00	HMO IRF						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	884.94	0.00	0	2,735	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0.00	0.00	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00	SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00	NURSING FACILITY	0.00	0.00	0.00			20.00
21.00	OTHER LONG TERM CARE	0.00	0.00	0.00			21.00
22.00	HOME HEALTH AGENCY	0.00	0.00	0.00			22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00	0.00	0.00			23.00
24.00	HOSPICE	0.00	0.00	0.00			24.00
25.00	CMHC - CMHC	0.00	0.00	0.00			25.00
25.10	CMHC - CORF	0.00	0.00	0.00			25.10
26.00	RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00	Total (sum of lines 14-26)	0.00	884.94	0.00			27.00
28.00	Observation Bed Days						28.00
28.01	SUBPROVIDER - IPF						28.01
28.02	SUBPROVIDER - IRF						28.02
28.03	SUBPROVIDER						28.03
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part I Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	Discharges Title XIX	Discharges Total All Patients		
		14.00	15.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	932	6,993		1.00
2.00	HMO				2.00
3.00	HMO IPF				3.00
4.00	HMO IRF				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF				5.00
6.00	Hospital Adults & Peds. Swing Bed NF				6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00	INTENSIVE CARE UNIT				8.00
9.00	CORONARY CARE UNIT				9.00
10.00	BURN INTENSIVE CARE UNIT				10.00
11.00	SURGICAL INTENSIVE CARE UNIT				11.00
12.00	OTHER SPECIAL CARE (SPECIFY)				12.00
13.00	NURSERY				13.00
14.00	Total (see instructions)	932	6,993		14.00
15.00	CAH visits				15.00
16.00	SUBPROVIDER - IPF	0	0		16.00
17.00	SUBPROVIDER - IRF	0	0		17.00
18.00	SUBPROVIDER	0	0		18.00
19.00	SKILLED NURSING FACILITY				19.00
20.00	NURSING FACILITY				20.00
21.00	OTHER LONG TERM CARE		0		21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00	HOSPICE				24.00
25.00	CMHC - CMHC				25.00
25.10	CMHC - CORF				25.10
26.00	RURAL HEALTH CLINIC				26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00	Total (sum of lines 14-26)				27.00
28.00	Observation Bed Days				28.00
28.01	SUBPROVIDER - IPF				28.01
28.02	SUBPROVIDER - IRF				28.02
28.03	SUBPROVIDER				28.03
29.00	Ambulance Trips				29.00
30.00	Employee discount days (see instruction)				30.00
31.00	Employee discount days - IRF				31.00
32.00	Labor & delivery days (see instructions)				32.00
33.00	LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part II Date/Time Prepared: 5/24/2012 2:27 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	
		1.00	2.00	3.00	4.00	5.00	
	PART II - WAGE DATA						
	SALARIES						
1.00	Total salaries (see instructions)	200.00	51,685,234	0	51,685,234	1,840,682.04	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		719,221	0	719,221	8,825.50	3.00
4.00	Physician-Part A		126,942	0	126,942	2,080.00	4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00	4.01
5.00	Physician-Part B		1,608,768	0	1,608,768	17,340.18	5.00
6.00	Non-physician-Part B		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	9.00
10.00	Excluded area salaries (see instructions)		4,799,572	0	4,799,572	87,597.02	10.00
	OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		656,614	0	656,614	10,186.32	11.00
12.00	Management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: physician-Part A		393,325	0	393,325	3,644.81	13.00
14.00	Home office salaries & wage-related costs		1,518,312	0	1,518,312	39,250.00	14.00
15.00	Home office: physician Part A		0	0	0	0.00	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00	16.00
	WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		10,758,708	0	10,758,708		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25		0	0	0		18.00
19.00	Excluded areas		1,162,195	0	1,162,195		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		30,739	0	30,739		22.00
23.00	Physician Part B		563,712	0	563,712		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		0	0	0		25.00
	OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	2,081,085	0	2,081,085	68,589.56	26.00
27.00	Administrative & General	5.00	7,588,783	0	7,588,783	271,925.38	27.00
28.00	Administrative & General under contract (see inst.)		966,793	0	966,793	16,306.50	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	29.00
30.00	Operation of Plant	7.00	1,529,048	0	1,529,048	62,957.26	30.00
31.00	Laundry & Linen Service	8.00	0	47,552	47,552	3,406.00	31.00
32.00	Housekeeping	9.00	1,030,988	-47,552	983,436	70,440.05	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	1,162,398	-781,647	380,751	28,865.62	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	0	781,647	781,647	48,897.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	751,021	0	751,021	19,141.79	38.00
39.00	Central Services and Supply	14.00	713,872	0	713,872	53,862.68	39.00
40.00	Pharmacy	15.00	1,345,123	0	1,345,123	38,335.53	40.00
41.00	Medical Records & Medical Records Library	16.00	1,410,322	0	1,410,322	57,861.96	41.00
42.00	Social Service	17.00	0	0	0	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part II Date/Time Prepared: 5/24/2012 2:27 pm

		Average Hourly Wage (col. 4 ÷ col. 5)		
		6.00		
	PART II - WAGE DATA			
	SALARIES			
1.00	Total salaries (see instructions)	28.08		1.00
2.00	Non-physician anesthetist Part A	0.00		2.00
3.00	Non-physician anesthetist Part B	81.49		3.00
4.00	Physician-Part A	61.03		4.00
4.01	Physicians - Part A - direct teaching	0.00		4.01
5.00	Physician-Part B	92.78		5.00
6.00	Non-physician-Part B	0.00		6.00
7.00	Interns & residents (in an approved program)	0.00		7.00
7.01	Contracted interns and residents (in approved programs)	0.00		7.01
8.00	Home office personnel	0.00		8.00
9.00	SNF	0.00		9.00
10.00	Excluded area salaries (see instructions)	54.79		10.00
	OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	64.46		11.00
12.00	Management and administrative services	0.00		12.00
13.00	Contract labor: physician-Part A	107.91		13.00
14.00	Home office salaries & wage-related costs	38.68		14.00
15.00	Home office: physician Part A	0.00		15.00
16.00	Teaching physician salaries (see instructions)	0.00		16.00
	WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24			17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25			18.00
19.00	Excluded areas			19.00
20.00	Non-physician anesthetist Part A			20.00
21.00	Non-physician anesthetist Part B			21.00
22.00	Physician Part A			22.00
23.00	Physician Part B			23.00
24.00	Wage-related costs (RHC/FQHC)			24.00
25.00	Interns & residents (in an approved program)			25.00
	OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	30.34		26.00
27.00	Administrative & General	27.91		27.00
28.00	Administrative & General under contract (see inst.)	59.29		28.00
29.00	Maintenance & Repairs	0.00		29.00
30.00	Operation of Plant	24.29		30.00
31.00	Laundry & Linen Service	13.96		31.00
32.00	Housekeeping	13.96		32.00
33.00	Housekeeping under contract (see instructions)	0.00		33.00
34.00	Dietary	13.19		34.00
35.00	Dietary under contract (see instructions)	0.00		35.00
36.00	Cafeteria	15.99		36.00
37.00	Maintenance of Personnel	0.00		37.00
38.00	Nursing Administration	39.23		38.00
39.00	Central Services and Supply	13.25		39.00
40.00	Pharmacy	35.09		40.00
41.00	Medical Records & Medical Records Library	24.37		41.00
42.00	Social Service	0.00		42.00
43.00	Other General Service	0.00		43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part III Date/Time Prepared: 5/24/2012 2:27 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	
		1.00	2.00	3.00	4.00	5.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)		50,324,038	0	50,324,038	1,830,822.86	1.00
2.00	Excluded area salaries (see instructions)		4,799,572	0	4,799,572	87,597.02	2.00
3.00	Subtotal salaries (line 1 minus line 2)		45,524,466	0	45,524,466	1,743,225.84	3.00
4.00	Subtotal other wages & related costs (see inst.)		2,568,251	0	2,568,251	53,081.13	4.00
5.00	Subtotal wage-related costs (see inst.)		10,789,447	0	10,789,447	0.00	5.00
6.00	Total (sum of lines 3 thru 5)		58,882,164	0	58,882,164	1,796,306.97	6.00
7.00	Total overhead cost (see instructions)		18,579,433	0	18,579,433	740,589.33	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part III Date/Time Prepared: 5/24/2012 2:27 pm

		Average Hourly Wage (col. 4 ÷ col. 5) 6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY		
1.00	Net salaries (see instructions)	27.49	1.00
2.00	Excluded area salaries (see instructions)	54.79	2.00
3.00	Subtotal salaries (line 1 minus line 2)	26.12	3.00
4.00	Subtotal other wages & related costs (see inst.)	48.38	4.00
5.00	Subtotal wage-related costs (see inst.)	23.70	5.00
6.00	Total (sum of lines 3 thru 5)	32.78	6.00
7.00	Total overhead cost (see instructions)	25.09	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part IV Date/Time Prepared: 5/24/2012 2:27 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	2,143,108	3.00
4.00	Prior Year Pension Service Cost	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	4,740,027	8.00
9.00	Prescription Drug Plan	1,485,573	9.00
10.00	Dental, Hearing and Vision Plan	92,019	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	44,373	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	179,295	14.00
15.00	'Workers' Compensation Insurance	240,551	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	0	17.00
18.00	Medicare Taxes - Employers Portion Only	3,415,329	18.00
19.00	Unemployment Insurance	131,754	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	43,325	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	12,515,354	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part V Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	Contract Labor 1.00	Benefit Cost 2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	1,943,475	0	1.00
2.00	Hospital	1,943,475	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	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-10 | Date/Time Prepared: 5/24/2012 2:27 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)	0.316984	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	1,219,028	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	36,968,386	6.00
7.00	Medicaid cost (line 1 times line 6)	11,718,387	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)	10,499,359	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	108,753	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	90,537	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	10,499,359	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	7,467,299	1,754,949	9,222,248	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,367,014	556,291	2,923,305	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,367,014	556,291	2,923,305	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)	7,562,252	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	772,399	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)	6,789,853	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)	2,152,275	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	5,075,580	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	15,574,939	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A | Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT		0	0	3,564,965	3,564,965	1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0	0	4,729,903	4,729,903	2.00
3.00	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	EMPLOYEE BENEFITS	2,081,085	9,235,178	11,316,263	-60,163	11,256,100	4.00
5.00	ADMINISTRATIVE & GENERAL	7,588,783	10,777,344	18,366,127	-3,476,147	14,889,980	5.00
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	1,529,048	3,219,350	4,748,398	-391,816	4,356,582	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	525,657	525,657	8.00
9.00	HOUSEKEEPING	1,030,988	780,006	1,810,994	-543,217	1,267,777	9.00
10.00	DIETARY	1,162,398	962,715	2,125,113	-1,510,738	614,375	10.00
11.00	CAFETERIA	0	0	0	1,429,019	1,429,019	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	751,021	91,376	842,397	-263	842,134	13.00
14.00	CENTRAL SERVICES & SUPPLY	713,872	777,878	1,491,750	-96,935	1,394,815	14.00
15.00	PHARMACY	1,345,123	5,899,444	7,244,567	-5,632,858	1,611,709	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,410,322	614,940	2,025,262	-1,718	2,023,544	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	10,038,693	1,768,042	11,806,735	-1,460,843	10,345,892	30.00
31.00	INTENSIVE CARE UNIT	1,141,466	342,872	1,484,338	-188,573	1,295,765	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	10,529	10,529	493,862	504,391	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	3,505,377	8,658,490	12,163,867	-7,159,801	5,004,066	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	2,008,836	711,474	2,720,310	-45,261	2,675,049	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,265,090	1,237,483	3,502,573	-663,823	2,838,750	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	235,154	419,527	654,681	-300,289	354,392	56.00
57.00	CT SCAN	341,968	248,926	590,894	-48,350	542,544	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	235,757	584,782	820,539	-437,328	383,211	58.00
59.00	CARDIAC CATHETERIZATION	504,277	1,120,903	1,625,180	-986,820	638,360	59.00
60.00	LABORATORY	1,857,402	2,985,728	4,843,130	-1,463,808	3,379,322	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	181,965	674,037	856,002	-636,503	219,499	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	699,687	198,035	897,722	-143,853	753,869	65.00
66.00	PHYSICAL THERAPY	1,243,567	369,293	1,612,860	-178,552	1,434,308	66.00
67.00	OCCUPATIONAL THERAPY	177,178	17,011	194,189	658	194,847	67.00
68.00	SPEECH PATHOLOGY	131,630	15,596	147,226	2,420	149,646	68.00
69.00	ELECTROCARDIOLOGY	417,542	190,608	608,150	-130,795	477,355	69.00
70.00	ELECTROENCEPHALOGRAPHY	404,380	119,365	523,745	-62,849	460,896	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,212,608	8,212,608	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,599,077	3,599,077	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	5,308,775	5,308,775	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	WOUND/OSTOMY CLINIC	257,522	1,075,128	1,332,650	-503,119	829,531	90.01
90.02	KIDS PLUS CLINIC	0	50,000	50,000	0	50,000	90.02
90.03	ONCOLOGY	123,329	-4,004,118	-3,880,789	-51,915	-3,932,704	90.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A | Date/Time Prepared: 5/24/2012 2:27 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	
90.04	MUNCIE CLINIC	0	143,342	143,342	-75,294	68,048	90.04
90.05	ANTICOAGULATION CLINIC	179,135	61,274	240,409	0	240,409	90.05
90.06	PREGNANCY PLUS	622,619	179,964	802,583	-72,415	730,168	90.06
91.00	EMERGENCY	2,700,448	1,024,855	3,725,303	-433,890	3,291,413	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE		0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	46,885,662	50,561,377	97,447,039	1,109,008	98,556,047	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	WELLNESS CENTERS	514,512	365,156	879,668	-49,144	830,524	190.01
190.02	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	NORTHVIEW CONV (LTC)	297,068	239,037	536,105	-24,469	511,636	190.03
190.04	SUMMIT CONV (LTC)	172,462	56,445	228,907	-19,086	209,821	190.04
190.05	PARKVIEW CONV (LTC)	270,273	19,992	290,265	0	290,265	190.05
190.06	MONTICELLO HOUSE (ASSISTED LIVING)	102,450	8,454	110,904	0	110,904	190.06
190.08	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	SPINE SURGEON	0	0	0	0	0	190.09
190.10	CLINICAL RESEARCH CENTER	531,631	173,739	705,370	-40,694	664,676	190.10
190.11	ONCOLOGIST	2,057,712	408,108	2,465,820	-7,776	2,458,044	190.11
190.12	MEDICAL INTERNIST	92,507	15,705	108,212	-261	107,951	190.12
190.13	RHEUMATOLOGY	467,104	407,951	875,055	-40,775	834,280	190.13
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	2,459,194	2,459,194	-915,745	1,543,449	192.00
192.02	FOUNDATION	136,041	543,660	679,701	0	679,701	192.02
192.03	SPOE	0	0	0	0	0	192.03
192.04	HEALTHY HEART	148,397	27,507	175,904	-11,058	164,846	192.04
192.05	VACANT SPACE	0	0	0	0	0	192.05
192.07	PARK PLACE CENTER	9,415	15,933	25,348	0	25,348	192.07
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
200.00	TOTAL (SUM OF LINES 118-199)	51,685,234	55,302,258	106,987,492	0	106,987,492	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A | Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	1,264,738	4,829,703	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,008,657	5,738,560	2.00
3.00	OTHER CAP REL COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	-2,310,252	8,945,848	4.00
5.00	ADMINISTRATIVE & GENERAL	-102,678	14,787,302	5.00
6.00	MAINTENANCE & REPAIRS	0	0	6.00
7.00	OPERATION OF PLANT	-27,292	4,329,290	7.00
8.00	LAUNDRY & LINEN SERVICE	0	525,657	8.00
9.00	HOUSEKEEPING	0	1,267,777	9.00
10.00	DIETARY	0	614,375	10.00
11.00	CAFETERIA	-727,933	701,086	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	NURSING ADMINISTRATION	0	842,134	13.00
14.00	CENTRAL SERVICES & SUPPLY	-1,312	1,393,503	14.00
15.00	PHARMACY	8,400	1,620,109	15.00
16.00	MEDICAL RECORDS & LIBRARY	-36,368	1,987,176	16.00
17.00	SOCIAL SERVICE	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	NURSING SCHOOL	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	16,915	16,915	23.00
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	-3,387	10,342,505	30.00
31.00	INTENSIVE CARE UNIT	-32,260	1,263,505	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	504,391	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	-223,636	4,780,430	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	-2,488,733	186,316	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-126,750	2,712,000	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	354,392	56.00
57.00	CT SCAN	0	542,544	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	383,211	58.00
59.00	CARDIAC CATHETERIZATION	0	638,360	59.00
60.00	LABORATORY	0	3,379,322	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	219,499	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	753,869	65.00
66.00	PHYSICAL THERAPY	-13,847	1,420,461	66.00
67.00	OCCUPATIONAL THERAPY	0	194,847	67.00
68.00	SPEECH PATHOLOGY	0	149,646	68.00
69.00	ELECTROCARDIOLOGY	0	477,355	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	460,896	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,212,608	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	3,599,077	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	5,308,775	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
90.01	WOUND/OSTOMY CLINIC	-7,119	822,412	90.01
90.02	KIDS PLUS CLINIC	0	50,000	90.02
90.03	ONCOLOGY	0	-3,932,704	90.03
90.04	MUNCIE CLINIC	0	68,048	90.04
90.05	ANTICOAGULATION CLINIC	0	240,409	90.05

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A | Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00		
90.06	PREGNANCY PLUS	-278,405	451,763		90.06
91.00	EMERGENCY	-369,271	2,922,142		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	AMBULANCE SERVICES	0	0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
99.00	CMHC	0	0		99.00
99.10	CORF	0	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
101.00	HOME HEALTH AGENCY	0	0		101.00
	SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0		105.00
106.00	HEART ACQUISITION	0	0		106.00
107.00	LIVER ACQUISITION	0	0		107.00
108.00	LUNG ACQUISITION	0	0		108.00
109.00	PANCREAS ACQUISITION	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0		110.00
111.00	ISLET ACQUISITION	0	0		111.00
113.00	INTEREST EXPENSE	0	0		113.00
114.00	UTILIZATION REVIEW-SNF	0	0		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0		115.00
116.00	HOSPICE	0	0		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-4,450,533	94,105,514		118.00
	NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
190.01	WELLNESS CENTERS	0	830,524		190.01
190.02	EMPLOYED ORTHO MD	0	0		190.02
190.03	NORTHVIEW CONV (LTC)	0	511,636		190.03
190.04	SUMMIT CONV (LTC)	0	209,821		190.04
190.05	PARKVIEW CONV (LTC)	0	290,265		190.05
190.06	MONTICELLO HOUSE (ASSISTED LIVING)	0	110,904		190.06
190.08	MADISON PLACE OF ELWOOD (LTC)	0	0		190.08
190.09	SPINE SURGEON	0	0		190.09
190.10	CLINICAL RESEARCH CENTER	0	664,676		190.10
190.11	ONCOLOGIST	0	2,458,044		190.11
190.12	MEDICAL INTERNIST	0	107,951		190.12
190.13	RHEUMATOLOGY	0	834,280		190.13
191.00	RESEARCH	0	0		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	1,543,449		192.00
192.02	FOUNDATION	0	679,701		192.02
192.03	SPOE	0	0		192.03
192.04	HEALTHY HEART	0	164,846		192.04
192.05	VACANT SPACE	0	0		192.05
192.07	PARK PLACE CENTER	0	25,348		192.07
193.00	NONPAID WORKERS	0	0		193.00
200.00	TOTAL (SUM OF LINES 118-199)	-4,450,533	102,536,959		200.00

RECLASSIFICATIONS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-6 | Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,286,641		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,471,263		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
	TOTALS		0	5,757,904		
	B - DRUGS & SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	8,212,608		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,599,077		2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,308,775		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

RECLASSIFICATIONS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-6 | Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center 2.00	Increases Line # 3.00	Salary 4.00	Other 5.00		
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
	TOTALS		0	17,120,460		
	C - RENT					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	199,338		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,180,961		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
	TOTALS		0	1,380,299		
			0	0		
			0	0		
	F - LABOR & DELIVERY					
1.00	NURSERY	43.00	413,810	90,581		1.00
	TOTALS		413,810	90,581		
	G - BLOOD & NUC MED					
1.00	RADIOISOTOPE	56.00	5,500	0		1.00
2.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	17,925	0		2.00
	TOTALS		23,425	0		
	H - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	801,524	663,834		1.00
	TOTALS		801,524	663,834		
	I - SPECIAL MEALS					
1.00	DIETARY	10.00	19,877	16,462		1.00
	TOTALS		19,877	16,462		
	J - INTEREST & INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	946,665		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	132,321		2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	77,679		3.00
	TOTALS		0	1,156,665		
	K - LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	47,552	478,105		1.00
	TOTALS		47,552	478,105		
	L - POB UTILITIES					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,274		1.00
2.00	PHYSICAL THERAPY	66.00	0	7,644		2.00
3.00	OCCUPATIONAL THERAPY	67.00	0	5,274		3.00
4.00	SPEECH PATHOLOGY	68.00	0	6,343		4.00
5.00	ELECTROCARDIOLOGY	69.00	0	10,432		5.00
	TOTALS		0	34,967		
500.00	Grand Total: Increases		1,306,188	26,699,277		500.00

RECLASSIFICATIONS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-6 | Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DEPRECIATION						
1.00	EMPLOYEE BENEFITS	4.00	0	49,609	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,252,106	9		2.00
3.00	OPERATION OF PLANT	7.00	0	353,149	0		3.00
4.00	HOUSEKEEPING	9.00	0	6,970	0		4.00
5.00	DIETARY	10.00	0	77,440	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	263	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	60,063	0		7.00
8.00	PHARMACY	15.00	0	10,361	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,700	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	218,704	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	49,185	0		11.00
12.00	NURSERY	43.00	0	10,529	0		12.00
13.00	OPERATING ROOM	50.00	0	507,066	0		13.00
14.00	ANESTHESIOLOGY	53.00	0	7,480	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	423,720	0		15.00
16.00	CT SCAN	57.00	0	4,235	0		16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	45,085	0		17.00
18.00	RADIOISOTOPE	56.00	0	3,206	0		18.00
19.00	LABORATORY	60.00	0	114,749	0		19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	4,073	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	32,532	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	55,242	0		22.00
23.00	SPEECH PATHOLOGY	68.00	0	2,001	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	126,152	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	41,477	0		25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	103,652	0		26.00
27.00	PREGNANCY PLUS	90.06	0	944	0		27.00
28.00	WOUND/OSTOMY CLINIC	90.01	0	47,370	0		28.00
29.00	ONCOLOGY	90.03	0	2,745	0		29.00
30.00	MUNCIE CLINIC	90.04	0	75,286	0		30.00
31.00	EMERGENCY	91.00	0	118,465	0		31.00
32.00	WELLNESS CENTERS	190.01	0	5,256	0		32.00
33.00	NORTHVIEW CONV (LTC)	190.03	0	23,912	0		33.00
34.00	SUMMIT CONV (LTC)	190.04	0	19,086	0		34.00
35.00	CLINICAL RESEARCH CENTER	190.10	0	1,780	0		35.00
36.00	ONCOLOGIST	190.11	0	7,776	0		36.00
37.00	MEDICAL INTERNIST	190.12	0	207	0		37.00
38.00	RHEUMATOLOGY	190.13	0	17,757	0		38.00
39.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	874,804	0		39.00
40.00	HEALTHY HEART	192.04	0	894	0		40.00
41.00	OCCUPATIONAL THERAPY	67.00	0	873	0		41.00
	TOTALS		0	5,757,904			
	B - DRUGS & SUPPLIES						
1.00	EMPLOYEE BENEFITS	4.00	0	10,554	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	72,650	0		2.00
3.00	OPERATION OF PLANT	7.00	0	38,667	0		3.00
4.00	HOUSEKEEPING	9.00	0	10,590	0		4.00
5.00	DIETARY	10.00	0	3,523	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	36,872	0		6.00
7.00	PHARMACY	15.00	0	5,293,742	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	18	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	737,748	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	139,388	0		10.00
11.00	OPERATING ROOM	50.00	0	6,183,945	0		11.00
12.00	ANESTHESIOLOGY	53.00	0	37,781	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	240,103	0		13.00
14.00	CT SCAN	57.00	0	44,115	0		14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	13,607	0		15.00
16.00	RADIOISOTOPE	56.00	0	302,583	0		16.00
17.00	LABORATORY	60.00	0	1,325,634	0		17.00
18.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	650,355	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	111,321	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	12,835	0		20.00
21.00	OCCUPATIONAL THERAPY	67.00	0	3,743	0		21.00
22.00	SPEECH PATHOLOGY	68.00	0	1,922	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	15,075	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	21,372	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	883,168	0		25.00
26.00	PREGNANCY PLUS	90.06	0	65,451	0		26.00

RECLASSIFICATIONS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-6 | Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
27.00	WOUND/OSTOMY CLINIC	90.01	0	455,749	0		27.00
28.00	ONCOLOGY	90.03	0	31,233	0		28.00
29.00	MUNCIE CLINIC	90.04	0	8	0		29.00
30.00	EMERGENCY	91.00	0	315,425	0		30.00
31.00	WELLNESS CENTERS	190.01	0	43,888	0		31.00
32.00	NORTHVIEW CONV (LTC)	190.03	0	557	0		32.00
33.00	CLINICAL RESEARCH CENTER	190.10	0	646	0		33.00
34.00	MEDICAL INTERNIST	190.12	0	54	0		34.00
35.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	5,974	0		35.00
36.00	HEALTHY HEART	192.04	0	10,164	0		36.00
	TOTALS		0	17,120,460			
	C - RENT						
1.00	DIETARY	10.00	0	756	9		1.00
2.00	PHARMACY	15.00	0	328,755	9		2.00
3.00	OPERATING ROOM	50.00	0	468,790	0		3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	378,636	0		4.00
5.00	PHYSICAL THERAPY	66.00	0	118,119	0		5.00
6.00	PREGNANCY PLUS	90.06	0	6,020	0		6.00
7.00	ONCOLOGY	90.03	0	17,937	0		7.00
8.00	RHEUMATOLOGY	190.13	0	23,018	0		8.00
9.00	CLINICAL RESEARCH CENTER	190.10	0	38,268	0		9.00
	TOTALS		0	1,380,299			
			0	0			
			0	0			
	F - LABOR & DELIVERY						
1.00	ADULTS & PEDIATRICS	30.00	413,810	90,581	0		1.00
	TOTALS		413,810	90,581			
	G - BLOOD & NUC MED						
1.00	LABORATORY	60.00	23,425	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		23,425	0			
	H - CAFETERIA RECLASS						
1.00	DIETARY	10.00	801,524	663,834	0		1.00
	TOTALS		801,524	663,834			
	I - SPECIAL MEALS						
1.00	CAFETERIA	11.00	19,877	16,462	0		1.00
	TOTALS		19,877	16,462			
	J - INTEREST & INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	946,665	11		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	210,000	12		2.00
3.00		0.00	0	0	12		3.00
	TOTALS		0	1,156,665			
	K - LAUNDRY						
1.00	HOUSEKEEPING	9.00	47,552	478,105	0		1.00
	TOTALS		47,552	478,105			
	L - POB UTILITIES						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	34,967	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		0	34,967			
500.00	Grand Total: Decreases		1,306,188	26,699,277			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-7 Parts I-III Date/Time Prepared: 5/24/2012 2:27 pm

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,956,988	20,000	0	20,000	0	1.00
2.00	Land Improvements	1,888,870	0	0	0	0	2.00
3.00	Buildings and Fixtures	62,004,619	467,345	0	467,345	16,669,767	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	14,801,963	1,997,340	0	1,997,340	1,242,874	5.00
6.00	Movable Equipment	39,099,023	2,708,825	0	2,708,825	1,162,847	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	123,751,463	5,193,510	0	5,193,510	19,075,488	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	123,751,463	5,193,510	0	5,193,510	19,075,488	10.00

SUMMARY OF CAPITAL

		Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
			9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT		0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)		0	0	0	0	0	3.00

COMPUTATION OF RATIOS

		Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	Insurance	
			1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT		69,224,485	0	69,224,485	0.630061	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP		40,645,001	0	40,645,001	0.369939	0	2.00
3.00	Total (sum of lines 1-2)		109,869,486	0	109,869,486	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-7 Parts I-III Date/Time Prepared: 5/24/2012 2:27 pm

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,976,988	451,027				1.00
2.00	Land Improvements	1,888,870	733,071				2.00
3.00	Buildings and Fixtures	45,802,197	21,351,823				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	15,556,429	7,708,916				5.00
6.00	Movable Equipment	40,645,001	20,809,360				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	109,869,485	51,054,197				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	109,869,485	51,054,197				10.00
	Cost Center Description	SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	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	3,766,121	-4,623	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,660,881	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,427,002	-4,623	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-7 Parts I-III Date/Time Prepared: 5/24/2012 2:27 pm

	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	935,884	132,321	0	0	4,829,703	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	77,679	0	0	5,738,560	2.00
3.00	Total (sum of lines 1-2)	935,884	210,000	0	0	10,568,263	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8 | Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	
		1.00	2.00	3.00	4.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-10,781	CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00	Investment income - other (chapter 2)		0		0.00	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-11,797	ADMINISTRATIVE & GENERAL	5.00	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-11,555	ADMINISTRATIVE & GENERAL	5.00	7.00
8.00	Television and radio service (chapter 21)	A	-24,166	OPERATION OF PLANT	7.00	8.00
9.00	Parking lot (chapter 21)		0		0.00	9.00
10.00	Provider-based physician adjustment	A-8-2	-3,788,517			10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-498	ADMINISTRATIVE & GENERAL	5.00	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	764,163			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Cafeteria-employees and guests	B	-655,653	CAFETERIA	11.00	14.00
15.00	Rental of quarters to employee and others	B	-4,623	CAP REL COSTS-BLDG & FIXT	1.00	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts	B	-6,917	MEDICAL RECORDS & LIBRARY	16.00	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	19.00
20.00	Vending machines		0		0.00	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	114.00	25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00	28.00
29.00	Physicians' assistant		0		0.00	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00	30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	A	0		0.00	32.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	33.00
33.01	PHYSICIAN RECRUITMENT	A	-587,387	ADMINISTRATIVE & GENERAL	5.00	33.01
33.02			0		0.00	33.02
33.03	ADVERTISING	A	-204,857	ADMINISTRATIVE & GENERAL	5.00	33.03
33.04	OUTSIDE SERVICES - MEDICAL RECORDS	B	-17,451	MEDICAL RECORDS & LIBRARY	16.00	33.04
33.05	OUTSIDE SERVICES - SPD	B	-1,312	CENTRAL SERVICES & SUPPLY	14.00	33.05
33.06			0		0.00	33.06
33.07	MISC A&G	B	-138,805	ADMINISTRATIVE & GENERAL	5.00	33.07
33.08	SEXUAL RESPONSE UNIT	B	-22,250	EMERGENCY	91.00	33.08
33.09	MISC A&P	B	-3,387	ADULTS & PEDIATRICS	30.00	33.09
33.10	MISC EMPLOYEE BENEFITS	B	-24,804	EMPLOYEE BENEFITS	4.00	33.10
33.11			0		0.00	33.11
33.12	MISC PHARMACY	B	8,400	PHARMACY	15.00	33.12
33.13	MISC OPERATION OF PLANT	B	-3,126	OPERATION OF PLANT	7.00	33.13
33.14	GUEST MEALS	A	-31,858	CAFETERIA	11.00	33.14
33.15	RADIOLOGY, DIAGNOSTIC	B	-126,750	RADIOLOGY-DIAGNOSTIC	54.00	33.15
33.16			0		0.00	33.16
33.17	MISC OTHER OPERATING REVENUE	B	-708,655	ADMINISTRATIVE & GENERAL	5.00	33.17
33.18			0		0.00	33.18
33.19	ESPRESSO TO GO	B	-40,422	CAFETERIA	11.00	33.19
33.20	MEDICAL STAFF FINANCES	B	-51,820	ADMINISTRATIVE & GENERAL	5.00	33.20
33.21			0		0.00	33.21

ADJUSTMENTS TO EXPENSES | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8 | Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	
		1.00	2.00	3.00	4.00	
33.22	PROCARE ADMINISTRATION	B	-13,847	PHYSICAL THERAPY	66.00	33.22
33.23			0		0.00	33.23
33.24			0		0.00	33.24
33.25			0		0.00	33.25
33.26			0		0.00	33.26
33.27	MEDICAL RECORDS	B	-12,000	MEDICAL RECORDS & LIBRARY	16.00	33.27
33.28	RELFING OF ASSETS	A	1,280,142	CAP REL COSTS-BLDG & FIXT	1.00	33.28
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-4,450,533			50.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8 | Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	Wkst. A-7 Ref. 5.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	11		1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0		2.00
3.00	Investment income - other (chapter 2)	0		3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0		4.00
5.00	Refunds and rebates of expenses (chapter 8)	0		5.00
6.00	Rental of provider space by suppliers (chapter 8)	0		6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0		7.00
8.00	Television and radio service (chapter 21)	0		8.00
9.00	Parking lot (chapter 21)	0		9.00
10.00	Provider-based physician adjustment	0		10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0		11.00
12.00	Related organization transactions (chapter 10)	0		12.00
13.00	Laundry and linen service	0		13.00
14.00	Cafeteria-employees and guests	0		14.00
15.00	Rental of quarters to employee and others	10		15.00
16.00	Sale of medical and surgical supplies to other than patients	0		16.00
17.00	Sale of drugs to other than patients	0		17.00
18.00	Sale of medical records and abstracts	0		18.00
19.00	Nursing school (tuition, fees, books, etc.)	0		19.00
20.00	Vending machines	0		20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0		21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0		22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)			23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)			24.00
25.00	Utilization review - physicians' compensation (chapter 21)			25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	0		26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	0		27.00
28.00	Non-physician Anesthetist			28.00
29.00	Physicians' assistant	0		29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)			30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)			31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0		32.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)	0		33.00
33.01	PHYSICIAN RECRUITMENT	0		33.01
33.02		0		33.02
33.03	ADVERTISING	0		33.03
33.04	OUTSIDE SERVICES - MEDICAL RECORDS	0		33.04
33.05	OUTSIDE SERVICES - SPD	0		33.05
33.06		0		33.06
33.07	MISC A&G	0		33.07
33.08	SEXUAL RESPONSE UNIT	0		33.08
33.09	MISC A&P	0		33.09
33.10	MISC EMPLOYEE BENEFITS	0		33.10
33.11		0		33.11
33.12	MISC PHARMACY	0		33.12
33.13	MISC OPERATION OF PLANT	0		33.13
33.14	GUEST MEALS	0		33.14
33.15	RADIOLOGY, DIAGNOSTIC	0		33.15
33.16		0		33.16
33.17	MISC OTHER OPERATING REVENUE	0		33.17
33.18		0		33.18
33.19	ESPRESSO TO GO	0		33.19
33.20	MEDICAL STAFF FINANCES	0		33.20
33.21		0		33.21
33.22	PROCARE ADMINISTRATION	0		33.22
33.23		0		33.23
33.24		0		33.24
33.25		0		33.25
33.26		0		33.26
33.27	MEDICAL RECORDS	0		33.27

ADJUSTMENTS TO EXPENSES | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8 | Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	Wkst. A-7 Ref. 5.00		
33.28	RELFING OF ASSETS	9		33.28
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)			50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 150113	Period: From 01/01/2011 To 12/31/2011	Worksheet A-8-1 Date/Time Prepared: 5/24/2012 2:27 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00		4.00	EMPLOYEE BENEFITS	SELF INSURANCE	1.00
2.00		2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	2.00
3.00		5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	3.00
4.00		23.00	PARAMED ED PRGM-(SPECIFY)	EMS SCHOOL ALLOCATION	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

		Symbol (1)	Name	Percentage of Ownership		
		1.00	2.00	3.00		
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00		A	IN PROHEALTH	100.00		6.00
7.00		B		0.00		7.00
8.00				0.00		8.00
9.00				0.00		9.00
10.00				0.00		10.00
100.00	G. Other (financial or non-financial) specify:					100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
B. Corporation, partnership, or other organization has financial interest in provider.
C. Provider has financial interest in corporation, partnership, or other organization.
D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
E. Individual is director, officer, administrator, or key person of provider and related organization.
F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8-1 | Date/Time Prepared: 5/24/2012 2:27 pm

		Amount of Allowable Cost	Amount Included in wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
		4.00	5.00	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00		0	2,167,104	-2,167,104	0		1.00
2.00		1,008,657	0	1,008,657	9		2.00
3.00		1,905,695	0	1,905,695	0		3.00
4.00		16,915	0	16,915	0		4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	2,931,267	2,167,104	764,163			5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

		Related Organization(s) and/or Home Office			
		Name	Percentage of Ownership	Type of Business	
		4.00	5.00	6.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00			0.00		6.00
7.00		CHN	0.00	HOME OFFICE	7.00
8.00			0.00		8.00
9.00			0.00		9.00
10.00			0.00		10.00
100.00	G. Other (financial or non-financial) specify:				100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
B. Corporation, partnership, or other organization has financial interest in provider.
C. Provider has financial interest in corporation, partnership, or other organization.
D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
E. Individual is director, officer, administrator, or key person of provider and related organization.
F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8-2 | Date/Time Prepared: 5/24/2012 2:27 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	4.00	EMPLOYEE BENEFITS	118,344	118,344	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	380,236	278,736	2.00
3.00	31.00	INTENSIVE CARE UNIT	60,000	0	3.00
4.00	50.00	OPERATING ROOM	223,636	223,636	4.00
5.00	53.00	ANESTHESIOLOGY	2,615,675	2,488,732	5.00
6.00	56.00	RADIOISOTOPE	15,000	0	6.00
7.00	60.00	LABORATORY	110,000	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	15,000	0	8.00
9.00	90.06	PREGNANCY PLUS	283,032	270,782	9.00
10.00	90.01	WOUND/OSTOMY CLINIC	16,575	0	10.00
11.00	91.00	EMERGENCY	379,735	316,735	11.00
200.00			4,217,233	3,696,965	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8-2 | Date/Time Prepared: 5/24/2012 2:27 pm

		Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
		5.00	6.00	7.00	8.00	9.00	
1.00		0	0	0	0	0	1.00
2.00		101,500	177,200	1,024	87,237	4,362	2.00
3.00		60,000	138,700	416	27,740	1,387	3.00
4.00		0	0	0	0	0	4.00
5.00		126,942	200,300	2,080	200,300	10,015	5.00
6.00		15,000	225,300	175	18,956	948	6.00
7.00		110,000	215,700	1,286	133,361	6,668	7.00
8.00		15,000	177,200	200	17,038	852	8.00
9.00		12,250	196,400	49	4,627	231	9.00
10.00		16,575	177,200	111	9,456	473	10.00
11.00		63,000	177,200	384	32,714	1,636	11.00
200.00		520,267		5,725	531,429	26,572	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8-2 | Date/Time Prepared: 5/24/2012 2:27 pm

		Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
		12.00	13.00	14.00	15.00	16.00	
1.00		0	0	0	0	0	1.00
2.00		0	0	0	0	87,237	2.00
3.00		0	0	0	0	27,740	3.00
4.00		0	0	0	0	0	4.00
5.00		4,664	226	17,880	868	201,394	5.00
6.00		0	0	0	0	18,956	6.00
7.00		0	0	0	0	133,361	7.00
8.00		0	0	0	0	17,038	8.00
9.00		0	0	0	0	4,627	9.00
10.00		0	0	0	0	9,456	10.00
11.00		0	0	0	0	32,714	11.00
200.00		4,664	226	17,880	868	532,523	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8-2 | Date/Time Prepared: 5/24/2012 2:27 pm

		RCE Disallowance	Adjustment		
		17.00	18.00		
1.00		0	118,344		1.00
2.00		14,263	292,999		2.00
3.00		32,260	32,260		3.00
4.00		0	223,636		4.00
5.00		0	2,488,733		5.00
6.00		0	0		6.00
7.00		0	0		7.00
8.00		0	0		8.00
9.00		7,623	278,405		9.00
10.00		7,119	7,119		10.00
11.00		30,286	347,021		11.00
200.00		91,551	3,788,517		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS	Subtotal	
		0	1.00	2.00	4.00	4A	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	4,829,703	4,829,703				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	5,738,560		5,738,560			2.00
4.00	EMPLOYEE BENEFITS	8,945,848	33,028	67,906	9,046,782		4.00
5.00	ADMINISTRATIVE & GENERAL	14,787,302	396,733	2,760,866	1,384,042	19,328,943	5.00
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	4,329,290	627,190	173,091	278,868	5,408,439	7.00
8.00	LAUNDRY & LINEN SERVICE	525,657	65,451	0	8,673	599,781	8.00
9.00	HOUSEKEEPING	1,267,777	123,997	11,263	179,359	1,582,396	9.00
10.00	DIETARY	614,375	192,190	107,364	69,441	983,370	10.00
11.00	CAFETERIA	701,086	38,608	0	142,557	882,251	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	842,134	63,237	436	136,971	1,042,778	13.00
14.00	CENTRAL SERVICES & SUPPLY	1,393,503	89,418	116,345	130,196	1,729,462	14.00
15.00	PHARMACY	1,620,109	60,665	12,005	245,324	1,938,103	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,987,176	85,691	1,762	257,215	2,331,844	16.00
17.00	SOCIAL SERVICE	0	37,719	0	0	37,719	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	16,915	0	0	0	16,915	23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	10,342,505	941,408	332,034	1,755,360	13,371,307	30.00
31.00	INTENSIVE CARE UNIT	1,263,505	93,787	37,886	208,181	1,603,359	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	504,391	35,374	17,808	75,471	633,044	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	4,780,430	336,484	730,271	639,311	6,486,496	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	186,316	5,145	5,413	366,372	563,246	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,712,000	364,783	256,048	413,107	3,745,938	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	354,392	28,053	2,954	43,890	429,289	56.00
57.00	CT SCAN	542,544	8,512	1,328	62,368	614,752	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	383,211	17,706	3,616	42,997	447,530	58.00
59.00	CARDIAC CATHETERIZATION	638,360	77,160	20,911	91,970	828,401	59.00
60.00	LABORATORY	3,379,322	136,973	339,978	334,481	4,190,754	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0				0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	219,499	11,066	6,759	36,456	273,780	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	753,869	13,620	45,877	127,609	940,975	65.00
66.00	PHYSICAL THERAPY	1,420,461	27,410	16,202	226,802	1,690,875	66.00
67.00	OCCUPATIONAL THERAPY	194,847	16,892	1,774	32,314	245,827	67.00
68.00	SPEECH PATHOLOGY	149,646	9,439	3,346	24,007	186,438	68.00
69.00	ELECTROCARDIOLOGY	477,355	29,018	137,701	76,151	720,225	69.00
70.00	ELECTROENCEPHALOGRAPHY	460,896	29,018	76,078	73,751	639,743	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,212,608	0	0	0	8,212,608	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	3,599,077	0	0	0	3,599,077	72.00
73.00	DRUGS CHARGED TO PATIENTS	5,308,775	0	0	0	5,308,775	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	WOUND/OSTOMY CLINIC	822,412	190,847	93,882	46,967	1,154,108	90.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS	Subtotal	
		0	1.00	2.00	4.00	4A	
90.02	KIDS PLUS CLINIC	50,000	29,510	0	0	79,510	90.02
90.03	ONCOLOGY	-3,932,704	0	0	22,493	-3,910,211	90.03
90.04	MUNCIE CLINIC	68,048	30,739	46,491	0	145,278	90.04
90.05	ANTICOAGULATION CLINIC	240,409	0	0	32,671	273,080	90.05
90.06	PREGNANCY PLUS	451,763	44,851	23,273	113,553	633,440	90.06
91.00	EMERGENCY	2,922,142	146,621	53,125	492,508	3,614,396	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	94,105,514	4,438,343	5,503,793	8,171,436	92,604,041	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	22,813	0	0	22,813	190.00
190.01	WELLNESS CENTERS	830,524	23,210	256	93,837	947,827	190.01
190.02	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	NORTHVIEW CONV (LTC)	511,636	0	0	54,179	565,815	190.03
190.04	SUMMIT CONV (LTC)	209,821	0	0	31,454	241,275	190.04
190.05	PARKVIEW CONV (LTC)	290,265	0	0	49,292	339,557	190.05
190.06	MONTICELLO HOUSE (ASSISTED LIVING)	110,904	0	0	18,685	129,589	190.06
190.08	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	SPINE SURGEON	0	0	0	0	0	190.09
190.10	CLINICAL RESEARCH CENTER	664,676	39,195	21,459	96,959	822,289	190.10
190.11	ONCOLOGIST	2,458,044	0	14,195	375,286	2,847,525	190.11
190.12	MEDICAL INTERNIST	107,951	0	344	16,871	125,166	190.12
190.13	RHEUMATOLOGY	834,280	0	24,162	85,190	943,632	190.13
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	1,543,449	291,123	168,725	0	2,003,297	192.00
192.02	FOUNDATION	679,701	3,537	0	24,811	708,049	192.02
192.03	SPOE	0	0	0	0	0	192.03
192.04	HEALTHY HEART	164,846	0	5,626	27,065	197,537	192.04
192.05	VACANT SPACE	0	11,482	0	0	11,482	192.05
192.07	PARK PLACE CENTER	25,348	0	0	1,717	27,065	192.07
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	102,536,959	4,829,703	5,738,560	9,046,782	102,536,959	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	19,328,943					5.00
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	1,199,970	0	6,608,409			7.00
8.00	LAUNDRY & LINEN SERVICE	133,073	0	114,644	847,498		8.00
9.00	HOUSEKEEPING	351,086	0	217,194	8,296	2,158,972	9.00
10.00	DIETARY	218,180	0	336,643	0	59,674	10.00
11.00	CAFETERIA	195,745	0	67,627	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	231,361	0	110,767	0	11,383	13.00
14.00	CENTRAL SERVICES & SUPPLY	383,716	0	156,625	58,517	28,630	14.00
15.00	PHARMACY	430,007	0	106,261	0	19,662	15.00
16.00	MEDICAL RECORDS & LIBRARY	517,366	0	150,098	0	10,003	16.00
17.00	SOCIAL SERVICE	8,369	0	66,070	0	3,449	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	3,753	0	0	0	0	23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,966,715	0	1,648,989	436,300	953,758	30.00
31.00	INTENSIVE CARE UNIT	355,737	0	164,279	38,895	68,643	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	140,453	0	61,961	0	43,462	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	1,439,159	0	589,390	100,391	258,359	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	124,967	0	9,012	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	831,111	0	638,959	16,912	29,320	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	95,246	0	49,138	9,061	38,978	56.00
57.00	CT SCAN	136,395	0	14,910	19,473	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	99,293	0	31,014	9,158	0	58.00
59.00	CARDIAC CATHETERIZATION	183,797	0	135,154	1,076	7,934	59.00
60.00	LABORATORY	929,803	0	239,924	3,450	31,389	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	60,744	0	19,383	0	5,864	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	208,774	0	23,857	16,696	22,076	65.00
66.00	PHYSICAL THERAPY	375,154	0	48,011	459	5,519	66.00
67.00	OCCUPATIONAL THERAPY	54,542	0	29,589	890	4,139	67.00
68.00	SPEECH PATHOLOGY	41,365	0	16,534	0	3,449	68.00
69.00	ELECTROCARDIOLOGY	159,796	0	50,828	13,369	6,209	69.00
70.00	ELECTROENCEPHALOGRAPHY	141,940	0	50,828	0	12,418	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,822,131	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	798,527	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,177,858	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	WOUND/OSTOMY CLINIC	256,062	0	334,291	5,364	59,329	90.01
90.02	KIDS PLUS CLINIC	17,641	0	51,689	0	0	90.02
90.03	ONCOLOGY	0	0	0	0	6,209	90.03
90.04	MUNCIE CLINIC	32,233	0	53,843	0	0	90.04
90.05	ANTICOAGULATION CLINIC	60,588	0	0	0	0	90.05
90.06	PREGNANCY PLUS	140,541	0	78,561	926	5,519	90.06

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
91.00	EMERGENCY	801,926	0	256,823	108,265	65,193	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	17,125,124	0	5,922,896	847,498	1,760,568	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,062	0	39,960	0	0	190.00
190.01	WELLNESS CENTERS	210,294	0	40,656	0	371,154	190.01
190.02	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	NORTHVIEW CONV (LTC)	125,537	0	0	0	0	190.03
190.04	SUMMIT CONV (LTC)	53,532	0	0	0	0	190.04
190.05	PARKVIEW CONV (LTC)	75,338	0	0	0	0	190.05
190.06	MONTICELLO HOUSE (ASSISTED LIVING)	28,752	0	0	0	0	190.06
190.08	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	SPINE SURGEON	0	0	0	0	0	190.09
190.10	CLINICAL RESEARCH CENTER	182,441	0	68,654	0	0	190.10
190.11	ONCOLOGIST	631,780	0	0	0	0	190.11
190.12	MEDICAL INTERNIST	27,771	0	0	0	0	190.12
190.13	RHEUMATOLOGY	209,364	0	0	0	0	190.13
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	444,472	0	509,935	0	27,250	192.00
192.02	FOUNDATION	157,095	0	6,196	0	0	192.02
192.03	SPOE	0	0	0	0	0	192.03
192.04	HEALTHY HEART	43,828	0	0	0	0	192.04
192.05	VACANT SPACE	2,548	0	20,112	0	0	192.05
192.07	PARK PLACE CENTER	6,005	0	0	0	0	192.07
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	19,328,943	0	6,608,409	847,498	2,158,972	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY	1,597,867					10.00
11.00	CAFETERIA	0	1,145,623				11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	NURSING ADMINISTRATION	0	17,058	0	1,413,347		13.00
14.00	CENTRAL SERVICES & SUPPLY	0	47,998	0	0	2,404,948	14.00
15.00	PHARMACY	0	34,162	0	0	6,807	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	51,562	0	0	402	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,463,982	346,228	0	992,627	107,178	30.00
31.00	INTENSIVE CARE UNIT	129,036	30,754	0	88,171	19,806	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	12,705	0	36,424	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	418	103,289	0	296,125	436,098	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	16,800	0	0	211	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	64,594	0	0	11,788	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	5,452	0	0	960	56.00
57.00	CT SCAN	0	11,011	0	0	4,957	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	5,711	0	0	370	58.00
59.00	CARDIAC CATHETERIZATION	0	15,275	0	0	3,680	59.00
60.00	LABORATORY	0	69,104	0	0	8,872	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,034	0	0	209	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	21,705	0	0	743	65.00
66.00	PHYSICAL THERAPY	0	37,677	0	0	953	66.00
67.00	OCCUPATIONAL THERAPY	0	4,203	0	0	85	67.00
68.00	SPEECH PATHOLOGY	0	3,687	0	0	17	68.00
69.00	ELECTROCARDIOLOGY	0	14,144	0	0	1,751	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	12,594	0	0	866	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,191,090	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	521,985	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	WOUND/OSTOMY CLINIC	0	8,052	0	0	16,243	90.01
90.02	KIDS PLUS CLINIC	0	0	0	0	0	90.02
90.03	ONCOLOGY	0	25,986	0	0	19,936	90.03
90.04	MUNCIE CLINIC	0	0	0	0	6	90.04
90.05	ANTICOAGULATION CLINIC	0	4,640	0	0	2,551	90.05

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
90.06	PREGNANCY PLUS	0	19,110	0	0	445	90.06
91.00	EMERGENCY	4,431	79,030	0	0	44,567	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,597,867	1,067,565	0	1,413,347	2,402,576	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	WELLNESS CENTERS	0	16,463	0	0	884	190.01
190.02	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	NORTHVIEW CONV (LTC)	0	8,721	0	0	81	190.03
190.04	SUMMIT CONV (LTC)	0	4,987	0	0	11	190.04
190.05	PARKVIEW CONV (LTC)	0	8,030	0	0	16	190.05
190.06	MONTICELLO HOUSE (ASSISTED LIVING)	0	3,090	0	0	0	190.06
190.08	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	SPINE SURGEON	0	0	0	0	0	190.09
190.10	CLINICAL RESEARCH CENTER	0	20,986	0	0	202	190.10
190.11	ONCOLOGIST	0	5,431	0	0	51	190.11
190.12	MEDICAL INTERNIST	0	1,868	0	0	32	190.12
190.13	RHEUMATOLOGY	0	1,430	0	0	0	190.13
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	654	192.00
192.02	FOUNDATION	0	3,034	0	0	28	192.02
192.03	SPOE	0	0	0	0	0	192.03
192.04	HEALTHY HEART	0	3,746	0	0	408	192.04
192.05	VACANT SPACE	0	0	0	0	0	192.05
192.07	PARK PLACE CENTER	0	272	0	0	5	192.07
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,597,867	1,145,623	0	1,413,347	2,404,948	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
		15.00	16.00	17.00	18.00	19.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY	2,535,002					15.00
16.00	MEDICAL RECORDS & LIBRARY	0	3,061,275				16.00
17.00	SOCIAL SERVICE	0	0	115,607			17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	935,198	112,493	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	3,114	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	22	154,331	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	14,146	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	295	626,865	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	32	8,556	0	0	0	56.00
57.00	CT SCAN	14	148,737	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	165,848	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	12,504	0	0	0	59.00
60.00	LABORATORY	0	415,607	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	11	1,316	0	0	0	65.00
66.00	PHYSICAL THERAPY	155	11,188	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	10,530	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	6,910	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	1	329	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	18	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,516,633	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	WOUND/OSTOMY CLINIC	3,344	123,070	0	0	0	90.01
90.02	KIDS PLUS CLINIC	0	42,778	0	0	0	90.02
90.03	ONCOLOGY	0	0	0	0	0	90.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
		15.00	16.00	17.00	18.00	19.00	
90.04	MUNCIE CLINIC	0	0	0	0	0	90.04
90.05	ANTICOAGULATION CLINIC	0	0	0	0	0	90.05
90.06	PREGNANCY PLUS	115	11,846	0	0	0	90.06
91.00	EMERGENCY	0	347,491	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,534,786	3,023,104	115,607	0	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	WELLNESS CENTERS	4	0	0	0	0	190.01
190.02	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	NORTHVIEW CONV (LTC)	0	0	0	0	0	190.03
190.04	SUMMIT CONV (LTC)	0	0	0	0	0	190.04
190.05	PARKVIEW CONV (LTC)	0	0	0	0	0	190.05
190.06	MONTICELLO HOUSE (ASSISTED LIVING)	0	0	0	0	0	190.06
190.08	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	SPINE SURGEON	0	0	0	0	0	190.09
190.10	CLINICAL RESEARCH CENTER	0	0	0	0	0	190.10
190.11	ONCOLOGIST	0	0	0	0	0	190.11
190.12	MEDICAL INTERNIST	212	0	0	0	0	190.12
190.13	RHEUMATOLOGY	0	0	0	0	0	190.13
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	38,171	0	0	0	192.00
192.02	FOUNDATION	0	0	0	0	0	192.02
192.03	SPOE	0	0	0	0	0	192.03
192.04	HEALTHY HEART	0	0	0	0	0	192.04
192.05	VACANT SPACE	0	0	0	0	0	192.05
192.07	PARK PLACE CENTER	0	0	0	0	0	192.07
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,535,002	3,061,275	115,607	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	Subtotal	
		20.00	21.00	22.00	23.00	24.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE						17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00	NONPHYSICIAN ANESTHETISTS						19.00
20.00	NURSING SCHOOL	0					20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0				21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	20,668		23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	0	0	23,334,775	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	2,501,794	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	928,049	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	9,864,078	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	728,382	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	5,965,782	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	636,712	56.00
57.00	CT SCAN	0	0	0	0	950,249	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	758,924	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	1,187,821	59.00
60.00	LABORATORY	0	0	0	0	5,888,903	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	365,014	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	1,236,153	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	2,169,991	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	349,805	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	251,490	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	973,232	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	858,719	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	11,225,847	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,919,589	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	9,003,266	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	WOUND/OSTOMY CLINIC	0	0	0	0	1,959,863	90.01
90.02	KIDS PLUS CLINIC	0	0	0	0	191,618	90.02
90.03	ONCOLOGY	0	0	0	0	-3,858,080	90.03
90.04	MUNCIE CLINIC	0	0	0	0	231,360	90.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	Subtotal	
		20.00	21.00	22.00	23.00	24.00	
90.05	ANTICOAGULATION CLINIC	0	0	0	0	340,859	90.05
90.06	PREGNANCY PLUS	0	0	0	0	890,503	90.06
91.00	EMERGENCY	0	0	0	20,668	5,342,790	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	20,668	89,197,488	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	67,835	190.00
190.01	WELLNESS CENTERS	0	0	0	0	1,587,282	190.01
190.02	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	NORTHVIEW CONV (LTC)	0	0	0	0	700,154	190.03
190.04	SUMMIT CONV (LTC)	0	0	0	0	299,805	190.04
190.05	PARKVIEW CONV (LTC)	0	0	0	0	422,941	190.05
190.06	MONTICELLO HOUSE (ASSISTED LIVING)	0	0	0	0	161,431	190.06
190.08	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	SPINE SURGEON	0	0	0	0	0	190.09
190.10	CLINICAL RESEARCH CENTER	0	0	0	0	1,094,572	190.10
190.11	ONCOLOGIST	0	0	0	0	3,484,787	190.11
190.12	MEDICAL INTERNIST	0	0	0	0	155,049	190.12
190.13	RHEUMATOLOGY	0	0	0	0	1,154,426	190.13
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	3,023,779	192.00
192.02	FOUNDATION	0	0	0	0	874,402	192.02
192.03	SPOE	0	0	0	0	0	192.03
192.04	HEALTHY HEART	0	0	0	0	245,519	192.04
192.05	VACANT SPACE	0	0	0	0	34,142	192.05
192.07	PARK PLACE CENTER	0	0	0	0	33,347	192.07
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
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)	0	0	0	20,668	102,536,959	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT				1.00
2.00	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	EMPLOYEE BENEFITS				4.00
5.00	ADMINISTRATIVE & GENERAL				5.00
6.00	MAINTENANCE & REPAIRS				6.00
7.00	OPERATION OF PLANT				7.00
8.00	LAUNDRY & LINEN SERVICE				8.00
9.00	HOUSEKEEPING				9.00
10.00	DIETARY				10.00
11.00	CAFETERIA				11.00
12.00	MAINTENANCE OF PERSONNEL				12.00
13.00	NURSING ADMINISTRATION				13.00
14.00	CENTRAL SERVICES & SUPPLY				14.00
15.00	PHARMACY				15.00
16.00	MEDICAL RECORDS & LIBRARY				16.00
17.00	SOCIAL SERVICE				17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)				18.00
19.00	NONPHYSICIAN ANESTHETISTS				19.00
20.00	NURSING SCHOOL				20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	PARAMED ED PRGM-(SPECIFY)				23.00
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	23,334,775		30.00
31.00	INTENSIVE CARE UNIT	0	2,501,794		31.00
32.00	CORONARY CARE UNIT	0	0		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	SUBPROVIDER - IPF	0	0		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	0	928,049		43.00
44.00	SKILLED NURSING FACILITY	0	0		44.00
45.00	NURSING FACILITY	0	0		45.00
46.00	OTHER LONG TERM CARE	0	0		46.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	9,864,078		50.00
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	728,382		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	5,965,782		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	RADIOISOTOPE	0	636,712		56.00
57.00	CT SCAN	0	950,249		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	758,924		58.00
59.00	CARDIAC CATHETERIZATION	0	1,187,821		59.00
60.00	LABORATORY	0	5,888,903		60.00
60.01	BLOOD LABORATORY	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	365,014		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0		64.00
65.00	RESPIRATORY THERAPY	0	1,236,153		65.00
66.00	PHYSICAL THERAPY	0	2,169,991		66.00
67.00	OCCUPATIONAL THERAPY	0	349,805		67.00
68.00	SPEECH PATHOLOGY	0	251,490		68.00
69.00	ELECTROCARDIOLOGY	0	973,232		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	858,719		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,225,847		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	4,919,589		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	9,003,266		73.00
74.00	RENAL DIALYSIS	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0		75.00
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	CLINIC	0	0		90.00
90.01	WOUND/OSTOMY CLINIC	0	1,959,863		90.01
90.02	KIDS PLUS CLINIC	0	191,618		90.02
90.03	ONCOLOGY	0	-3,858,080		90.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
90.04	MUNCIE CLINIC	0	231,360		90.04
90.05	ANTICOAGULATION CLINIC	0	340,859		90.05
90.06	PREGNANCY PLUS	0	890,503		90.06
91.00	EMERGENCY	0	5,342,790		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0			92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	AMBULANCE SERVICES	0	0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
99.00	CMHC	0	0		99.00
99.10	CORF	0	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
101.00	HOME HEALTH AGENCY	0	0		101.00
	SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0		105.00
106.00	HEART ACQUISITION	0	0		106.00
107.00	LIVER ACQUISITION	0	0		107.00
108.00	LUNG ACQUISITION	0	0		108.00
109.00	PANCREAS ACQUISITION	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0		110.00
111.00	ISLET ACQUISITION	0	0		111.00
113.00	INTEREST EXPENSE				113.00
114.00	UTILIZATION REVIEW-SNF				114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0		115.00
116.00	HOSPICE	0	0		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	89,197,488		118.00
	NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	67,835		190.00
190.01	WELLNESS CENTERS	0	1,587,282		190.01
190.02	EMPLOYED ORTHO MD	0	0		190.02
190.03	NORTHVIEW CONV (LTC)	0	700,154		190.03
190.04	SUMMIT CONV (LTC)	0	299,805		190.04
190.05	PARKVIEW CONV (LTC)	0	422,941		190.05
190.06	MONTICELLO HOUSE (ASSISTED LIVING)	0	161,431		190.06
190.08	MADISON PLACE OF ELWOOD (LTC)	0	0		190.08
190.09	SPINE SURGEON	0	0		190.09
190.10	CLINICAL RESEARCH CENTER	0	1,094,572		190.10
190.11	ONCOLOGIST	0	3,484,787		190.11
190.12	MEDICAL INTERNIST	0	155,049		190.12
190.13	RHEUMATOLOGY	0	1,154,426		190.13
191.00	RESEARCH	0	0		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	3,023,779		192.00
192.02	FOUNDATION	0	874,402		192.02
192.03	SPOE	0	0		192.03
192.04	HEALTHY HEART	0	245,519		192.04
192.05	VACANT SPACE	0	34,142		192.05
192.07	PARK PLACE CENTER	0	33,347		192.07
193.00	NONPAID WORKERS	0	0		193.00
200.00	Cross Foot Adjustments	0	0		200.00
201.00	Negative Cost Centers	0	0		201.00
202.00	TOTAL (sum lines 118-201)	0	102,536,959		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS	
		0	1.00	2.00	2A	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	0	33,028	67,906	100,934	100,934	4.00
5.00	ADMINISTRATIVE & GENERAL	0	396,733	2,760,866	3,157,599	15,443	5.00
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	0	627,190	173,091	800,281	3,112	7.00
8.00	LAUNDRY & LINEN SERVICE	0	65,451	0	65,451	97	8.00
9.00	HOUSEKEEPING	0	123,997	11,263	135,260	2,001	9.00
10.00	DIETARY	0	192,190	107,364	299,554	775	10.00
11.00	CAFETERIA	0	38,608	0	38,608	1,591	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	63,237	436	63,673	1,528	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	89,418	116,345	205,763	1,453	14.00
15.00	PHARMACY	0	60,665	12,005	72,670	2,737	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	85,691	1,762	87,453	2,870	16.00
17.00	SOCIAL SERVICE	0	37,719	0	37,719	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	941,408	332,034	1,273,442	19,575	30.00
31.00	INTENSIVE CARE UNIT	0	93,787	37,886	131,673	2,323	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	35,374	17,808	53,182	842	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	336,484	730,271	1,066,755	7,133	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	5,145	5,413	10,558	4,088	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	364,783	256,048	620,831	4,609	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	28,053	2,954	31,007	490	56.00
57.00	CT SCAN	0	8,512	1,328	9,840	696	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	17,706	3,616	21,322	480	58.00
59.00	CARDIAC CATHETERIZATION	0	77,160	20,911	98,071	1,026	59.00
60.00	LABORATORY	0	136,973	339,978	476,951	3,732	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY				0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	11,066	6,759	17,825	407	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	13,620	45,877	59,497	1,424	65.00
66.00	PHYSICAL THERAPY	0	27,410	16,202	43,612	2,531	66.00
67.00	OCCUPATIONAL THERAPY	0	16,892	1,774	18,666	361	67.00
68.00	SPEECH PATHOLOGY	0	9,439	3,346	12,785	268	68.00
69.00	ELECTROCARDIOLOGY	0	29,018	137,701	166,719	850	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	29,018	76,078	105,096	823	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	WOUND/OSTOMY CLINIC	0	190,847	93,882	284,729	524	90.01
90.02	KIDS PLUS CLINIC	0	29,510	0	29,510	0	90.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS	
		0	1.00	2.00	2A	4.00	
90.03	ONCOLOGY	0	0	0	0	251	90.03
90.04	MUNCIE CLINIC	0	30,739	46,491	77,230	0	90.04
90.05	ANTICOAGULATION CLINIC	0	0	0	0	365	90.05
90.06	PREGNANCY PLUS	0	44,851	23,273	68,124	1,267	90.06
91.00	EMERGENCY	0	146,621	53,125	199,746	5,495	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	4,438,343	5,503,793	9,942,136	91,167	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	22,813	0	22,813	0	190.00
190.01	WELLNESS CENTERS	0	23,210	256	23,466	1,047	190.01
190.02	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	NORTHVIEW CONV (LTC)	0	0	0	0	605	190.03
190.04	SUMMIT CONV (LTC)	0	0	0	0	351	190.04
190.05	PARKVIEW CONV (LTC)	0	0	0	0	550	190.05
190.06	MONTICELLO HOUSE (ASSISTED LIVING)	0	0	0	0	208	190.06
190.08	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	SPINE SURGEON	0	0	0	0	0	190.09
190.10	CLINICAL RESEARCH CENTER	0	39,195	21,459	60,654	1,082	190.10
190.11	ONCOLOGIST	0	0	14,195	14,195	4,187	190.11
190.12	MEDICAL INTERNIST	0	0	344	344	188	190.12
190.13	RHEUMATOLOGY	0	0	24,162	24,162	951	190.13
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	291,123	168,725	459,848	0	192.00
192.02	FOUNDATION	0	3,537	0	3,537	277	192.02
192.03	SPOE	0	0	0	0	0	192.03
192.04	HEALTHY HEART	0	0	5,626	5,626	302	192.04
192.05	VACANT SPACE	0	11,482	0	11,482	0	192.05
192.07	PARK PLACE CENTER	0	0	0	0	19	192.07
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	4,829,703	5,738,560	10,568,263	100,934	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	3,173,042					5.00
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	196,986	0	1,000,379			7.00
8.00	LAUNDRY & LINEN SERVICE	21,845	0	17,355	104,748		8.00
9.00	HOUSEKEEPING	57,634	0	32,879	1,025	228,799	9.00
10.00	DIETARY	35,816	0	50,961	0	6,324	10.00
11.00	CAFETERIA	32,133	0	10,237	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	37,980	0	16,768	0	1,206	13.00
14.00	CENTRAL SERVICES & SUPPLY	62,990	0	23,710	7,232	3,034	14.00
15.00	PHARMACY	70,590	0	16,086	0	2,084	15.00
16.00	MEDICAL RECORDS & LIBRARY	84,930	0	22,722	0	1,060	16.00
17.00	SOCIAL SERVICE	1,374	0	10,002	0	366	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	616	0	0	0	0	23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	487,029	0	249,621	53,927	101,074	30.00
31.00	INTENSIVE CARE UNIT	58,398	0	24,869	4,807	7,274	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	23,057	0	9,380	0	4,606	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	236,251	0	89,222	12,408	27,380	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	20,515	0	1,364	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	136,435	0	96,725	2,090	3,107	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	15,636	0	7,438	1,120	4,131	56.00
57.00	CT SCAN	22,390	0	2,257	2,407	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	16,300	0	4,695	1,132	0	58.00
59.00	CARDIAC CATHETERIZATION	30,172	0	20,460	133	841	59.00
60.00	LABORATORY	152,636	0	36,320	426	3,327	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	9,972	0	2,934	0	621	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	34,272	0	3,611	2,064	2,340	65.00
66.00	PHYSICAL THERAPY	61,585	0	7,268	57	585	66.00
67.00	OCCUPATIONAL THERAPY	8,954	0	4,479	110	439	67.00
68.00	SPEECH PATHOLOGY	6,790	0	2,503	0	366	68.00
69.00	ELECTROCARDIOLOGY	26,232	0	7,694	1,652	658	69.00
70.00	ELECTROENCEPHALOGRAPHY	23,301	0	7,694	0	1,316	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	299,120	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	131,086	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	193,356	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	WOUND/OSTOMY CLINIC	42,035	0	50,605	663	6,287	90.01
90.02	KIDS PLUS CLINIC	2,896	0	7,825	0	0	90.02
90.03	ONCOLOGY	0	0	0	0	658	90.03
90.04	MUNCIE CLINIC	5,291	0	8,151	0	0	90.04
90.05	ANTICOAGULATION CLINIC	9,946	0	0	0	0	90.05
90.06	PREGNANCY PLUS	23,071	0	11,893	114	585	90.06

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
91.00	EMERGENCY	131,644	0	38,878	13,381	6,909	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,811,264	0	896,606	104,748	186,578	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	831	0	6,049	0	0	190.00
190.01	WELLNESS CENTERS	34,522	0	6,154	0	39,333	190.01
190.02	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	NORTHVIEW CONV (LTC)	20,608	0	0	0	0	190.03
190.04	SUMMIT CONV (LTC)	8,788	0	0	0	0	190.04
190.05	PARKVIEW CONV (LTC)	12,367	0	0	0	0	190.05
190.06	MONTICELLO HOUSE (ASSISTED LIVING)	4,720	0	0	0	0	190.06
190.08	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	SPINE SURGEON	0	0	0	0	0	190.09
190.10	CLINICAL RESEARCH CENTER	29,949	0	10,393	0	0	190.10
190.11	ONCOLOGIST	103,713	0	0	0	0	190.11
190.12	MEDICAL INTERNIST	4,559	0	0	0	0	190.12
190.13	RHEUMATOLOGY	34,369	0	0	0	0	190.13
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	72,964	0	77,194	0	2,888	192.00
192.02	FOUNDATION	25,789	0	938	0	0	192.02
192.03	SPOE	0	0	0	0	0	192.03
192.04	HEALTHY HEART	7,195	0	0	0	0	192.04
192.05	VACANT SPACE	418	0	3,045	0	0	192.05
192.07	PARK PLACE CENTER	986	0	0	0	0	192.07
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,173,042	0	1,000,379	104,748	228,799	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY	393,430					10.00
11.00	CAFETERIA	0	82,569				11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	NURSING ADMINISTRATION	0	1,229	0	122,384		13.00
14.00	CENTRAL SERVICES & SUPPLY	0	3,459	0	0	307,641	14.00
15.00	PHARMACY	0	2,462	0	0	871	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	3,716	0	0	51	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	360,465	24,952	0	85,953	13,710	30.00
31.00	INTENSIVE CARE UNIT	31,771	2,217	0	7,635	2,534	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	916	0	3,154	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	103	7,444	0	25,642	55,787	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	1,211	0	0	27	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	4,655	0	0	1,508	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	393	0	0	123	56.00
57.00	CT SCAN	0	794	0	0	634	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	412	0	0	47	58.00
59.00	CARDIAC CATHETERIZATION	0	1,101	0	0	471	59.00
60.00	LABORATORY	0	4,981	0	0	1,135	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	363	0	0	27	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	1,564	0	0	95	65.00
66.00	PHYSICAL THERAPY	0	2,716	0	0	122	66.00
67.00	OCCUPATIONAL THERAPY	0	303	0	0	11	67.00
68.00	SPEECH PATHOLOGY	0	266	0	0	2	68.00
69.00	ELECTROCARDIOLOGY	0	1,019	0	0	224	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	908	0	0	111	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	152,360	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	66,774	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	WOUND/OSTOMY CLINIC	0	580	0	0	2,078	90.01
90.02	KIDS PLUS CLINIC	0	0	0	0	0	90.02
90.03	ONCOLOGY	0	1,873	0	0	2,550	90.03
90.04	MUNCIE CLINIC	0	0	0	0	1	90.04
90.05	ANTICOAGULATION CLINIC	0	334	0	0	326	90.05

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
90.06	PREGNANCY PLUS	0	1,377	0	0	57	90.06
91.00	EMERGENCY	1,091	5,696	0	0	5,701	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	393,430	76,941	0	122,384	307,337	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	WELLNESS CENTERS	0	1,187	0	0	113	190.01
190.02	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	NORTHVIEW CONV (LTC)	0	629	0	0	10	190.03
190.04	SUMMIT CONV (LTC)	0	359	0	0	1	190.04
190.05	PARKVIEW CONV (LTC)	0	579	0	0	2	190.05
190.06	MONTICELLO HOUSE (ASSISTED LIVING)	0	223	0	0	0	190.06
190.08	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	SPINE SURGEON	0	0	0	0	0	190.09
190.10	CLINICAL RESEARCH CENTER	0	1,513	0	0	26	190.10
190.11	ONCOLOGIST	0	391	0	0	7	190.11
190.12	MEDICAL INTERNIST	0	135	0	0	4	190.12
190.13	RHEUMATOLOGY	0	103	0	0	0	190.13
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	84	192.00
192.02	FOUNDATION	0	219	0	0	4	192.02
192.03	SPOE	0	0	0	0	0	192.03
192.04	HEALTHY HEART	0	270	0	0	52	192.04
192.05	VACANT SPACE	0	0	0	0	0	192.05
192.07	PARK PLACE CENTER	0	20	0	0	1	192.07
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	393,430	82,569	0	122,384	307,641	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
		15.00	16.00	17.00	18.00	19.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY	167,500					15.00
16.00	MEDICAL RECORDS & LIBRARY	0	202,802				16.00
17.00	SOCIAL SERVICE	0	0	49,461			17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	61,955	48,129	0		30.00
31.00	INTENSIVE CARE UNIT	0	0	1,332	0		31.00
32.00	CORONARY CARE UNIT	0	0	0	0		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00	SUBPROVIDER - IPF	0	0	0	0		40.00
41.00	SUBPROVIDER - IRF	0	0	0	0		41.00
42.00	SUBPROVIDER	0	0	0	0		42.00
43.00	NURSERY	0	0	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00	NURSING FACILITY	0	0	0	0		45.00
46.00	OTHER LONG TERM CARE	0	0	0	0		46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	1	10,224	0	0		50.00
51.00	RECOVERY ROOM	0	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	ANESTHESIOLOGY	935	0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	20	41,528	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00	RADIOISOTOPE	2	567	0	0		56.00
57.00	CT SCAN	1	9,853	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	10,987	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	828	0	0		59.00
60.00	LABORATORY	0	27,533	0	0		60.00
60.01	BLOOD LABORATORY	0	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00	RESPIRATORY THERAPY	1	87	0	0		65.00
66.00	PHYSICAL THERAPY	10	741	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	698	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	458	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	22	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	166,286	0	0	0		73.00
74.00	RENAL DIALYSIS	0	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	CLINIC	0	0	0	0		90.00
90.01	WOUND/OSTOMY CLINIC	221	8,153	0	0		90.01
90.02	KIDS PLUS CLINIC	0	2,834	0	0		90.02
90.03	ONCOLOGY	0	0	0	0		90.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
		15.00	16.00	17.00	18.00	19.00	
90.04	MUNCIE CLINIC	0	0	0	0		90.04
90.05	ANTICOAGULATION CLINIC	0	0	0	0		90.05
90.06	PREGNANCY PLUS	8	785	0	0		90.06
91.00	EMERGENCY	0	23,020	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00	AMBULANCE SERVICES	0	0	0	0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
99.00	CMHC	0	0	0	0		99.00
99.10	CORF	0	0	0	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00	HOME HEALTH AGENCY	0	0	0	0		101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0		105.00
106.00	HEART ACQUISITION	0	0	0	0		106.00
107.00	LIVER ACQUISITION	0	0	0	0		107.00
108.00	LUNG ACQUISITION	0	0	0	0		108.00
109.00	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0	0		111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00	HOSPICE	0	0	0	0		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	167,486	200,273	49,461	0	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
190.01	WELLNESS CENTERS	0	0	0	0		190.01
190.02	EMPLOYED ORTHO MD	0	0	0	0		190.02
190.03	NORTHVIEW CONV (LTC)	0	0	0	0		190.03
190.04	SUMMIT CONV (LTC)	0	0	0	0		190.04
190.05	PARKVIEW CONV (LTC)	0	0	0	0		190.05
190.06	MONTICELLO HOUSE (ASSISTED LIVING)	0	0	0	0		190.06
190.08	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0		190.08
190.09	SPINE SURGEON	0	0	0	0		190.09
190.10	CLINICAL RESEARCH CENTER	0	0	0	0		190.10
190.11	ONCOLOGIST	0	0	0	0		190.11
190.12	MEDICAL INTERNIST	14	0	0	0		190.12
190.13	RHEUMATOLOGY	0	0	0	0		190.13
191.00	RESEARCH	0	0	0	0		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	2,529	0	0		192.00
192.02	FOUNDATION	0	0	0	0		192.02
192.03	SPOE	0	0	0	0		192.03
192.04	HEALTHY HEART	0	0	0	0		192.04
192.05	VACANT SPACE	0	0	0	0		192.05
192.07	PARK PLACE CENTER	0	0	0	0		192.07
193.00	NONPAID WORKERS	0	0	0	0		193.00
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)	167,500	202,802	49,461	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	Subtotal	
		20.00	21.00	22.00	23.00	24.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE						17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00	NONPHYSICIAN ANESTHETISTS						19.00
20.00	NURSING SCHOOL	0					20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		0				21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD			0			22.00
23.00	PARAMED ED PRGM-(SPECIFY)				616		23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS					2,779,832	30.00
31.00	INTENSIVE CARE UNIT					274,833	31.00
32.00	CORONARY CARE UNIT					0	32.00
33.00	BURN INTENSIVE CARE UNIT					0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT					0	34.00
40.00	SUBPROVIDER - IPF					0	40.00
41.00	SUBPROVIDER - IRF					0	41.00
42.00	SUBPROVIDER					0	42.00
43.00	NURSERY					95,137	43.00
44.00	SKILLED NURSING FACILITY					0	44.00
45.00	NURSING FACILITY					0	45.00
46.00	OTHER LONG TERM CARE					0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM					1,538,350	50.00
51.00	RECOVERY ROOM					0	51.00
52.00	DELIVERY ROOM & LABOR ROOM					0	52.00
53.00	ANESTHESIOLOGY					38,698	53.00
54.00	RADIOLOGY-DIAGNOSTIC					911,508	54.00
55.00	RADIOLOGY-THERAPEUTIC					0	55.00
56.00	RADIOISOTOPE					60,907	56.00
57.00	CT SCAN					48,872	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)					55,375	58.00
59.00	CARDIAC CATHETERIZATION					153,103	59.00
60.00	LABORATORY					707,041	60.00
60.01	BLOOD LABORATORY					0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS					32,149	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.					0	63.00
64.00	INTRAVENOUS THERAPY					0	64.00
65.00	RESPIRATORY THERAPY					104,955	65.00
66.00	PHYSICAL THERAPY					119,227	66.00
67.00	OCCUPATIONAL THERAPY					34,021	67.00
68.00	SPEECH PATHOLOGY					22,980	68.00
69.00	ELECTROCARDIOLOGY					205,506	69.00
70.00	ELECTROENCEPHALOGRAPHY					139,271	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS					451,481	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS					197,860	72.00
73.00	DRUGS CHARGED TO PATIENTS					359,642	73.00
74.00	RENAL DIALYSIS					0	74.00
75.00	ASC (NON-DISTINCT PART)					0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC					0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00	CLINIC					0	90.00
90.01	WOUND/OSTOMY CLINIC					395,875	90.01
90.02	KIDS PLUS CLINIC					43,065	90.02
90.03	ONCOLOGY					5,332	90.03
90.04	MUNCIE CLINIC					90,673	90.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	Subtotal	
		20.00	21.00	22.00	23.00	24.00	
90.05	ANTICOAGULATION CLINIC					10,971	90.05
90.06	PREGNANCY PLUS					107,281	90.06
91.00	EMERGENCY					431,561	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS					0	94.00
95.00	AMBULANCE SERVICES					0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED					0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD					0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS					0	98.00
99.00	CMHC					0	99.00
99.10	CORF					0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM					0	100.00
101.00	HOME HEALTH AGENCY					0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION					0	105.00
106.00	HEART ACQUISITION					0	106.00
107.00	LIVER ACQUISITION					0	107.00
108.00	LUNG ACQUISITION					0	108.00
109.00	PANCREAS ACQUISITION					0	109.00
110.00	INTESTINAL ACQUISITION					0	110.00
111.00	ISLET ACQUISITION					0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
116.00	HOSPICE					0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	9,415,506	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN					29,693	190.00
190.01	WELLNESS CENTERS					105,822	190.01
190.02	EMPLOYED ORTHO MD					0	190.02
190.03	NORTHVIEW CONV (LTC)					21,852	190.03
190.04	SUMMIT CONV (LTC)					9,499	190.04
190.05	PARKVIEW CONV (LTC)					13,498	190.05
190.06	MONTICELLO HOUSE (ASSISTED LIVING)					5,151	190.06
190.08	MADISON PLACE OF ELWOOD (LTC)					0	190.08
190.09	SPINE SURGEON					0	190.09
190.10	CLINICAL RESEARCH CENTER					103,617	190.10
190.11	ONCOLOGIST					122,493	190.11
190.12	MEDICAL INTERNIST					5,244	190.12
190.13	RHEUMATOLOGY					59,585	190.13
191.00	RESEARCH					0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES					615,507	192.00
192.02	FOUNDATION					30,764	192.02
192.03	SPOE					0	192.03
192.04	HEALTHY HEART					13,445	192.04
192.05	VACANT SPACE					14,945	192.05
192.07	PARK PLACE CENTER					1,026	192.07
193.00	NONPAID WORKERS					0	193.00
200.00	Cross Foot Adjustments	0	0	0	616	616	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	0	0	616	10,568,263	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT				1.00
2.00	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	EMPLOYEE BENEFITS				4.00
5.00	ADMINISTRATIVE & GENERAL				5.00
6.00	MAINTENANCE & REPAIRS				6.00
7.00	OPERATION OF PLANT				7.00
8.00	LAUNDRY & LINEN SERVICE				8.00
9.00	HOUSEKEEPING				9.00
10.00	DIETARY				10.00
11.00	CAFETERIA				11.00
12.00	MAINTENANCE OF PERSONNEL				12.00
13.00	NURSING ADMINISTRATION				13.00
14.00	CENTRAL SERVICES & SUPPLY				14.00
15.00	PHARMACY				15.00
16.00	MEDICAL RECORDS & LIBRARY				16.00
17.00	SOCIAL SERVICE				17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)				18.00
19.00	NONPHYSICIAN ANESTHETISTS				19.00
20.00	NURSING SCHOOL				20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	PARAMED ED PRGM-(SPECIFY)				23.00
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	2,779,832		30.00
31.00	INTENSIVE CARE UNIT	0	274,833		31.00
32.00	CORONARY CARE UNIT	0	0		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	SUBPROVIDER - IPF	0	0		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	0	95,137		43.00
44.00	SKILLED NURSING FACILITY	0	0		44.00
45.00	NURSING FACILITY	0	0		45.00
46.00	OTHER LONG TERM CARE	0	0		46.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	1,538,350		50.00
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	38,698		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	911,508		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	RADIOISOTOPE	0	60,907		56.00
57.00	CT SCAN	0	48,872		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	55,375		58.00
59.00	CARDIAC CATHETERIZATION	0	153,103		59.00
60.00	LABORATORY	0	707,041		60.00
60.01	BLOOD LABORATORY	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	32,149		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0		64.00
65.00	RESPIRATORY THERAPY	0	104,955		65.00
66.00	PHYSICAL THERAPY	0	119,227		66.00
67.00	OCCUPATIONAL THERAPY	0	34,021		67.00
68.00	SPEECH PATHOLOGY	0	22,980		68.00
69.00	ELECTROCARDIOLOGY	0	205,506		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	139,271		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	451,481		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	197,860		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	359,642		73.00
74.00	RENAL DIALYSIS	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0		75.00
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	CLINIC	0	0		90.00
90.01	WOUND/OSTOMY CLINIC	0	395,875		90.01
90.02	KIDS PLUS CLINIC	0	43,065		90.02
90.03	ONCOLOGY	0	5,332		90.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
90.04	MUNCIE CLINIC	0	90,673		90.04
90.05	ANTICOAGULATION CLINIC	0	10,971		90.05
90.06	PREGNANCY PLUS	0	107,281		90.06
91.00	EMERGENCY	0	431,561		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0			92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	AMBULANCE SERVICES	0	0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
99.00	CMHC	0	0		99.00
99.10	CORF	0	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
101.00	HOME HEALTH AGENCY	0	0		101.00
	SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0		105.00
106.00	HEART ACQUISITION	0	0		106.00
107.00	LIVER ACQUISITION	0	0		107.00
108.00	LUNG ACQUISITION	0	0		108.00
109.00	PANCREAS ACQUISITION	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0		110.00
111.00	ISLET ACQUISITION	0	0		111.00
113.00	INTEREST EXPENSE				113.00
114.00	UTILIZATION REVIEW-SNF				114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0		115.00
116.00	HOSPICE	0	0		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	9,415,506		118.00
	NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	29,693		190.00
190.01	WELLNESS CENTERS	0	105,822		190.01
190.02	EMPLOYED ORTHO MD	0	0		190.02
190.03	NORTHVIEW CONV (LTC)	0	21,852		190.03
190.04	SUMMIT CONV (LTC)	0	9,499		190.04
190.05	PARKVIEW CONV (LTC)	0	13,498		190.05
190.06	MONTICELLO HOUSE (ASSISTED LIVING)	0	5,151		190.06
190.08	MADISON PLACE OF ELWOOD (LTC)	0	0		190.08
190.09	SPINE SURGEON	0	0		190.09
190.10	CLINICAL RESEARCH CENTER	0	103,617		190.10
190.11	ONCOLOGIST	0	122,493		190.11
190.12	MEDICAL INTERNIST	0	5,244		190.12
190.13	RHEUMATOLOGY	0	59,585		190.13
191.00	RESEARCH	0	0		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	615,507		192.00
192.02	FOUNDATION	0	30,764		192.02
192.03	SPOE	0	0		192.03
192.04	HEALTHY HEART	0	13,445		192.04
192.05	VACANT SPACE	0	14,945		192.05
192.07	PARK PLACE CENTER	0	1,026		192.07
193.00	NONPAID WORKERS	0	0		193.00
200.00	Cross Foot Adjustments	0	616		200.00
201.00	Negative Cost Centers	0	0		201.00
202.00	TOTAL (sum lines 118-201)	0	10,568,263		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		1.00	2.00	4.00	5A	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	255,319					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		3,458,028				2.00
4.00	EMPLOYEE BENEFITS	1,746	40,920	49,604,149			4.00
5.00	ADMINISTRATIVE & GENERAL	20,973	1,663,685	7,588,783	-19,328,943	87,118,227	5.00
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	33,156	104,304	1,529,048	0	5,408,439	7.00
8.00	LAUNDRY & LINEN SERVICE	3,460	0	47,552	0	599,781	8.00
9.00	HOUSEKEEPING	6,555	6,787	983,436	0	1,582,396	9.00
10.00	DIETARY	10,160	64,697	380,751	0	983,370	10.00
11.00	CAFETERIA	2,041	0	781,647	0	882,251	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	3,343	263	751,021	0	1,042,778	13.00
14.00	CENTRAL SERVICES & SUPPLY	4,727	70,109	713,872	0	1,729,462	14.00
15.00	PHARMACY	3,207	7,234	1,345,123	0	1,938,103	15.00
16.00	MEDICAL RECORDS & LIBRARY	4,530	1,062	1,410,322	0	2,331,844	16.00
17.00	SOCIAL SERVICE	1,994	0	0	0	37,719	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	16,915	23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	49,767	200,082	9,624,883	0	13,371,307	30.00
31.00	INTENSIVE CARE UNIT	4,958	22,830	1,141,466	0	1,603,359	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	1,870	10,731	413,810	0	633,044	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	17,788	440,058	3,505,377	0	6,486,496	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	272	3,262	2,008,836	0	563,246	53.00
54.00	RADIOLOGY-DIAGNOSTIC	19,284	154,293	2,265,090	0	3,745,938	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	1,483	1,780	240,654	0	429,289	56.00
57.00	CT SCAN	450	800	341,968	0	614,752	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	936	2,179	235,757	0	447,530	58.00
59.00	CARDIAC CATHETERIZATION	4,079	12,601	504,277	0	828,401	59.00
60.00	LABORATORY	7,241	204,869	1,833,977	0	4,190,754	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY				0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	585	4,073	199,890	0	273,780	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	720	27,645	699,687	0	940,975	65.00
66.00	PHYSICAL THERAPY	1,449	9,763	1,243,567	0	1,690,875	66.00
67.00	OCCUPATIONAL THERAPY	893	1,069	177,178	0	245,827	67.00
68.00	SPEECH PATHOLOGY	499	2,016	131,630	0	186,438	68.00
69.00	ELECTROCARDIOLOGY	1,534	82,978	417,542	0	720,225	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,534	45,844	404,380	0	639,743	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	8,212,608	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,599,077	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,308,775	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	WOUND/OSTOMY CLINIC	10,089	56,573	257,522	0	1,154,108	90.01
90.02	KIDS PLUS CLINIC	1,560	0	0	0	79,510	90.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		1.00	2.00	4.00	5A	5.00	
90.03	ONCOLOGY	0	0	123,329	3,910,211	0	90.03
90.04	MUNCIE CLINIC	1,625	28,015	0	0	145,278	90.04
90.05	ANTICOAGULATION CLINIC	0	0	179,135	0	273,080	90.05
90.06	PREGNANCY PLUS	2,371	14,024	622,619	0	633,440	90.06
91.00	EMERGENCY	7,751	32,013	2,700,448	0	3,614,396	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	234,630	3,316,559	44,804,577	-15,418,732	77,185,309	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,206	0	0	0	22,813	190.00
190.01	WELLNESS CENTERS	1,227	154	514,512	0	947,827	190.01
190.02	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	NORTHVIEW CONV (LTC)	0	0	297,068	0	565,815	190.03
190.04	SUMMIT CONV (LTC)	0	0	172,462	0	241,275	190.04
190.05	PARKVIEW CONV (LTC)	0	0	270,273	0	339,557	190.05
190.06	MONTICELLO HOUSE (ASSISTED LIVING)	0	0	102,450	0	129,589	190.06
190.08	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	SPINE SURGEON	0	0	0	0	0	190.09
190.10	CLINICAL RESEARCH CENTER	2,072	12,931	531,631	0	822,289	190.10
190.11	ONCOLOGIST	0	8,554	2,057,712	0	2,847,525	190.11
190.12	MEDICAL INTERNIST	0	207	92,507	0	125,166	190.12
190.13	RHEUMATOLOGY	0	14,560	467,104	0	943,632	190.13
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	15,390	101,673	0	0	2,003,297	192.00
192.02	FOUNDATION	187	0	136,041	0	708,049	192.02
192.03	SPOE	0	0	0	0	0	192.03
192.04	HEALTHY HEART	0	3,390	148,397	0	197,537	192.04
192.05	VACANT SPACE	607	0	0	0	11,482	192.05
192.07	PARK PLACE CENTER	0	0	9,415	0	27,065	192.07
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,829,703	5,738,560	9,046,782		19,328,943	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	18.916348	1.659489	0.182380		0.221870	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			100,934		3,173,042	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.002035		0.036422	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS	232,600					6.00
7.00	OPERATION OF PLANT	33,156	199,444				7.00
8.00	LAUNDRY & LINEN SERVICE	3,460	3,460	599,639			8.00
9.00	HOUSEKEEPING	6,555	6,555	5,870	6,259		9.00
10.00	DIETARY	10,160	10,160	0	173	68,875	10.00
11.00	CAFETERIA	2,041	2,041	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	3,343	3,343	0	33	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	4,727	4,727	41,403	83	0	14.00
15.00	PHARMACY	3,207	3,207	0	57	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	4,530	4,530	0	29	0	16.00
17.00	SOCIAL SERVICE	1,994	1,994	0	10	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	49,767	49,767	308,699	2,765	63,104	30.00
31.00	INTENSIVE CARE UNIT	4,958	4,958	27,520	199	5,562	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	1,870	1,870	0	126	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	17,788	17,788	71,031	749	18	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	272	272	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	19,284	19,284	11,966	85	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	1,483	1,483	6,411	113	0	56.00
57.00	CT SCAN	450	450	13,778	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	936	936	6,480	0	0	58.00
59.00	CARDIAC CATHETERIZATION	4,079	4,079	761	23	0	59.00
60.00	LABORATORY	7,241	7,241	2,441	91	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	585	585	0	17	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	720	720	11,813	64	0	65.00
66.00	PHYSICAL THERAPY	1,449	1,449	325	16	0	66.00
67.00	OCCUPATIONAL THERAPY	893	893	630	12	0	67.00
68.00	SPEECH PATHOLOGY	499	499	0	10	0	68.00
69.00	ELECTROCARDIOLOGY	1,534	1,534	9,459	18	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,534	1,534	0	36	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	WOUND/OSTOMY CLINIC	10,089	10,089	3,795	172	0	90.01
90.02	KIDS PLUS CLINIC	1,560	1,560	0	0	0	90.02
90.03	ONCOLOGY	0	0	0	18	0	90.03
90.04	MUNCIE CLINIC	1,625	1,625	0	0	0	90.04

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
90.05	ANTICOAGULATION CLINIC	0	0	0	0	0	90.05
90.06	PREGNANCY PLUS	2,371	2,371	655	16	0	90.06
91.00	EMERGENCY	7,751	7,751	76,602	189	191	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	211,911	178,755	599,639	5,104	68,875	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,206	1,206	0	0	0	190.00
190.01	WELLNESS CENTERS	1,227	1,227	0	1,076	0	190.01
190.02	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	NORTHVIEW CONV (LTC)	0	0	0	0	0	190.03
190.04	SUMMIT CONV (LTC)	0	0	0	0	0	190.04
190.05	PARKVIEW CONV (LTC)	0	0	0	0	0	190.05
190.06	MONTICELLO HOUSE (ASSISTED LIVING)	0	0	0	0	0	190.06
190.08	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	SPINE SURGEON	0	0	0	0	0	190.09
190.10	CLINICAL RESEARCH CENTER	2,072	2,072	0	0	0	190.10
190.11	ONCOLOGIST	0	0	0	0	0	190.11
190.12	MEDICAL INTERNIST	0	0	0	0	0	190.12
190.13	RHEUMATOLOGY	0	0	0	0	0	190.13
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	15,390	15,390	0	79	0	192.00
192.02	FOUNDATION	187	187	0	0	0	192.02
192.03	SPOE	0	0	0	0	0	192.03
192.04	HEALTHY HEART	0	0	0	0	0	192.04
192.05	VACANT SPACE	607	607	0	0	0	192.05
192.07	PARK PLACE CENTER	0	0	0	0	0	192.07
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	6,608,409	847,498	2,158,972	1,597,867	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	33.134158	1.413347	344.938808	23.199521	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	1,000,379	104,748	228,799	393,430	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	5.015839	0.174685	36.555201	5.712232	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	CAFETERIA (MANHOUR)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA	1,285,601					11.00
12.00	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	NURSING ADMINISTRATION	19,142	0	553,211			13.00
14.00	CENTRAL SERVICES & SUPPLY	53,863	0	0	16,582,126		14.00
15.00	PHARMACY	38,336	0	0	46,931	5,258,738	15.00
16.00	MEDICAL RECORDS & LIBRARY	57,862	0	0	2,771	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	388,533	0	388,533	738,987	0	30.00
31.00	INTENSIVE CARE UNIT	34,512	0	34,512	136,559	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	14,257	0	14,257	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	115,909	0	115,909	3,006,885	46	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	18,853	0	0	1,452	29,345	53.00
54.00	RADIOLOGY-DIAGNOSTIC	72,486	0	0	81,279	613	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	6,118	0	0	6,618	66	56.00
57.00	CT SCAN	12,356	0	0	34,179	29	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	6,409	0	0	2,550	0	58.00
59.00	CARDIAC CATHETERIZATION	17,141	0	0	25,373	0	59.00
60.00	LABORATORY	77,548	0	0	61,174	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,649	0	0	1,444	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	24,357	0	0	5,120	23	65.00
66.00	PHYSICAL THERAPY	42,281	0	0	6,573	322	66.00
67.00	OCCUPATIONAL THERAPY	4,716	0	0	589	0	67.00
68.00	SPEECH PATHOLOGY	4,137	0	0	120	0	68.00
69.00	ELECTROCARDIOLOGY	15,872	0	0	12,074	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	14,133	0	0	5,972	2	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,212,608	38	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,599,077	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,220,631	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	WOUND/OSTOMY CLINIC	9,036	0	0	111,992	6,937	90.01
90.02	KIDS PLUS CLINIC	0	0	0	0	0	90.02
90.03	ONCOLOGY	29,161	0	0	137,455	0	90.03

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	CAFETERIA (MANHOUR)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
90.04	MUNCIE CLINIC	0	0	0	42	0	90.04
90.05	ANTICOAGULATION CLINIC	5,207	0	0	17,589	0	90.05
90.06	PREGNANCY PLUS	21,445	0	0	3,066	238	90.06
91.00	EMERGENCY	88,686	0	0	307,292	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,198,005	0	553,211	16,565,771	5,258,290	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	WELLNESS CENTERS	18,474	0	0	6,096	9	190.01
190.02	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	NORTHVIEW CONV (LTC)	9,787	0	0	557	0	190.03
190.04	SUMMIT CONV (LTC)	5,596	0	0	73	0	190.04
190.05	PARKVIEW CONV (LTC)	9,011	0	0	110	0	190.05
190.06	MONTICELLO HOUSE (ASSISTED LIVING)	3,468	0	0	0	0	190.06
190.08	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	SPINE SURGEON	0	0	0	0	0	190.09
190.10	CLINICAL RESEARCH CENTER	23,550	0	0	1,391	0	190.10
190.11	ONCOLOGIST	6,095	0	0	352	0	190.11
190.12	MEDICAL INTERNIST	2,096	0	0	223	439	190.12
190.13	RHEUMATOLOGY	1,605	0	0	0	0	190.13
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	4,511	0	192.00
192.02	FOUNDATION	3,405	0	0	195	0	192.02
192.03	SPOE	0	0	0	0	0	192.03
192.04	HEALTHY HEART	4,204	0	0	2,812	0	192.04
192.05	VACANT SPACE	0	0	0	0	0	192.05
192.07	PARK PLACE CENTER	305	0	0	35	0	192.07
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,145,623	0	1,413,347	2,404,948	2,535,002	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.891119	0.000000	2.554806	0.145033	0.482055	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	82,569	0	122,384	307,641	167,500	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.064226	0.000000	0.221225	0.018553	0.031852	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		16.00	17.00	18.00	19.00	20.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY	232,575					16.00
17.00	SOCIAL SERVICE	0	297				17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	NURSING SCHOOL	0	0	0		0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	71,050	289	0		0	30.00
31.00	INTENSIVE CARE UNIT	0	8	0		0	31.00
32.00	CORONARY CARE UNIT	0	0	0		0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0		0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
40.00	SUBPROVIDER - IPF	0	0	0		0	40.00
41.00	SUBPROVIDER - IRF	0	0	0		0	41.00
42.00	SUBPROVIDER	0	0	0		0	42.00
43.00	NURSERY	0	0	0		0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0		0	44.00
45.00	NURSING FACILITY	0	0	0		0	45.00
46.00	OTHER LONG TERM CARE	0	0	0		0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	11,725	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	47,625	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	650	0	0	0	0	56.00
57.00	CT SCAN	11,300	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	12,600	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	950	0	0	0	0	59.00
60.00	LABORATORY	31,575	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	100	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	850	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	800	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	525	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	25	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	WOUND/OSTOMY CLINIC	9,350	0	0	0	0	90.01
90.02	KIDS PLUS CLINIC	3,250	0	0	0	0	90.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		16.00	17.00	18.00	19.00	20.00	
90.03	ONCOLOGY	0	0	0	0	0	90.03
90.04	MUNCIE CLINIC	0	0	0	0	0	90.04
90.05	ANTICOAGULATION CLINIC	0	0	0	0	0	90.05
90.06	PREGNANCY PLUS	900	0	0	0	0	90.06
91.00	EMERGENCY	26,400	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	229,675	297	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	WELLNESS CENTERS	0	0	0	0	0	190.01
190.02	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	NORTHVIEW CONV (LTC)	0	0	0	0	0	190.03
190.04	SUMMIT CONV (LTC)	0	0	0	0	0	190.04
190.05	PARKVIEW CONV (LTC)	0	0	0	0	0	190.05
190.06	MONTICELLO HOUSE (ASSISTED LIVING)	0	0	0	0	0	190.06
190.08	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	SPINE SURGEON	0	0	0	0	0	190.09
190.10	CLINICAL RESEARCH CENTER	0	0	0	0	0	190.10
190.11	ONCOLOGIST	0	0	0	0	0	190.11
190.12	MEDICAL INTERNIST	0	0	0	0	0	190.12
190.13	RHEUMATOLOGY	0	0	0	0	0	190.13
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	2,900	0	0	0	0	192.00
192.02	FOUNDATION	0	0	0	0	0	192.02
192.03	SPOE	0	0	0	0	0	192.03
192.04	HEALTHY HEART	0	0	0	0	0	192.04
192.05	VACANT SPACE	0	0	0	0	0	192.05
192.07	PARK PLACE CENTER	0	0	0	0	0	192.07
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,061,275	115,607	0	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13.162528	389.249158	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	202,802	49,461	0	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.871985	166.535354	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME) 21.00	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME) 22.00	PARAMED ED PRGM (ASSIGNED TIME) 23.00		
	GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.00	ADMINISTRATIVE & GENERAL					5.00
6.00	MAINTENANCE & REPAIRS					6.00
7.00	OPERATION OF PLANT					7.00
8.00	LAUNDRY & LINEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
10.00	DIETARY					10.00
11.00	CAFETERIA					11.00
12.00	MAINTENANCE OF PERSONNEL					12.00
13.00	NURSING ADMINISTRATION					13.00
14.00	CENTRAL SERVICES & SUPPLY					14.00
15.00	PHARMACY					15.00
16.00	MEDICAL RECORDS & LIBRARY					16.00
17.00	SOCIAL SERVICE					17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)					18.00
19.00	NONPHYSICIAN ANESTHETISTS					19.00
20.00	NURSING SCHOOL					20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0				21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		0			22.00
23.00	PARAMED ED PRGM-(SPECIFY)			100		23.00
	INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	0	0	0		30.00
31.00	INTENSIVE CARE UNIT	0	0	0		31.00
32.00	CORONARY CARE UNIT	0	0	0		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
40.00	SUBPROVIDER - IPF	0	0	0		40.00
41.00	SUBPROVIDER - IRF	0	0	0		41.00
42.00	SUBPROVIDER	0	0	0		42.00
43.00	NURSERY	0	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0	0		44.00
45.00	NURSING FACILITY	0	0	0		45.00
46.00	OTHER LONG TERM CARE	0	0	0		46.00
	ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	0	0		50.00
51.00	RECOVERY ROOM	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	ANESTHESIOLOGY	0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	RADIOISOTOPE	0	0	0		56.00
57.00	CT SCAN	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	LABORATORY	0	0	0		60.00
60.01	BLOOD LABORATORY	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	RESPIRATORY THERAPY	0	0	0		65.00
66.00	PHYSICAL THERAPY	0	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	RENAL DIALYSIS	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0		75.00
	OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0		90.00
90.01	WOUND/OSTOMY CLINIC	0	0	0		90.01
90.02	KIDS PLUS CLINIC	0	0	0		90.02

	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME) 21.00	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME) 22.00	PARAMED ED PRGM (ASSIGNED TIME) 23.00		
90.03	ONCOLOGY	0	0	0		90.03
90.04	MUNCIE CLINIC	0	0	0		90.04
90.05	ANTICOAGULATION CLINIC	0	0	0		90.05
90.06	PREGNANCY PLUS	0	0	0		90.06
91.00	EMERGENCY	0	0	100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	AMBULANCE SERVICES	0	0	0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
99.00	CMHC	0	0	0		99.00
99.10	CORF	0	0	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	HOME HEALTH AGENCY	0	0	0		101.00
	SPECIAL PURPOSE COST CENTERS					
105.00	KIDNEY ACQUISITION	0	0	0		105.00
106.00	HEART ACQUISITION	0	0	0		106.00
107.00	LIVER ACQUISITION	0	0	0		107.00
108.00	LUNG ACQUISITION	0	0	0		108.00
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
113.00	INTEREST EXPENSE					113.00
114.00	UTILIZATION REVIEW-SNF					114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	HOSPICE	0	0	0		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	100		118.00
	NONREIMBURSABLE COST CENTERS					
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
190.01	WELLNESS CENTERS	0	0	0		190.01
190.02	EMPLOYED ORTHO MD	0	0	0		190.02
190.03	NORTHVIEW CONV (LTC)	0	0	0		190.03
190.04	SUMMIT CONV (LTC)	0	0	0		190.04
190.05	PARKVIEW CONV (LTC)	0	0	0		190.05
190.06	MONTICELLO HOUSE (ASSISTED LIVING)	0	0	0		190.06
190.08	MADISON PLACE OF ELWOOD (LTC)	0	0	0		190.08
190.09	SPINE SURGEON	0	0	0		190.09
190.10	CLINICAL RESEARCH CENTER	0	0	0		190.10
190.11	ONCOLOGIST	0	0	0		190.11
190.12	MEDICAL INTERNIST	0	0	0		190.12
190.13	RHEUMATOLOGY	0	0	0		190.13
191.00	RESEARCH	0	0	0		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
192.02	FOUNDATION	0	0	0		192.02
192.03	SPOE	0	0	0		192.03
192.04	HEALTHY HEART	0	0	0		192.04
192.05	VACANT SPACE	0	0	0		192.05
192.07	PARK PLACE CENTER	0	0	0		192.07
193.00	NONPAID WORKERS	0	0	0		193.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0	20,668		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	206.680000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	616		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	6.160000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	Total Cost (from wkst. B, Part I, col. 26)	Title XVIII Therapy Limit Adj.	Title XVIII Total Costs	Hospital Costs RCE Disallowance	Hospital Costs PPS Total Costs	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	23,334,775		23,334,775	0	23,334,775	30.00
31.00	INTENSIVE CARE UNIT	2,501,794		2,501,794	32,260	2,534,054	31.00
32.00	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	NURSERY	928,049		928,049	0	928,049	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	NURSING FACILITY	0		0	0	0	45.00
46.00	OTHER LONG TERM CARE	0		0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	9,864,078		9,864,078	0	9,864,078	50.00
51.00	RECOVERY ROOM	0		0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	ANESTHESIOLOGY	728,382		728,382	0	728,382	53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,965,782		5,965,782	0	5,965,782	54.00
55.00	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	RADIOISOTOPE	636,712		636,712	0	636,712	56.00
57.00	CT SCAN	950,249		950,249	0	950,249	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	758,924		758,924	0	758,924	58.00
59.00	CARDIAC CATHETERIZATION	1,187,821		1,187,821	0	1,187,821	59.00
60.00	LABORATORY	5,888,903		5,888,903	0	5,888,903	60.00
60.01	BLOOD LABORATORY	0		0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	365,014		365,014	0	365,014	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	RESPIRATORY THERAPY	1,236,153	0	1,236,153	0	1,236,153	65.00
66.00	PHYSICAL THERAPY	2,169,991	0	2,169,991	0	2,169,991	66.00
67.00	OCCUPATIONAL THERAPY	349,805	0	349,805	0	349,805	67.00
68.00	SPEECH PATHOLOGY	251,490	0	251,490	0	251,490	68.00
69.00	ELECTROCARDIOLOGY	973,232		973,232	0	973,232	69.00
70.00	ELECTROENCEPHALOGRAPHY	858,719		858,719	0	858,719	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,225,847		11,225,847	0	11,225,847	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	4,919,589		4,919,589	0	4,919,589	72.00
73.00	DRUGS CHARGED TO PATIENTS	9,003,266		9,003,266	0	9,003,266	73.00
74.00	RENAL DIALYSIS	0		0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	CLINIC	0		0	0	0	90.00
90.01	WOUND/OSTOMY CLINIC	1,959,863		1,959,863	7,119	1,966,982	90.01
90.02	KIDS PLUS CLINIC	191,618		191,618	0	191,618	90.02
90.03	ONCOLOGY	0		0	0	0	90.03
90.04	MUNCIE CLINIC	231,360		231,360	0	231,360	90.04
90.05	ANTICOAGULATION CLINIC	340,859		340,859	0	340,859	90.05
90.06	PREGNANCY PLUS	890,503		890,503	7,623	898,126	90.06
91.00	EMERGENCY	5,342,790		5,342,790	30,286	5,373,076	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,698,224		1,698,224		1,698,224	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	CMHC	0		0		0	99.00
99.10	CORF	0		0		0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	HOME HEALTH AGENCY	0		0		0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0		0		0	105.00
106.00	HEART ACQUISITION	0		0		0	106.00
107.00	LIVER ACQUISITION	0		0		0	107.00
108.00	LUNG ACQUISITION	0		0		0	108.00
109.00	PANCREAS ACQUISITION	0		0		0	109.00
110.00	INTESTINAL ACQUISITION	0		0		0	110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 5/24/2012 2:27 pm

			Title XVIII		Hospital	PPS	
			Costs				
	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
111.00	ISLET ACQUISITION	0		0		0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	HOSPICE	0		0		0	116.00
200.00	Subtotal (see instructions)	94,753,792	0	94,753,792	77,288	94,831,080	200.00
201.00	Less Observation Beds	1,698,224		1,698,224		1,698,224	201.00
202.00	Total (see instructions)	93,055,568	0	93,055,568	77,288	93,132,856	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 5/24/2012 2:27 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Charges Inpatient	Charges Outpatient	Charges Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
		6.00	7.00	8.00	9.00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	17,799,507		17,799,507			30.00
31.00	INTENSIVE CARE UNIT	2,867,023		2,867,023			31.00
32.00	CORONARY CARE UNIT	0		0			32.00
33.00	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	SUBPROVIDER - IPF	0		0			40.00
41.00	SUBPROVIDER - IRF	0		0			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	1,359,376		1,359,376			43.00
44.00	SKILLED NURSING FACILITY	0		0			44.00
45.00	NURSING FACILITY	0		0			45.00
46.00	OTHER LONG TERM CARE	0		0			46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	9,902,482	19,047,887	28,950,369	0.340724	0.000000	50.00
51.00	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	ANESTHESIOLOGY	596,263	3,077,234	3,673,497	0.198280	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,800,716	14,834,954	17,635,670	0.338279	0.000000	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	RADIOISOTOPE	1,310,004	6,451,256	7,761,260	0.082037	0.000000	56.00
57.00	CT SCAN	4,609,213	16,251,357	20,860,570	0.045552	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,215,771	8,635,200	9,850,971	0.077041	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	5,343,076	5,049,810	10,392,886	0.114292	0.000000	59.00
60.00	LABORATORY	9,846,101	29,645,428	39,491,529	0.149118	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	854,725	554,240	1,408,965	0.259065	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	RESPIRATORY THERAPY	3,525,410	959,279	4,484,689	0.275639	0.000000	65.00
66.00	PHYSICAL THERAPY	831,863	4,126,703	4,958,566	0.437625	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	253,962	541,166	795,128	0.439935	0.000000	67.00
68.00	SPEECH PATHOLOGY	227,882	216,632	444,514	0.565764	0.000000	68.00
69.00	ELECTROCARDIOLOGY	2,152,228	4,389,831	6,542,059	0.148765	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	130,041	5,009,446	5,139,487	0.167083	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,394,717	2,263,434	11,658,151	0.962918	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	8,225,927	9,008,247	17,234,174	0.285455	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	24,677,528	20,901,467	45,578,995	0.197531	0.000000	73.00
74.00	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	WOUND/OSTOMY CLINIC	36,383	5,676,518	5,712,901	0.343059	0.000000	90.01
90.02	KIDS PLUS CLINIC	0	0	0	0.000000	0.000000	90.02
90.03	ONCOLOGY	10,471	777,043	787,514	0.000000	0.000000	90.03
90.04	MUNCIE CLINIC	0	0	0	0.000000	0.000000	90.04
90.05	ANTICOAGULATION CLINIC	3,711	775,005	778,716	0.437719	0.000000	90.05
90.06	PREGNANCY PLUS	238,051	366,102	604,153	1.473969	0.000000	90.06
91.00	EMERGENCY	6,122,749	19,487,784	25,610,533	0.208617	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,541,976	6,541,976	0.259589	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	CMHC	0	0	0			99.00
99.10	CORF	0	0	0			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	HOME HEALTH AGENCY	0	0	0			101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0			105.00
106.00	HEART ACQUISITION	0	0	0			106.00
107.00	LIVER ACQUISITION	0	0	0			107.00
108.00	LUNG ACQUISITION	0	0	0			108.00
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 5/24/2012 2:27 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Charges Inpatient	Charges Outpatient	Charges Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
		6.00	7.00	8.00	9.00	10.00	
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	HOSPICE	0	0	0			116.00
200.00	Subtotal (see instructions)	114,335,180	184,587,999	298,923,179			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	114,335,180	184,587,999	298,923,179			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	PPS Inpatient Ratio 11.00	Title XVIII	Hospital	PPS
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
32.00	CORONARY CARE UNIT				32.00
33.00	BURN INTENSIVE CARE UNIT				33.00
34.00	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	SUBPROVIDER - IPF				40.00
41.00	SUBPROVIDER - IRF				41.00
42.00	SUBPROVIDER				42.00
43.00	NURSERY				43.00
44.00	SKILLED NURSING FACILITY				44.00
45.00	NURSING FACILITY				45.00
46.00	OTHER LONG TERM CARE				46.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.340724			50.00
51.00	RECOVERY ROOM	0.000000			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	ANESTHESIOLOGY	0.198280			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.338279			54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	RADIOISOTOPE	0.082037			56.00
57.00	CT SCAN	0.045552			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.077041			58.00
59.00	CARDIAC CATHETERIZATION	0.114292			59.00
60.00	LABORATORY	0.149118			60.00
60.01	BLOOD LABORATORY	0.000000			60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.259065			62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	INTRAVENOUS THERAPY	0.000000			64.00
65.00	RESPIRATORY THERAPY	0.275639			65.00
66.00	PHYSICAL THERAPY	0.437625			66.00
67.00	OCCUPATIONAL THERAPY	0.439935			67.00
68.00	SPEECH PATHOLOGY	0.565764			68.00
69.00	ELECTROCARDIOLOGY	0.148765			69.00
70.00	ELECTROENCEPHALOGRAPHY	0.167083			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.962918			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.285455			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.197531			73.00
74.00	RENAL DIALYSIS	0.000000			74.00
75.00	ASC (NON-DISTINCT PART)	0.000000			75.00
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	CLINIC	0.000000			90.00
90.01	WOUND/OSTOMY CLINIC	0.344305			90.01
90.02	KIDS PLUS CLINIC	0.000000			90.02
90.03	ONCOLOGY	0.000000			90.03
90.04	MUNCIE CLINIC	0.000000			90.04
90.05	ANTICOAGULATION CLINIC	0.437719			90.05
90.06	PREGNANCY PLUS	1.486587			90.06
91.00	EMERGENCY	0.209799			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.259589			92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	AMBULANCE SERVICES	0.000000			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000			98.00
99.00	CMHC				99.00
99.10	CORF				99.10
100.00	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	HOME HEALTH AGENCY				101.00
	SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION				105.00
106.00	HEART ACQUISITION				106.00
107.00	LIVER ACQUISITION				107.00
108.00	LUNG ACQUISITION				108.00
109.00	PANCREAS ACQUISITION				109.00
110.00	INTESTINAL ACQUISITION				110.00
111.00	ISLET ACQUISITION				111.00
113.00	INTEREST EXPENSE				113.00
114.00	UTILIZATION REVIEW-SNF				114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 5/24/2012 2:27 pm

Title XVIII | Hospital | PPS

	Cost Center Description	PPS Inpatient Ratio 11.00		
115.00	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XIX Costs: Total Costs	Hospital Costs: RCE Disallowance	Cost: Total Costs	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	23,334,775		23,334,775	0	0	30.00
31.00	INTENSIVE CARE UNIT	2,501,794		2,501,794	0	0	31.00
32.00	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	NURSERY	928,049		928,049	0	0	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	NURSING FACILITY	0		0	0	0	45.00
46.00	OTHER LONG TERM CARE	0		0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	9,864,078		9,864,078	0	0	50.00
51.00	RECOVERY ROOM	0		0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	ANESTHESIOLOGY	728,382		728,382	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,965,782		5,965,782	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	RADIOISOTOPE	636,712		636,712	0	0	56.00
57.00	CT SCAN	950,249		950,249	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	758,924		758,924	0	0	58.00
59.00	CARDIAC CATHETERIZATION	1,187,821		1,187,821	0	0	59.00
60.00	LABORATORY	5,888,903		5,888,903	0	0	60.00
60.01	BLOOD LABORATORY	0		0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	365,014		365,014	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	RESPIRATORY THERAPY	1,236,153	0	1,236,153	0	0	65.00
66.00	PHYSICAL THERAPY	2,169,991	0	2,169,991	0	0	66.00
67.00	OCCUPATIONAL THERAPY	349,805	0	349,805	0	0	67.00
68.00	SPEECH PATHOLOGY	251,490	0	251,490	0	0	68.00
69.00	ELECTROCARDIOLOGY	973,232		973,232	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	858,719		858,719	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,225,847		11,225,847	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	4,919,589		4,919,589	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	9,003,266		9,003,266	0	0	73.00
74.00	RENAL DIALYSIS	0		0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	CLINIC	0		0	0	0	90.00
90.01	WOUND/OSTOMY CLINIC	1,959,863		1,959,863	0	0	90.01
90.02	KIDS PLUS CLINIC	191,618		191,618	0	0	90.02
90.03	ONCOLOGY	0		0	0	0	90.03
90.04	MUNCIE CLINIC	231,360		231,360	0	0	90.04
90.05	ANTICOAGULATION CLINIC	340,859		340,859	0	0	90.05
90.06	PREGNANCY PLUS	890,503		890,503	0	0	90.06
91.00	EMERGENCY	5,342,790		5,342,790	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,698,224		1,698,224		0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	CMHC	0		0		0	99.00
99.10	CORF	0		0		0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	HOME HEALTH AGENCY	0		0		0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0		0		0	105.00
106.00	HEART ACQUISITION	0		0		0	106.00
107.00	LIVER ACQUISITION	0		0		0	107.00
108.00	LUNG ACQUISITION	0		0		0	108.00
109.00	PANCREAS ACQUISITION	0		0		0	109.00
110.00	INTESTINAL ACQUISITION	0		0		0	110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XIX Costs: Total Costs	Hospital Cost: RCE Disallowance	Hospital Cost: Total Costs	
		1.00	2.00	3.00	4.00	5.00	
111.00	ISLET ACQUISITION	0		0		0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	HOSPICE	0		0		0	116.00
200.00	Subtotal (see instructions)	94,753,792	0	94,753,792	0	0	200.00
201.00	Less Observation Beds	1,698,224		1,698,224		0	201.00
202.00	Total (see instructions)	93,055,568	0	93,055,568	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	Charges Inpatient	Charges Outpatient	Charges Total (col. 6 + col. 7)	Title XIX Cost or Other Ratio	Hospital TEFRA Inpatient Ratio	
		6.00	7.00	8.00	9.00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	17,799,507		17,799,507			30.00
31.00	INTENSIVE CARE UNIT	2,867,023		2,867,023			31.00
32.00	CORONARY CARE UNIT	0		0			32.00
33.00	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	SUBPROVIDER - IPF	0		0			40.00
41.00	SUBPROVIDER - IRF	0		0			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	1,359,376		1,359,376			43.00
44.00	SKILLED NURSING FACILITY	0		0			44.00
45.00	NURSING FACILITY	0		0			45.00
46.00	OTHER LONG TERM CARE	0		0			46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	9,902,482	19,047,887	28,950,369	0.340724	0.000000	50.00
51.00	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	ANESTHESIOLOGY	596,263	3,077,234	3,673,497	0.198280	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,800,716	14,834,954	17,635,670	0.338279	0.000000	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	RADIOISOTOPE	1,310,004	6,451,256	7,761,260	0.082037	0.000000	56.00
57.00	CT SCAN	4,609,213	16,251,357	20,860,570	0.045552	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,215,771	8,635,200	9,850,971	0.077041	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	5,343,076	5,049,810	10,392,886	0.114292	0.000000	59.00
60.00	LABORATORY	9,846,101	29,645,428	39,491,529	0.149118	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	854,725	554,240	1,408,965	0.259065	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	RESPIRATORY THERAPY	3,525,410	959,279	4,484,689	0.275639	0.000000	65.00
66.00	PHYSICAL THERAPY	831,863	4,126,703	4,958,566	0.437625	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	253,962	541,166	795,128	0.439935	0.000000	67.00
68.00	SPEECH PATHOLOGY	227,882	216,632	444,514	0.565764	0.000000	68.00
69.00	ELECTROCARDIOLOGY	2,152,228	4,389,831	6,542,059	0.148765	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	130,041	5,009,446	5,139,487	0.167083	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,394,717	2,263,434	11,658,151	0.962918	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	8,225,927	9,008,247	17,234,174	0.285455	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	24,677,528	20,901,467	45,578,995	0.197531	0.000000	73.00
74.00	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	WOUND/OSTOMY CLINIC	36,383	5,676,518	5,712,901	0.343059	0.000000	90.01
90.02	KIDS PLUS CLINIC	0	0	0	0.000000	0.000000	90.02
90.03	ONCOLOGY	10,471	777,043	787,514	0.000000	0.000000	90.03
90.04	MUNCIE CLINIC	0	0	0	0.000000	0.000000	90.04
90.05	ANTICOAGULATION CLINIC	3,711	775,005	778,716	0.437719	0.000000	90.05
90.06	PREGNANCY PLUS	238,051	366,102	604,153	1.473969	0.000000	90.06
91.00	EMERGENCY	6,122,749	19,487,784	25,610,533	0.208617	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,541,976	6,541,976	0.259589	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	CMHC	0	0	0			99.00
99.10	CORF	0	0	0			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	HOME HEALTH AGENCY	0	0	0			101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0			105.00
106.00	HEART ACQUISITION	0	0	0			106.00
107.00	LIVER ACQUISITION	0	0	0			107.00
108.00	LUNG ACQUISITION	0	0	0			108.00
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	Title XIX Charges Inpatient	Outpatient	Total (col. 6 + col. 7)	Hospital Cost or Other Ratio	TEFRA Inpatient Ratio	
		6.00	7.00	8.00	9.00	10.00	
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	HOSPICE	0	0	0			116.00
200.00	Subtotal (see instructions)	114,335,180	184,587,999	298,923,179			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	114,335,180	184,587,999	298,923,179			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
32.00	CORONARY CARE UNIT				32.00
33.00	BURN INTENSIVE CARE UNIT				33.00
34.00	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	SUBPROVIDER - IPF				40.00
41.00	SUBPROVIDER - IRF				41.00
42.00	SUBPROVIDER				42.00
43.00	NURSERY				43.00
44.00	SKILLED NURSING FACILITY				44.00
45.00	NURSING FACILITY				45.00
46.00	OTHER LONG TERM CARE				46.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.000000			50.00
51.00	RECOVERY ROOM	0.000000			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	ANESTHESIOLOGY	0.000000			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	RADIOISOTOPE	0.000000			56.00
57.00	CT SCAN	0.000000			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	LABORATORY	0.000000			60.00
60.01	BLOOD LABORATORY	0.000000			60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	INTRAVENOUS THERAPY	0.000000			64.00
65.00	RESPIRATORY THERAPY	0.000000			65.00
66.00	PHYSICAL THERAPY	0.000000			66.00
67.00	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	SPEECH PATHOLOGY	0.000000			68.00
69.00	ELECTROCARDIOLOGY	0.000000			69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	RENAL DIALYSIS	0.000000			74.00
75.00	ASC (NON-DISTINCT PART)	0.000000			75.00
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	CLINIC	0.000000			90.00
90.01	WOUND/OSTOMY CLINIC	0.000000			90.01
90.02	KIDS PLUS CLINIC	0.000000			90.02
90.03	ONCOLOGY	0.000000			90.03
90.04	MUNCIE CLINIC	0.000000			90.04
90.05	ANTICOAGULATION CLINIC	0.000000			90.05
90.06	PREGNANCY PLUS	0.000000			90.06
91.00	EMERGENCY	0.000000			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	AMBULANCE SERVICES	0.000000			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000			98.00
99.00	CMHC				99.00
99.10	CORF				99.10
100.00	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	HOME HEALTH AGENCY				101.00
	SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION				105.00
106.00	HEART ACQUISITION				106.00
107.00	LIVER ACQUISITION				107.00
108.00	LUNG ACQUISITION				108.00
109.00	PANCREAS ACQUISITION				109.00
110.00	INTESTINAL ACQUISITION				110.00
111.00	ISLET ACQUISITION				111.00
113.00	INTEREST EXPENSE				113.00
114.00	UTILIZATION REVIEW-SNF				114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost
115.00	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part I Date/Time Prepared: 5/24/2012 2:27 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,779,832	0	2,779,832	21,669	128.29	30.00
31.00	INTENSIVE CARE UNIT	274,833		274,833	1,873	146.73	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	95,137		95,137	1,939	49.06	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	3,149,802		3,149,802	25,481		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part I Date/Time Prepared: 5/24/2012 2:27 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)			
		6.00	7.00			
	INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	10,575	1,356,667			30.00
31.00	INTENSIVE CARE UNIT	835	122,520			31.00
32.00	CORONARY CARE UNIT	0	0			32.00
33.00	BURN INTENSIVE CARE UNIT	0	0			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0			34.00
40.00	SUBPROVIDER - IPF	0	0			40.00
41.00	SUBPROVIDER - IRF	0	0			41.00
42.00	SUBPROVIDER	0	0			42.00
43.00	NURSERY	0	0			43.00
44.00	SKILLED NURSING FACILITY	0	0			44.00
45.00	NURSING FACILITY	0	0			45.00
200.00	Total (lines 30-199)	11,410	1,479,187			200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part II Date/Time Prepared: 5/24/2012 2:27 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)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		Title XVIII			Hospital	PPS	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	1,538,350	28,950,369	0.053137	3,724,498	197,909	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	38,698	3,673,497	0.010534	236,387	2,490	53.00
54.00	RADIOLOGY-DIAGNOSTIC	911,508	17,635,670	0.051685	1,631,753	84,337	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	RADIOISOTOPE	60,907	7,761,260	0.007848	724,467	5,686	56.00
57.00	CT SCAN	48,872	20,860,570	0.002343	2,591,849	6,073	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	55,375	9,850,971	0.005621	603,951	3,395	58.00
59.00	CARDIAC CATHETERIZATION	153,103	10,392,886	0.014732	1,158,531	17,067	59.00
60.00	LABORATORY	707,041	39,491,529	0.017904	5,538,481	99,161	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	32,149	1,408,965	0.022817	302,102	6,893	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	104,955	4,484,689	0.023403	1,638,117	38,337	65.00
66.00	PHYSICAL THERAPY	119,227	4,958,566	0.024045	531,458	12,779	66.00
67.00	OCCUPATIONAL THERAPY	34,021	795,128	0.042787	155,166	6,639	67.00
68.00	SPEECH PATHOLOGY	22,980	444,514	0.051697	155,179	8,022	68.00
69.00	ELECTROCARDIOLOGY	205,506	6,542,059	0.031413	1,676,639	52,668	69.00
70.00	ELECTROENCEPHALOGRAPHY	139,271	5,139,487	0.027098	54,627	1,480	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	451,481	11,658,151	0.038727	5,209,391	201,744	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	197,860	17,234,174	0.011481	6,190,959	71,078	72.00
73.00	DRUGS CHARGED TO PATIENTS	359,642	45,578,995	0.007891	12,657,068	99,877	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	0	0	0.000000	0	0	90.00
90.01	WOUND/OSTOMY CLINIC	395,875	5,712,901	0.069295	0	0	90.01
90.02	KIDS PLUS CLINIC	43,065	0	0.000000	0	0	90.02
90.03	ONCOLOGY	5,332	787,514	0.006771	0	0	90.03
90.04	MUNCIE CLINIC	90,673	0	0.000000	0	0	90.04
90.05	ANTICOAGULATION CLINIC	10,971	778,716	0.014089	0	0	90.05
90.06	PREGNANCY PLUS	107,281	604,153	0.177573	0	0	90.06
91.00	EMERGENCY	431,561	25,610,533	0.016851	2,480,766	41,803	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	202,306	6,541,976	0.030924	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	6,468,010	276,897,273		47,261,389	957,438	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part III Date/Time Prepared: 5/24/2012 2:27 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)	
		Title XVIII			Hospital	PPS	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0		0	31.00
32.00	CORONARY CARE UNIT	0	0	0		0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0		0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0		0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0		0	44.00
45.00	NURSING FACILITY	0	0	0		0	45.00
200.00	Total (lines 30-199)	0	0	0		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150113

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

Worksheet D Part III Date/Time Prepared: 5/24/2012 2:27 pm

	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)		
		Title XVIII			Hospital	PPS	
		6.00	7.00	8.00	9.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	21,669	0.00	10,575	0		30.00
31.00	INTENSIVE CARE UNIT	1,873	0.00	835	0		31.00
32.00	CORONARY CARE UNIT	0	0.00	0	0		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0.00	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00
40.00	SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00	SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00	SUBPROVIDER	0	0.00	0	0		42.00
43.00	NURSERY	1,939	0.00	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
45.00	NURSING FACILITY	0	0.00	0	0		45.00
200.00	Total (lines 30-199)	25,481		11,410	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV | Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	Title XVIII Non Physician Anesthetist Cost	Title XVIII Nursing School	Title XVIII Allied Health	Hospital All Other Medical Education Cost	PPS Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	WOUND/OSTOMY CLINIC	0	0	0	0	0	90.01
90.02	KIDS PLUS CLINIC	0	0	0	0	0	90.02
90.03	ONCOLOGY	0	0	0	0	0	90.03
90.04	MUNCIE CLINIC	0	0	0	0	0	90.04
90.05	ANTICOAGULATION CLINIC	0	0	0	0	0	90.05
90.06	PREGNANCY PLUS	0	0	0	0	0	90.06
91.00	EMERGENCY	0	0	20,668	0	20,668	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	20,668	0	20,668	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Title XVIII Total Charges (from Wkst. C, Part I, col. 8)	Title XVIII Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	28,950,369	0.000000	0.000000	3,724,498	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	3,673,497	0.000000	0.000000	236,387	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	17,635,670	0.000000	0.000000	1,631,753	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	RADIOISOTOPE	0	7,761,260	0.000000	0.000000	724,467	56.00
57.00	CT SCAN	0	20,860,570	0.000000	0.000000	2,591,849	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	9,850,971	0.000000	0.000000	603,951	58.00
59.00	CARDIAC CATHETERIZATION	0	10,392,886	0.000000	0.000000	1,158,531	59.00
60.00	LABORATORY	0	39,491,529	0.000000	0.000000	5,538,481	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,408,965	0.000000	0.000000	302,102	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0	4,484,689	0.000000	0.000000	1,638,117	65.00
66.00	PHYSICAL THERAPY	0	4,958,566	0.000000	0.000000	531,458	66.00
67.00	OCCUPATIONAL THERAPY	0	795,128	0.000000	0.000000	155,166	67.00
68.00	SPEECH PATHOLOGY	0	444,514	0.000000	0.000000	155,179	68.00
69.00	ELECTROCARDIOLOGY	0	6,542,059	0.000000	0.000000	1,676,639	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	5,139,487	0.000000	0.000000	54,627	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,658,151	0.000000	0.000000	5,209,391	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	17,234,174	0.000000	0.000000	6,190,959	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	45,578,995	0.000000	0.000000	12,657,068	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	WOUND/OSTOMY CLINIC	0	5,712,901	0.000000	0.000000	0	90.01
90.02	KIDS PLUS CLINIC	0	0	0.000000	0.000000	0	90.02
90.03	ONCOLOGY	0	787,514	0.000000	0.000000	0	90.03
90.04	MUNCIE CLINIC	0	0	0.000000	0.000000	0	90.04
90.05	ANTICOAGULATION CLINIC	0	778,716	0.000000	0.000000	0	90.05
90.06	PREGNANCY PLUS	0	604,153	0.000000	0.000000	0	90.06
91.00	EMERGENCY	20,668	25,610,533	0.000807	0.000807	2,480,766	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,541,976	0.000000	0.000000	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	20,668	276,897,273			47,261,389	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV | Date/Time Prepared: 5/24/2012 2:27 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	5,800,890	0		50.00
51.00	RECOVERY ROOM	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	ANESTHESIOLOGY	0	256,519	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	3,644,244	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	RADIOISOTOPE	0	2,600,422	0		56.00
57.00	CT SCAN	0	4,872,847	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	2,630,280	0		58.00
59.00	CARDIAC CATHETERIZATION	0	1,129,386	0		59.00
60.00	LABORATORY	0	1,403,246	0		60.00
60.01	BLOOD LABORATORY	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	309,237	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	RESPIRATORY THERAPY	0	1,255,772	0		65.00
66.00	PHYSICAL THERAPY	0	13,662	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	1,787,973	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1,461,291	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,795,121	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	1,365,019	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	9,253,622	0		73.00
74.00	RENAL DIALYSIS	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0		75.00
	OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0		90.00
90.01	WOUND/OSTOMY CLINIC	0	0	0		90.01
90.02	KIDS PLUS CLINIC	0	0	0		90.02
90.03	ONCOLOGY	0	0	0		90.03
90.04	MUNCIE CLINIC	0	0	0		90.04
90.05	ANTICOAGULATION CLINIC	0	0	0		90.05
90.06	PREGNANCY PLUS	0	0	0		90.06
91.00	EMERGENCY	2,002	3,174,525	2,562		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,525,756	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	AMBULANCE SERVICES					95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Total (lines 50-199)	2,002	46,279,812	2,562		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part V Date/Time Prepared: 5/24/2012 2:27 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see instructions)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
		1.00	2.00	3.00	4.00		
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.340724	5,800,890	0	0		50.00
51.00	RECOVERY ROOM	0.000000	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0		52.00
53.00	ANESTHESIOLOGY	0.198280	256,519	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.338279	3,644,244	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0		55.00
56.00	RADIOISOTOPE	0.082037	2,600,422	0	0		56.00
57.00	CT SCAN	0.045552	4,872,847	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.077041	2,630,280	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0.114292	1,129,386	0	0		59.00
60.00	LABORATORY	0.149118	1,403,246	0	0		60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.259065	309,237	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0		64.00
65.00	RESPIRATORY THERAPY	0.275639	1,255,772	0	0		65.00
66.00	PHYSICAL THERAPY	0.437625	13,662	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0.439935	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0.565764	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0.148765	1,787,973	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.167083	1,461,291	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.962918	3,795,121	1,931	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.285455	1,365,019	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.197531	9,253,622	0	60,242		73.00
74.00	RENAL DIALYSIS	0.000000	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000					88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	CLINIC	0.000000	0	0	0		90.00
90.01	WOUND/OSTOMY CLINIC	0.343059	0	0	0		90.01
90.02	KIDS PLUS CLINIC	0.000000	0	0	0		90.02
90.03	ONCOLOGY	0.000000	0	0	0		90.03
90.04	MUNCIE CLINIC	0.000000	0	0	0		90.04
90.05	ANTICOAGULATION CLINIC	0.437719	0	0	0		90.05
90.06	PREGNANCY PLUS	1.473969	0	0	0		90.06
91.00	EMERGENCY	0.208617	3,174,525	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.259589	1,525,756	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	AMBULANCE SERVICES	0.000000		0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0		98.00
200.00	Subtotal (see instructions)		46,279,812	1,931	60,242		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		46,279,812	1,931	60,242		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part V Date/Time Prepared: 5/24/2012 2:27 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Costs: PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
		5.00	6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	1,976,502	0	0		50.00
51.00	RECOVERY ROOM	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	ANESTHESIOLOGY	50,863	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,232,771	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	RADIOISOTOPE	213,331	0	0		56.00
57.00	CT SCAN	221,968	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	202,639	0	0		58.00
59.00	CARDIAC CATHETERIZATION	129,080	0	0		59.00
60.00	LABORATORY	209,249	0	0		60.00
60.01	BLOOD LABORATORY	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	80,112	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	RESPIRATORY THERAPY	346,140	0	0		65.00
66.00	PHYSICAL THERAPY	5,979	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	265,988	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	244,157	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,654,390	1,859	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	389,651	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	1,827,877	0	11,900		73.00
74.00	RENAL DIALYSIS	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0		75.00
	OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0		90.00
90.01	WOUND/OSTOMY CLINIC	0	0	0		90.01
90.02	KIDS PLUS CLINIC	0	0	0		90.02
90.03	ONCOLOGY	0	0	0		90.03
90.04	MUNCIE CLINIC	0	0	0		90.04
90.05	ANTICOAGULATION CLINIC	0	0	0		90.05
90.06	PREGNANCY PLUS	0	0	0		90.06
91.00	EMERGENCY	662,260	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	396,069	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS		0	0		94.00
95.00	AMBULANCE SERVICES		0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Subtotal (see instructions)	12,109,026	1,859	11,900		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00	Net Charges (line 200 +/- line 201)	12,109,026	1,859	11,900		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D-1 | Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	Title XVIII Hospital PPS 1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	21,669	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	21,669	2.00
3.00	Private room days (excluding swing-bed and observation bed days)	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	21,669	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)	10,575	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	23,334,775	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)	23,334,775	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	17,983,546	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	17,983,546	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.297563	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)	829.92	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)	23,334,775	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,076.87	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	11,387,900	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)	11,387,900	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D-1 | Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	Title XVIII Total Inpatient Cost	Title XVIII Total Inpatient Days	Title XVIII Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	PPS 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	2,534,054	1,873	1,352.94	835	1,129,705	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					14,031,272	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					26,548,877	49.00
	PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,479,187	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					959,440	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,438,627	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					24,110,250	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)					1,577	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,076.87	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,698,224	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150113

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

Worksheet D-1

Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	Cost	Routine Cost (from line 27)	Title XVIII column 1 ÷ column 2	Hospital Total Observation Bed Cost (from line 89)	PPS Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	2,779,832	23,334,775	0.119128	1,698,224	202,306	90.00
91.00	Nursing School cost	0	23,334,775	0.000000	1,698,224	0	91.00
92.00	Allied health cost	0	23,334,775	0.000000	1,698,224	0	92.00
93.00	All other Medical Education	0	23,334,775	0.000000	1,698,224	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D-1 | Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	Title XIX	Hospital	Cost	
				1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			21,669	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			21,669	2.00
3.00	Private room days (excluding swing-bed and observation bed days)			0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			21,669	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)			1,518	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)			1,939	15.00
16.00	Nursery days (title V or XIX only)			209	16.00
	SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)			23,334,775	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)			23,334,775	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			17,983,546	28.00
29.00	Private room charges (excluding swing-bed charges)			0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)			17,983,546	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			1.297563	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)			829.92	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)			23,334,775	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,076.87	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,634,689	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)			1,634,689	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D-1 | Date/Time Prepared: 5/24/2012 2:27 pm

	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)	
		Title XIX			Hospital	Cost	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	928,049	1,939	478.62	209	100,032	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	2,501,794	1,873	1,335.71	21	28,050	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,418,298	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	3,181,069	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)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	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)	1,577	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,076.87	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,698,224	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D-1 | Date/Time Prepared: 5/24/2012 2:27 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)	
		Title XIX			Hospital	Cost	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D-3 | Date/Time Prepared: 5/24/2012 2:27 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		8,037,653		30.00
31.00	INTENSIVE CARE UNIT		1,200,001		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.340724	3,724,498	1,269,026	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.198280	236,387	46,871	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.338279	1,631,753	551,988	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.082037	724,467	59,433	56.00
57.00	CT SCAN	0.045552	2,591,849	118,064	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.077041	603,951	46,529	58.00
59.00	CARDIAC CATHETERIZATION	0.114292	1,158,531	132,411	59.00
60.00	LABORATORY	0.149118	5,538,481	825,887	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.259065	302,102	78,264	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.275639	1,638,117	451,529	65.00
66.00	PHYSICAL THERAPY	0.437625	531,458	232,579	66.00
67.00	OCCUPATIONAL THERAPY	0.439935	155,166	68,263	67.00
68.00	SPEECH PATHOLOGY	0.565764	155,179	87,795	68.00
69.00	ELECTROCARDIOLOGY	0.148765	1,676,639	249,425	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.167083	54,627	9,127	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.962918	5,209,391	5,016,216	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.285455	6,190,959	1,767,240	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.197531	12,657,068	2,500,163	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	WOUND/OSTOMY CLINIC	0.344305	0	0	90.01
90.02	KIDS PLUS CLINIC	0.000000	0	0	90.02
90.03	ONCOLOGY	0.000000	0	0	90.03
90.04	MUNCIE CLINIC	0.000000	0	0	90.04
90.05	ANTICOAGULATION CLINIC	0.437719	0	0	90.05
90.06	PREGNANCY PLUS	1.486587	0	0	90.06
91.00	EMERGENCY	0.209799	2,480,766	520,462	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.259589	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		47,261,389	14,031,272	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)		47,261,389		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D-3 | Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	Title XIX Ratio of Cost To Charges	Hospital Inpatient Program Charges	Cost Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		1,830,119		30.00
31.00	INTENSIVE CARE UNIT		211,633		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		498,594		43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.340724	1,500,477	511,249	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.198280	63,781	12,646	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.338279	150,685	50,974	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.082037	47,626	3,907	56.00
57.00	CT SCAN	0.045552	232,808	10,605	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.077041	51,049	3,933	58.00
59.00	CARDIAC CATHETERIZATION	0.114292	168,857	19,299	59.00
60.00	LABORATORY	0.149118	609,856	90,941	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.259065	78,749	20,401	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.275639	201,790	55,621	65.00
66.00	PHYSICAL THERAPY	0.437625	26,293	11,506	66.00
67.00	OCCUPATIONAL THERAPY	0.439935	8,028	3,532	67.00
68.00	SPEECH PATHOLOGY	0.565764	8,506	4,812	68.00
69.00	ELECTROCARDIOLOGY	0.148765	66,631	9,912	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.167083	6,629	1,108	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.962918	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.285455	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.197531	1,981,123	391,333	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	WOUND/OSTOMY CLINIC	0.343059	132	45	90.01
90.02	KIDS PLUS CLINIC	0.000000	0	0	90.02
90.03	ONCOLOGY	0.000000	595	0	90.03
90.04	MUNCIE CLINIC	0.000000	0	0	90.04
90.05	ANTICOAGULATION CLINIC	0.437719	0	0	90.05
90.06	PREGNANCY PLUS	1.473969	102,860	151,612	90.06
91.00	EMERGENCY	0.208617	310,912	64,862	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.259589	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		5,617,387	1,418,298	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		5,617,387		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet E Part A Date/Time Prepared: 5/24/2012 2:27 pm

		Title XVIII	Hospital	PPS	
				1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments			17,363,904	1.00
2.00	Outlier payments for discharges. (see instructions)			368,563	2.00
3.00	Managed Care Simulated Payments			0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			132.68	4.00
	Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjusment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment. (see instructions)			0.000000	27.00
28.00	IME Adjustment (see instructions)			0	28.00
29.00	Total IME payment (sum of lines 22 and 28)			0	29.00
	Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			5.48	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)			21.03	31.00
32.00	Sum of lines 30 and 31			26.51	32.00
33.00	Allowable disproportionate share percentage (see instructions)			11.09	33.00
34.00	Disproportionate share adjustment (see instructions)			1,925,657	34.00
	Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)			0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)			0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)			0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)			0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)			0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)			0	46.00
47.00	Subtotal (see instructions)			19,658,124	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)			0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)			19,658,124	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)			1,528,906	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)			0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)			0	56.00
57.00	Routine service other pass through costs			0	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150113	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/24/2012 2:27 pm
	Title XVIII	Hospital	PPS

		1.00	
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)	2,002	58.00
59.00	Total (sum of amounts on lines 49 through 58)	21,189,032	59.00
60.00	Primary payer payments	44,636	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	21,144,396	61.00
62.00	Deductibles billed to program beneficiaries	2,181,376	62.00
63.00	Coinsurance billed to program beneficiaries	43,582	63.00
64.00	Allowable bad debts (see instructions)	511,365	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	357,956	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	392,681	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	19,277,394	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)	0	68.00
69.00	Outlier payments reconciliation	0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	70.00
70.95	Recovery of Accelerated Depreciation	0	70.95
70.96	Low Volume Payment-1	0	70.96
70.97	Low Volume Payment-2	0	70.97
70.98	Low Volume Payment-3	0	70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)	19,277,394	71.00
72.00	Interim payments	18,944,001	72.00
73.00	Tentative settlement (for contractor use only)	0	73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)	333,393	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	121,547	75.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Operating outlier amount from Worksheet E, Part A line 2	0	90.00
91.00	Capital outlier from Worksheet L, Part I, line 2	0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)	0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)	0	93.00
94.00	The rate used to calculate the Time Value of Money	0.00	94.00
95.00	Time Value of Money for operating expenses(see instructions)	0	95.00
96.00	Time Value of Money for capital related expenses (see instructions)	0	96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet E Part B Date/Time Prepared: 5/24/2012 2:27 pm

Title XVIII | Hospital | PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	13,759	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	12,106,464	2.00
3.00	PPS payments	10,023,998	3.00
4.00	Outlier payment (see instructions)	18,557	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.873	5.00
6.00	Line 2 times line 5	10,568,943	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	95.02	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	2,562	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	13,759	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	62,173	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	62,173	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	62,173	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	48,414	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)	13,759	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	10,045,117	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	386	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	2,405,637	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	7,652,853	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	7,652,853	30.00
31.00	Primary payer payments	4,519	31.00
32.00	Subtotal (line 30 minus line 31)	7,648,334	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	592,061	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	414,443	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	416,963	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	8,062,777	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)	8,062,777	40.00
41.00	Interim payments	7,965,105	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)	97,672	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet E-1 Part I Date/Time Prepared: 5/24/2012 2:27 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		18,815,481		7,863,955	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	09/22/2011	128,520	09/22/2011	101,150	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)		128,520		101,150	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)		18,944,001		7,965,105	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		333,393		97,672	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		19,277,394		8,062,777	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet E-1 Part II Date/Time Prepared: 5/24/2012 2:27 pm

		Title XVIII	Hospital	PPS	
				1.00	
	DATA COLLECTION NEEDED FOR THE HIT CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			6,993	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			11,410	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			1,141	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			21,965	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			298,923,179	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			9,222,248	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,868,353	8.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment(s)			0	30.00
31.00	Other Adjustment (specify)			0	31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)			1,868,353	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet E-3 Part VII Date/Time Prepared: 5/24/2012 2:27 pm

		Title XIX	Hospital	Cost
				1.00
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services			3,181,069 1.00
2.00	Medical and other services			0 2.00
3.00	Organ acquisition (certified transplant centers only)			0 3.00
4.00	Subtotal (sum of lines 1, 2 and 3)			3,181,069 4.00
5.00	Inpatient primary payer payments			0 5.00
6.00	Outpatient primary payer payments			0 6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)			3,181,069 7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges			0 8.00
9.00	Ancillary service charges			5,617,387 9.00
10.00	Organ acquisition charges, net of revenue			0 10.00
11.00	Incentive from target amount computation			0 11.00
12.00	Total reasonable charges (sum of lines 8 through 11)			5,617,387 12.00
	CUSTOMARY CHRGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis			0 13.00
14.00	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 14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)			0.000000 15.00
16.00	Total customary charges (see instructions)			5,617,387 16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)			2,436,318 17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)			0 18.00
19.00	Interns and Residents (see instructions)			0 19.00
20.00	Cost of Teaching Physicians (see instructions)			0 20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)			3,181,069 21.00
	PROSPECTIVE PAYMENT AMOUNT			
22.00	Other than outlier payments			0 22.00
23.00	Outlier payments			0 23.00
24.00	Program capital payments			0 24.00
25.00	Capital exception payments (see instructions)			0 25.00
26.00	Routine and Ancillary service other pass through costs			0 26.00
27.00	Subtotal (sum of lines 22 through 26)			0 27.00
28.00	Customary charges (title V or XIX PPS covered services only)			0 28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.			3,181,069 29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)			0 30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)			3,181,069 31.00
32.00	Deductibles			0 32.00
33.00	Coinsurance			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Utilization review			0 35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)			3,181,069 36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 37.00
38.00	Subtotal (line 36 ± line 37)			3,181,069 38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)			0 39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)			3,181,069 40.00
41.00	Interim payments			1,646,660 41.00
42.00	Balance due provider/program (line 40 minus 41)			1,534,409 42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2			0 43.00

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

Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet G | Date/Time Prepared: 5/24/2012 2:27 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURENT ASSETS					
1.00	Cash on hand in banks	14,806,117	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	43,382,589	0	0	0	4.00
5.00	Other receivable	17,105	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-25,520,328	0	0	0	6.00
7.00	Inventory	2,105,640	0	0	0	7.00
8.00	Prepaid expenses	200,219	0	0	0	8.00
9.00	Other current assets	35,986,030	0	0	0	9.00
10.00	Due from other funds	4,325,367	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	75,302,739	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	5,976,988	0	0	0	12.00
13.00	Land improvements	1,929,780	0	0	0	13.00
14.00	Accumulated depreciation	-1,595,612	0	0	0	14.00
15.00	Buildings	45,834,036	0	0	0	15.00
16.00	Accumulated depreciation	-27,707,634	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	15,910,423	0	0	0	19.00
20.00	Accumulated depreciation	-9,859,730	0	0	0	20.00
21.00	Automobiles and trucks	587,777	0	0	0	21.00
22.00	Accumulated depreciation	-457,976	0	0	0	22.00
23.00	Major movable equipment	14,248,391	0	0	0	23.00
24.00	Accumulated depreciation	-11,479,205	0	0	0	24.00
25.00	Minor equipment depreciable	25,840,733	0	0	0	25.00
26.00	Accumulated depreciation	-18,110,335	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	41,117,636	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	0	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	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	116,420,375	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	1,602,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,585,721	0	0	0	38.00
39.00	Payroll taxes payable	286,170	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,795,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	1,120,489	0	0	0	43.00
44.00	Other current liabilities	1,509,490	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	14,898,870	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	13,725,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	3,100,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	16,825,000	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	31,723,870	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	84,696,505				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	84,696,505	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	116,420,375	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet G-1 | Date/Time Prepared: 5/24/2012 2:27 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		81,006,345		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		3,690,160			2.00
3.00	Total (sum of line 1 and line 2)		84,696,505		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)		84,696,505		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)		84,696,505		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150113

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

Worksheet G-1

Date/Time Prepared: 5/24/2012 2:27 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet G-2 Parts | Date/Time Prepared: 5/24/2012 2:27 pm

	Cost Center Description	Inpatient 1.00	Outpatient 2.00	Total 3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	17,983,546		17,983,546	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	17,983,546		17,983,546	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	2,919,057		2,919,057	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	2,919,057		2,919,057	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	20,902,603		20,902,603	17.00
18.00	Ancillary services	87,295,567	153,823,038	241,118,605	18.00
19.00	Outpatient services	6,221,535	26,870,019	33,091,554	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	0	0	0	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	NURSERY, NRCC AND OTHER	1,426,092	8,103,167	9,529,259	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	115,845,797	188,796,224	304,642,021	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		106,987,492		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		106,987,492		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet G-3 | Date/Time Prepared: 5/24/2012 2:27 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	304,642,021	1.00
2.00	Less contractual allowances and discounts on patients' accounts	193,866,583	2.00
3.00	Net patient revenues (line 1 minus line 2)	110,775,438	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	106,987,492	4.00
5.00	Net income from service to patients (line 3 minus line 4)	3,787,946	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	10,781	7.00
8.00	Revenues from telephone and telegraph service	11,555	8.00
9.00	Revenue from television and radio service	24,166	9.00
10.00	Purchase discounts	11,797	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	655,653	14.00
15.00	Revenue from rental of living quarters	4,623	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	6,917	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
24.01	GENERAL NON-OPERATING REVENUE	-800,663	24.01
24.02	GENERAL OTHER-OPERATING REVENUE	7,539,637	24.02
25.00	Total other income (sum of lines 6-24)	7,464,466	25.00
26.00	Total (line 5 plus line 25)	11,252,412	26.00
27.00	PROVISION FOR BAD DEBTS	7,562,252	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	7,562,252	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	3,690,160	29.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 150113 | Period: From 01/01/2011 To 12/31/2011 | Worksheet L Parts I-III Date/Time Prepared: 5/24/2012 2:27 pm

Title XVIII | Hospital | PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	1,405,739	1.00
2.00	Capital DRG outlier payments	45,570	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	60.58	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	5.48	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)	21.03	8.00
9.00	Sum of lines 7 and 8	26.51	9.00
10.00	Allowable disproportionate share percentage (see instructions)	5.52	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	77,597	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	1,528,906	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00