

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: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/29/2012 9:20 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/29/2012 Time: 9:20 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 04 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above 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 HOSPITALS OF INDIANA INC 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.

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

Title

Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,112,554	312,655	1,997,025	11,972,937	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	1,112,554	312,655	1,997,025	11,972,937	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.

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Encryption Information
ECR: Date: 5/29/2012 Time: 9:20 am
XxBI 9kGbJasY. 2tji JpJLFR74z8YKO
ZFAQLORh. ARB26nz7ZZuoNFadsoF2r
KJK82Mv4m60xqlwl
PI: Date: 5/29/2012 Time: 9:20 am
9JAXPtaoZcS6AbPne9ShvBkwci 1YL1
ZeesgOI WheF89fbdx86MwCTzyWB7L9
jVfBw: Y9hc05VEeu

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

Title

Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00		
		Part A 2.00	Part B 3.00				
PART III - SETTLEMENT SUMMARY							
1.00	Hospital	0	1,112,554	312,655	1,997,025	11,972,937	1.00
2.00	Subprovider - IPF	0	0	0	0	0	2.00
3.00	Subprovider - IRF	0	0	0	0	0	3.00
4.00	SUBPROVIDER I	0	0	0	0	0	4.00
5.00	Swing bed - SNF	0	0	0	0	0	5.00
6.00	Swing bed - NF	0	0	0	0	0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00	NURSING FACILITY	0	0	0	0	0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00	CMHC I	0	0	0	0	0	12.00
200.00	Total	0	1,112,554	312,655	1,997,025	11,972,937	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: 150074		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 8:23 am				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1500 NORTH RITTER AVE			PO Box:				1.00				
2.00	City: INDIANAPOLIS			State: IN		Zip Code: 46219		County: MARI ON				
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital			COMMUNITY HOSPITALS OF INDIANA INC	150074	26900	1	07/01/1966	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											9.00
10.00	Hospital-Based NF											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:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2011		12/31/2011		20.00	
21.00	Type of Control (see instructions)								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.			8,101	3,766	1	29	5,562	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	Date of Geogr				
							1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.								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		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: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 8:23 am		
		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.	Y			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)	Y	21.42	21.51	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)	Y			63.00	
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150074

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

Worksheet S-2
Part I
Date/Time Prepared:
5/29/2012 8:23 am

		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.	FAMILY PRACTICE	1350	2.84	21.91	0.114747	65.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	3.46	15.99	0.177892	67.00	
						1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				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)					0	71.00	

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			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)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.		N		80.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.		N		86.00
			V	XIX	
			1.00	2.00	
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	N	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				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)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
			Physical	Occupational	
			1.00	2.00	
			Speech	Respiratory	
			3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				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.		N		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	750,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N		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: 150074		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 8:23 am	
		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: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00130			141.00
142.00	Street: 1500 NORTH RITTER AVENUE	PO Box: PO 7191					142.00
143.00	City: INDIANAPOLIS, IN 46219	State: IN		Zip Code: 46207			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.			Y			145.00
						1.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N					146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N					147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N					148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N					149.00
				Part A	Part B		
				1.00	2.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N			155.00
156.00	Subprovider - IPF	N		N			156.00
157.00	Subprovider - IRF	N		N			157.00
158.00	SUBPROVIDER	N		N			158.00
159.00	SNF	N		N			159.00
160.00	HOME HEALTH AGENCY	N		N			160.00
161.00	CMHC			N			161.00
161.10	CORF			N			161.10
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
							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
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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150074		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part II Date/Time Prepared: 5/29/2012 8:23 am	
		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)	Y					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.	Y					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.					Y	15.00
		Part A					
		Description	Y/N	Date			
		0	1.00	2.00			
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N					16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		05/01/2012			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N					18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N					19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N					20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150074

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

Worksheet S-2
Part II
Date/Time Prepared:
5/29/2012 8:23 am

		Part A			
		Description	Y/N	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 relieved for Medicare purposes? If yes, see instructions				Y 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.				Y 23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				Y 24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N 25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N 26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N 27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N 28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				N 29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N 30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N 31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				Y 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.				Y 33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y 34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				Y 35.00
					Y/N Date
					1.00 2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				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	
PS&R Data		3.00	4.00	
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/01/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150074

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	192	70,080	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)		192	70,080	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00		8.00
9.00 CORONARY CARE UNIT	32.00	23	8,395	0.00		9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		227	82,855	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00					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)		227				27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150074

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 8:23 am

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	17,915	5,655	49,777		1.00
2.00 HMO		4,294	9,407			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	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	17,915	5,655	49,777		7.00
8.00 INTENSIVE CARE UNIT	0	1,405	1,129	3,094		8.00
9.00 CORONARY CARE UNIT	0	2,761	0	4,962		9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		1,060	2,446		13.00
14.00 Total (see instructions)	0	22,081	7,844	60,279		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0		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		319	1,443		28.00
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				547		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			208	245		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150074

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description	Full Time Equivalents			Discharges	Title XVIII	
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V		
	9.00	10.00	11.00	12.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	4,465	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)	19.46	1,984.39	0.00	0	4,465	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	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)	19.46	1,984.39	0.00			27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150074

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	3,340	12,319		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)	3,340	12,319		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF				17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				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
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: 150074		Period: From 01/01/2011 To 12/31/2011		Worksheet S-3 Part II Date/Time Prepared: 5/29/2012 8:23 am	
	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	124,827,065	1,135,584	125,962,649	4,028,395.00	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		736,045	0	736,045	9,811.00	3.00
4.00	Physician-Part A		0	0	0	0.00	4.00
4.01	Physicians - Part A - direct teaching		1,159,698	0	1,159,698	13,676.00	4.01
5.00	Physician-Part B		539,494	0	539,494	4,760.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	2,089,758	-926,738	1,163,020	45,040.00	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)		25,035,546	3,726,587	28,762,133	717,287.00	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		595,992	0	595,992	8,929.00	11.00
12.00	Management and administrative services		582,328	0	582,328	4,868.00	12.00
13.00	Contract labor: physician-Part A		1,374,065	0	1,374,065	22,787.00	13.00
14.00	Home office salaries & wage-related costs		22,719,944	0	22,719,944	587,335.00	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		24,648,385	0	24,648,385		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		5,109,531	0	5,109,531		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		89,786	0	89,786		21.00
22.00	Physician Part A		71,201	0	71,201		22.00
23.00	Physician Part B		0	0	0		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		444,064	0	444,064		25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	2,307,184	10,153	2,317,337	83,871.00	26.00
27.00	Administrative & General	5.00	9,310,945	-4,106,990	5,203,955	132,683.00	27.00
28.00	Administrative & General under contract (see inst.)		4,461,457	0	4,461,457	44,627.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	29.00
30.00	Operation of Plant	7.00	4,689,197	26,645	4,715,842	178,418.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	31.00
32.00	Housekeeping	9.00	1,736,975	5,527	1,742,502	123,544.00	32.00
33.00	Housekeeping under contract (see instructions)		210,998	0	210,998	6,304.00	33.00
34.00	Dietary	10.00	1,413,110	-900,011	513,099	35,999.00	34.00
35.00	Dietary under contract (see instructions)		308,889	0	308,889	8,320.00	35.00
36.00	Cafeteria	11.00	0	908,622	908,622	63,750.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	5,315,486	53,460	5,368,946	163,689.00	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	39.00
40.00	Pharmacy	15.00	2,883,457	33,759	2,917,216	77,856.00	40.00
41.00	Medical Records & Medical Records Library	16.00	384,166	2,699	386,865	13,572.00	41.00
42.00	Social Service	17.00	1,826,551	10,377	1,836,928	57,264.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/29/2012 8:23 am
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	31.27	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	75.02	3.00
4.00	Physician-Part A	0.00	4.00
4.01	Physicians - Part A - direct teaching	84.80	4.01
5.00	Physician-Part B	113.34	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	25.82	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)	40.10	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	66.75	11.00
12.00	Management and administrative services	119.62	12.00
13.00	Contract labor: physician-Part A	60.30	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/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	27.63	26.00
27.00	Administrative & General	39.22	27.00
28.00	Administrative & General under contract (see inst.)	99.97	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	26.43	30.00
31.00	Laundry & Linen Service	0.00	31.00
32.00	Housekeeping	14.10	32.00
33.00	Housekeeping under contract (see instructions)	33.47	33.00
34.00	Dietary	14.25	34.00
35.00	Dietary under contract (see instructions)	37.13	35.00
36.00	Cafeteria	14.25	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	32.80	38.00
39.00	Central Services and Supply	0.00	39.00
40.00	Pharmacy	37.47	40.00
41.00	Medical Records & Medical Records Library	28.50	41.00
42.00	Social Service	32.08	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part III Date/Time Prepared: 5/29/2012 8:23 am
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	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	125,283,414	2,062,322	127,345,736	4,014,359.00	1.00
2.00	Excluded area salaries (see instructions)	25,035,546	3,726,587	28,762,133	717,287.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	100,247,868	-1,664,265	98,583,603	3,297,072.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	25,272,329	0	25,272,329	623,919.00	4.00
5.00	Subtotal wage-related costs (see inst.)	24,719,586	0	24,719,586	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	150,239,783	-1,664,265	148,575,518	3,920,991.00	6.00
7.00	Total overhead cost (see instructions)	34,848,415	-3,955,759	30,892,656	989,897.00	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150074

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2012 8:23 am

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	31.72	1.00
2.00	Excluded area salaries (see instructions)	40.10	2.00
3.00	Subtotal salaries (line 1 minus line 2)	29.90	3.00
4.00	Subtotal other wages & related costs (see inst.)	40.51	4.00
5.00	Subtotal wage-related costs (see inst.)	25.07	5.00
6.00	Total (sum of lines 3 thru 5)	37.89	6.00
7.00	Total overhead cost (see instructions)	31.21	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2012 8:23 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		4,801,631	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost		2,618,644	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		33,440	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)		13,549,435	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		162,680	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		340,266	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)		0	14.00
15.00	'Workers' Compensation Insurance		281,005	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		8,458,886	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		116,979	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		30,362,966	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: 150074

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

Worksheet S-3
Part V
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	595,992	0	1.00
2.00	Hospital	595,992	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	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: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/29/2012 8:23 am
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.308366		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		16,533,593		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		8,159,134		5.00
6.00	Medicaid charges		107,478,894		6.00
7.00	Medicaid cost (line 1 times line 6)		33,142,837		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)		8,450,110		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		8,450,110		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	19,549,846	3,922,350	23,472,196	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	6,028,508	1,209,519	7,238,027	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)	6,028,508	1,209,519	7,238,027	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?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			18,095,226	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,624,468	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			16,470,758	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			5,079,022	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			12,317,049	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			20,767,159	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150074

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

Worksheet A
Date/Time Prepared: 5/29/2012 8:23 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (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	6,282,838	6,282,838	1.00
2.00 CAP REL COSTS-MVBLE EQUIP		0	0	8,213,526	8,213,526	2.00
4.00 EMPLOYEE BENEFITS	2,307,184	12,460,143	14,767,327	3,427,915	18,195,242	4.00
5.00 ADMINISTRATIVE & GENERAL	9,310,945	79,332,916	88,643,861	-34,776,425	53,867,436	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	4,689,197	3,658,833	8,348,030	-389,369	7,958,661	7.00
8.00 LAUNDRY & LINEN SERVICE	0	749,680	749,680	-151	749,529	8.00
9.00 HOUSEKEEPING	1,736,975	679,274	2,416,249	-4,187	2,412,062	9.00
10.00 DIETARY	1,413,110	710,090	2,123,200	-1,282,631	840,569	10.00
11.00 CAFETERIA	0	0	0	1,616,346	1,616,346	11.00
13.00 NURSING ADMINISTRATION	5,315,486	-2,196,844	3,118,642	592	3,119,234	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	2,240,397	2,240,397	-1,360,912	879,485	14.00
15.00 PHARMACY	2,883,457	5,977,391	8,860,848	-5,094,364	3,766,484	15.00
16.00 MEDICAL RECORDS & LIBRARY	384,166	23,819	407,985	2,498	410,483	16.00
17.00 SOCIAL SERVICE	1,826,551	207,991	2,034,542	8,820	2,043,362	17.00
19.00 NONPHYSICIAN ANESTHETISTS	729,430	83,894	813,324	-693	812,631	19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	2,089,758	3,648,681	5,738,439	-3,710,765	2,027,674	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	2,920,141	2,920,141	22.00
23.00 ALLIED HEALTH-EMS	264,345	-17,384	246,961	61,778	308,739	23.00
23.01 ALLIED HEALTH-RADIOLOGY	151,524	-114,619	36,905	125,019	161,924	23.01
23.02 ALLIED HEALTH-PHARMACY	236,671	44,868	281,539	-21,072	260,467	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	23,555,881	867,531	24,423,412	-2,550,298	21,873,114	30.00
31.00 INTENSIVE CARE UNIT	2,201,346	602,594	2,803,940	-71,544	2,732,396	31.00
32.00 CORONARY CARE UNIT	2,472,239	529,033	3,001,272	-19,855	2,981,417	32.00
43.00 NURSERY	0	0	0	711,806	711,806	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,622,318	10,534,474	12,156,792	-8,842,151	3,314,641	50.00
51.00 RECOVERY ROOM	841,306	215,287	1,056,593	-2,419	1,054,174	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	49,475	49,475	1,560,497	1,609,972	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,859,871	4,546,800	7,406,671	-1,902,498	5,504,173	54.00
55.00 RADIOLOGY-THERAPEUTIC	4,665,249	30,254,886	34,920,135	-16,449,807	18,470,328	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	708,795	592,084	1,300,879	161,054	1,461,933	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	505,595	601,262	1,106,857	-144,569	962,288	58.00
59.00 CARDIAC CATHETERIZATION	378,690	2,245,832	2,624,522	-2,027,182	597,340	59.00
60.00 LABORATORY	0	6,625,764	6,625,764	-8,107	6,617,657	60.00
64.00 INTRAVENOUS THERAPY	296,159	21,879	318,038	2,192	320,230	64.00
65.00 RESPIRATORY THERAPY	1,518,599	233,335	1,751,934	-77,540	1,674,394	65.00
66.00 PHYSICAL THERAPY	2,971,263	673,674	3,644,937	-1,090,046	2,554,891	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	688,358	688,358	67.00
68.00 SPEECH PATHOLOGY	0	0	0	344,179	344,179	68.00
69.00 ELECTROCARDIOLOGY	460,703	848,699	1,309,402	-8,707	1,300,695	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,384,601	-96,280	1,288,321	-137,244	1,151,077	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,686,576	7,686,576	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,424,615	10,424,615	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	24,953,975	24,953,975	73.00
74.00 RENAL DIALYSIS	0	521,013	521,013	-503	520,510	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 ENDOSCOPY	216,857	146,851	363,708	-32,155	331,553	76.00
76.01 GALLAHUE MENTAL HEALTH	11,271,885	4,336,310	15,608,195	-125,767	15,482,428	76.01
76.02 NEUROPSYCH	683,935	114,121	798,056	5,533	803,589	76.02
76.03 LUTHERWOOD	688,667	178,290	866,957	2,221	869,178	76.03
76.04 CENTER FOR WOUND HEALING	257,467	1,096,222	1,353,689	-881,836	471,853	76.04
76.97 CARDIAC REHABILITATION	122,069	41,080	163,149	-5,670	157,479	76.97
76.98 HYPERBARI C OXYGEN THERAPY	0	0	0	746,137	746,137	76.98
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 CLEARVISTA WOMEN'S CARE	0	0	0	0	0	90.01
90.02 COUNTY LINE MEDICAL PAVILION	0	0	0	0	0	90.02
90.03 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.03
90.04 DIABETES & ENDOCRINOLOGY CONSULTANTS	0	0	0	1,252	1,252	90.04
90.05 FAMILY MEDICINE OF GREENFIELD	0	0	0	1,252	1,252	90.05
90.06 GEIST FAMILY MEDICINE & PEDIATRICS	0	0	0	1,252	1,252	90.06
90.07 INTERNAL MEDICINE ASSOCIATES	0	0	0	1,252	1,252	90.07
90.08 OLIO ROAD FAMILY CARE	0	0	0	1,252	1,252	90.08
90.09 CARDIOVASCULAR EAST	0	0	0	1,252	1,252	90.09
90.10 CARDIOVASCULAR NORTH	0	0	0	1,252	1,252	90.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150074

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

Worksheet A
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
90.11	CARDIOVASCULAR SOUTH	0	0	0	1,252	1,252	90.11
90.12	NORTHEAST FAMILY PHYSICIANS	0	0	0	1,252	1,252	90.12
90.13	ANDERSON FAMILY HEALTH	0	0	0	1,252	1,252	90.13
90.14	BROADWAY FAMILY MEDICINE	0	0	0	1,252	1,252	90.14
90.15	CASTLETON FAMILY PHYSICIANS	0	0	0	1,252	1,252	90.15
90.16	FALL CREEK FAMILY MEDICINE	0	0	0	1,252	1,252	90.16
90.17	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	0	1,252	1,252	90.17
90.18	INTERNAL MEDICINE OF CARMEL	0	0	0	1,252	1,252	90.18
90.19	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	0	1,252	1,252	90.19
90.20	INTERNAL MEDICINE OF CARMEL	0	0	0	1,252	1,252	90.20
90.21	DIABETES, IM AND ENDOCRINOLOGY	0	0	0	1,252	1,252	90.21
90.22	HEALTHY HEARTS CENTER	647,728	156,498	804,226	1,843	806,069	90.22
90.23	FAMILY PRACTICE	1,259,943	993,145	2,253,088	-192,184	2,060,904	90.23
90.24	PALLIATIVE CARE	413,812	-133,542	280,270	2,354	282,624	90.24
90.25	INFUSION CENTERS	167,727	2,767,792	2,935,519	-2,248,913	686,606	90.25
90.26	SPINE CENTER	0	0	0	0	0	90.26
90.27	DIABETIC CARE CENTER	415,167	26,425	441,592	-3,561	438,031	90.27
91.00	EMERGENCY	4,517,388	1,817,357	6,334,745	-117,174	6,217,571	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	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)	100,444,059	178,897,021	279,341,080	-13,606,950	265,734,130	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	7,927,663	5,034,456	12,962,119	-131,803	12,830,316	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	OCCUPATIONAL HEALTH	6,327,750	7,114,958	13,442,708	-2,987,444	10,455,264	194.01
194.02	MEDCHECKS	6,705,213	2,356,929	9,062,142	-341,963	8,720,179	194.02
194.03	SCHOOL BASED CLINICS	889,427	151,102	1,040,529	-9,285	1,031,244	194.03
194.04	ON-SITE OCCUPATIONAL HEALTH CLINICS	266,079	29,765	295,844	-1,155	294,689	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OFFSITE CAMPUSES	0	903,979	903,979	-65,677	838,302	194.06
194.07	LIFECHECK	99,812	29,692	129,504	-1,939	127,565	194.07
194.08	OTHER NON-REIMBURSABLE COST CENTERS	2,167,062	998,024	3,165,086	-121,110	3,043,976	194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS	0	22,338	22,338	17,267,326	17,289,664	194.09
200.00	TOTAL (SUM OF LINES 118-199)	124,827,065	195,538,264	320,365,329	0	320,365,329	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150074

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

Worksheet A
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	5,804,858	12,087,696	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,879,747	11,093,273	2.00
4.00	EMPLOYEE BENEFITS	5,476,271	23,671,513	4.00
5.00	ADMINISTRATIVE & GENERAL	-24,983,370	28,884,066	5.00
6.00	MAINTENANCE & REPAIRS	0	0	6.00
7.00	OPERATION OF PLANT	-1,314,043	6,644,618	7.00
8.00	LAUNDRY & LINEN SERVICE	0	749,529	8.00
9.00	HOUSEKEEPING	0	2,412,062	9.00
10.00	DIETARY	-69,395	771,174	10.00
11.00	CAFETERIA	-62,191	1,554,155	11.00
13.00	NURSING ADMINISTRATION	-266,856	2,852,378	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	879,485	14.00
15.00	PHARMACY	-1,615,334	2,151,150	15.00
16.00	MEDICAL RECORDS & LIBRARY	2,434,671	2,845,154	16.00
17.00	SOCIAL SERVICE	-107	2,043,255	17.00
19.00	NONPHYSICIAN ANESTHETISTS	-812,631	0	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	-964,622	1,063,052	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	-251,003	2,669,138	22.00
23.00	ALLIED HEALTH-EMS	246,514	555,253	23.00
23.01	ALLIED HEALTH-RADIOLOGY	103,715	265,639	23.01
23.02	ALLIED HEALTH-PHARMACY	-189,835	70,632	23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-2,064,783	19,808,331	30.00
31.00	INTENSIVE CARE UNIT	-7,695	2,724,701	31.00
32.00	CORONARY CARE UNIT	-45	2,981,372	32.00
43.00	NURSERY	0	711,806	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-18,367	3,296,274	50.00
51.00	RECOVERY ROOM	0	1,054,174	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,609,972	52.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-159,009	5,345,164	54.00
55.00	RADIOLOGY-THERAPEUTIC	-275,390	18,194,938	55.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	1,461,933	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	962,288	58.00
59.00	CARDIAC CATHETERIZATION	-129,892	467,448	59.00
60.00	LABORATORY	-699,579	5,918,078	60.00
64.00	INTRAVENOUS THERAPY	0	320,230	64.00
65.00	RESPIRATORY THERAPY	0	1,674,394	65.00
66.00	PHYSICAL THERAPY	-236,820	2,318,071	66.00
67.00	OCCUPATIONAL THERAPY	0	688,358	67.00
68.00	SPEECH PATHOLOGY	0	344,179	68.00
69.00	ELECTROCARDIOLOGY	0	1,300,695	69.00
70.00	ELECTROENCEPHALOGRAPHY	15,579	1,166,656	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,686,576	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	10,424,615	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	24,953,975	73.00
74.00	RENAL DIALYSIS	0	520,510	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	ENDOSCOPY	-9,183	322,370	76.00
76.01	GALLAHUE MENTAL HEALTH	-8,924,517	6,557,911	76.01
76.02	NEUROPSYCH	-26,509	777,080	76.02
76.03	LUTHERWOOD	-700,897	168,281	76.03
76.04	CENTER FOR WOUND HEALING	0	471,853	76.04
76.97	CARDIAC REHABILITATION	-11,675	145,804	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	746,137	76.98
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	CLEARVISTA WOMEN'S CARE	-11,998	-11,998	90.01
90.02	COUNTY LINE MEDICAL PAVILION	0	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.03
90.04	DIABETES & ENDOCRINOLOGY CONSULTANTS	0	1,252	90.04
90.05	FAMILY MEDICINE OF GREENFIELD	0	1,252	90.05
90.06	GEIST FAMILY MEDICINE & PEDIATRICS	0	1,252	90.06
90.07	INTERNAL MEDICINE ASSOCIATES	0	1,252	90.07
90.08	OLIO ROAD FAMILY CARE	0	1,252	90.08
90.09	CARDIOVASCULAR EAST	0	1,252	90.09
90.10	CARDIOVASCULAR NORTH	0	1,252	90.10
90.11	CARDIOVASCULAR SOUTH	0	1,252	90.11
90.12	NORTHEAST FAMILY PHYSICIANS	0	1,252	90.12

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150074

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

Worksheet A
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
90.13	ANDERSON FAMILY HEALTH	0	1,252	90.13
90.14	BROADWAY FAMILY MEDICINE	0	1,252	90.14
90.15	CASTLETON FAMILY PHYSICIANS	0	1,252	90.15
90.16	FALL CREEK FAMILY MEDICINE	0	1,252	90.16
90.17	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	1,252	90.17
90.18	INTERNAL MEDICINE OF CARMEL	0	1,252	90.18
90.19	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	1,252	90.19
90.20	INTERNAL MEDICINE OF CARMEL	0	1,252	90.20
90.21	DIABETES, IM AND ENDOCRINOLOGY	0	1,252	90.21
90.22	HEALTHY HEARTS CENTER	-72	805,997	90.22
90.23	FAMILY PRACTICE	-64,144	1,996,760	90.23
90.24	PALLIATIVE CARE	368,438	651,062	90.24
90.25	INFUSION CENTERS	-472,982	213,624	90.25
90.26	SPINE CENTER	0	0	90.26
90.27	DIABETIC CARE CENTER	-8,456	429,575	90.27
91.00	EMERGENCY	-445,306	5,772,265	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)	-27,466,913	238,267,217	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	RESEARCH	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	-20,026	12,810,290	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	OCCUPATIONAL HEALTH	-1,468,141	8,987,123	194.01
194.02	MEDCHECKS	-124,023	8,596,156	194.02
194.03	SCHOOL BASED CLINICS	-80	1,031,164	194.03
194.04	ON-SITE OCCUPATIONAL HEALTH CLINICS	0	294,689	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.05
194.06	OFFSITE CAMPUSES	-6,779	831,523	194.06
194.07	LIFECHECK	-101,691	25,874	194.07
194.08	OTHER NON-REIMBURSABLE COST CENTERS	-612,325	2,431,651	194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS	-22,338	17,267,326	194.09
200.00	TOTAL (SUM OF LINES 118-199)	-29,822,316	290,543,013	200.00

RECLASSIFICATIONS

Provider CCN: 150074

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

Worksheet A-6

Date/Time Prepared:
5/29/2012 8:23 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - Labor & Delivery Salary					
1.00	NURSERY	43.00	571,069	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,251,959	0	2.00
3.00		0.00	0	0	3.00
TOTALS			1,823,028	0	
2.00		52.00		308,538	2.00
3.00					3.00
B - Labor & Delivery Other					
1.00		43.00		140,737	1.00
			0	449,275	
C - Chargeable Medical Supplies					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	7,686,576	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
TOTALS			0	7,686,576	
D - Depreciation Expense					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	13,915,792	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00

RECLASSIFICATIONS

Provider CCN: 150074

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

Worksheet A-6
Date/Time Prepared:
5/29/2012 8:23 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
TOTALS			0	13,915,792		
2.00		57.00	181,314			2.00
3.00		58.00	78,219			3.00
4.00						4.00
E - Radiology Salary						
1.00		55.00	769,002			1.00
			1,028,535			
2.00		57.00		75,514		2.00
3.00		58.00		32,577		3.00
4.00						4.00
F - Radiology Other						
1.00		55.00		320,276		1.00
				428,367		
G - Capital Insurance Costs						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	221,796		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	17,349		2.00
3.00		0.00	0	0		3.00
TOTALS			0	239,145		
H - Implantable Device Reclass						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	780,105		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,424,615		2.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
TOTALS			0	11,204,720		
I - Interest Expense						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	341,427		1.00
2.00		0.00	0	0		2.00
TOTALS			0	341,427		
J - INTERNS AND RESIDENTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	26,584	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,077,106	843,035		2.00
TOTALS			2,103,690	843,035		
K - RECLASS ADMINISTRATIVE START UP COSTS						
1.00	DIABETES & ENDOCRINOLOGY CONSULTANTS	90.04	0	1,252		1.00
2.00	FAMILY MEDICINE OF GREENFIELD	90.05	0	1,252		2.00
3.00	GEIST FAMILY MEDICINE & PEDIATRICS	90.06	0	1,252		3.00
4.00	INTERNAL MEDICINE ASSOCIATES	90.07	0	1,252		4.00
5.00	OLIO ROAD FAMILY CARE	90.08	0	1,252		5.00
6.00	CARDIOVASCULAR EAST	90.09	0	1,252		6.00
7.00	CARDIOVASCULAR NORTH	90.10	0	1,252		7.00
8.00	CARDIOVASCULAR SOUTH	90.11	0	1,252		8.00
9.00	NORTHEAST FAMILY PHYSICIANS	90.12	0	1,252		9.00
10.00	ANDERSON FAMILY HEALTH	90.13	0	1,252		10.00
11.00	BROADWAY FAMILY MEDICINE	90.14	0	1,252		11.00
12.00	CASTLETON FAMILY PHYSICIANS	90.15	0	1,252		12.00
13.00	FALL CREEK FAMILY MEDICINE	90.16	0	1,252		13.00

RECLASSIFICATIONS

Provider CCN: 150074

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

Worksheet A-6
Date/Time Prepared:
5/29/2012 8:23 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
14.00	FAMILY PRACTICE ASSOCIATES OF ELWOOD	90.17	0	1,252	14.00
15.00	INTERNAL MEDICINE OF CARMEL	90.18	0	1,252	15.00
16.00	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	90.19	0	1,252	16.00
17.00	INTERNAL MEDICINE OF CARMEL	90.20	0	1,252	17.00
18.00	DIABETES, IM AND ENDOCRINOLOGY	90.21	0	1,252	18.00
19.00	HEALTHY HEARTS CENTER	90.22	0	1,252	19.00
20.00	FAMILY PRACTICE	90.23	0	1,252	20.00
21.00		0.00	0	0	21.00
	TOTALS		0	25,040	
2.00		23.01		40,785	2.00
3.00		23.02		8,588	3.00
4.00					4.00
L - Allied Health Consulting Reclass					
1.00		23.00		23,840	1.00
			0	73,213	
M - Depreciation by CC					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,719,615	1.00
2.00		0.00		0	2.00
2.00	TOTALS		0	5,719,615	2.00
N - Cafeteria Salary					
1.00		11.00	908,622		1.00
2.00			908,622	0	2.00
O - Cafeteria Reclass					
1.00		11.00		707,724	1.00
2.00			0	707,724	2.00
3.00					3.00
4.00					4.00
P - Benefit Allocation					
1.00		4.00		3,550,829	1.00
			0	3,550,829	
Q - PTO Allocation					
1.00	EMPLOYEE BENEFITS	4.00	10,153	0	1.00
2.00	OPERATION OF PLANT	7.00	33,324	0	2.00
3.00	HOUSEKEEPING	9.00	10,892	0	3.00
4.00	DIETARY	10.00	8,611	0	4.00
5.00	NURSING ADMINISTRATION	13.00	55,883	0	5.00
6.00	PHARMACY	15.00	25,428	0	6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	2,699	0	7.00
8.00	SOCIAL SERVICE	17.00	10,377	0	8.00
9.00	NONPHYSICIAN ANESTHETISTS	19.00	6,615	0	9.00
10.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	13,932	0	10.00
11.00	ALLIED HEALTH-EMS	23.00	2,529	0	11.00
12.00	ALLIED HEALTH-RADIOLOGY	23.01	1,549	0	12.00
13.00	ALLIED HEALTH-PHARMACY	23.02	935	0	13.00
14.00	ADULTS & PEDIATRICS	30.00	95,829	0	14.00
15.00	INTENSIVE CARE UNIT	31.00	13,425	0	15.00
16.00	CORONARY CARE UNIT	32.00	9,342	0	16.00
17.00	OPERATING ROOM	50.00	308	0	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	16,994	0	18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	20,684	0	19.00
20.00	CT SCAN	57.00	3,232	0	20.00
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	2,185	0	21.00
22.00	CARDIAC CATHETERIZATION	59.00	1,448	0	22.00
23.00	INTRAVENOUS THERAPY	64.00	2,212	0	23.00
24.00	RESPIRATORY THERAPY	65.00	5,105	0	24.00
25.00	PHYSICAL THERAPY	66.00	32,620	0	25.00
26.00	ELECTROCARDIOLOGY	69.00	1,519	0	26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	7,325	0	27.00
28.00	GALLAHUE MENTAL HEALTH	76.01	62,765	0	28.00
29.00	NEUROPSYCH	76.02	7,037	0	29.00
30.00	LUTHERWOOD	76.03	4,107	0	30.00
31.00	CENTER FOR WOUND HEALING	76.04	672	0	31.00
32.00	CARDIAC REHABILITATION	76.97	580	0	32.00
33.00	HEALTHY HEARTS CENTER	90.22	3,911	0	33.00
34.00	FAMILY PRACTICE	90.23	7,390	0	34.00
35.00	PALLIATIVE CARE	90.24	2,354	0	35.00

RECLASSIFICATIONS

Provider CCN: 150074

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

Worksheet A-6
Date/Time Prepared:
5/29/2012 8:23 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
36.00	INFUSION CENTERS	90.25	208	0	36.00
37.00	DIABETIC CARE CENTER	90.27	2,398	0	37.00
38.00	EMERGENCY	91.00	19,075	0	38.00
39.00	PHYSICIANS' PRIVATE OFFICES	192.00	6,504	0	39.00
40.00	OCCUPATIONAL HEALTH	194.01	26,792	0	40.00
41.00	MEDCHECKS	194.02	22,705	0	41.00
42.00	SCHOOL BASED CLINICS	194.03	4,522	0	42.00
43.00	ON-SITE OCCUPATIONAL HEALTH CLINICS	194.04	2,002	0	43.00
44.00	LIFECHECK	194.07	911	0	44.00
45.00	OTHER NON-REIMBURSABLE COST CENTERS	194.08	13,836	0	45.00
46.00	TOTALS	0.00	0	0	46.00
			582,924	0	
R - Pharm Resident Costs					
1.00	PHARMACY	15.00	8,331	0	1.00
2.00	TOTALS	0.00	0	0	2.00
			8,331	0	
S - Pharmacy Residency Recl ass					
1.00	PHARMACY	15.00	0	22,264	1.00
2.00	TOTALS	0.00	0	0	2.00
			0	22,264	
T - Drugs Charges to Pat					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	24,953,975	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00	TOTALS	0.00	0	0	21.00
			0	24,953,975	
U - Therapy Salary					
1.00	OCCUPATIONAL THERAPY	67.00	530,398	0	1.00
2.00	SPEECH PATHOLOGY	68.00	265,199	0	2.00
3.00	TOTALS	0.00	0	0	3.00
			795,597	0	
V - Therapy Other					
1.00	OCCUPATIONAL THERAPY	67.00	0	157,960	1.00
2.00	SPEECH PATHOLOGY	68.00	0	78,980	2.00
3.00	TOTALS	0.00	0	0	3.00
			0	236,940	
W - WELLNESS SCREENING OTHER EXPENSE					
1.00	EMPLOYEE BENEFITS	4.00	0	11,785	1.00
2.00	TOTALS	0.00	0	0	2.00
			0	11,785	
X - Dietary Food Service Allocation					
1.00	DIETARY	10.00	0	370,245	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00

	Increases						
	Cost Center	Line #	Salary	Other			
	2.00	3.00	4.00	5.00			
15.00		0.00	0	0		15.00	
16.00		0.00	0	0		16.00	
17.00		0.00	0	0		17.00	
18.00		0.00	0	0		18.00	
19.00		0.00	0	0		19.00	
20.00		0.00	0	0		20.00	
21.00		0.00	0	0		21.00	
22.00		0.00	0	0		22.00	
23.00		0.00	0	0		23.00	
24.00		0.00	0	0		24.00	
25.00		0.00	0	0		25.00	
26.00		0.00	0	0		26.00	
27.00		0.00	0	0		27.00	
28.00		0.00	0	0		28.00	
29.00		0.00	0	0		29.00	
30.00		0.00	0	0		30.00	
31.00		0.00	0	0		31.00	
32.00		0.00	0	0		32.00	
33.00		0.00	0	0		33.00	
34.00		0.00	0	0		34.00	
35.00		0.00	0	0		35.00	
36.00		0.00	0	0		36.00	
TOTALS			0	370,245			
2.00	Y - ISC LLC Salary Recl ass						2.00
1.00		194.09	3,536,741			1.00	
2.00			3,536,741	0		2.00	
1.00	Z - Recl ass ISC LLC Other Expense						1.00
		194.09		13,730,585		1.00	
			0	13,730,585			
1.00	AA - Hyperbaric Oxygen Therapy Salary Recl ass						1.00
1.00	HYPERBARIC OXYGEN THERAPY	76.98	102,897	0		1.00	
2.00		0.00	0	0		2.00	
TOTALS			102,897	0			
1.00	AB - HBOT Other						1.00
1.00	HYPERBARIC OXYGEN THERAPY	76.98	0	643,240		1.00	
2.00		0.00	0	0		2.00	
TOTALS			0	643,240			
1.00	AC - Radiology School Allied Health						1.00
		23.01	81,379			1.00	
2.00			81,379	0		2.00	
1.00	AD - Radiology School Allied Health						1.00
		23.01		6,658		1.00	
			0	6,658			
1.00	AE - EMS ALLIED HEALTH SALARY RECLASS						1.00
1.00	ALLIED HEALTH-EMS	23.00	37,969	0		1.00	
2.00		0.00	0	0		2.00	
TOTALS			37,969	0			
1.00	AF - ALLIED HEALTH EMS OTHER RECLASS						1.00
1.00	ALLIED HEALTH-EMS	23.00	0	3,800		1.00	
2.00		0.00	0	0		2.00	
TOTALS			0	3,800			
1.00	AG - EIB LIABILITY RECLASS						1.00
1.00	ADMINISTRATIVE & GENERAL	5.00	0	13,909		1.00	
2.00	OPERATION OF PLANT	7.00	0	6,679		2.00	
3.00	HOUSEKEEPING	9.00	0	5,365		3.00	
4.00	NURSING ADMINISTRATION	13.00	0	2,423		4.00	
5.00	ALLIED HEALTH-RADIOLOGY	23.01	0	3,456		5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	16,662		6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	11,995		7.00	
8.00	CORONARY CARE UNIT	32.00	0	4,250		8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	288		9.00	
10.00	RESPIRATORY THERAPY	65.00	0	6,825		10.00	
11.00	PHYSICAL THERAPY	66.00	0	1,904		11.00	
12.00	ELECTROCARDIOLOGY	69.00	0	1,514		12.00	
13.00	GALLAHUE MENTAL HEALTH	76.01	0	13,719		13.00	
14.00	HEALTHY HEARTS CENTER	90.22	0	2,109		14.00	
15.00	FAMILY PRACTICE	90.23	0	2,726		15.00	
16.00	PALLIATIVE CARE	90.24	0	4,876		16.00	
17.00	EMERGENCY	91.00	0	3,328		17.00	
TOTALS			0	102,028			

Provider CCN: 150074

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To 12/31/2011

Worksheet A-6
Date/Time Prepared:
5/29/2012 8:23 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	AH - CONTRACT LABOR RECLASS				
1.00	ADULTS & PEDIATRICS	30.00	25,523	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	1,980	0	2.00
3.00	CORONARY CARE UNIT	32.00	12,364	0	3.00
4.00	EMERGENCY	91.00	34,725	0	4.00
	TOTALS		74,592	0	
500.00	Grand Total: Increases		11,084,305	85,266,278	500.00

RECLASSIFICATIONS

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

Worksheet A-6
Date/Time Prepared:
5/29/2012 8:23 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - Labor & Delivery Salary						
1.00	0.00	0	0	0		1.00
2.00	0.00	0	0	0		2.00
3.00	ADULTS & PEDIATRICS	1,823,028	0	0		3.00
	TOTALS	1,823,028	0	0		
2.00						2.00
3.00			449,275			3.00
B - Labor & Delivery Other						
1.00			0	449,275		1.00
C - Chargeable Medical Supplies						
1.00	0.00	0	0	0		1.00
2.00	EMPLOYEE BENEFITS	4.00	0	1,079	0	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	2,639,903	0	3.00
4.00	OPERATION OF PLANT	7.00	0	83,007	0	4.00
5.00	NURSING ADMINISTRATION	13.00	0	1,578	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,097,331	0	6.00
7.00	PHARMACY	15.00	0	126,310	0	7.00
8.00	SOCIAL SERVICE	17.00	0	106	0	8.00
9.00	ALLIED HEALTH-EMS	23.00	0	4,240	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	0	5,771	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	1,016	0	11.00
12.00	CORONARY CARE UNIT	32.00	0	270	0	12.00
13.00	OPERATING ROOM	50.00	0	2,185,255	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	169	0	14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	40,464	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	5	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	353,171	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	1,607	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	25	0	19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	776	0	20.00
21.00	GALLAHUE MENTAL HEALTH	76.01	0	87	0	21.00
22.00	CENTER FOR WOUND HEALING	76.04	0	746	0	22.00
23.00	CARDIAC REHABILITATION	76.97	0	1,365	0	23.00
24.00	HEALTHY HEARTS CENTER	90.22	0	19	0	24.00
25.00	FAMILY PRACTICE	90.23	0	1,623	0	25.00
26.00	INFUSION CENTERS	90.25	0	115	0	26.00
27.00	EMERGENCY	91.00	0	1,793	0	27.00
28.00	OCCUPATIONAL HEALTH	194.01	0	13,504	0	28.00
29.00	MEDCHECKS	194.02	0	27,233	0	29.00
30.00	SCHOOL BASED CLINICS	194.03	0	492	0	30.00
31.00	OTHER NON-REIMBURSABLE COST CENTERS	194.08	0	97,516	0	31.00
	TOTALS		0	7,686,576		
D - Depreciation Expense						
1.00	0.00	0	0	0	9	1.00
2.00	EMPLOYEE BENEFITS	4.00	0	12,453	0	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	9,634,861	0	3.00
4.00	OPERATION OF PLANT	7.00	0	334,539	0	4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	151	0	5.00
6.00	HOUSEKEEPING	9.00	0	12,307	0	6.00
7.00	DIETARY	10.00	0	45,141	0	7.00
8.00	NURSING ADMINISTRATION	13.00	0	47,542	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	42,571	0	9.00
10.00	PHARMACY	15.00	0	59,917	0	10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	201	0	11.00
12.00	SOCIAL SERVICE	17.00	0	36	0	12.00
13.00	NONPHYSICIAN ANESTHETISTS	19.00	0	7,308	0	13.00
14.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	3,015	0	14.00
15.00	ALLIED HEALTH-EMS	23.00	0	2,120	0	15.00
16.00	ALLIED HEALTH-RADIOLOGY	23.01	0	5,352	0	16.00
17.00	ADULTS & PEDIATRICS	30.00	0	211,828	0	17.00
18.00	INTENSIVE CARE UNIT	31.00	0	77,423	0	18.00
19.00	CORONARY CARE UNIT	32.00	0	22,025	0	19.00
20.00	OPERATING ROOM	50.00	0	374,297	0	20.00
21.00	RECOVERY ROOM	51.00	0	2,192	0	21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	363,525	0	22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,017,056	0	23.00
24.00	CT SCAN	57.00	0	98,391	0	24.00
25.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	257,393	0	25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	218,378	0	26.00

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Worksheet A-6
Date/Time Prepared:
5/29/2012 8:23 am

Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
27.00	LABORATORY	60.00	0	8,099	0		27.00	
28.00	RESPIRATORY THERAPY	65.00	0	80,701	0		28.00	
29.00	PHYSICAL THERAPY	66.00	0	81,473	0		29.00	
30.00	ELECTROCARDIOLOGY	69.00	0	10,226	0		30.00	
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	140,412	0		31.00	
32.00	RENAL DIALYSIS	74.00	0	503	0		32.00	
33.00	ENDOSCOPY	76.00	0	32,155	0		33.00	
34.00	GALLAHUE MENTAL HEALTH	76.01	0	100,945	0		34.00	
35.00	NEUROPSYCH	76.02	0	1,504	0		35.00	
36.00	LUTHERWOOD	76.03	0	1,886	0		36.00	
37.00	CENTER FOR WOUND HEALING	76.04	0	24,155	0		37.00	
38.00	CARDIAC REHABILITATION	76.97	0	4,765	0		38.00	
39.00	HEALTHY HEARTS CENTER	90.22	0	3,179	0		39.00	
40.00	FAMILY PRACTICE	90.23	0	57,973	0		40.00	
41.00	INFUSION CENTERS	90.25	0	1,479	0		41.00	
42.00	DIABETIC CARE CENTER	90.27	0	5,094	0		42.00	
43.00	EMERGENCY	91.00	0	84,422	0		43.00	
44.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	136,398	0		44.00	
45.00	OCCUPATIONAL HEALTH	194.01	0	65,459	0		45.00	
46.00	MEDCHECKS	194.02	0	116,438	0		46.00	
47.00	SCHOOL BASED CLINICS	194.03	0	1,417	0		47.00	
48.00	ON-SITE OCCUPATIONAL HEALTH CLINICS	194.04	0	3,071	0		48.00	
49.00	OFFSITE CAMPUSES	194.06	0	65,677	0		49.00	
50.00	LIFECHECK	194.07	0	2,850	0		50.00	
51.00	OTHER NON-REIMBURSABLE COST CENTERS	194.08	0	35,489	0		51.00	
	TOTALS		0	13,915,792				
2.00							2.00	
3.00							3.00	
4.00		54.00	1,028,535				4.00	
E - Radiology Salary								
1.00							1.00	
			1,028,535	0				
2.00							2.00	
3.00							3.00	
4.00		54.00		428,367			4.00	
F - Radiology Other								
1.00							1.00	
			0	428,367				
G - Capital Insurance Costs								
1.00		0.00	0	0	12		1.00	
2.00		0.00	0	0	12		2.00	
3.00	ADMINISTRATIVE & GENERAL	5.00	0	239,145	0		3.00	
	TOTALS		0	239,145				
H - Implantable Device Reclass								
1.00		0.00	0	0	0		1.00	
2.00		0.00	0	0	0		2.00	
4.00	ADMINISTRATIVE & GENERAL	5.00	0	3,468,687	0		4.00	
5.00	OPERATING ROOM	50.00	0	6,280,907	0		5.00	
6.00	CARDIAC CATHETERIZATION	59.00	0	1,455,126	0		6.00	
	TOTALS		0	11,204,720				
I - Interest Expense								
1.00		0.00	0	0	11		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	341,427	0		2.00	
	TOTALS		0	341,427				
J - INTERNS AND RESIDENTS								
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	940,670	2,006,055	0		1.00	
2.00		0.00	0	0	0		2.00	
	TOTALS		940,670	2,006,055				
K - RECLASS ADMINISTRATIVE START UP COSTS								
1.00		0.00	0	0	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	
6.00		0.00	0	0	0		6.00	
7.00		0.00	0	0	0		7.00	
8.00		0.00	0	0	0		8.00	
9.00		0.00	0	0	0		9.00	
10.00		0.00	0	0	0		10.00	
11.00		0.00	0	0	0		11.00	
12.00		0.00	0	0	0		12.00	

RECLASSIFICATIONS

Provider CCN: 150074

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

Worksheet A-6
Date/Time Prepared:
5/29/2012 8:23 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
13.00	0.00	0	0	0		13.00	
14.00	0.00	0	0	0		14.00	
15.00	0.00	0	0	0		15.00	
16.00	0.00	0	0	0		16.00	
17.00	0.00	0	0	0		17.00	
18.00	0.00	0	0	0		18.00	
19.00	0.00	0	0	0		19.00	
20.00	0.00	0	0	0		20.00	
21.00	ADMINISTRATIVE & GENERAL	5.00	0	25,040	0	21.00	
	TOTALS		0	25,040			
2.00						2.00	
3.00						3.00	
4.00	5.00			73,213		4.00	
L - Allied Health Consulting Recl ass							
1.00			0	73,213		1.00	
M - Depreciation by CC							
1.00	0.00	0	0	0	9	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,719,615	9	2.00	
	TOTALS		0	5,719,615			
2.00		10.00	908,622			2.00	
N - Cafeteria Salary							
1.00						1.00	
2.00		10.00	908,622	0		2.00	
O - Cafeteria Recl ass							
1.00			0	707,724		1.00	
2.00		5.00		89,267		2.00	
3.00		21.00		733,970		3.00	
4.00		194.01		2,727,592		4.00	
P - Benefit Allocation							
1.00			0	3,550,829		1.00	
Q - PTO Allocation							
1.00	0.00	0	0	0	0	1.00	
2.00	0.00	0	0	0	0	2.00	
3.00	0.00	0	0	0	0	3.00	
4.00	0.00	0	0	0	0	4.00	
5.00	0.00	0	0	0	0	5.00	
6.00	0.00	0	0	0	0	6.00	
7.00	0.00	0	0	0	0	7.00	
8.00	0.00	0	0	0	0	8.00	
9.00	0.00	0	0	0	0	9.00	
10.00	0.00	0	0	0	0	10.00	
11.00	0.00	0	0	0	0	11.00	
12.00	0.00	0	0	0	0	12.00	
13.00	0.00	0	0	0	0	13.00	
14.00	0.00	0	0	0	0	14.00	
15.00	0.00	0	0	0	0	15.00	
16.00	0.00	0	0	0	0	16.00	
17.00	0.00	0	0	0	0	17.00	
18.00	0.00	0	0	0	0	18.00	
19.00	0.00	0	0	0	0	19.00	
20.00	0.00	0	0	0	0	20.00	
21.00	0.00	0	0	0	0	21.00	
22.00	0.00	0	0	0	0	22.00	
23.00	0.00	0	0	0	0	23.00	
24.00	0.00	0	0	0	0	24.00	
25.00	0.00	0	0	0	0	25.00	
26.00	0.00	0	0	0	0	26.00	
27.00	0.00	0	0	0	0	27.00	
28.00	0.00	0	0	0	0	28.00	
29.00	0.00	0	0	0	0	29.00	
30.00	0.00	0	0	0	0	30.00	
31.00	0.00	0	0	0	0	31.00	
32.00	0.00	0	0	0	0	32.00	
33.00	0.00	0	0	0	0	33.00	
34.00	0.00	0	0	0	0	34.00	
35.00	0.00	0	0	0	0	35.00	
36.00	0.00	0	0	0	0	36.00	
37.00	0.00	0	0	0	0	37.00	
38.00	0.00	0	0	0	0	38.00	
39.00	0.00	0	0	0	0	39.00	

RECLASSIFICATIONS

Provider CCN: 150074

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

Worksheet A-6
Date/Time Prepared:
5/29/2012 8:23 am

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
40.00	0.00	0	0	0			40.00
41.00	0.00	0	0	0			41.00
42.00	0.00	0	0	0			42.00
43.00	0.00	0	0	0			43.00
44.00	0.00	0	0	0			44.00
45.00	0.00	0	0	0			45.00
46.00	ADMINISTRATIVE & GENERAL	582,924	0	0			46.00
	TOTALS	582,924	0	0			
R - Pharm Resident Costs							
1.00	0.00	0	0	0			1.00
2.00	ALLIED HEALTH-PHARMACY	8,331	0	0			2.00
	TOTALS	8,331	0	0			
S - Pharmacy Residency Recl ass							
1.00	0.00	0	0	0			1.00
2.00	ALLIED HEALTH-PHARMACY	22,264	0	0			2.00
	TOTALS	22,264	0	0			
T - Drugs Charges to Pat							
1.00	0.00	0	0	0			1.00
2.00	EMPLOYEE BENEFITS	0	128,779	0			2.00
3.00	ADMINISTRATIVE & GENERAL	0	388,674	0			3.00
4.00	CENTRAL SERVICES & SUPPLY	0	1,045	0			4.00
5.00	PHARMACY	0	4,962,555	0			5.00
6.00	ADULTS & PEDIATRICS	0	29	0			6.00
7.00	OPERATING ROOM	0	1,288	0			7.00
8.00	RADIOLOGY-DIAGNOSTIC	0	8,310	0			8.00
9.00	RADIOLOGY-THERAPEUTIC	0	16,485,948	0			9.00
10.00	PHYSICAL THERAPY	0	3,029	0			10.00
11.00	ELECTROENCEPHALOGRAPHY	0	762	0			11.00
12.00	GALLAHUE MENTAL HEALTH	0	44,116	0			12.00
13.00	CENTER FOR WOUND HEALING	0	111,308	0			13.00
14.00	HEALTHY HEARTS CENTER	0	6	0			14.00
15.00	FAMILY PRACTICE	0	141,117	0			15.00
16.00	INFUSION CENTERS	0	2,247,515	0			16.00
17.00	PHYSICIANS' PRIVATE OFFICES	0	820	0			17.00
18.00	OCCUPATIONAL HEALTH	0	207,681	0			18.00
19.00	MEDCHECKS	0	209,212	0			19.00
20.00	SCHOOL BASED CLINICS	0	11,695	0			20.00
21.00	ON-SITE OCCUPATIONAL HEALTH CLINICS	0	86	0			21.00
	TOTALS	0	24,953,975	0			
U - Therapy Salary							
1.00	0.00	0	0	0			1.00
2.00	0.00	0	0	0			2.00
3.00	PHYSICAL THERAPY	795,597	0	0			3.00
	TOTALS	795,597	0	0			
V - Therapy Other							
1.00	0.00	0	0	0			1.00
2.00	0.00	0	0	0			2.00
3.00	PHYSICAL THERAPY	236,940	0	0			3.00
	TOTALS	236,940	0	0			
W - WELLNESS SCREENING OTHER EXPENSE							
1.00	0.00	0	0	0			1.00
2.00	MEDCHECKS	11,785	0	0			2.00
	TOTALS	11,785	0	0			
X - Dietary Food Service Allocation							
1.00	0.00	0	0	0			1.00
2.00	EMPLOYEE BENEFITS	0	2,541	0			2.00
3.00	ADMINISTRATIVE & GENERAL	0	52,542	0			3.00
4.00	OPERATION OF PLANT	0	5,147	0			4.00
5.00	HOUSEKEEPING	0	2,772	0			5.00
6.00	NURSING ADMINISTRATION	0	6,171	0			6.00
7.00	CENTRAL SERVICES & SUPPLY	0	70	0			7.00
8.00	PHARMACY	0	1,605	0			8.00
9.00	SOCIAL SERVICE	0	1,415	0			9.00
10.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	40,987	0			10.00
11.00	ADULTS & PEDIATRICS	0	156,196	0			11.00
12.00	INTENSIVE CARE UNIT	0	6,530	0			12.00
13.00	CORONARY CARE UNIT	0	6,902	0			13.00
14.00	OPERATING ROOM	0	712	0			14.00
15.00	RECOVERY ROOM	0	227	0			15.00
16.00	RADIOLOGY-DIAGNOSTIC	0	2,549	0			16.00
17.00	RADIOLOGY-THERAPEUTIC	0	16,301	0			17.00
18.00	CT SCAN	0	615	0			18.00

RECLASSIFICATIONS

Provider CCN: 150074

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

Worksheet A-6
Date/Time Prepared:
5/29/2012 8:23 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	152	0	19.00	
20.00	CARDIAC CATHETERIZATION	59.00	0	1,955	0	20.00	
21.00	LABORATORY	60.00	0	8	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0	20	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0	337	0	23.00	
24.00	PHYSICAL THERAPY	66.00	0	5,602	0	24.00	
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,619	0	25.00	
26.00	GALLAHUE MENTAL HEALTH	76.01	0	43,384	0	26.00	
27.00	CENTER FOR WOUND HEALING	76.04	0	162	0	27.00	
28.00	CARDIAC REHABILITATION	76.97	0	120	0	28.00	
29.00	HEALTHY HEARTS CENTER	90.22	0	116	0	29.00	
30.00	FAMILY PRACTICE	90.23	0	113	0	30.00	
31.00	INFUSION CENTERS	90.25	0	12	0	31.00	
32.00	DIABETIC CARE CENTER	90.27	0	865	0	32.00	
33.00	EMERGENCY	91.00	0	8,265	0	33.00	
34.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,089	0	34.00	
35.00	SCHOOL BASED CLINICS	194.03	0	203	0	35.00	
36.00	OTHER NON-REIMBURSABLE COST CENTERS	194.08	0	1,941	0	36.00	
	TOTALS		0	370,245			
2.00		5.00	3,536,741			2.00	
Y - ISC LLC Salary Recl ass							
1.00			3,536,741	0		1.00	
2.00		5.00		13,730,585		2.00	
Z - Recl ass ISC LLC Other Expense							
1.00			0	13,730,585		1.00	
AA - Hyperbaric Oxygen Therapy Salary Recl ass							
1.00		0.00	0	0	0	1.00	
2.00	CENTER FOR WOUND HEALING	76.04	102,897	0	0	2.00	
	TOTALS		102,897	0			
AB - HBOT Other							
1.00		0.00	0	0	0	1.00	
2.00	CENTER FOR WOUND HEALING	76.04	0	643,240	0	2.00	
	TOTALS		0	643,240			
2.00		54.00	81,379			2.00	
AC - Radiology School Allied Health							
1.00			81,379	0		1.00	
2.00		54.00		6,658		2.00	
AD - Radiology School Allied Health							
1.00			0	6,658		1.00	
AE - EMS ALLIED HEALTH SALARY RECLASS							
1.00		0.00	0	0	0	1.00	
2.00	EMERGENCY	91.00	37,969	0	0	2.00	
	TOTALS		37,969	0			
AF - ALLIED HEALTH EMS OTHER RECLASS							
1.00		0.00	0	0	0	1.00	
2.00	EMERGENCY	91.00	0	3,800	0	2.00	
	TOTALS		0	3,800			
AG - EIB LIABILITY RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	13,909	0	0	1.00	
2.00	OPERATION OF PLANT	7.00	6,679	0	0	2.00	
3.00	HOUSEKEEPING	9.00	5,365	0	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	2,423	0	0	4.00	
5.00	ALLIED HEALTH-RADIOLOGY	23.01	3,456	0	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	16,662	0	0	6.00	
7.00	INTENSIVE CARE UNIT	31.00	11,995	0	0	7.00	
8.00	CORONARY CARE UNIT	32.00	4,250	0	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	288	0	0	9.00	
10.00	RESPIRATORY THERAPY	65.00	6,825	0	0	10.00	
11.00	PHYSICAL THERAPY	66.00	1,904	0	0	11.00	
12.00	ELECTROCARDIOLOGY	69.00	1,514	0	0	12.00	
13.00	GALLAHUE MENTAL HEALTH	76.01	13,719	0	0	13.00	
14.00	HEALTHY HEARTS CENTER	90.22	2,109	0	0	14.00	
15.00	FAMILY PRACTICE	90.23	2,726	0	0	15.00	
16.00	PALLIATIVE CARE	90.24	4,876	0	0	16.00	
17.00	EMERGENCY	91.00	3,328	0	0	17.00	
	TOTALS		102,028	0			

Provider CCN: 150074

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

Worksheet A-6
Date/Time Prepared:
5/29/2012 8:23 am

Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	AH - CONTRACT LABOR RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	0	25,523	0		1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	1,980	0		2.00	
3.00	CORONARY CARE UNIT	32.00	0	12,364	0		3.00	
4.00	EMERGENCY	91.00	0	34,725	0		4.00	
	TOTALS		0	74,592				
500.00	Grand Total: Decreases		9,948,721	86,401,862			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150074

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/29/2012 8:23 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,210,933	0	0	0	1.00
2.00	Land Improvements	4,080,044	0	0	0	2.00
3.00	Buildings and Fixtures	155,772,101	7,281,236	0	7,281,236	3.00
4.00	Building Improvements	13,101,745	617,853	0	617,853	4.00
5.00	Fixed Equipment	14,310,591	0	0	0	5.00
6.00	Movable Equipment	238,826,303	10,899,697	0	10,899,697	6.00
7.00	HIT designated Assets	0	516,000	0	516,000	7.00
8.00	Subtotal (sum of lines 1-7)	428,301,717	19,314,786	0	19,314,786	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	428,301,717	19,314,786	0	19,314,786	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	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	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	0	0	0	1.000000	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150074

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/29/2012 8:23 am

		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,210,933	0		1.00	
2.00	Land Improvements	4,080,044	0		2.00	
3.00	Buildings and Fixtures	163,053,337	0		3.00	
4.00	Building Improvements	13,719,598	0		4.00	
5.00	Fixed Equipment	14,310,591	0		5.00	
6.00	Movable Equipment	249,676,221	0		6.00	
7.00	HIT designated Assets	516,000	0		7.00	
8.00	Subtotal (sum of lines 1-7)	447,566,724	0		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	447,566,724	0		10.00	
SUMMARY OF CAPITAL						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	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	
ALLOCATION OF OTHER CAPITAL						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	11,599,153	0
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	11,075,924	0
3.00	Total (sum of lines 1-2)	0	0	0	22,675,077	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150074

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	266,747	221,796	0	0	12,087,696	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	17,349	0	0	11,093,273	2.00
3.00	Total (sum of lines 1-2)	266,747	239,145	0	0	23,180,969	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150074

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

Worksheet A-8

Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT		1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP REL COSTS-MVBLE EQUIP		2.00
3.00 Investment income - other (chapter 2)		0			0.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-10,661	ADMINISTRATIVE & GENERAL		5.00
8.00 Television and radio service (chapter 21)	A	-11,818	CAP REL COSTS-MVBLE EQUIP		2.00
9.00 Parking lot (chapter 21)		0			0.00
10.00 Provider-based physician adjustment	A-8-2	-1,380,210			
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00
12.00 Related organization transactions (chapter 10)	A-8-1	11,275,745			
13.00 Laundry and linen service		0			0.00
14.00 Cafeteria-employees and guests		0			0.00
15.00 Rental of quarters to employee and others		0			0.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00
17.00 Sale of drugs to other than patients		0			0.00
18.00 Sale of medical records and abstracts		0			0.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00
20.00 Vending machines		0			0.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY		65.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY		66.00
25.00 Utilization review - physicians' compensation (chapter 21)			UTILIZATION REVIEW-SNF		114.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT		1.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP		2.00
28.00 Non-physician Anesthetist	A	-811,891	NONPHYSICIAN ANESTHETISTS		19.00
29.00 Physicians' assistant		0			0.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY		68.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0			0.00
33.00 Misc Revenue	B	-1,789,230	EMPLOYEE BENEFITS		4.00
33.01 Misc Revenue	B	-753,716	ADMINISTRATIVE & GENERAL		5.00
33.02 Misc Revenue	B	-1,035,371	OPERATION OF PLANT		7.00
33.03 Misc Revenue	B	-576	DIETARY		10.00
33.04 Misc Revenue	B	-63,262	NURSING ADMINISTRATION		13.00
33.05 Misc Revenue	B	-23,186	MEDICAL RECORDS & LIBRARY		16.00
33.06 Misc Revenue	B	-107	SOCIAL SERVICE		17.00
33.07 Misc Revenue	B	-10,741	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
33.08 Misc Revenue	B	-5,632	ALLIED HEALTH-RADIOLOGY		23.01
33.09 Misc Revenue	B	-189,835	ALLIED HEALTH-PHARMACY		23.02
33.10 Misc Revenue	B	-4,531	ADULTS & PEDIATRICS		30.00
33.11 Misc Revenue	B	-45	INTENSIVE CARE UNIT		31.00
33.12 Misc Revenue	B	-45	CORONARY CARE UNIT		32.00
33.13 Misc Revenue	B	-18,367	OPERATING ROOM		50.00
33.14 Misc Revenue	B	-11,096	RADIOLOGY-DIAGNOSTIC		54.00
33.15 Misc Revenue	B	-311,987	RADIOLOGY-THERAPEUTIC		55.00
33.16 Misc Revenue	B	-72,976	PHYSICAL THERAPY		66.00
33.17 Misc Revenue	B	-810	ELECTROENCEPHALOGRAPHY		70.00
33.18 Misc Revenue	B	-9,183	ENDOSCOPY		76.00
33.19 Misc Revenue	B	-17,179	GALLAHUE MENTAL HEALTH		76.01
33.20 Misc Revenue	B	-4,040	NEUROPSYCH		76.02

ADJUSTMENTS TO EXPENSES

Provider CCN: 150074

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

Worksheet A-8

Date/Time Prepared:
5/29/2012 8:23 am

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		
33.21	Misc Revenue	B	-11,675	CARDIAC REHABILITATION	76.97 33.21
33.22	Misc Revenue	B	-61,666	FAMILY PRACTICE	90.23 33.22
33.23	Misc Revenue	B	-14,971	PALLIATIVE CARE	90.24 33.23
33.24	Misc Revenue	B	-16,316	EMERGENCY	91.00 33.24
33.25	Misc Revenue	B	-40	LUTHERWOOD	76.03 33.25
38.00	Bad Debt Expense	A	-19,978,713	ADMINISTRATIVE & GENERAL	5.00 38.00
39.00	Bad Debt Expense	A	-22,338	OTHER NONREIMBURSABLE COST CENTERS	194.09 39.00
40.00	Bad Debt Expense	A	-472,982	INFUSION CENTERS	90.25 40.00
41.00	Bad Debt Expense	A	-9,550	OCCUPATIONAL HEALTH	194.01 41.00
42.00	Bad Debt Expense	A	-121,523	MEDCHECKS	194.02 42.00
43.00	PENSION ADJUSTMENT	A	4,523,792	EMPLOYEE BENEFITS	4.00 43.00
44.00	Non Allow Marketing Expense	A	-61,930	EMPLOYEE BENEFITS	4.00 44.00
45.00	Non Allow Marketing Expense	A	-13,869	ADMINISTRATIVE & GENERAL	5.00 45.00
46.00	Non Allow Marketing Expense	A	468	NURSING ADMINISTRATION	13.00 46.00
47.00	Non Allow Marketing Expense	A	-12,161	I&R SERVICES-SALARY & FRINGES APPRVD	21.00 47.00
48.00	Non Allow Marketing Expense	A	-6,666	ADULTS & PEDIATRICS	30.00 48.00
49.00	Non Allow Marketing Expense	A	-3,200	PHYSICAL THERAPY	66.00 49.00
49.01	Non Allow Marketing Expense	A	-1,723	FAMILY PRACTICE	90.23 49.01
49.02	Non Allow Marketing Expense	A	-3,852	OCCUPATIONAL HEALTH	194.01 49.02
49.03	Non Allow Marketing Expense	A	-2,500	MEDCHECKS	194.02 49.03
49.04	Non Allow Marketing Expense	A	-80	SCHOOL BASED CLINICS	194.03 49.04
49.05	Non Allow Marketing Expense	A	-6,779	OFFSITE CAMPUSES	194.06 49.05
49.06	PATIENT TELEPHONE DEPRECIATION	A	-137	CAP REL COSTS-MVBLE EQUIP	2.00 49.06
49.07	Depreciation Building Relifing Adj.	A	506,334	CAP REL COSTS-BLDG & FIXT	1.00 49.07
49.08	Meals on Wheels Cost	A	-62,191	CAFETERIA	11.00 49.08
49.10	Pharmacy Residency	A	-236,758	PHARMACY	15.00 49.10
49.11	Depreciation Carryforward	A	181,229	CAP REL COSTS-BLDG & FIXT	1.00 49.11
49.12	Depreciation Carryforward	A	228,007	CAP REL COSTS-MVBLE EQUIP	2.00 49.12
49.13	00 Non-Allow Interest Expense	A	-5,711	CAP REL COSTS-BLDG & FIXT	1.00 49.13
49.14	00 Non-Allow Interest Expense	A	-44,721	ADMINISTRATIVE & GENERAL	5.00 49.14
49.15	97 Non-Allow Interest Expense	A	-4,137	CAP REL COSTS-BLDG & FIXT	1.00 49.15
49.16	97 Non-Allow Interest Expense	A	-30,639	ADMINISTRATIVE & GENERAL	5.00 49.16
49.19	95 Non-Allow Interest Expense	A	-47,513	CAP REL COSTS-BLDG & FIXT	1.00 49.19
49.20	95 Non-Allow Interest Expense	A	-4,817	ADMINISTRATIVE & GENERAL	5.00 49.20
49.21	92 Non-Allow Interest Expense	A	-4,225	CAP REL COSTS-BLDG & FIXT	1.00 49.21
49.22	92 Non-Allow Interest Expense	A	-427	ADMINISTRATIVE & GENERAL	5.00 49.22
49.23	92A Non-Allow Interest Expense	A	-13,094	CAP REL COSTS-BLDG & FIXT	1.00 49.23
49.24	92A Non-Allow Interest Expense	A	-3,101	ADMINISTRATIVE & GENERAL	5.00 49.24
49.26	Gallahue Professional Fee	A	-1,143	ADMINISTRATIVE & GENERAL	5.00 49.26
49.27	Gallahue Professional Fee	A	-1,528,358	ADULTS & PEDIATRICS	30.00 49.27
49.28	Gallahue Professional Fee	A	-8,877,196	GALLAHUE MENTAL HEALTH	76.01 49.28
49.29	Gallahue Professional Fee	A	-700,857	LUTHERWOOD	76.03 49.29
49.30	Gallahue Professional Fee	A	-109,382	LIFECHECK	194.07 49.30
49.31	Gallahue Professional Fee	A	-612,325	OTHER NON-REIMBURSABLE COST CENTERS	194.08 49.31
49.50	Misc Rev MACL	B	-32,452	OPERATION OF PLANT	7.00 49.50
49.51	Misc Rev MACL	B	-1,237,727	PHARMACY	15.00 49.51
49.52	Misc Rev MACL	B	-169,944	I&R SERVICES-SALARY & FRINGES APPRVD	21.00 49.52
49.53	Misc Rev MACL	B	-99,984	ALLIED HEALTH-EMS	23.00 49.53
49.54	Misc Rev MACL	B	-7,650	INTENSIVE CARE UNIT	31.00 49.54
49.55	Misc Rev MACL	B	-30,142	GALLAHUE MENTAL HEALTH	76.01 49.55
49.56	Misc Rev MACL	B	-72	HEALTHY HEARTS CENTER	90.22 49.56
49.57	Misc Rev MACL	B	-755	FAMILY PRACTICE	90.23 49.57
49.58	Misc Revenue - Acct 35200	B	-32,819	DIETARY	10.00 49.58
49.59	Misc Revenue - Acct 35200	B	-31,780	ALLIED HEALTH-RADIOLOGY	23.01 49.59
49.60	Misc Revenue - Acct 35200	B	-250	ADULTS & PEDIATRICS	30.00 49.60
49.61	Misc Revenue - Acct 35200	B	-141,057	RADIOLOGY-DIAGNOSTIC	54.00 49.61
49.62	Misc Revenue - Acct 35200	B	-10,225	CLEARVISTA WOMEN'S CARE	90.01 49.62
49.66	Outside Corp Revenue	B	-1,167	LABORATORY	60.00 49.66
49.67	Leased Equipment CBI	B	-3,826,895	ADMINISTRATIVE & GENERAL	5.00 49.67
49.68	Space Rental Revenue CBI	B	-968,495	ADMINISTRATIVE & GENERAL	5.00 49.68
49.69	IHH Leased Employees	B	-248,936	ADMINISTRATIVE & GENERAL	5.00 49.69
49.70	IHH Leased Employees	B	-276,732	OPERATION OF PLANT	7.00 49.70
49.71	IHH Leased Employees	B	-209,716	NURSING ADMINISTRATION	13.00 49.71
49.72	IHH Leased Employees	B	-140,849	PHARMACY	15.00 49.72
49.73	IHH Leased Employees	B	-12,000	MEDICAL RECORDS & LIBRARY	16.00 49.73

Provider CCN: 150074
 Period: From 01/01/2011 To 12/31/2011
 Worksheet A-8
 Date/Time Prepared: 5/29/2012 8:23 am

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	
49.74 IHH Leased Employees	B	-6,856	RADIOLOGY-DIAGNOSTIC	54.00	49.74
49.75 IHH Leased Employees	B	-123,877	PHYSICAL THERAPY	66.00	49.75
49.76 IHH Leased Employees	B	-876	PALLIATIVE CARE	90.24	49.76
49.79 Purchased Discounts	B	-113,659	ADMINISTRATIVE & GENERAL	5.00	49.79
49.80 Space Rental Income IHH and OLI	B	-36,000	DIETARY	10.00	49.80
49.96 INTERHOSPITAL ALLOCATION PALLIATIVE CARE AND DCC	A	384,285	PALLIATIVE CARE	90.24	49.96
49.97 INTERHOSPITAL ALLOCATION PALLIATIVE CARE AND DCC	A	-8,456	DIABETIC CARE CENTER	90.27	49.97
49.98 INTERHOSPITAL ALLOCATION ALLIED HEALTH	A	141,127	ALLIED HEALTH-RADIOLOGY	23.01	49.98
49.99 INTERHOSPITAL ALLOCATION ALLIED HEALTH	A	351,829	ALLIED HEALTH-EMS	23.00	49.99
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-29,822,316			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150074

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

Worksheet A-8
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	0	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)	9	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - 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	Misc Revenue	0	33.00
33.01	Misc Revenue	0	33.01
33.02	Misc Revenue	0	33.02
33.03	Misc Revenue	0	33.03
33.04	Misc Revenue	0	33.04
33.05	Misc Revenue	0	33.05
33.06	Misc Revenue	0	33.06
33.07	Misc Revenue	0	33.07
33.08	Misc Revenue	0	33.08
33.09	Misc Revenue	0	33.09
33.10	Misc Revenue	0	33.10
33.11	Misc Revenue	0	33.11
33.12	Misc Revenue	0	33.12
33.13	Misc Revenue	0	33.13
33.14	Misc Revenue	0	33.14
33.15	Misc Revenue	0	33.15
33.16	Misc Revenue	0	33.16
33.17	Misc Revenue	0	33.17
33.18	Misc Revenue	0	33.18
33.19	Misc Revenue	0	33.19
33.20	Misc Revenue	0	33.20
33.21	Misc Revenue	0	33.21
33.22	Misc Revenue	0	33.22
33.23	Misc Revenue	0	33.23
33.24	Misc Revenue	0	33.24
33.25	Misc Revenue	0	33.25
38.00	Bad Debt Expense	0	38.00
39.00	Bad Debt Expense	0	39.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150074

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

Worksheet A-8
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
40.00	Bad Debt Expense	0	40.00
41.00	Bad Debt Expense	0	41.00
42.00	Bad Debt Expense	0	42.00
43.00	PENSION ADJUSTMENT	0	43.00
44.00	Non Allow Marketing Expense	0	44.00
45.00	Non Allow Marketing Expense	0	45.00
46.00	Non Allow Marketing Expense	0	46.00
47.00	Non Allow Marketing Expense	0	47.00
48.00	Non Allow Marketing Expense	0	48.00
49.00	Non Allow Marketing Expense	0	49.00
49.01	Non Allow Marketing Expense	0	49.01
49.02	Non Allow Marketing Expense	0	49.02
49.03	Non Allow Marketing Expense	0	49.03
49.04	Non Allow Marketing Expense	0	49.04
49.05	Non Allow Marketing Expense	0	49.05
49.06	PATIENT TELEPHONE DEPRECIATION	9	49.06
49.07	Depreciation Building Relifing Adj.	9	49.07
49.08	Meals on Wheels Cost	0	49.08
49.10	Pharmacy Residency	0	49.10
49.11	Depreciation Carryforward	9	49.11
49.12	Depreciation Carryforward	9	49.12
49.13	00 Non-Allow Interest Expense	11	49.13
49.14	00 Non-Allow Interest Expense	0	49.14
49.15	97 Non-Allow Interest Expense	11	49.15
49.16	97 Non-Allow Interest Expense	0	49.16
49.19	95 Non-Allow Interest Expense	11	49.19
49.20	95 Non-Allow Interest Expense	0	49.20
49.21	92 Non-Allow Interest Expense	11	49.21
49.22	92 Non-Allow Interest Expense	0	49.22
49.23	92A Non- Allow Interest Expense	11	49.23
49.24	92A Non- Allow Interest Expense	0	49.24
49.26	Gallahue Professional Fee	0	49.26
49.27	Gallahue Professional Fee	0	49.27
49.28	Gallahue Professional Fee	0	49.28
49.29	Gallahue Professional Fee	0	49.29
49.30	Gallahue Professional Fee	0	49.30
49.31	Gallahue Professional Fee	0	49.31
49.50	Misc Rev MACL	0	49.50
49.51	Misc Rev MACL	0	49.51
49.52	Misc Rev MACL	0	49.52
49.53	Misc Rev MACL	0	49.53
49.54	Misc Rev MACL	0	49.54
49.55	Misc Rev MACL	0	49.55
49.56	Misc Rev MACL	0	49.56
49.57	Misc Rev MACL	0	49.57
49.58	Misc Revenue - Acct 35200	0	49.58
49.59	Misc Revenue - Acct 35200	0	49.59
49.60	Misc Revenue - Acct 35200	0	49.60
49.61	Misc Revenue - Acct 35200	0	49.61
49.62	Misc Revenue - Acct 35200	0	49.62
49.66	Outside Corp Revenue	0	49.66
49.67	Leased Equipment CBI	0	49.67
49.68	Space Rental Revenue CBI	0	49.68
49.69	IHH Leased Employees	0	49.69
49.70	IHH Leased Employees	0	49.70
49.71	IHH Leased Employees	0	49.71
49.72	IHH Leased Employees	0	49.72
49.73	IHH Leased Employees	0	49.73
49.74	IHH Leased Employees	0	49.74
49.75	IHH Leased Employees	0	49.75
49.76	IHH Leased Employees	0	49.76
49.79	Purchased Discounts	0	49.79
49.80	Space Rental Income IHH and OLI	0	49.80
49.96	INTERHOSPITAL ALLOCATION PALIATIVE CARE AND DCC	0	49.96
49.97	INTERHOSPITAL ALLOCATION PALIATIVE CARE AND DCC	0	49.97
49.98	INTERHOSPITAL ALLOCATION ALLIED HEALTH	0	49.98
49.99	INTERHOSPITAL ALLOCATION ALLIED HEALTH	0	49.99
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: 150074

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2012 8:23 am

	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	60.00	LABORATORY	MACL	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	INTERNS AND RESIDENTS	2.00
3.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	INTERNS AND RESIDENTS	3.00
4.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	4.00
4.01	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	4.01
4.02	4.00	EMPLOYEE BENEFITS	HOME OFFICE	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	4.03
4.04	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	4.04
4.05	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	HOME OFFICE	4.05
4.06	194.01	OCCUPATIONAL HEALTH	HOME OFFICE	4.06
4.07	7.00	OPERATION OF PLANT	1400 NORTH RITTER POB	4.07
4.08	13.00	NURSING ADMINISTRATION	1400 NORTH RITTER POB	4.08
4.09	55.00	RADIOLOGY-THERAPEUTIC	1400 NORTH RITTER POB	4.09
4.10	70.00	ELECTROENCEPHALOGRAPHY	1400 NORTH RITTER POB	4.10
4.11	192.00	PHYSICIANS' PRIVATE OFFICES	1400 NORTH RITTER POB	4.11
4.12	5.00	ADMINISTRATIVE & GENERAL	7250 CLEARVISTA POB	4.12
4.13	76.02	NEUROPSYCH	7250 CLEARVISTA POB	4.13
4.14	194.07	LIFECHECK	7250 CLEARVISTA POB	4.14
4.15	4.00	EMPLOYEE BENEFITS	8180 CLEARVISTA POB	4.15
4.16	66.00	PHYSICAL THERAPY	8180 CLEARVISTA POB	4.16
4.17	30.00	ADULTS & PEDIATRICS	1550 EAST COUNTY LINE POB	4.17
4.18	55.00	RADIOLOGY-THERAPEUTIC	1550 EAST COUNTY LINE POB	4.18
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	B	CHN' W	100.00	6.00
7.00			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: 150074

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

Worksheet A-8-1

Date/Time Prepared: 5/29/2012 8:23 am

	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	3,948,681	4,574,355	-625,674	0	1.00
2.00	2,669,138	2,920,141	-251,003	0	2.00
3.00	1,063,052	1,163,020	-99,968	0	3.00
4.00	5,191,975	0	5,191,975	9	4.00
4.01	2,663,695	0	2,663,695	9	4.01
4.02	2,809,670	0	2,809,670	0	4.02
4.03	30,475,005	29,306,462	1,168,543	0	4.03
4.04	2,469,857	0	2,469,857	0	4.04
4.05	0	671,808	-671,808	0	4.05
4.06	0	1,454,739	-1,454,739	0	4.06
4.07	151,978	121,466	30,512	0	4.07
4.08	28,159	22,505	5,654	0	4.08
4.09	135,609	108,383	27,226	0	4.09
4.10	89,305	71,376	17,929	0	4.10
4.11	46,410	66,436	-20,026	0	4.11
4.12	61,216	42,386	18,830	0	4.12
4.13	25,003	47,472	-22,469	0	4.13
4.14	25,003	17,312	7,691	0	4.14
4.15	14,114	14,814	-700	0	4.15
4.16	4,164	4,371	-207	0	4.16
4.17	4,792	3,406	1,386	0	4.17
4.18	65,040	55,669	9,371	0	4.18
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	51,941,866	40,666,121	11,275,745	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		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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150074

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 8:23 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	4.00	DR. A	16,000	0	1.00
2.00	5.00	DR. B	170,951	170,951	2.00
3.00	5.00	DR. C	250,000	0	3.00
4.00	59.00	DR. D	155,961	0	4.00
5.00	5.00	DR. E	50,400	0	5.00
6.00	5.00	DR. F	11,700	0	6.00
7.00	5.00	DR. G	110,800	0	7.00
8.00	5.00	DR. H	2,400	0	8.00
9.00	5.00	DR. I	115,200	0	9.00
10.00	5.00	DR. J	17,550	0	10.00
11.00	5.00	DR. K	22,100	0	11.00
12.00	5.00	DR. L	63,700	0	12.00
13.00	17.00	DR. M	650	0	13.00
14.00	19.00	DR. N	20,000	0	14.00
15.00	30.00	DR. O	32,500	0	15.00
16.00	30.00	DR. P	25,000	0	16.00
17.00	30.00	DR. Q	540,000	500,000	17.00
18.00	50.00	DR. S	60,000	0	18.00
19.00	60.00	DR. T	125,004	0	19.00
20.00	66.00	DR. U	36,560	36,560	20.00
21.00	70.00	DR. V	10,400	0	21.00
22.00	90.01	DR. W	8,700	0	22.00
23.00	91.00	DR. X	599,375	399,375	23.00
24.00	23.00	DR. Y	36,000	0	24.00
200.00			2,480,951	1,106,886	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150074

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 8:23 am

	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	16,000	138,700	160	10,669	533	1.00
2.00	0	0	0	0	0	2.00
3.00	250,000	208,000	8,760	876,000	43,800	3.00
4.00	155,961	177,200	306	26,069	1,303	4.00
5.00	50,400	208,000	1,008	100,800	5,040	5.00
6.00	11,700	177,200	212	18,061	903	6.00
7.00	110,800	177,200	2,028	172,770	8,639	7.00
8.00	2,400	177,200	48	4,089	204	8.00
9.00	115,200	177,200	2,920	248,762	12,438	9.00
10.00	17,550	177,200	318	27,091	1,355	10.00
11.00	22,100	177,200	396	33,736	1,687	11.00
12.00	63,700	177,200	1,176	100,186	5,009	12.00
13.00	650	177,200	65	5,538	277	13.00
14.00	20,000	200,300	200	19,260	963	14.00
15.00	32,500	177,200	247	21,043	1,052	15.00
16.00	25,000	177,200	250	21,298	1,065	16.00
17.00	40,000	177,200	338	28,795	1,440	17.00
18.00	60,000	208,000	1,300	130,000	6,500	18.00
19.00	125,004	215,700	504	52,266	2,613	19.00
20.00	0	0	0	0	0	20.00
21.00	10,400	177,200	104	8,860	443	21.00
22.00	8,700	165,600	87	6,927	346	22.00
23.00	200,000	177,200	2,000	170,385	8,519	23.00
24.00	36,000	177,200	360	30,669	1,533	24.00
200.00	1,374,065		22,787	2,113,274	105,662	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150074

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 8:23 am

	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	10,669	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	876,000	3.00
4.00	0	0	0	0	26,069	4.00
5.00	0	0	0	0	100,800	5.00
6.00	0	0	0	0	18,061	6.00
7.00	0	0	0	0	172,770	7.00
8.00	0	0	0	0	4,089	8.00
9.00	0	0	0	0	248,762	9.00
10.00	0	0	0	0	27,091	10.00
11.00	0	0	0	0	33,736	11.00
12.00	0	0	0	0	100,186	12.00
13.00	0	0	0	0	5,538	13.00
14.00	0	0	0	0	19,260	14.00
15.00	0	0	0	0	21,043	15.00
16.00	0	0	0	0	21,298	16.00
17.00	0	0	0	0	28,795	17.00
18.00	0	0	0	0	130,000	18.00
19.00	0	0	0	0	52,266	19.00
20.00	0	0	0	0	0	20.00
21.00	0	0	0	0	8,860	21.00
22.00	0	0	0	0	6,927	22.00
23.00	0	0	0	0	170,385	23.00
24.00	0	0	0	0	30,669	24.00
200.00	0	0	0	0	2,113,274	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150074

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 8:23 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	5,331	5,331	1.00
2.00	0	170,951	2.00
3.00	0	0	3.00
4.00	129,892	129,892	4.00
5.00	0	0	5.00
6.00	0	0	6.00
7.00	0	0	7.00
8.00	0	0	8.00
9.00	0	0	9.00
10.00	0	0	10.00
11.00	0	0	11.00
12.00	0	0	12.00
13.00	0	0	13.00
14.00	740	740	14.00
15.00	11,457	11,457	15.00
16.00	3,702	3,702	16.00
17.00	11,205	511,205	17.00
18.00	0	0	18.00
19.00	72,738	72,738	19.00
20.00	0	36,560	20.00
21.00	1,540	1,540	21.00
22.00	1,773	1,773	22.00
23.00	29,615	428,990	23.00
24.00	5,331	5,331	24.00
200.00	273,324	1,380,210	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT	12,087,696	12,087,696				1.00
2.00 CAP REL COSTS-MVBLE EQUIP	11,093,273		11,093,273			2.00
4.00 EMPLOYEE BENEFITS	23,671,513	101,614	9,927	23,783,054		4.00
5.00 ADMINISTRATIVE & GENERAL	28,884,066	2,083,863	7,680,636	1,000,976	39,649,541	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	6,644,618	1,907,897	266,685	907,087	9,726,287	7.00
8.00 LAUNDRY & LINEN SERVICE	749,529	0	120	0	749,649	8.00
9.00 HOUSEKEEPING	2,412,062	277,704	9,811	335,169	3,034,746	9.00
10.00 DIETARY	771,174	202,825	12,987	98,694	1,085,680	10.00
11.00 CAFETERIA	1,554,155	359,191	22,998	174,773	2,111,117	11.00
13.00 NURSING ADMINISTRATION	2,852,378	206,524	37,899	1,032,711	4,129,512	13.00
14.00 CENTRAL SERVICES & SUPPLY	879,485	0	33,936	0	913,421	14.00
15.00 PHARMACY	2,151,150	140,921	47,764	561,124	2,900,959	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,845,154	62,641	160	74,413	2,982,368	16.00
17.00 SOCIAL SERVICE	2,043,255	103,736	29	353,331	2,500,351	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	5,826	141,578	147,404	19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	1,063,052	29,506	2,403	223,706	1,318,667	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,669,138	0	0	399,529	3,068,667	22.00
23.00 ALLIED HEALTH-EMS	555,253	135,153	1,690	58,636	750,732	23.00
23.01 ALLIED HEALTH-RADIOLOGY	265,639	19,688	4,266	44,432	334,025	23.01
23.02 ALLIED HEALTH-PHARMACY	70,632	7,889	0	44,101	122,622	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	19,808,331	2,073,257	105,559	4,200,432	26,187,579	30.00
31.00 INTENSIVE CARE UNIT	2,724,701	212,503	61,719	424,083	3,423,006	31.00
32.00 CORONARY CARE UNIT	2,981,372	282,472	17,558	478,890	3,760,292	32.00
43.00 NURSERY	711,806	116,043	19,068	109,845	956,762	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	3,296,274	566,663	298,379	312,110	4,473,426	50.00
51.00 RECOVERY ROOM	1,054,174	172,600	1,747	161,824	1,390,345	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,609,972	269,201	44,237	240,813	2,164,223	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	5,345,164	546,729	287,159	339,816	6,518,868	54.00
55.00 RADIOLOGY-THERAPEUTIC	18,194,938	346,498	812,749	1,049,251	20,403,436	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	1,461,933	50,702	78,908	171,833	1,763,376	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	962,288	91,849	205,364	112,716	1,372,217	58.00
59.00 CARDIAC CATHETERIZATION	467,448	96,039	174,085	73,119	810,691	59.00
60.00 LABORATORY	5,918,078	176,756	6,456	0	6,101,290	60.00
64.00 INTRAVENOUS THERAPY	320,230	10,344	0	57,391	387,965	64.00
65.00 RESPIRATORY THERAPY	1,674,394	54,980	64,333	291,770	2,085,477	65.00
66.00 PHYSICAL THERAPY	2,318,071	321,323	47,833	424,395	3,111,622	66.00
67.00 OCCUPATIONAL THERAPY	688,358	82,838	11,410	102,022	884,628	67.00
68.00 SPEECH PATHOLOGY	344,179	41,410	5,705	51,011	442,305	68.00
69.00 ELECTROCARDIOLOGY	1,300,695	22,739	8,152	88,617	1,420,203	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,166,656	61,028	111,933	267,736	1,607,353	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,686,576	0	0	0	7,686,576	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	10,424,615	0	0	0	10,424,615	72.00
73.00 DRUGS CHARGED TO PATIENTS	24,953,975	0	0	0	24,953,975	73.00
74.00 RENAL DIALYSIS	520,510	0	401	0	520,911	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 ENDOSCOPY	322,370	0	25,633	41,712	389,715	76.00
76.01 GALLAHUE MENTAL HEALTH	6,557,911	21,950	80,471	2,177,570	8,837,902	76.01
76.02 NEUROPSYCH	777,080	0	1,199	132,908	911,187	76.02
76.03 LUTHERWOOD	168,281	0	1,503	133,254	303,038	76.03
76.04 CENTER FOR WOUND HEALING	471,853	58,030	11,567	29,861	571,311	76.04
76.97 CARDIAC REHABILITATION	145,804	68,549	3,799	23,591	241,743	76.97
76.98 HYPERBARIC OXYGEN THERAPY	746,137	38,587	7,689	19,792	812,205	76.98
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 CLEARVISTA WOMEN'S CARE	-11,998	0	0	0	-11,998	90.01
90.02 COUNTY LINE MEDICAL PAVILION	0	0	0	0	0	90.02
90.03 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.03
90.04 DIABETES & ENDOCRINOLOGY CONSULTANTS	1,252	0	0	0	1,252	90.04
90.05 FAMILY MEDICINE OF GREENFIELD	1,252	0	0	0	1,252	90.05
90.06 GEIST FAMILY MEDICINE & PEDIATRICS	1,252	0	0	0	1,252	90.06
90.07 INTERNAL MEDICINE ASSOCIATES	1,252	0	0	0	1,252	90.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	4.00	4A	
90.08 OLIO ROAD FAMILY CARE	1,252	0	0	0	1,252	90.08
90.09 CARDIOVASCULAR EAST	1,252	0	0	0	1,252	90.09
90.10 CARDIOVASCULAR NORTH	1,252	0	0	0	1,252	90.10
90.11 CARDIOVASCULAR SOUTH	1,252	0	0	0	1,252	90.11
90.12 NORTHEAST FAMILY PHYSICIANS	1,252	0	0	0	1,252	90.12
90.13 ANDERSON FAMILY HEALTH	1,252	0	0	0	1,252	90.13
90.14 BROADWAY FAMILY MEDICINE	1,252	0	0	0	1,252	90.14
90.15 CASTLETON FAMILY PHYSICIANS	1,252	0	0	0	1,252	90.15
90.16 FALL CREEK FAMILY MEDICINE	1,252	0	0	0	1,252	90.16
90.17 FAMILY PRACTICE ASSOCIATES OF ELWOOD	1,252	0	0	0	1,252	90.17
90.18 INTERNAL MEDICINE OF CARMEL	1,252	0	0	0	1,252	90.18
90.19 NORTHEAST OTOLARNGOLOGY NOBLESVILLE	1,252	0	0	0	1,252	90.19
90.20 INTERNAL MEDICINE OF CARMEL	1,252	0	0	0	1,252	90.20
90.21 DIABETES, IM AND ENDOCRINOLOGY	1,252	0	0	0	1,252	90.21
90.22 HEALTHY HEARTS CENTER	805,997	60,625	2,534	124,936	994,092	90.22
90.23 FAMILY PRACTICE	1,996,760	0	46,214	243,246	2,286,220	90.23
90.24 PALLIATIVE CARE	651,062	0	0	79,111	730,173	90.24
90.25 INFUSION CENTERS	213,624	0	1,179	32,302	247,105	90.25
90.26 SPINE CENTER	0	0	0	0	0	90.26
90.27 DIABETIC CARE CENTER	429,575	0	4,061	80,318	513,954	90.27
91.00 EMERGENCY	5,772,265	456,282	67,299	871,320	7,167,166	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)	238,267,217	11,939,149	10,753,040	18,397,855	232,393,238	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	12,810,290	60,327	108,733	1,526,129	14,505,479	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 OCCUPATIONAL HEALTH	8,987,123	52,718	52,182	1,222,290	10,314,313	194.01
194.02 MEDCHECKS	8,596,156	0	92,821	1,294,108	9,983,085	194.02
194.03 SCHOOL BASED CLINICS	1,031,164	0	1,130	171,950	1,204,244	194.03
194.04 ON-SITE OCCUPATIONAL HEALTH CLINICS	294,689	0	2,448	51,565	348,702	194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 OFFSITE CAMPUSES	831,523	0	52,356	0	883,879	194.06
194.07 LI FEHECK	25,874	0	2,272	19,374	47,520	194.07
194.08 OTHER NON-REIMBURSABLE COST CENTERS	2,431,651	35,502	28,291	419,494	2,914,938	194.08
194.09 OTHER NONREIMBURSABLE COST CENTERS	17,267,326	0	0	680,289	17,947,615	194.09
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)	290,543,013	12,087,696	11,093,273	23,783,054	290,543,013	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 8:23 am

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	39,649,541					5.00
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	1,537,006	0	11,263,293			7.00
8.00	LAUNDRY & LINEN SERVICE	118,464	0	0	868,113		8.00
9.00	HOUSEKEEPING	479,569	0	391,260	0	3,905,575	9.00
10.00	DIETARY	171,566	0	285,763	0	102,655	10.00
11.00	CAFETERIA	333,611	0	506,069	0	181,796	11.00
13.00	NURSING ADMINISTRATION	652,570	0	290,975	7,196	104,527	13.00
14.00	CENTRAL SERVICES & SUPPLY	144,344	0	0	0	0	14.00
15.00	PHARMACY	458,427	0	198,545	0	71,323	15.00
16.00	MEDICAL RECORDS & LIBRARY	471,292	0	88,256	0	31,704	16.00
17.00	SOCIAL SERVICE	395,120	0	146,154	0	52,503	17.00
19.00	NONPHYSICIAN ANESTHETISTS	23,294	0	0	0	0	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	208,384	0	41,571	4,251	14,934	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	484,929	0	0	0	0	22.00
23.00	ALLIED HEALTH-EMS	118,635	0	190,418	0	68,404	23.00
23.01	ALLIED HEALTH-RADIOLOGY	52,785	0	27,739	0	9,965	23.01
23.02	ALLIED HEALTH-PHARMACY	19,377	0	11,115	0	3,993	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,138,268	0	2,921,036	397,303	1,049,328	30.00
31.00	INTENSIVE CARE UNIT	540,924	0	299,398	46,200	107,553	31.00
32.00	CORONARY CARE UNIT	594,224	0	397,978	50,714	142,966	32.00
43.00	NURSERY	151,193	0	163,494	13,550	58,732	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	706,918	0	798,378	30,435	286,802	50.00
51.00	RECOVERY ROOM	219,711	0	243,179	0	87,357	51.00
52.00	DELIVERY ROOM & LABOR ROOM	342,004	0	379,280	29,710	136,249	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,030,151	0	770,293	30,616	276,713	54.00
55.00	RADIOLOGY-THERAPEUTIC	3,224,273	0	488,186	27,829	175,372	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	278,659	0	71,435	31,237	25,662	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	216,846	0	129,407	15,915	46,487	58.00
59.00	CARDIAC CATHETERIZATION	128,110	0	135,311	7,473	48,608	59.00
60.00	LABORATORY	964,162	0	249,033	0	89,460	60.00
64.00	INTRAVENOUS THERAPY	61,309	0	14,573	0	5,235	64.00
65.00	RESPIRATORY THERAPY	329,560	0	77,462	0	27,827	65.00
66.00	PHYSICAL THERAPY	491,717	0	452,715	0	162,630	66.00
67.00	OCCUPATIONAL THERAPY	139,794	0	116,711	0	41,926	67.00
68.00	SPEECH PATHOLOGY	69,896	0	58,343	0	20,959	68.00
69.00	ELECTROCARDIOLOGY	224,429	0	32,037	0	11,509	69.00
70.00	ELECTROENCEPHALOGRAPHY	254,004	0	85,983	1,287	30,888	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,214,679	0	0	924	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	1,647,360	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	3,943,377	0	0	0	0	73.00
74.00	RENAL DIALYSIS	82,317	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	ENDOSCOPY	61,585	0	0	0	0	76.00
76.01	GALLAHUE MENTAL HEALTH	1,396,618	0	30,925	0	11,109	76.01
76.02	NEUROPSYCH	143,991	0	0	0	0	76.02
76.03	LUTHERWOOD	47,888	0	0	0	0	76.03
76.04	CENTER FOR WOUND HEALING	90,282	0	81,759	0	29,371	76.04
76.97	CARDIAC REHABILITATION	38,202	0	96,580	0	34,695	76.97
76.98	HYPERBARIC OXYGEN THERAPY	128,350	0	54,366	0	19,530	76.98
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	CLEARVISTA WOMEN'S CARE	0	0	0	0	0	90.01
90.02	COUNTY LINE MEDICAL PAVILION	0	0	0	0	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.03
90.04	DIABETES & ENDOCRINOLOGY CONSULTANTS	198	0	0	0	0	90.04
90.05	FAMILY MEDICINE OF GREENFIELD	198	0	0	0	0	90.05
90.06	GEIST FAMILY MEDICINE & PEDIATRICS	198	0	0	0	0	90.06
90.07	INTERNAL MEDICINE ASSOCIATES	198	0	0	0	0	90.07
90.08	OLIO ROAD FAMILY CARE	198	0	0	0	0	90.08
90.09	CARDIOVASCULAR EAST	198	0	0	0	0	90.09
90.10	CARDIOVASCULAR NORTH	198	0	0	0	0	90.10
90.11	CARDIOVASCULAR SOUTH	198	0	0	0	0	90.11
90.12	NORTHEAST FAMILY PHYSICIANS	198	0	0	0	0	90.12

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
90.13 ANDERSON FAMILY HEALTH	198	0	0	0	0	90.13
90.14 BROADWAY FAMILY MEDICINE	198	0	0	0	0	90.14
90.15 CASTLETON FAMILY PHYSICIANS	198	0	0	0	0	90.15
90.16 FALL CREEK FAMILY MEDICINE	198	0	0	0	0	90.16
90.17 FAMILY PRACTICE ASSOCIATES OF ELWOOD	198	0	0	0	0	90.17
90.18 INTERNAL MEDICINE OF CARMEL	198	0	0	0	0	90.18
90.19 NORTHEAST OTOLARNGOLOGY NOBLESVILLE	198	0	0	0	0	90.19
90.20 INTERNAL MEDICINE OF CARMEL	198	0	0	0	0	90.20
90.21 DIABETES, IM AND ENDOCRINOLOGY	198	0	0	0	0	90.21
90.22 HEALTHY HEARTS CENTER	157,092	0	85,415	535	30,684	90.22
90.23 FAMILY PRACTICE	361,282	0	0	0	0	90.23
90.24 PALLIATIVE CARE	115,386	0	0	0	0	90.24
90.25 INFUSION CENTERS	39,049	0	0	0	0	90.25
90.26 SPINE CENTER	0	0	0	0	0	90.26
90.27 DIABETIC CARE CENTER	81,218	0	0	0	0	90.27
91.00 EMERGENCY	1,132,599	0	642,862	169,353	230,936	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)	30,460,364	0	11,054,004	864,528	3,830,392	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	2,292,243	0	84,995	0	30,533	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 OCCUPATIONAL HEALTH	1,629,930	0	74,275	0	26,682	194.01
194.02 MEDCHECKS	1,577,587	0	0	0	0	194.02
194.03 SCHOOL BASED CLINICS	190,302	0	0	0	0	194.03
194.04 ON-SITE OCCUPATIONAL HEALTH CLINICS	55,104	0	0	0	0	194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 OFFSITE CAMPUSES	139,676	0	0	0	0	194.06
194.07 LI FE CHECK	7,509	0	0	0	0	194.07
194.08 OTHER NON-REIMBURSABLE COST CENTERS	460,636	0	50,019	3,585	17,968	194.08
194.09 OTHER NONREIMBURSABLE COST CENTERS	2,836,190	0	0	0	0	194.09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	39,649,541	0	11,263,293	868,113	3,905,575	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	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	1,645,664					10.00
11.00 CAFETERIA	0	3,132,593				11.00
13.00 NURSING ADMINISTRATION	0	239,337	5,424,117			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	1,057,765		14.00
15.00 PHARMACY	0	112,095	0	122,733	3,864,082	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	21,207	0	22	0	16.00
17.00 SOCIAL SERVICE	0	63,621	0	847	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	15,148	0	791	0	19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	66,651	0	1,239	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	21,207	0	0	0	22.00
23.00 ALLIED HEALTH-EMS	0	3,030	10,848	1,334	0	23.00
23.01 ALLIED HEALTH-RADIOLOGY	0	9,089	10,848	58	0	23.01
23.02 ALLIED HEALTH-PHARMACY	0	3,030	10,848	33	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	1,416,429	896,759	3,211,078	25,942	5	30.00
31.00 INTENSIVE CARE UNIT	88,039	93,917	336,295	6,384	0	31.00
32.00 CORONARY CARE UNIT	141,196	115,124	412,233	4,399	0	32.00
43.00 NURSERY	0	27,266	97,634	2,276	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	78,769	282,054	215,902	204	50.00
51.00 RECOVERY ROOM	0	36,355	0	2,458	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	60,592	216,965	4,989	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	81,799	0	7,541	1,314	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	245,397	0	430,683	2,606,990	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	42,414	0	6,234	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	27,266	0	2,569	0	58.00
59.00 CARDIAC CATHETERIZATION	0	15,148	0	46,002	0	59.00
60.00 LABORATORY	0	0	0	21,863	0	60.00
64.00 INTRAVENOUS THERAPY	0	12,118	0	1,953	0	64.00
65.00 RESPIRATORY THERAPY	0	69,681	0	4,922	0	65.00
66.00 PHYSICAL THERAPY	0	103,006	0	2,438	479	66.00
67.00 OCCUPATIONAL THERAPY	0	27,266	0	391	0	67.00
68.00 SPEECH PATHOLOGY	0	12,118	0	195	0	68.00
69.00 ELECTROCARDIOLOGY	0	27,266	0	190	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	42,414	0	2,830	120	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	784,749	73.00
74.00 RENAL DIALYSIS	0	0	0	15	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 ENDOSCOPY	0	12,118	0	3,354	0	76.00
76.01 GALLAHUE MENTAL HEALTH	0	157,539	0	5,740	6,976	76.01
76.02 NEUROPSYCH	0	27,266	0	628	0	76.02
76.03 LUTHERWOOD	0	0	0	538	0	76.03
76.04 CENTER FOR WOUND HEALING	0	3,030	0	4,212	17,602	76.04
76.97 CARDIAC REHABILITATION	0	9,089	0	248	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	6,059	0	3,190	0	76.98
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 CLEARVISTA WOMEN'S CARE	0	0	0	0	0	90.01
90.02 COUNTY LINE MEDICAL PAVILION	0	0	0	0	0	90.02
90.03 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.03
90.04 DIABETES & ENDOCRINOLOGY CONSULTANTS	0	0	0	0	0	90.04
90.05 FAMILY MEDICINE OF GREENFIELD	0	0	0	0	0	90.05
90.06 GEIST FAMILY MEDICINE & PEDIATRICS	0	0	0	0	0	90.06
90.07 INTERNAL MEDICINE ASSOCIATES	0	0	0	0	0	90.07
90.08 OLIO ROAD FAMILY CARE	0	0	0	0	0	90.08
90.09 CARDIOVASCULAR EAST	0	0	0	0	0	90.09
90.10 CARDIOVASCULAR NORTH	0	0	0	0	0	90.10
90.11 CARDIOVASCULAR SOUTH	0	0	0	0	0	90.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

Period:
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To 12/31/2011

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5/29/2012 8:23 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
90.12	NORTHEAST FAMILY PHYSICIANS	0	0	0	0	0	90.12
90.13	ANDERSON FAMILY HEALTH	0	0	0	0	0	90.13
90.14	BROADWAY FAMILY MEDICINE	0	0	0	0	0	90.14
90.15	CASTLETON FAMILY PHYSICIANS	0	0	0	0	0	90.15
90.16	FALL CREEK FAMILY MEDICINE	0	0	0	0	0	90.16
90.17	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	0	0	0	90.17
90.18	INTERNAL MEDICINE OF CARMEL	0	0	0	0	0	90.18
90.19	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	0	0	0	90.19
90.20	INTERNAL MEDICINE OF CARMEL	0	0	0	0	0	90.20
90.21	DIABETES, IM AND ENDOCRINOLOGY	0	0	0	0	0	90.21
90.22	HEALTHY HEARTS CENTER	0	33,325	0	2,379	1	90.22
90.23	FAMILY PRACTICE	0	0	0	5,287	22,315	90.23
90.24	PALLATIVE CARE	0	15,148	0	28	0	90.24
90.25	INFUSION CENTERS	0	0	0	55,004	355,409	90.25
90.26	SPINE CENTER	0	0	0	0	0	90.26
90.27	DIABETIC CARE CENTER	0	0	0	114	0	90.27
91.00	EMERGENCY	0	233,278	835,314	20,254	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)	1,645,664	3,065,942	5,424,117	1,018,209	3,796,164	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	21,207	0	3,186	130	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	OCCUPATIONAL HEALTH	0	0	0	13,905	32,841	194.01
194.02	MEDCHECKS	0	0	0	14,562	33,084	194.02
194.03	SCHOOL BASED CLINICS	0	0	0	873	1,849	194.03
194.04	ON-SITE OCCUPATIONAL HEALTH CLINICS	0	0	0	75	14	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OFFSITE CAMPUSES	0	0	0	231	0	194.06
194.07	LIFECHECK	0	0	0	26	0	194.07
194.08	OTHER NON-REIMBURSABLE COST CENTERS	0	45,444	0	6,698	0	194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,645,664	3,132,593	5,424,117	1,057,765	3,864,082	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description	INTERNS & RESIDENTS					
	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	16.00	17.00	19.00	21.00	22.00	
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
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY	3,594,849					16.00
17.00 SOCIAL SERVICE	0	3,158,596				17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	186,637			19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,655,697		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	3,574,803	22.00
23.00 ALLIED HEALTH-EMS	0	0	0	0	0	23.00
23.01 ALLIED HEALTH-RADIOLOGY	0	0	0	0	0	23.01
23.02 ALLIED HEALTH-PHARMACY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	338,085	2,608,296	0	190,245	410,756	30.00
31.00 INTENSIVE CARE UNIT	41,161	162,124	0	27,762	59,941	31.00
32.00 CORONARY CARE UNIT	43,517	260,007	0	0	0	32.00
43.00 NURSERY	21,667	128,169	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	137,709	0	186,637	7,809	16,861	50.00
51.00 RECOVERY ROOM	44,048	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	48,785	0	0	90,359	195,094	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	131,083	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	274,621	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	193,722	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	81,600	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	59,336	0	0	0	0	59.00
60.00 LABORATORY	280,061	0	0	0	0	60.00
64.00 INTRAVENOUS THERAPY	3,646	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	72,815	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	35,281	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	14,565	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	7,489	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	40,082	0	0	21,384	46,169	69.00
70.00 ELECTROENCEPHALOGRAPHY	42,914	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	79,193	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	118,751	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	824,775	0	0	0	0	73.00
74.00 RENAL DIALYSIS	8,535	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 ENDOSCOPY	11,347	0	0	3,925	8,475	76.00
76.01 GALLAHUE MENTAL HEALTH	181,612	0	0	59,408	128,267	76.01
76.02 NEUROPSYCH	5,632	0	0	0	0	76.02
76.03 LUTHERWOOD	7,449	0	0	0	0	76.03
76.04 CENTER FOR WOUND HEALING	13,914	0	0	0	0	76.04
76.97 CARDIAC REHABILITATION	2,236	0	0	0	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	9,364	0	0	0	0	76.98
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 CLEARVISTA WOMEN'S CARE	0	0	0	0	0	90.01
90.02 COUNTY LINE MEDICAL PAVILION	0	0	0	0	0	90.02
90.03 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.03
90.04 DIABETES & ENDOCRINOLOGY CONSULTANTS	0	0	0	0	0	90.04
90.05 FAMILY MEDICINE OF GREENFIELD	0	0	0	0	0	90.05
90.06 GEIST FAMILY MEDICINE & PEDIATRICS	0	0	0	0	0	90.06
90.07 INTERNAL MEDICINE ASSOCIATES	0	0	0	0	0	90.07
90.08 OLIO ROAD FAMILY CARE	0	0	0	0	0	90.08
90.09 CARDIOVASCULAR EAST	0	0	0	0	0	90.09

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description	INTERNS & RESIDENTS					
	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	16.00	17.00	19.00	21.00	22.00	
90.10 CARDIOVASCULAR NORTH	0	0	0	0	0	90.10
90.11 CARDIOVASCULAR SOUTH	0	0	0	0	0	90.11
90.12 NORTHEAST FAMILY PHYSICIANS	0	0	0	0	0	90.12
90.13 ANDERSON FAMILY HEALTH	0	0	0	0	0	90.13
90.14 BROADWAY FAMILY MEDICINE	0	0	0	0	0	90.14
90.15 CASTLETON FAMILY PHYSICIANS	0	0	0	0	0	90.15
90.16 FALL CREEK FAMILY MEDICINE	0	0	0	0	0	90.16
90.17 FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	0	0	0	90.17
90.18 INTERNAL MEDICINE OF CARMEL	0	0	0	0	0	90.18
90.19 NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	0	0	0	90.19
90.20 INTERNAL MEDICINE OF CARMEL	0	0	0	0	0	90.20
90.21 DIABETES, IM AND ENDOCRINOLOGY	0	0	0	0	0	90.21
90.22 HEALTHY HEARTS CENTER	8,564	0	0	0	0	90.22
90.23 FAMILY PRACTICE	22,935	0	0	1,160,479	2,505,583	90.23
90.24 PALLIATIVE CARE	1,423	0	0	22,365	48,288	90.24
90.25 INFUSION CENTERS	7,986	0	0	0	0	90.25
90.26 SPINE CENTER	0	0	0	16,314	35,223	90.26
90.27 DIABETIC CARE CENTER	3,830	0	0	9,813	21,187	90.27
91.00 EMERGENCY	375,116	0	0	45,834	98,959	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)	3,594,849	3,158,596	186,637	1,655,697	3,574,803	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02 MEDCHECKS	0	0	0	0	0	194.02
194.03 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04 ON-SITE OCCUPATIONAL HEALTH CLINICS	0	0	0	0	0	194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 OFFSITE CAMPUSES	0	0	0	0	0	194.06
194.07 LI FE CHECK	0	0	0	0	0	194.07
194.08 OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,594,849	3,158,596	186,637	1,655,697	3,574,803	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description	ALLIED HEALTH-EMS	ALLIED HEALTH-RADIOLOGY	ALLIED HEALTH-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	23.00	23.01	23.02			
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
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
19.00 NONPHYSICIAN ANESTHETISTS						19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00 ALLIED HEALTH-EMS	1,143,401					23.00
23.01 ALLIED HEALTH-RADIOLOGY	0	444,509				23.01
23.02 ALLIED HEALTH-PHARMACY	0	0	171,018			23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	0	0	43,791,109	-601,001	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	5,232,704	-87,703	31.00
32.00 CORONARY CARE UNIT	0	0	0	5,922,650	0	32.00
43.00 NURSERY	0	0	0	1,620,743	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	7,221,904	-24,670	50.00
51.00 RECOVERY ROOM	0	0	0	2,023,453	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	3,668,250	-285,453	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	444,509	0	9,292,887	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	27,876,787	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	2,412,739	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,892,307	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	1,250,679	0	59.00
60.00 LABORATORY	0	0	0	7,705,869	0	60.00
64.00 INTRAVENOUS THERAPY	0	0	0	486,799	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	2,667,744	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	4,359,888	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	1,225,281	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	611,305	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	1,823,269	-67,553	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	2,067,793	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,981,372	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,190,726	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	171,018	30,677,894	0	73.00
74.00 RENAL DIALYSIS	0	0	0	611,778	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 ENDOSCOPY	0	0	0	490,519	-12,400	76.00
76.01 GALLAHUE MENTAL HEALTH	0	0	0	10,816,096	-187,675	76.01
76.02 NEUROPSYCH	0	0	0	1,088,704	0	76.02
76.03 LUTHERWOOD	0	0	0	358,913	0	76.03
76.04 CENTER FOR WOUND HEALING	0	0	0	811,481	0	76.04
76.97 CARDIAC REHABILITATION	0	0	0	422,793	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	1,033,064	0	76.98
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 CLEARVISTA WOMEN'S CARE	0	0	0	-11,998	0	90.01
90.02 COUNTY LINE MEDICAL PAVILION	0	0	0	0	0	90.02
90.03 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.03
90.04 DIABETES & ENDOCRINOLOGY CONSULTANTS	0	0	0	1,450	0	90.04
90.05 FAMILY MEDICINE OF GREENFIELD	0	0	0	1,450	0	90.05
90.06 GEIST FAMILY MEDICINE & PEDIATRICS	0	0	0	1,450	0	90.06
90.07 INTERNAL MEDICINE ASSOCIATES	0	0	0	1,450	0	90.07
90.08 OLIO ROAD FAMILY CARE	0	0	0	1,450	0	90.08
90.09 CARDIOVASCULAR EAST	0	0	0	1,450	0	90.09

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description		ALLIED HEALTH-EMS	ALLIED HEALTH-RADIOLOGY	ALLIED HEALTH-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.00	23.01	23.02	24.00	25.00	
90.10	CARDIOVASCULAR NORTH	0	0	0	1,450	0	90.10
90.11	CARDIOVASCULAR SOUTH	0	0	0	1,450	0	90.11
90.12	NORTHEAST FAMILY PHYSICIANS	0	0	0	1,450	0	90.12
90.13	ANDERSON FAMILY HEALTH	0	0	0	1,450	0	90.13
90.14	BROADWAY FAMILY MEDICINE	0	0	0	1,450	0	90.14
90.15	CASTLETON FAMILY PHYSICIANS	0	0	0	1,450	0	90.15
90.16	FALL CREEK FAMILY MEDICINE	0	0	0	1,450	0	90.16
90.17	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	0	1,450	0	90.17
90.18	INTERNAL MEDICINE OF CARMEL	0	0	0	1,450	0	90.18
90.19	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	0	1,450	0	90.19
90.20	INTERNAL MEDICINE OF CARMEL	0	0	0	1,450	0	90.20
90.21	DIABETES, IM AND ENDOCRINOLOGY	0	0	0	1,450	0	90.21
90.22	HEALTHY HEARTS CENTER	0	0	0	1,312,087	0	90.22
90.23	FAMILY PRACTICE	0	0	0	6,364,101	-3,666,062	90.23
90.24	PALLIATIVE CARE	0	0	0	932,811	-70,653	90.24
90.25	INFUSION CENTERS	0	0	0	704,553	0	90.25
90.26	SPIRE CENTER	0	0	0	51,537	-51,537	90.26
90.27	DIABETIC CARE CENTER	0	0	0	630,116	-31,000	90.27
91.00	EMERGENCY	1,143,401	0	0	12,095,072	-144,793	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)	1,143,401	444,509	171,018	222,741,879	-5,230,500	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	16,937,773	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	OCCUPATIONAL HEALTH	0	0	0	12,091,946	0	194.01
194.02	MEDCHECKS	0	0	0	11,608,318	0	194.02
194.03	SCHOOL BASED CLINICS	0	0	0	1,397,268	0	194.03
194.04	ON-SITE OCCUPATIONAL HEALTH CLINICS	0	0	0	403,895	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OFFSITE CAMPUSES	0	0	0	1,023,786	0	194.06
194.07	LIFECHECK	0	0	0	55,055	0	194.07
194.08	OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	3,499,288	0	194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	20,783,805	0	194.09
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,143,401	444,509	171,018	290,543,013	-5,230,500	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description		Total	
		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
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
19.00	NONPHYSICIAN ANESTHETISTS		19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	ALLIED HEALTH-EMS		23.00
23.01	ALLIED HEALTH-RADIOLOGY		23.01
23.02	ALLIED HEALTH-PHARMACY		23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	43,190,108	30.00
31.00	INTENSIVE CARE UNIT	5,145,001	31.00
32.00	CORONARY CARE UNIT	5,922,650	32.00
43.00	NURSERY	1,620,743	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	7,197,234	50.00
51.00	RECOVERY ROOM	2,023,453	51.00
52.00	DELIVERY ROOM & LABOR ROOM	3,382,797	52.00
53.00	ANESTHESIOLOGY	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	9,292,887	54.00
55.00	RADIOLOGY-THERAPEUTIC	27,876,787	55.00
56.00	RADIOISOTOPE	0	56.00
57.00	CT SCAN	2,412,739	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,892,307	58.00
59.00	CARDIAC CATHETERIZATION	1,250,679	59.00
60.00	LABORATORY	7,705,869	60.00
64.00	INTRAVENOUS THERAPY	486,799	64.00
65.00	RESPIRATORY THERAPY	2,667,744	65.00
66.00	PHYSICAL THERAPY	4,359,888	66.00
67.00	OCCUPATIONAL THERAPY	1,225,281	67.00
68.00	SPEECH PATHOLOGY	611,305	68.00
69.00	ELECTROCARDIOLOGY	1,755,716	69.00
70.00	ELECTROENCEPHALOGRAPHY	2,067,793	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,981,372	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	12,190,726	72.00
73.00	DRUGS CHARGED TO PATIENTS	30,677,894	73.00
74.00	RENAL DIALYSIS	611,778	74.00
75.00	ASC (NON-DISTINCT PART)	0	75.00
76.00	ENDOSCOPY	478,119	76.00
76.01	GALLAHUE MENTAL HEALTH	10,628,421	76.01
76.02	NEUROPSYCH	1,088,704	76.02
76.03	LUTHERWOOD	358,913	76.03
76.04	CENTER FOR WOUND HEALING	811,481	76.04
76.97	CARDIAC REHABILITATION	422,793	76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,033,064	76.98
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	CLEARVISTA WOMEN'S CARE	-11,998	90.01
90.02	COUNTY LINE MEDICAL PAVILION	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	90.03
90.04	DIABETES & ENDOCRINOLOGY CONSULTANTS	1,450	90.04
90.05	FAMILY MEDICINE OF GREENFIELD	1,450	90.05
90.06	GEIST FAMILY MEDICINE & PEDIATRICS	1,450	90.06
90.07	INTERNAL MEDICINE ASSOCIATES	1,450	90.07
90.08	OLIO ROAD FAMILY CARE	1,450	90.08
90.09	CARDIOVASCULAR EAST	1,450	90.09
90.10	CARDIOVASCULAR NORTH	1,450	90.10
90.11	CARDIOVASCULAR SOUTH	1,450	90.11
90.12	NORTHEAST FAMILY PHYSICIANS	1,450	90.12
90.13	ANDERSON FAMILY HEALTH	1,450	90.13

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description		Total	
		26.00	
90.14	BROADWAY FAMILY MEDICINE	1,450	90.14
90.15	CASTLETON FAMILY PHYSICIANS	1,450	90.15
90.16	FALL CREEK FAMILY MEDICINE	1,450	90.16
90.17	FAMILY PRACTICE ASSOCIATES OF ELWOOD	1,450	90.17
90.18	INTERNAL MEDICINE OF CARMEL	1,450	90.18
90.19	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	1,450	90.19
90.20	INTERNAL MEDICINE OF CARMEL	1,450	90.20
90.21	DIABETES, IM AND ENDOCRINOLOGY	1,450	90.21
90.22	HEALTHY HEARTS CENTER	1,312,087	90.22
90.23	FAMILY PRACTICE	2,698,039	90.23
90.24	PALLIATIVE CARE	862,158	90.24
90.25	INFUSION CENTERS	704,553	90.25
90.26	SPINE CENTER	0	90.26
90.27	DIABETIC CARE CENTER	599,116	90.27
91.00	EMERGENCY	11,950,279	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)	217,511,379	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	RESEARCH	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	16,937,773	192.00
193.00	NONPAID WORKERS	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	OCCUPATIONAL HEALTH	12,091,946	194.01
194.02	MEDCHECKS	11,608,318	194.02
194.03	SCHOOL BASED CLINICS	1,397,268	194.03
194.04	ON-SITE OCCUPATIONAL HEALTH CLINICS	403,895	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	194.05
194.06	OFFSITE CAMPUSES	1,023,786	194.06
194.07	LIFECHECK	55,055	194.07
194.08	OTHER NON-REIMBURSABLE COST CENTERS	3,499,288	194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS	20,783,805	194.09
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	285,312,513	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
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	101,614	9,927	111,541	111,541	4.00
5.00	ADMINISTRATIVE & GENERAL	0	2,083,863	7,680,636	9,764,499	4,694	5.00
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	0	1,907,897	266,685	2,174,582	4,254	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	120	120	0	8.00
9.00	HOUSEKEEPING	0	277,704	9,811	287,515	1,572	9.00
10.00	DIETARY	0	202,825	12,987	215,812	463	10.00
11.00	CAFETERIA	0	359,191	22,998	382,189	820	11.00
13.00	NURSING ADMINISTRATION	0	206,524	37,899	244,423	4,843	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	33,936	33,936	0	14.00
15.00	PHARMACY	0	140,921	47,764	188,685	2,631	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	62,641	160	62,801	349	16.00
17.00	SOCIAL SERVICE	0	103,736	29	103,765	1,657	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	5,826	5,826	664	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	29,506	2,403	31,909	1,049	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	1,874	22.00
23.00	ALLIED HEALTH-EMS	0	135,153	1,690	136,843	275	23.00
23.01	ALLIED HEALTH-RADIOLOGY	0	19,688	4,266	23,954	208	23.01
23.02	ALLIED HEALTH-PHARMACY	0	7,889	0	7,889	207	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	2,073,257	105,559	2,178,816	19,706	30.00
31.00	INTENSIVE CARE UNIT	0	212,503	61,719	274,222	1,989	31.00
32.00	CORONARY CARE UNIT	0	282,472	17,558	300,030	2,246	32.00
43.00	NURSERY	0	116,043	19,068	135,111	515	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	566,663	298,379	865,042	1,464	50.00
51.00	RECOVERY ROOM	0	172,600	1,747	174,347	759	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	269,201	44,237	313,438	1,129	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	546,729	287,159	833,888	1,594	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	346,498	812,749	1,159,247	4,920	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	50,702	78,908	129,610	806	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	91,849	205,364	297,213	529	58.00
59.00	CARDIAC CATHETERIZATION	0	96,039	174,085	270,124	343	59.00
60.00	LABORATORY	0	176,756	6,456	183,212	0	60.00
64.00	INTRAVENOUS THERAPY	0	10,344	0	10,344	269	64.00
65.00	RESPIRATORY THERAPY	0	54,980	64,333	119,313	1,368	65.00
66.00	PHYSICAL THERAPY	0	321,323	47,833	369,156	1,990	66.00
67.00	OCCUPATIONAL THERAPY	0	82,838	11,410	94,248	478	67.00
68.00	SPEECH PATHOLOGY	0	41,410	5,705	47,115	239	68.00
69.00	ELECTROCARDIOLOGY	0	22,739	8,152	30,891	416	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	61,028	111,933	172,961	1,256	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	401	401	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	ENDOSCOPY	0	0	25,633	25,633	196	76.00
76.01	GALLAHUE MENTAL HEALTH	0	21,950	80,471	102,421	10,211	76.01
76.02	NEUROPSYCH	0	0	1,199	1,199	623	76.02
76.03	LUTHERWOOD	0	0	1,503	1,503	625	76.03
76.04	CENTER FOR WOUND HEALING	0	58,030	11,567	69,597	140	76.04
76.97	CARDIAC REHABILITATION	0	68,549	3,799	72,348	111	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	38,587	7,689	46,276	93	76.98
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	CLEARVISTA WOMEN'S CARE	0	0	0	0	0	90.01
90.02	COUNTY LINE MEDICAL PAVILION	0	0	0	0	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.03
90.04	DIABETES & ENDOCRINOLOGY CONSULTANTS	0	0	0	0	0	90.04
90.05	FAMILY MEDICINE OF GREENFIELD	0	0	0	0	0	90.05
90.06	GEIST FAMILY MEDICINE & PEDIATRICS	0	0	0	0	0	90.06
90.07	INTERNAL MEDICINE ASSOCIATES	0	0	0	0	0	90.07
90.08	OLIO ROAD FAMILY CARE	0	0	0	0	0	90.08

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

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

Worksheet B Part II Date/Time Prepared: 5/29/2012 8:23 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
90.09	CARDIOVASCULAR EAST	0	0	0	0	90.09
90.10	CARDIOVASCULAR NORTH	0	0	0	0	90.10
90.11	CARDIOVASCULAR SOUTH	0	0	0	0	90.11
90.12	NORTHEAST FAMILY PHYSICIANS	0	0	0	0	90.12
90.13	ANDERSON FAMILY HEALTH	0	0	0	0	90.13
90.14	BROADWAY FAMILY MEDICINE	0	0	0	0	90.14
90.15	CASTLETON FAMILY PHYSICIANS	0	0	0	0	90.15
90.16	FALL CREEK FAMILY MEDICINE	0	0	0	0	90.16
90.17	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	0	0	90.17
90.18	INTERNAL MEDICINE OF CARMEL	0	0	0	0	90.18
90.19	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	0	0	90.19
90.20	INTERNAL MEDICINE OF CARMEL	0	0	0	0	90.20
90.21	DIABETES, IM AND ENDOCRINOLOGY	0	0	0	0	90.21
90.22	HEALTHY HEARTS CENTER	60,625	2,534	63,159	586	90.22
90.23	FAMILY PRACTICE	0	46,214	46,214	1,141	90.23
90.24	PALLIATIVE CARE	0	0	0	371	90.24
90.25	INFUSION CENTERS	0	1,179	1,179	151	90.25
90.26	SPINE CENTER	0	0	0	0	90.26
90.27	DIABETIC CARE CENTER	0	4,061	4,061	377	90.27
91.00	EMERGENCY	0	456,282	456,282	4,086	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	67,299	67,299	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	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	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	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)	0	11,939,149	10,753,040	86,287	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	60,327	108,733	7,157	192.00
193.00	NONPAID WORKERS	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01	OCCUPATIONAL HEALTH	0	52,718	52,182	5,732	194.01
194.02	MEDCHECKS	0	0	92,821	6,069	194.02
194.03	SCHOOL BASED CLINICS	0	0	1,130	806	194.03
194.04	ON-SITE OCCUPATIONAL HEALTH CLINICS	0	0	2,448	242	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.05
194.06	OFFSITE CAMPUSES	0	0	52,356	0	194.06
194.07	LIFECHECK	0	0	2,272	91	194.07
194.08	OTHER NON-REIMBURSABLE COST CENTERS	0	35,502	28,291	1,967	194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	3,190	194.09
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	12,087,696	11,093,273	111,541	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150074		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 8:23 am	
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	9,769,193					5.00
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	378,703	0	2,557,539			7.00
8.00	LAUNDRY & LINEN SERVICE	29,188	0	0	29,308		8.00
9.00	HOUSEKEEPING	118,161	0	88,843	0	496,091	9.00
10.00	DIETARY	42,272	0	64,888	0	13,039	10.00
11.00	CAFETERIA	82,198	0	114,912	0	23,092	11.00
13.00	NURSING ADMINISTRATION	160,787	0	66,071	243	13,277	13.00
14.00	CENTRAL SERVICES & SUPPLY	35,565	0	0	0	0	14.00
15.00	PHARMACY	112,952	0	45,083	0	9,060	15.00
16.00	MEDICAL RECORDS & LIBRARY	116,121	0	20,040	0	4,027	16.00
17.00	SOCIAL SERVICE	97,354	0	33,187	0	6,669	17.00
19.00	NONPHYSICIAN ANESTHETISTS	5,739	0	0	0	0	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	51,344	0	9,440	144	1,897	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	119,482	0	0	0	0	22.00
23.00	ALLIED HEALTH-EMS	29,231	0	43,238	0	8,689	23.00
23.01	ALLIED HEALTH-RADIOLOGY	13,006	0	6,299	0	1,266	23.01
23.02	ALLIED HEALTH-PHARMACY	4,774	0	2,524	0	507	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,019,572	0	663,274	13,414	133,287	30.00
31.00	INTENSIVE CARE UNIT	133,278	0	67,984	1,560	13,662	31.00
32.00	CORONARY CARE UNIT	146,411	0	90,368	1,712	18,160	32.00
43.00	NURSERY	37,252	0	37,124	457	7,460	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	174,177	0	181,286	1,027	36,430	50.00
51.00	RECOVERY ROOM	54,134	0	55,218	0	11,096	51.00
52.00	DELIVERY ROOM & LABOR ROOM	84,266	0	86,123	1,003	17,307	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	253,819	0	174,909	1,034	35,148	54.00
55.00	RADIOLOGY-THERAPEUTIC	794,428	0	110,852	940	22,276	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	68,659	0	16,221	1,055	3,260	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	53,429	0	29,384	537	5,905	58.00
59.00	CARDIAC CATHETERIZATION	31,565	0	30,725	252	6,174	59.00
60.00	LABORATORY	237,560	0	56,548	0	11,363	60.00
64.00	INTRAVENOUS THERAPY	15,106	0	3,309	0	665	64.00
65.00	RESPIRATORY THERAPY	81,200	0	17,589	0	3,535	65.00
66.00	PHYSICAL THERAPY	121,154	0	102,797	0	20,657	66.00
67.00	OCCUPATIONAL THERAPY	34,444	0	26,501	0	5,326	67.00
68.00	SPEECH PATHOLOGY	17,222	0	13,248	0	2,662	68.00
69.00	ELECTROCARDIOLOGY	55,297	0	7,275	0	1,462	69.00
70.00	ELECTROENCEPHALOGRAPHY	62,584	0	19,524	43	3,923	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	299,285	0	0	31	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	405,893	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	971,608	0	0	0	0	73.00
74.00	RENAL DIALYSIS	20,282	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	ENDOSCOPY	15,174	0	0	0	0	76.00
76.01	GALLAHUE MENTAL HEALTH	344,113	0	7,022	0	1,411	76.01
76.02	NEUROPSYCH	35,478	0	0	0	0	76.02
76.03	LUTHERWOOD	11,799	0	0	0	0	76.03
76.04	CENTER FOR WOUND HEALING	22,245	0	18,565	0	3,731	76.04
76.97	CARDIAC REHABILITATION	9,413	0	21,930	0	4,407	76.97
76.98	HYPERBARIC OXYGEN THERAPY	31,624	0	12,345	0	2,481	76.98
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	CLEARVISTA WOMEN'S CARE	0	0	0	0	0	90.01
90.02	COUNTY LINE MEDICAL PAVILION	0	0	0	0	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.03
90.04	DIABETES & ENDOCRINOLOGY CONSULTANTS	49	0	0	0	0	90.04
90.05	FAMILY MEDICINE OF GREENFIELD	49	0	0	0	0	90.05
90.06	GEIST FAMILY MEDICINE & PEDIATRICS	49	0	0	0	0	90.06
90.07	INTERNAL MEDICINE ASSOCIATES	49	0	0	0	0	90.07
90.08	OLIO ROAD FAMILY CARE	49	0	0	0	0	90.08
90.09	CARDIOVASCULAR EAST	49	0	0	0	0	90.09
90.10	CARDIOVASCULAR NORTH	49	0	0	0	0	90.10
90.11	CARDIOVASCULAR SOUTH	49	0	0	0	0	90.11
90.12	NORTHEAST FAMILY PHYSICIANS	49	0	0	0	0	90.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
90.13 ANDERSON FAMILY HEALTH	49	0	0	0	0	90.13
90.14 BROADWAY FAMILY MEDICINE	49	0	0	0	0	90.14
90.15 CASTLETON FAMILY PHYSICIANS	49	0	0	0	0	90.15
90.16 FALL CREEK FAMILY MEDICINE	49	0	0	0	0	90.16
90.17 FAMILY PRACTICE ASSOCIATES OF ELWOOD	49	0	0	0	0	90.17
90.18 INTERNAL MEDICINE OF CARMEL	49	0	0	0	0	90.18
90.19 NORTHEAST OTOLARNGOLOGY NOBLESVILLE	49	0	0	0	0	90.19
90.20 INTERNAL MEDICINE OF CARMEL	49	0	0	0	0	90.20
90.21 DIABETES, IM AND ENDOCRINOLOGY	49	0	0	0	0	90.21
90.22 HEALTHY HEARTS CENTER	38,706	0	19,395	18	3,897	90.22
90.23 FAMILY PRACTICE	89,016	0	0	0	0	90.23
90.24 PALLIATIVE CARE	28,430	0	0	0	0	90.24
90.25 INFUSION CENTERS	9,621	0	0	0	0	90.25
90.26 SPINE CENTER	0	0	0	0	0	90.26
90.27 DIABETIC CARE CENTER	20,011	0	0	0	0	90.27
91.00 EMERGENCY	279,061	0	145,974	5,717	29,334	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)	7,505,075	0	2,510,015	29,187	486,542	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	564,785	0	19,300	0	3,878	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 OCCUPATIONAL HEALTH	401,598	0	16,866	0	3,389	194.01
194.02 MEDCHECKS	388,701	0	0	0	0	194.02
194.03 SCHOOL BASED CLINICS	46,888	0	0	0	0	194.03
194.04 ON-SITE OCCUPATIONAL HEALTH CLINICS	13,577	0	0	0	0	194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 OFFSITE CAMPUSES	34,415	0	0	0	0	194.06
194.07 LI FE CHECK	1,850	0	0	0	0	194.07
194.08 OTHER NON-REIMBURSABLE COST CENTERS	113,496	0	11,358	121	2,282	194.08
194.09 OTHER NONREIMBURSABLE COST CENTERS	698,808	0	0	0	0	194.09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	9,769,193	0	2,557,539	29,308	496,091	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150074		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 8:23 am	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	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	336,474					10.00
11.00	CAFETERIA	0	603,211				11.00
13.00	NURSING ADMINISTRATION	0	46,087	535,731			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	69,501		14.00
15.00	PHARMACY	0	21,585	0	8,066	388,062	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	4,084	0	1	0	16.00
17.00	SOCIAL SERVICE	0	12,251	0	56	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	2,917	0	52	0	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	12,834	0	81	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	4,084	0	0	0	22.00
23.00	ALLIED HEALTH-EMS	0	583	1,071	88	0	23.00
23.01	ALLIED HEALTH-RADIOLOGY	0	1,750	1,071	4	0	23.01
23.02	ALLIED HEALTH-PHARMACY	0	583	1,071	2	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	289,605	172,678	317,154	1,705	0	30.00
31.00	INTENSIVE CARE UNIT	18,000	18,085	33,215	420	0	31.00
32.00	CORONARY CARE UNIT	28,869	22,168	40,716	289	0	32.00
43.00	NURSERY	0	5,250	9,643	150	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	15,168	27,858	14,189	20	50.00
51.00	RECOVERY ROOM	0	7,001	0	162	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	11,668	21,429	328	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	15,751	0	496	132	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	47,253	0	28,290	261,817	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	8,167	0	410	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	5,250	0	169	0	58.00
59.00	CARDIAC CATHETERIZATION	0	2,917	0	3,023	0	59.00
60.00	LABORATORY	0	0	0	1,437	0	60.00
64.00	INTRAVENOUS THERAPY	0	2,334	0	128	0	64.00
65.00	RESPIRATORY THERAPY	0	13,418	0	323	0	65.00
66.00	PHYSICAL THERAPY	0	19,835	0	160	48	66.00
67.00	OCCUPATIONAL THERAPY	0	5,250	0	26	0	67.00
68.00	SPEECH PATHOLOGY	0	2,334	0	13	0	68.00
69.00	ELECTROCARDIOLOGY	0	5,250	0	12	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	8,167	0	186	12	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	78,810	73.00
74.00	RENAL DIALYSIS	0	0	0	1	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	ENDOSCOPY	0	2,334	0	220	0	76.00
76.01	GALLAHUE MENTAL HEALTH	0	30,336	0	377	701	76.01
76.02	NEUROPSYCH	0	5,250	0	41	0	76.02
76.03	LUTHERWOOD	0	0	0	35	0	76.03
76.04	CENTER FOR WOUND HEALING	0	583	0	277	1,768	76.04
76.97	CARDIAC REHABILITATION	0	1,750	0	16	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	1,167	0	210	0	76.98
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	CLEARVISTA WOMEN'S CARE	0	0	0	0	0	90.01
90.02	COUNTY LINE MEDICAL PAVILION	0	0	0	0	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.03
90.04	DIABETES & ENDOCRINOLOGY CONSULTANTS	0	0	0	0	0	90.04
90.05	FAMILY MEDICINE OF GREENFIELD	0	0	0	0	0	90.05
90.06	GEIST FAMILY MEDICINE & PEDIATRICS	0	0	0	0	0	90.06
90.07	INTERNAL MEDICINE ASSOCIATES	0	0	0	0	0	90.07
90.08	OLIO ROAD FAMILY CARE	0	0	0	0	0	90.08
90.09	CARDIOVASCULAR EAST	0	0	0	0	0	90.09
90.10	CARDIOVASCULAR NORTH	0	0	0	0	0	90.10
90.11	CARDIOVASCULAR SOUTH	0	0	0	0	0	90.11

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
90.12 NORTHEAST FAMILY PHYSICIANS	0	0	0	0	0	90.12
90.13 ANDERSON FAMILY HEALTH	0	0	0	0	0	90.13
90.14 BROADWAY FAMILY MEDICINE	0	0	0	0	0	90.14
90.15 CASTLETON FAMILY PHYSICIANS	0	0	0	0	0	90.15
90.16 FALL CREEK FAMILY MEDICINE	0	0	0	0	0	90.16
90.17 FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	0	0	0	90.17
90.18 INTERNAL MEDICINE OF CARMEL	0	0	0	0	0	90.18
90.19 NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	0	0	0	90.19
90.20 INTERNAL MEDICINE OF CARMEL	0	0	0	0	0	90.20
90.21 DIABETES, IM AND ENDOCRINOLOGY	0	0	0	0	0	90.21
90.22 HEALTHY HEARTS CENTER	0	6,417	0	156	0	90.22
90.23 FAMILY PRACTICE	0	0	0	347	2,241	90.23
90.24 PALLATIVE CARE	0	2,917	0	2	0	90.24
90.25 INFUSION CENTERS	0	0	0	3,615	35,693	90.25
90.26 SPINE CENTER	0	0	0	0	0	90.26
90.27 DIABETIC CARE CENTER	0	0	0	8	0	90.27
91.00 EMERGENCY	0	44,920	82,503	1,331	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)	336,474	590,376	535,731	66,902	381,242	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	4,084	0	209	13	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 OCCUPATIONAL HEALTH	0	0	0	914	3,298	194.01
194.02 MEDCHECKS	0	0	0	957	3,322	194.02
194.03 SCHOOL BASED CLINICS	0	0	0	57	186	194.03
194.04 ON-SITE OCCUPATIONAL HEALTH CLINICS	0	0	0	5	1	194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 OFFSITE CAMPUSES	0	0	0	15	0	194.06
194.07 LI FE CHECK	0	0	0	2	0	194.07
194.08 OTHER NON-REIMBURSABLE COST CENTERS	0	8,751	0	440	0	194.08
194.09 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	336,474	603,211	535,731	69,501	388,062	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description	INTERNS & RESIDENTS					
	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	16.00	17.00	19.00	21.00	22.00	
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
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY	207,423					16.00
17.00 SOCIAL SERVICE	0	254,939				17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	15,198			19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	108,698		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	125,440	22.00
23.00 ALLIED HEALTH-EMS	0	0	0	0	0	23.00
23.01 ALLIED HEALTH-RADIOLOGY	0	0	0	0	0	23.01
23.02 ALLIED HEALTH-PHARMACY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	19,479	210,522				30.00
31.00 INTENSIVE CARE UNIT	2,372	13,086				31.00
32.00 CORONARY CARE UNIT	2,507	20,986				32.00
43.00 NURSERY	1,248	10,345				43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	7,934	0				50.00
51.00 RECOVERY ROOM	2,538	0				51.00
52.00 DELIVERY ROOM & LABOR ROOM	2,811	0				52.00
53.00 ANESTHESIOLOGY	0	0				53.00
54.00 RADIOLOGY-DIAGNOSTIC	7,553	0				54.00
55.00 RADIOLOGY-THERAPEUTIC	15,823	0				55.00
56.00 RADIOISOTOPE	0	0				56.00
57.00 CT SCAN	11,162	0				57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	4,702	0				58.00
59.00 CARDIAC CATHETERIZATION	3,419	0				59.00
60.00 LABORATORY	16,136	0				60.00
64.00 INTRAVENOUS THERAPY	210	0				64.00
65.00 RESPIRATORY THERAPY	4,195	0				65.00
66.00 PHYSICAL THERAPY	2,033	0				66.00
67.00 OCCUPATIONAL THERAPY	839	0				67.00
68.00 SPEECH PATHOLOGY	432	0				68.00
69.00 ELECTROCARDIOLOGY	2,309	0				69.00
70.00 ELECTROENCEPHALOGRAPHY	2,473	0				70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,563	0				71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	6,842	0				72.00
73.00 DRUGS CHARGED TO PATIENTS	47,819	0				73.00
74.00 RENAL DIALYSIS	492	0				74.00
75.00 ASC (NON-DISTINCT PART)	0	0				75.00
76.00 ENDOSCOPY	654	0				76.00
76.01 GALLAHUE MENTAL HEALTH	10,464	0				76.01
76.02 NEUROPSYCH	324	0				76.02
76.03 LUTHERWOOD	429	0				76.03
76.04 CENTER FOR WOUND HEALING	802	0				76.04
76.97 CARDIAC REHABILITATION	129	0				76.97
76.98 HYPERBARIC OXYGEN THERAPY	540	0				76.98
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 CLEARVISTA WOMEN'S CARE	0	0				90.01
90.02 COUNTY LINE MEDICAL PAVILION	0	0				90.02
90.03 OTHER OUTPATIENT SERVICE COST CENTER	0	0				90.03
90.04 DIABETES & ENDOCRINOLOGY CONSULTANTS	0	0				90.04
90.05 FAMILY MEDICINE OF GREENFIELD	0	0				90.05
90.06 GEIST FAMILY MEDICINE & PEDIATRICS	0	0				90.06
90.07 INTERNAL MEDICINE ASSOCIATES	0	0				90.07
90.08 OLIO ROAD FAMILY CARE	0	0				90.08
90.09 CARDIOVASCULAR EAST	0	0				90.09

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
				16.00	17.00	
90.10 CARDIOVASCULAR NORTH	0	0	0			90.10
90.11 CARDIOVASCULAR SOUTH	0	0	0			90.11
90.12 NORTHEAST FAMILY PHYSICIANS	0	0	0			90.12
90.13 ANDERSON FAMILY HEALTH	0	0	0			90.13
90.14 BROADWAY FAMILY MEDICINE	0	0	0			90.14
90.15 CASTLETON FAMILY PHYSICIANS	0	0	0			90.15
90.16 FALL CREEK FAMILY MEDICINE	0	0	0			90.16
90.17 FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	0			90.17
90.18 INTERNAL MEDICINE OF CARMEL	0	0	0			90.18
90.19 NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	0			90.19
90.20 INTERNAL MEDICINE OF CARMEL	0	0	0			90.20
90.21 DIABETES, IM AND ENDOCRINOLOGY	0	0	0			90.21
90.22 HEALTHY HEARTS CENTER	493	0	0			90.22
90.23 FAMILY PRACTICE	1,321	0	0			90.23
90.24 PALLIATIVE CARE	82	0	0			90.24
90.25 INFUSION CENTERS	460	0	0			90.25
90.26 SPINE CENTER	0	0	0			90.26
90.27 DIABETIC CARE CENTER	221	0	0			90.27
91.00 EMERGENCY	21,613	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			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)	207,423	254,939	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
191.00 RESEARCH	0	0	0			191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
193.00 NONPAID WORKERS	0	0	0			193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0			194.00
194.01 OCCUPATIONAL HEALTH	0	0	0			194.01
194.02 MEDCHECKS	0	0	0			194.02
194.03 SCHOOL BASED CLINICS	0	0	0			194.03
194.04 ON-SITE OCCUPATIONAL HEALTH CLINICS	0	0	0			194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	0	0	0			194.05
194.06 OFFSITE CAMPUSES	0	0	0			194.06
194.07 LI FE CHECK	0	0	0			194.07
194.08 OTHER NON-REIMBURSABLE COST CENTERS	0	0	0			194.08
194.09 OTHER NONREIMBURSABLE COST CENTERS	0	0	0			194.09
200.00 Cross Foot Adjustments			15,198	108,698	125,440	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	207,423	254,939	15,198	108,698	125,440	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150074			Period: From 01/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Prepared: 5/29/2012 8:23 am
Cost Center Description	ALLIED HEALTH-EMS	ALLIED HEALTH-RADIOLOGY	ALLIED HEALTH-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	23.00	23.01	23.02	24.00	25.00	
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
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
19.00	NONPHYSICIAN ANESTHETISTS					19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	ALLIED HEALTH-EMS	220,018				23.00
23.01	ALLIED HEALTH-RADIOLOGY		47,558			23.01
23.02	ALLIED HEALTH-PHARMACY			17,557		23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS			5,039,212	0	30.00
31.00	INTENSIVE CARE UNIT			577,873	0	31.00
32.00	CORONARY CARE UNIT			674,462	0	32.00
43.00	NURSERY			244,555	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM			1,324,595	0	50.00
51.00	RECOVERY ROOM			305,255	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM			539,502	0	52.00
53.00	ANESTHESIOLOGY			0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC			1,324,324	0	54.00
55.00	RADIOLOGY-THERAPEUTIC			2,445,846	0	55.00
56.00	RADIOISOTOPE			0	0	56.00
57.00	CT SCAN			239,350	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)			397,118	0	58.00
59.00	CARDIAC CATHETERIZATION			348,542	0	59.00
60.00	LABORATORY			506,256	0	60.00
64.00	INTRAVENOUS THERAPY			32,365	0	64.00
65.00	RESPIRATORY THERAPY			240,941	0	65.00
66.00	PHYSICAL THERAPY			637,830	0	66.00
67.00	OCCUPATIONAL THERAPY			167,112	0	67.00
68.00	SPEECH PATHOLOGY			83,265	0	68.00
69.00	ELECTROCARDIOLOGY			102,912	0	69.00
70.00	ELECTROENCEPHALOGRAPHY			271,129	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS			303,879	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS			412,735	0	72.00
73.00	DRUGS CHARGED TO PATIENTS			1,098,237	0	73.00
74.00	RENAL DIALYSIS			21,176	0	74.00
75.00	ASC (NON-DISTINCT PART)			0	0	75.00
76.00	ENDOSCOPY			44,211	0	76.00
76.01	GALLAHUE MENTAL HEALTH			507,056	0	76.01
76.02	NEUROPSYCH			42,915	0	76.02
76.03	LUTHERWOOD			14,391	0	76.03
76.04	CENTER FOR WOUND HEALING			117,708	0	76.04
76.97	CARDIAC REHABILITATION			110,104	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY			94,736	0	76.98
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	CLEARVISTA WOMEN'S CARE			0	0	90.01
90.02	COUNTY LINE MEDICAL PAVILION			0	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER			0	0	90.03
90.04	DIABETES & ENDOCRINOLOGY CONSULTANTS			49	0	90.04
90.05	FAMILY MEDICINE OF GREENFIELD			49	0	90.05
90.06	GEIST FAMILY MEDICINE & PEDIATRICS			49	0	90.06
90.07	INTERNAL MEDICINE ASSOCIATES			49	0	90.07
90.08	OLIO ROAD FAMILY CARE			49	0	90.08
90.09	CARDIOVASCULAR EAST			49	0	90.09

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150074			Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 8:23 am	
Cost Center Description		ALLIED HEALTH-EMS	ALLIED HEALTH-RADIOLOGY	ALLIED HEALTH-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		23.00	23.01	23.02	24.00	25.00		
90.10	CARDIOVASCULAR NORTH				49	0	0	90.10
90.11	CARDIOVASCULAR SOUTH				49	0	0	90.11
90.12	NORTHEAST FAMILY PHYSICIANS				49	0	0	90.12
90.13	ANDERSON FAMILY HEALTH				49	0	0	90.13
90.14	BROADWAY FAMILY MEDICINE				49	0	0	90.14
90.15	CASTLETON FAMILY PHYSICIANS				49	0	0	90.15
90.16	FALL CREEK FAMILY MEDICINE				49	0	0	90.16
90.17	FAMILY PRACTICE ASSOCIATES OF ELWOOD				49	0	0	90.17
90.18	INTERNAL MEDICINE OF CARMEL				49	0	0	90.18
90.19	NORTHEAST OTOLARNGOLOGY NOBLESVILLE				49	0	0	90.19
90.20	INTERNAL MEDICINE OF CARMEL				49	0	0	90.20
90.21	DIABETES, IM AND ENDOCRINOLOGY				49	0	0	90.21
90.22	HEALTHY HEARTS CENTER				132,827	0	0	90.22
90.23	FAMILY PRACTICE				140,280	0	0	90.23
90.24	PALLIATIVE CARE				31,802	0	0	90.24
90.25	INFUSION CENTERS				50,719	0	0	90.25
90.26	SPINE CENTER				0	0	0	90.26
90.27	DIABETIC CARE CENTER				24,678	0	0	90.27
91.00	EMERGENCY				1,138,120	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					0	0	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	0	19,788,900	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN				0	0	0	190.00
191.00	RESEARCH				0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES				768,486	0	0	192.00
193.00	NONPAID WORKERS				0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS				0	0	0	194.00
194.01	OCCUPATIONAL HEALTH				536,697	0	0	194.01
194.02	MEDCHECKS				491,870	0	0	194.02
194.03	SCHOOL BASED CLINICS				49,067	0	0	194.03
194.04	ON-SITE OCCUPATIONAL HEALTH CLINICS				16,273	0	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS				0	0	0	194.05
194.06	OFFSITE CAMPUSES				86,786	0	0	194.06
194.07	LIFECHECK				4,215	0	0	194.07
194.08	OTHER NON-REIMBURSABLE COST CENTERS				202,208	0	0	194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS				701,998	0	0	194.09
200.00	Cross Foot Adjustments	220,018	47,558	17,557	534,469	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	220,018	47,558	17,557	23,180,969	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Prepared: 5/29/2012 8:23 am
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Cost Center Description		Total	
		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
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
19.00	NONPHYSICIAN ANESTHETISTS		19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	ALLIED HEALTH-EMS		23.00
23.01	ALLIED HEALTH-RADIOLOGY		23.01
23.02	ALLIED HEALTH-PHARMACY		23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	5,039,212	30.00
31.00	INTENSIVE CARE UNIT	577,873	31.00
32.00	CORONARY CARE UNIT	674,462	32.00
43.00	NURSERY	244,555	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	1,324,595	50.00
51.00	RECOVERY ROOM	305,255	51.00
52.00	DELIVERY ROOM & LABOR ROOM	539,502	52.00
53.00	ANESTHESIOLOGY	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,324,324	54.00
55.00	RADIOLOGY-THERAPEUTIC	2,445,846	55.00
56.00	RADIOISOTOPE	0	56.00
57.00	CT SCAN	239,350	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	397,118	58.00
59.00	CARDIAC CATHETERIZATION	348,542	59.00
60.00	LABORATORY	506,256	60.00
64.00	INTRAVENOUS THERAPY	32,365	64.00
65.00	RESPIRATORY THERAPY	240,941	65.00
66.00	PHYSICAL THERAPY	637,830	66.00
67.00	OCCUPATIONAL THERAPY	167,112	67.00
68.00	SPEECH PATHOLOGY	83,265	68.00
69.00	ELECTROCARDIOLOGY	102,912	69.00
70.00	ELECTROENCEPHALOGRAPHY	271,129	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	303,879	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	412,735	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,098,237	73.00
74.00	RENAL DIALYSIS	21,176	74.00
75.00	ASC (NON-DISTINCT PART)	0	75.00
76.00	ENDOSCOPY	44,211	76.00
76.01	GALLAHUE MENTAL HEALTH	507,056	76.01
76.02	NEUROPSYCH	42,915	76.02
76.03	LUTHERWOOD	14,391	76.03
76.04	CENTER FOR WOUND HEALING	117,708	76.04
76.97	CARDIAC REHABILITATION	110,104	76.97
76.98	HYPERBARIC OXYGEN THERAPY	94,736	76.98
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	CLEARVISTA WOMEN'S CARE	0	90.01
90.02	COUNTY LINE MEDICAL PAVILION	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	90.03
90.04	DIABETES & ENDOCRINOLOGY CONSULTANTS	49	90.04
90.05	FAMILY MEDICINE OF GREENFIELD	49	90.05
90.06	GEIST FAMILY MEDICINE & PEDIATRICS	49	90.06
90.07	INTERNAL MEDICINE ASSOCIATES	49	90.07
90.08	OLIO ROAD FAMILY CARE	49	90.08
90.09	CARDIOVASCULAR EAST	49	90.09
90.10	CARDIOVASCULAR NORTH	49	90.10
90.11	CARDIOVASCULAR SOUTH	49	90.11
90.12	NORTHEAST FAMILY PHYSICIANS	49	90.12
90.13	ANDERSON FAMILY HEALTH	49	90.13

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description		Total	
		26.00	
90.14	BROADWAY FAMILY MEDICINE	49	90.14
90.15	CASTLETON FAMILY PHYSICIANS	49	90.15
90.16	FALL CREEK FAMILY MEDICINE	49	90.16
90.17	FAMILY PRACTICE ASSOCIATES OF ELWOOD	49	90.17
90.18	INTERNAL MEDICINE OF CARMEL	49	90.18
90.19	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	49	90.19
90.20	INTERNAL MEDICINE OF CARMEL	49	90.20
90.21	DIABETES, IM AND ENDOCRINOLOGY	49	90.21
90.22	HEALTHY HEARTS CENTER	132,827	90.22
90.23	FAMILY PRACTICE	140,280	90.23
90.24	PALLIATIVE CARE	31,802	90.24
90.25	INFUSION CENTERS	50,719	90.25
90.26	SPINE CENTER	0	90.26
90.27	DIABETIC CARE CENTER	24,678	90.27
91.00	EMERGENCY	1,138,120	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)	19,788,900	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	RESEARCH	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	768,486	192.00
193.00	NONPAID WORKERS	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	OCCUPATIONAL HEALTH	536,697	194.01
194.02	MEDCHECKS	491,870	194.02
194.03	SCHOOL BASED CLINICS	49,067	194.03
194.04	ON-SITE OCCUPATIONAL HEALTH CLINICS	16,273	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	194.05
194.06	OFFSITE CAMPUSES	86,786	194.06
194.07	LIFECHECK	4,215	194.07
194.08	OTHER NON-REIMBURSABLE COST CENTERS	202,208	194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS	701,998	194.09
200.00	Cross Foot Adjustments	534,469	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	23,180,969	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00	689,473					1.00
2.00		13,915,790				2.00
4.00	5,796	12,453	123,645,312			4.00
5.00	118,862	9,634,861	5,203,955	-39,649,541	250,905,470	5.00
6.00	0	0	0	0	0	6.00
7.00	108,825	334,539	4,715,842	0	9,726,287	7.00
8.00	0	151	0	0	749,649	8.00
9.00	15,840	12,307	1,742,502	0	3,034,746	9.00
10.00	11,569	16,291	513,099	0	1,085,680	10.00
11.00	20,488	28,850	908,622	0	2,111,117	11.00
13.00	11,780	47,542	5,368,946	0	4,129,512	13.00
14.00	0	42,571	0	0	913,421	14.00
15.00	8,038	59,917	2,917,216	0	2,900,959	15.00
16.00	3,573	201	386,865	0	2,982,368	16.00
17.00	5,917	36	1,836,928	0	2,500,351	17.00
19.00	0	7,308	736,045	0	147,404	19.00
21.00	1,683	3,015	1,163,020	0	1,318,667	21.00
22.00	0	0	2,077,106	0	3,068,667	22.00
23.00	7,709	2,120	304,843	0	750,732	23.00
23.01	1,123	5,352	230,996	0	334,025	23.01
23.02	450	0	229,275	0	122,622	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	118,257	132,417	21,837,543	0	26,187,579	30.00
31.00	12,121	77,423	2,204,756	0	3,423,006	31.00
32.00	16,112	22,025	2,489,695	0	3,760,292	32.00
43.00	6,619	23,919	571,069	0	956,762	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	32,322	374,297	1,622,626	0	4,473,426	50.00
51.00	9,845	2,192	841,306	0	1,390,345	51.00
52.00	15,355	55,492	1,251,959	0	2,164,223	52.00
53.00	0	0	0	0	0	53.00
54.00	31,185	360,222	1,766,663	0	6,518,868	54.00
55.00	19,764	1,019,540	5,454,935	0	20,403,436	55.00
56.00	0	0	0	0	0	56.00
57.00	2,892	98,985	893,341	0	1,763,376	57.00
58.00	5,239	257,616	585,999	0	1,372,217	58.00
59.00	5,478	218,378	380,138	0	810,691	59.00
60.00	10,082	8,099	0	0	6,101,290	60.00
64.00	590	0	298,371	0	387,965	64.00
65.00	3,136	80,701	1,516,879	0	2,085,477	65.00
66.00	18,328	60,003	2,206,382	0	3,111,622	66.00
67.00	4,725	14,313	530,398	0	884,628	67.00
68.00	2,362	7,157	265,199	0	442,305	68.00
69.00	1,297	10,226	460,708	0	1,420,203	69.00
70.00	3,481	140,412	1,391,926	0	1,607,353	70.00
71.00	0	0	0	0	7,686,576	71.00
72.00	0	0	0	0	10,424,615	72.00
73.00	0	0	0	0	24,953,975	73.00
74.00	0	503	0	0	520,911	74.00
75.00	0	0	0	0	0	75.00
76.00	0	32,155	216,857	0	389,715	76.00
76.01	1,252	100,945	11,320,931	0	8,837,902	76.01
76.02	0	1,504	690,972	0	911,187	76.02
76.03	0	1,886	692,774	0	303,038	76.03
76.04	3,310	14,510	155,242	0	571,311	76.04
76.97	3,910	4,765	122,649	0	241,743	76.97
76.98	2,201	9,645	102,897	0	812,205	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	0	0	0	0	0	88.00
89.00	0	0	0	0	0	89.00
90.00	0	0	0	0	0	90.00
90.01	0	0	0	11,998	0	90.01
90.02	0	0	0	0	0	90.02
90.03	0	0	0	0	0	90.03
90.04	0	0	0	0	1,252	90.04
90.05	0	0	0	0	1,252	90.05
90.06	0	0	0	0	1,252	90.06
90.07	0	0	0	0	1,252	90.07
90.08	0	0	0	0	1,252	90.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
90.09	CARDIOVASCULAR EAST	0	0	0	0	1,252	90.09
90.10	CARDIOVASCULAR NORTH	0	0	0	0	1,252	90.10
90.11	CARDIOVASCULAR SOUTH	0	0	0	0	1,252	90.11
90.12	NORTHEAST FAMILY PHYSICIANS	0	0	0	0	1,252	90.12
90.13	ANDERSON FAMILY HEALTH	0	0	0	0	1,252	90.13
90.14	BROADWAY FAMILY MEDICINE	0	0	0	0	1,252	90.14
90.15	CASTLETON FAMILY PHYSICIANS	0	0	0	0	1,252	90.15
90.16	FALL CREEK FAMILY MEDICINE	0	0	0	0	1,252	90.16
90.17	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	0	0	1,252	90.17
90.18	INTERNAL MEDICINE OF CARMEL	0	0	0	0	1,252	90.18
90.19	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	0	0	1,252	90.19
90.20	INTERNAL MEDICINE OF CARMEL	0	0	0	0	1,252	90.20
90.21	DIABETES, IM AND ENDOCRINOLOGY	0	0	0	0	1,252	90.21
90.22	HEALTHY HEARTS CENTER	3,458	3,179	649,530	0	994,092	90.22
90.23	FAMILY PRACTICE	0	57,973	1,264,607	0	2,286,220	90.23
90.24	PALLIATIVE CARE	0	0	411,290	0	730,173	90.24
90.25	INFUSION CENTERS	0	1,479	167,935	0	247,105	90.25
90.26	SPINE CENTER	0	0	0	0	0	90.26
90.27	DIABETIC CARE CENTER	0	5,094	417,565	0	513,954	90.27
91.00	EMERGENCY	26,026	84,422	4,529,891	0	7,167,166	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)	681,000	13,488,991	95,648,293	-39,637,543	192,755,695	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	3,441	136,398	7,934,167	0	14,505,479	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	OCCUPATIONAL HEALTH	3,007	65,459	6,354,542	0	10,314,313	194.01
194.02	MEDCHECKS	0	116,438	6,727,918	0	9,983,085	194.02
194.03	SCHOOL BASED CLINICS	0	1,417	893,949	0	1,204,244	194.03
194.04	ON-SITE OCCUPATIONAL HEALTH CLINICS	0	3,071	268,081	0	348,702	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OFFSITE CAMPUSES	0	65,677	0	0	883,879	194.06
194.07	LIFECHECK	0	2,850	100,723	0	47,520	194.07
194.08	OTHER NON-REIMBURSABLE COST CENTERS	2,025	35,489	2,180,898	0	2,914,938	194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS	0	0	3,536,741	0	17,947,615	194.09
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	12,087,696	11,093,273	23,783,054		39,649,541	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	17.531790	0.797172	0.192349		0.158026	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			111,541		9,769,193	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000902		0.038936	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1

Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	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	564,815					6.00
7.00 OPERATION OF PLANT	108,825	455,990				7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	191,566			8.00
9.00 HOUSEKEEPING	15,840	15,840	0	440,150		9.00
10.00 DIETARY	11,569	11,569	0	11,569	129,128	10.00
11.00 CAFETERIA	20,488	20,488	0	20,488	0	11.00
13.00 NURSING ADMINISTRATION	11,780	11,780	1,588	11,780	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00 PHARMACY	8,038	8,038	0	8,038	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	3,573	3,573	0	3,573	0	16.00
17.00 SOCIAL SERVICE	5,917	5,917	0	5,917	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	1,683	1,683	938	1,683	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 ALLIED HEALTH-EMS	7,709	7,709	0	7,709	0	23.00
23.01 ALLIED HEALTH-RADIOLOGY	1,123	1,123	0	1,123	0	23.01
23.02 ALLIED HEALTH-PHARMACY	450	450	0	450	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	118,257	118,257	87,673	118,257	111,141	30.00
31.00 INTENSIVE CARE UNIT	12,121	12,121	10,195	12,121	6,908	31.00
32.00 CORONARY CARE UNIT	16,112	16,112	11,191	16,112	11,079	32.00
43.00 NURSERY	6,619	6,619	2,990	6,619	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	32,322	32,322	6,716	32,322	0	50.00
51.00 RECOVERY ROOM	9,845	9,845	0	9,845	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	15,355	15,355	6,556	15,355	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	31,185	31,185	6,756	31,185	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	19,764	19,764	6,141	19,764	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	2,892	2,892	6,893	2,892	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	5,239	5,239	3,512	5,239	0	58.00
59.00 CARDIAC CATHETERIZATION	5,478	5,478	1,649	5,478	0	59.00
60.00 LABORATORY	10,082	10,082	0	10,082	0	60.00
64.00 INTRAVENOUS THERAPY	590	590	0	590	0	64.00
65.00 RESPIRATORY THERAPY	3,136	3,136	0	3,136	0	65.00
66.00 PHYSICAL THERAPY	18,328	18,328	0	18,328	0	66.00
67.00 OCCUPATIONAL THERAPY	4,725	4,725	0	4,725	0	67.00
68.00 SPEECH PATHOLOGY	2,362	2,362	0	2,362	0	68.00
69.00 ELECTROCARDIOLOGY	1,297	1,297	0	1,297	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	3,481	3,481	284	3,481	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	204	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
76.00 ENDOSCOPY	0	0	0	0	0	76.00
76.01 GALLAHUE MENTAL HEALTH	1,252	1,252	0	1,252	0	76.01
76.02 NEUROPSYCH	0	0	0	0	0	76.02
76.03 LUTHERWOOD	0	0	0	0	0	76.03
76.04 CENTER FOR WOUND HEALING	3,310	3,310	0	3,310	0	76.04
76.97 CARDIAC REHABILITATION	3,910	3,910	0	3,910	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	2,201	2,201	0	2,201	0	76.98
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 CLEARVISTA WOMEN'S CARE	0	0	0	0	0	90.01
90.02 COUNTY LINE MEDICAL PAVILION	0	0	0	0	0	90.02
90.03 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.03
90.04 DIABETES & ENDOCRINOLOGY CONSULTANTS	0	0	0	0	0	90.04
90.05 FAMILY MEDICINE OF GREENFIELD	0	0	0	0	0	90.05
90.06 GEIST FAMILY MEDICINE & PEDIATRICS	0	0	0	0	0	90.06
90.07 INTERNAL MEDICINE ASSOCIATES	0	0	0	0	0	90.07
90.08 OLIO ROAD FAMILY CARE	0	0	0	0	0	90.08
90.09 CARDIOVASCULAR EAST	0	0	0	0	0	90.09
90.10 CARDIOVASCULAR NORTH	0	0	0	0	0	90.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1

Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)		
	6.00	7.00	8.00	9.00	10.00		
90.11	CARDIOVASCULAR SOUTH	0	0	0	0	0	90.11
90.12	NORTHEAST FAMILY PHYSICIANS	0	0	0	0	0	90.12
90.13	ANDERSON FAMILY HEALTH	0	0	0	0	0	90.13
90.14	BROADWAY FAMILY MEDICINE	0	0	0	0	0	90.14
90.15	CASTLETON FAMILY PHYSICIANS	0	0	0	0	0	90.15
90.16	FALL CREEK FAMILY MEDICINE	0	0	0	0	0	90.16
90.17	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	0	0	0	90.17
90.18	INTERNAL MEDICINE OF CARMEL	0	0	0	0	0	90.18
90.19	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	0	0	0	90.19
90.20	INTERNAL MEDICINE OF CARMEL	0	0	0	0	0	90.20
90.21	DIABETES, IM AND ENDOCRINOLOGY	0	0	0	0	0	90.21
90.22	HEALTHY HEARTS CENTER	3,458	3,458	118	3,458	0	90.22
90.23	FAMILY PRACTICE	0	0	0	0	0	90.23
90.24	PALLIATIVE CARE	0	0	0	0	0	90.24
90.25	INFUSION CENTERS	0	0	0	0	0	90.25
90.26	SPI NE CENTER	0	0	0	0	0	90.26
90.27	DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00	EMERGENCY	26,026	26,026	37,371	26,026	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)	556,342	447,517	190,775	431,677	129,128	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	3,441	3,441	0	3,441	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	OCCUPATIONAL HEALTH	3,007	3,007	0	3,007	0	194.01
194.02	MEDCHECKS	0	0	0	0	0	194.02
194.03	SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04	ON-SITE OCCUPATIONAL HEALTH CLINICS	0	0	0	0	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OFFSITE CAMPUSES	0	0	0	0	0	194.06
194.07	LIFECHECK	0	0	0	0	0	194.07
194.08	OTHER NON-REIMBURSABLE COST CENTERS	2,025	2,025	791	2,025	0	194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	11,263,293	868,113	3,905,575	1,645,664	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	24.700746	4.531665	8.873282	12.744440	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	2,557,539	29,308	496,091	336,474	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	5.608761	0.152992	1.127095	2.605740	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
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	1,034					11.00
13.00	NURSING ADMINISTRATION	79	500				13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	43,776,053			14.00
15.00	PHARMACY	37	0	5,079,369	24,435,478		15.00
16.00	MEDICAL RECORDS & LIBRARY	7	0	900	0	709,355,645	16.00
17.00	SOCIAL SERVICE	21	0	35,049	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	5	0	32,719	0	0	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	22	0	51,266	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	7	0	0	0	0	22.00
23.00	ALLIED HEALTH-EMS	1	1	55,209	0	0	23.00
23.01	ALLIED HEALTH-RADIOLOGY	3	1	2,384	0	0	23.01
23.02	ALLIED HEALTH-PHARMACY	1	1	1,352	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	296	296	1,073,616	29	66,709,699	30.00
31.00	INTENSIVE CARE UNIT	31	31	264,195	0	8,121,651	31.00
32.00	CORONARY CARE UNIT	38	38	182,042	0	8,586,719	32.00
43.00	NURSERY	9	9	94,184	0	4,275,294	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	26	26	8,935,238	1,288	27,172,211	50.00
51.00	RECOVERY ROOM	12	0	101,740	0	8,691,299	51.00
52.00	DELIVERY ROOM & LABOR ROOM	20	20	206,479	0	9,626,183	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	27	0	312,070	8,310	25,864,770	54.00
55.00	RADIOLOGY-THERAPEUTIC	81	0	17,824,072	16,485,949	54,187,265	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	14	0	257,982	0	38,224,540	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	9	0	106,316	0	16,101,085	58.00
59.00	CARDIAC CATHETERIZATION	5	0	1,903,810	0	11,708,053	59.00
60.00	LABORATORY	0	0	904,795	0	55,260,621	60.00
64.00	INTRAVENOUS THERAPY	4	0	80,827	0	719,376	64.00
65.00	RESPIRATORY THERAPY	23	0	203,685	0	14,367,604	65.00
66.00	PHYSICAL THERAPY	34	0	100,903	3,029	6,961,519	66.00
67.00	OCCUPATIONAL THERAPY	9	0	16,173	0	2,874,012	67.00
68.00	SPEECH PATHOLOGY	4	0	8,086	0	1,477,791	68.00
69.00	ELECTROCARDIOLOGY	9	0	7,871	0	7,908,839	69.00
70.00	ELECTROENCEPHALOGRAPHY	14	0	117,121	762	8,467,545	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	15,626,122	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	23,431,455	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	4,962,555	162,774,390	73.00
74.00	RENAL DIALYSIS	0	0	633	0	1,684,030	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	ENDOSCOPY	4	0	138,790	0	2,238,988	76.00
76.01	GALLAHUE MENTAL HEALTH	52	0	237,538	44,116	35,835,114	76.01
76.02	NEUROPSYCH	9	0	25,972	0	1,111,192	76.02
76.03	LUTHERWOOD	0	0	22,259	0	1,469,780	76.03
76.04	CENTER FOR WOUND HEALING	1	0	174,332	111,308	2,745,416	76.04
76.97	CARDIAC REHABILITATION	3	0	10,272	0	441,237	76.97
76.98	HYPERBARIC OXYGEN THERAPY	2	0	132,008	0	1,847,768	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	CLEARVISTA WOMEN'S CARE	0	0	0	0	0	90.01
90.02	COUNTY LINE MEDICAL PAVILION	0	0	0	0	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.03
90.04	DIABETES & ENDOCRINOLOGY CONSULTANTS	0	0	0	0	0	90.04
90.05	FAMILY MEDICINE OF GREENFIELD	0	0	0	0	0	90.05
90.06	GEIST FAMILY MEDICINE & PEDIATRICS	0	0	0	0	0	90.06
90.07	INTERNAL MEDICINE ASSOCIATES	0	0	0	0	0	90.07
90.08	OLIO ROAD FAMILY CARE	0	0	0	0	0	90.08
90.09	CARDIOVASCULAR EAST	0	0	0	0	0	90.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
	11.00	13.00	14.00	15.00	16.00	
90.10 CARDIOVASCULAR NORTH	0	0	0	0	0	90.10
90.11 CARDIOVASCULAR SOUTH	0	0	0	0	0	90.11
90.12 NORTHEAST FAMILY PHYSICIANS	0	0	0	0	0	90.12
90.13 ANDERSON FAMILY HEALTH	0	0	0	0	0	90.13
90.14 BROADWAY FAMILY MEDICINE	0	0	0	0	0	90.14
90.15 CASTLETON FAMILY PHYSICIANS	0	0	0	0	0	90.15
90.16 FALL CREEK FAMILY MEDICINE	0	0	0	0	0	90.16
90.17 FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	0	0	0	90.17
90.18 INTERNAL MEDICINE OF CARMEL	0	0	0	0	0	90.18
90.19 NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	0	0	0	90.19
90.20 INTERNAL MEDICINE OF CARMEL	0	0	0	0	0	90.20
90.21 DIABETES, IM AND ENDOCRINOLOGY	0	0	0	0	0	90.21
90.22 HEALTHY HEARTS CENTER	11	0	98,454	6	1,689,856	90.22
90.23 FAMILY PRACTICE	0	0	218,826	141,117	4,525,363	90.23
90.24 PALLIATIVE CARE	5	0	1,141	0	280,847	90.24
90.25 INFUSION CENTERS	0	0	2,276,360	2,247,515	1,575,676	90.25
90.26 SPINE CENTER	0	0	0	0	0	90.26
90.27 DIABETIC CARE CENTER	0	0	4,730	0	755,734	90.27
91.00 EMERGENCY	77	77	838,230	0	74,016,601	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)	1,012	500	42,138,998	24,005,984	709,355,645	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	7	0	131,852	820	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 OCCUPATIONAL HEALTH	0	0	575,476	207,681	0	194.01
194.02 MEDCHECKS	0	0	602,641	209,212	0	194.02
194.03 SCHOOL BASED CLINICS	0	0	36,136	11,695	0	194.03
194.04 ON-SITE OCCUPATIONAL HEALTH CLINICS	0	0	3,118	86	0	194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 OFFSITE CAMPUSES	0	0	9,546	0	0	194.06
194.07 LI FE CHECK	0	0	1,067	0	0	194.07
194.08 OTHER NON-REIMBURSABLE COST CENTERS	15	0	277,219	0	0	194.08
194.09 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,132,593	5,424,117	1,057,765	3,864,082	3,594,849	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	3,029.587041	10,848.234000	0.024163	0.158134	0.005068	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	603,211	535,731	69,501	388,062	207,423	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	583.376209	1,071.462000	0.001588	0.015881	0.000292	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		ALLIED HEALTH-EMS (ASSIGNED TIME)	
			SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			17.00	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
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	60,279					17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	100				19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0		40,495			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0			40,495		22.00
23.00 ALLIED HEALTH-EMS	0				100	23.00
23.01 ALLIED HEALTH-RADIOLOGY	0				0	23.01
23.02 ALLIED HEALTH-PHARMACY	0				0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	49,777		4,653	4,653	0	30.00
31.00 INTENSIVE CARE UNIT	3,094		679	679	0	31.00
32.00 CORONARY CARE UNIT	4,962		0	0	0	32.00
43.00 NURSERY	2,446		0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	100	191	191	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	2,210	2,210	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
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	523	523	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
76.00 ENDOSCOPY	0	0	96	96	0	76.00
76.01 GALLAHUE MENTAL HEALTH	0	0	1,453	1,453	0	76.01
76.02 NEUROPSYCH	0	0	0	0	0	76.02
76.03 LUTHERWOOD	0	0	0	0	0	76.03
76.04 CENTER FOR WOUND HEALING	0	0	0	0	0	76.04
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
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 CLEARVISTA WOMEN'S CARE	0	0	0	0	0	90.01
90.02 COUNTY LINE MEDICAL PAVILION	0	0	0	0	0	90.02
90.03 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.03
90.04 DIABETES & ENDOCRINOLOGY CONSULTANTS	0	0	0	0	0	90.04
90.05 FAMILY MEDICINE OF GREENFIELD	0	0	0	0	0	90.05
90.06 GEIST FAMILY MEDICINE & PEDIATRICS	0	0	0	0	0	90.06
90.07 INTERNAL MEDICINE ASSOCIATES	0	0	0	0	0	90.07
90.08 OLIO ROAD FAMILY CARE	0	0	0	0	0	90.08

COST ALLOCATION - STATISTICAL BASIS

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Worksheet B-1
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Cost Center Description	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		ALLIED HEALTH-EMS (ASSIGNED TIME)	
			SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			17.00	19.00		
90.09 CARDIOVASCULAR EAST	0	0	0	0	0	90.09
90.10 CARDIOVASCULAR NORTH	0	0	0	0	0	90.10
90.11 CARDIOVASCULAR SOUTH	0	0	0	0	0	90.11
90.12 NORTHEAST FAMILY PHYSICIANS	0	0	0	0	0	90.12
90.13 ANDERSON FAMILY HEALTH	0	0	0	0	0	90.13
90.14 BROADWAY FAMILY MEDICINE	0	0	0	0	0	90.14
90.15 CASTLETON FAMILY PHYSICIANS	0	0	0	0	0	90.15
90.16 FALL CREEK FAMILY MEDICINE	0	0	0	0	0	90.16
90.17 FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	0	0	0	90.17
90.18 INTERNAL MEDICINE OF CARMEL	0	0	0	0	0	90.18
90.19 NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	0	0	0	90.19
90.20 INTERNAL MEDICINE OF CARMEL	0	0	0	0	0	90.20
90.21 DIABETES, IM AND ENDOCRINOLOGY	0	0	0	0	0	90.21
90.22 HEALTHY HEARTS CENTER	0	0	0	0	0	90.22
90.23 FAMILY PRACTICE	0	0	28,383	28,383	0	90.23
90.24 PALLIATIVE CARE	0	0	547	547	0	90.24
90.25 INFUSION CENTERS	0	0	0	0	0	90.25
90.26 SPINE CENTER	0	0	399	399	0	90.26
90.27 DIABETIC CARE CENTER	0	0	240	240	0	90.27
91.00 EMERGENCY	0	0	1,121	1,121	100	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)	60,279	100	40,495	40,495	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02 MEDCHECKS	0	0	0	0	0	194.02
194.03 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04 ON-SITE OCCUPATIONAL HEALTH CLINICS	0	0	0	0	0	194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 OFFSITE CAMPUSES	0	0	0	0	0	194.06
194.07 LI FEHECK	0	0	0	0	0	194.07
194.08 OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,158,596	186,637	1,655,697	3,574,803	1,143,401	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	52.399608	1,866.370000	40.886455	88.277639	11,434.010000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	254,939	15,198	108,698	125,440	220,018	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	4.229317	151.980000	2.684233	3.097666	2,200.180000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description		ALLIED HEALTH-RADIOLOGY (ASSIGNED TIME) 23.01	ALLIED HEALTH-PHARMACY (ASSIGNED TIME) 23.02	
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
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
19.00	NONPHYSICIAN ANESTHETISTS			19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	ALLIED HEALTH-EMS			23.00
23.01	ALLIED HEALTH-RADIOLOGY	100		23.01
23.02	ALLIED HEALTH-PHARMACY	0	100	23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
43.00	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	0	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	100	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	0	60.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	100	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	ENDOSCOPY	0	0	76.00
76.01	GALLAHUE MENTAL HEALTH	0	0	76.01
76.02	NEUROPSYCH	0	0	76.02
76.03	LUTHERWOOD	0	0	76.03
76.04	CENTER FOR WOUND HEALING	0	0	76.04
76.97	CARDIAC REHABILITATION	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	76.98
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	CLEARVISTA WOMEN'S CARE	0	0	90.01
90.02	COUNTY LINE MEDICAL PAVILION	0	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.03
90.04	DIABETES & ENDOCRINOLOGY CONSULTANTS	0	0	90.04
90.05	FAMILY MEDICINE OF GREENFIELD	0	0	90.05
90.06	GEIST FAMILY MEDICINE & PEDIATRICS	0	0	90.06
90.07	INTERNAL MEDICINE ASSOCIATES	0	0	90.07
90.08	OLIO ROAD FAMILY CARE	0	0	90.08
90.09	CARDIOVASCULAR EAST	0	0	90.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description	ALLIED HEALTH-RADIOLOGY (ASSIGNED TIME)	ALLIED HEALTH-PHARMACY (ASSIGNED TIME)	
	23.01	23.02	
90.10 CARDIOVASCULAR NORTH	0	0	90.10
90.11 CARDIOVASCULAR SOUTH	0	0	90.11
90.12 NORTHEAST FAMILY PHYSICIANS	0	0	90.12
90.13 ANDERSON FAMILY HEALTH	0	0	90.13
90.14 BROADWAY FAMILY MEDICINE	0	0	90.14
90.15 CASTLETON FAMILY PHYSICIANS	0	0	90.15
90.16 FALL CREEK FAMILY MEDICINE	0	0	90.16
90.17 FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	90.17
90.18 INTERNAL MEDICINE OF CARMEL	0	0	90.18
90.19 NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	90.19
90.20 INTERNAL MEDICINE OF CARMEL	0	0	90.20
90.21 DIABETES, IM AND ENDOCRINOLOGY	0	0	90.21
90.22 HEALTHY HEARTS CENTER	0	0	90.22
90.23 FAMILY PRACTICE	0	0	90.23
90.24 PALLIATIVE CARE	0	0	90.24
90.25 INFUSION CENTERS	0	0	90.25
90.26 SPINE CENTER	0	0	90.26
90.27 DIABETIC CARE CENTER	0	0	90.27
91.00 EMERGENCY	0	0	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			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)	100	100	118.00
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00 RESEARCH	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00 NONPAID WORKERS	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01 OCCUPATIONAL HEALTH	0	0	194.01
194.02 MEDCHECKS	0	0	194.02
194.03 SCHOOL BASED CLINICS	0	0	194.03
194.04 ON-SITE OCCUPATIONAL HEALTH CLINICS	0	0	194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.05
194.06 OFFSITE CAMPUSES	0	0	194.06
194.07 LI FE CHECK	0	0	194.07
194.08 OTHER NON-REIMBURSABLE COST CENTERS	0	0	194.08
194.09 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.09
200.00 Cross Foot Adjustments			200.00
201.00 Negative Cost Centers			201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	444,509	171,018	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	4,445.090000	1,710.180000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	47,558	17,557	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	475.580000	175.570000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 8:23 am		
		Title XVIIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		43,190,108	26,364	43,216,472	30.00
31.00	INTENSIVE CARE UNIT		5,145,001	0	5,145,001	31.00
32.00	CORONARY CARE UNIT		5,922,650	0	5,922,650	32.00
43.00	NURSERY		1,620,743	0	1,620,743	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		7,197,234	0	7,197,234	50.00
51.00	RECOVERY ROOM		2,023,453	0	2,023,453	51.00
52.00	DELIVERY ROOM & LABOR ROOM		3,382,797	0	3,382,797	52.00
53.00	ANESTHESIOLOGY		0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC		9,292,887	0	9,292,887	54.00
55.00	RADIOLOGY-THERAPEUTIC		27,876,787	0	27,876,787	55.00
56.00	RADIOISOTOPE		0	0	0	56.00
57.00	CT SCAN		2,412,739	0	2,412,739	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		1,892,307	0	1,892,307	58.00
59.00	CARDIAC CATHETERIZATION		1,250,679	129,892	1,380,571	59.00
60.00	LABORATORY		7,705,869	72,738	7,778,607	60.00
64.00	INTRAVENOUS THERAPY		486,799	0	486,799	64.00
65.00	RESPIRATORY THERAPY	0	2,667,744	0	2,667,744	65.00
66.00	PHYSICAL THERAPY	0	4,359,888	0	4,359,888	66.00
67.00	OCCUPATIONAL THERAPY	0	1,225,281	0	1,225,281	67.00
68.00	SPEECH PATHOLOGY	0	611,305	0	611,305	68.00
69.00	ELECTROCARDIOLOGY		1,755,716	0	1,755,716	69.00
70.00	ELECTROENCEPHALOGRAPHY		2,067,793	1,540	2,069,333	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		8,981,372	0	8,981,372	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS		12,190,726	0	12,190,726	72.00
73.00	DRUGS CHARGED TO PATIENTS		30,677,894	0	30,677,894	73.00
74.00	RENAL DIALYSIS		611,778	0	611,778	74.00
75.00	ASC (NON-DISTINCT PART)		0	0	0	75.00
76.00	ENDOSCOPY		478,119	0	478,119	76.00
76.01	GALLAHUE MENTAL HEALTH		10,628,421	0	10,628,421	76.01
76.02	NEUROPSYCH		1,088,704	0	1,088,704	76.02
76.03	LUTHERWOOD		358,913	0	358,913	76.03
76.04	CENTER FOR WOUND HEALING		811,481	0	811,481	76.04
76.97	CARDIAC REHABILITATION		422,793	0	422,793	76.97
76.98	HYPERBARIC OXYGEN THERAPY		1,033,064	0	1,033,064	76.98
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	CLEARVISTA WOMEN'S CARE	0	0	1,773	1,773	90.01
90.02	COUNTY LINE MEDICAL PAVILION	0	0	0	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.03
90.04	DIABETES & ENDOCRINOLOGY CONSULTANTS	1,450	1,450	0	1,450	90.04
90.05	FAMILY MEDICINE OF GREENFIELD	1,450	1,450	0	1,450	90.05
90.06	GEST FAMILY MEDICINE & PEDIATRICS	1,450	1,450	0	1,450	90.06
90.07	INTERNAL MEDICINE ASSOCIATES	1,450	1,450	0	1,450	90.07
90.08	OLIO ROAD FAMILY CARE	1,450	1,450	0	1,450	90.08
90.09	CARDIOVASCULAR EAST	1,450	1,450	0	1,450	90.09
90.10	CARDIOVASCULAR NORTH	1,450	1,450	0	1,450	90.10
90.11	CARDIOVASCULAR SOUTH	1,450	1,450	0	1,450	90.11
90.12	NORTHEAST FAMILY PHYSICIANS	1,450	1,450	0	1,450	90.12
90.13	ANDERSON FAMILY HEALTH	1,450	1,450	0	1,450	90.13
90.14	BROADWAY FAMILY MEDICINE	1,450	1,450	0	1,450	90.14
90.15	CASTLETON FAMILY PHYSICIANS	1,450	1,450	0	1,450	90.15
90.16	FALL CREEK FAMILY MEDICINE	1,450	1,450	0	1,450	90.16
90.17	FAMILY PRACTICE ASSOCIATES OF ELWOOD	1,450	1,450	0	1,450	90.17
90.18	INTERNAL MEDICINE OF CARMEL	1,450	1,450	0	1,450	90.18
90.19	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	1,450	1,450	0	1,450	90.19
90.20	INTERNAL MEDICINE OF CARMEL	1,450	1,450	0	1,450	90.20
90.21	DIABETES, IM AND ENDOCRINOLOGY	1,450	1,450	0	1,450	90.21
90.22	HEALTHY HEARTS CENTER	1,312,087	1,312,087	0	1,312,087	90.22
90.23	FAMILY PRACTICE	2,698,039	2,698,039	0	2,698,039	90.23
90.24	PALLATIVE CARE	862,158	862,158	0	862,158	90.24
90.25	INFUSION CENTERS	704,553	704,553	0	704,553	90.25
90.26	SPINE CENTER	0	0	0	0	90.26
90.27	DIABETIC CARE CENTER	599,116	599,116	0	599,116	90.27
91.00	EMERGENCY	11,950,279	11,950,279	29,615	11,979,894	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,217,517	1,217,517	0	1,217,517	92.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150074

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		Total Costs
				1.00	2.00		3.00
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		0 115.00	
116.00	HOSPICE	0		0		0 116.00	
200.00	Subtotal (see instructions)	218,740,894	0	218,740,894	261,922	219,002,816 200.00	
201.00	Less Observation Beds	1,217,517		1,217,517		1,217,517 201.00	
202.00	Total (see instructions)	217,523,377	0	217,523,377	261,922	217,785,299 202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 8:23 am	
			Title XVII I	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	58,916,466		58,916,466		30.00
31.00	INTENSIVE CARE UNIT	8,121,651		8,121,651		31.00
32.00	CORONARY CARE UNIT	8,586,719		8,586,719		32.00
43.00	NURSERY	4,275,294		4,275,294		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	21,051,511	6,120,700	27,172,211	0.264875	50.00
51.00	RECOVERY ROOM	6,249,491	2,441,808	8,691,299	0.232814	51.00
52.00	DELIVERY ROOM & LABOR ROOM	9,626,183	0	9,626,183	0.351416	52.00
53.00	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,014,901	20,849,869	25,864,770	0.359287	54.00
55.00	RADIOLOGY-THERAPEUTIC	3,744,013	50,443,252	54,187,265	0.514453	55.00
56.00	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	CT SCAN	9,699,999	28,524,541	38,224,540	0.063120	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	3,313,008	12,788,077	16,101,085	0.117527	58.00
59.00	CARDIAC CATHETERIZATION	6,521,629	5,186,424	11,708,053	0.106822	59.00
60.00	LABORATORY	30,232,834	25,027,787	55,260,621	0.139446	60.00
64.00	INTRAVENOUS THERAPY	687,425	31,951	719,376	0.676696	64.00
65.00	RESPIRATORY THERAPY	13,655,500	712,104	14,367,604	0.185678	65.00
66.00	PHYSICAL THERAPY	1,888,752	5,072,767	6,961,519	0.626284	66.00
67.00	OCCUPATIONAL THERAPY	1,309,157	1,564,855	2,874,012	0.426331	67.00
68.00	SPEECH PATHOLOGY	334,087	1,143,704	1,477,791	0.413661	68.00
69.00	ELECTROCARDIOLOGY	5,281,729	2,627,110	7,908,839	0.221994	69.00
70.00	ELECTROENCEPHALOGRAPHY	759,563	7,707,982	8,467,545	0.244202	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,762,467	4,863,655	15,626,122	0.574767	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	19,502,657	3,928,798	23,431,455	0.520272	72.00
73.00	DRUGS CHARGED TO PATIENTS	36,683,101	126,091,289	162,774,390	0.188469	73.00
74.00	RENAL DIALYSIS	1,581,287	102,743	1,684,030	0.363282	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	ENDOSCOPY	913,029	1,325,959	2,238,988	0.213542	76.00
76.01	GALLAHUE MENTAL HEALTH	0	35,835,114	35,835,114	0.296592	76.01
76.02	NEUROPSYCH	168,188	943,004	1,111,192	0.979762	76.02
76.03	LUTHERWOOD	0	1,469,780	1,469,780	0.244195	76.03
76.04	CENTER FOR WOUND HEALING	14,958	2,730,458	2,745,416	0.295577	76.04
76.97	CARDIAC REHABILITATION	0	441,237	441,237	0.958199	76.97
76.98	HYPERBARIC OXYGEN THERAPY	47,000	1,800,768	1,847,768	0.559088	76.98
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	90.00
90.01	CLEARVISTA WOMEN'S CARE	0	0	0	0.000000	90.01
90.02	COUNTY LINE MEDICAL PAVILION	0	0	0	0.000000	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.03
90.04	DIABETES & ENDOCRINOLOGY CONSULTANTS	0	0	0	0.000000	90.04
90.05	FAMILY MEDICINE OF GREENFIELD	0	0	0	0.000000	90.05
90.06	GEIST FAMILY MEDICINE & PEDIATRICS	0	0	0	0.000000	90.06
90.07	INTERNAL MEDICINE ASSOCIATES	0	0	0	0.000000	90.07
90.08	OLIO ROAD FAMILY CARE	0	0	0	0.000000	90.08
90.09	CARDIOVASCULAR EAST	0	0	0	0.000000	90.09
90.10	CARDIOVASCULAR NORTH	0	0	0	0.000000	90.10
90.11	CARDIOVASCULAR SOUTH	0	0	0	0.000000	90.11
90.12	NORTHEAST FAMILY PHYSICIANS	0	0	0	0.000000	90.12
90.13	ANDERSON FAMILY HEALTH	0	0	0	0.000000	90.13
90.14	BROADWAY FAMILY MEDICINE	0	0	0	0.000000	90.14
90.15	CASTLETON FAMILY PHYSICIANS	0	0	0	0.000000	90.15
90.16	FALL CREEK FAMILY MEDICINE	0	0	0	0.000000	90.16
90.17	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	0	0.000000	90.17
90.18	INTERNAL MEDICINE OF CARMEL	0	0	0	0.000000	90.18
90.19	NORTHEAST OTOLARYNGOLOGY NOBLESVILLE	0	0	0	0.000000	90.19
90.20	INTERNAL MEDICINE OF CARMEL	0	0	0	0.000000	90.20
90.21	DIABETES, IM AND ENDOCRINOLOGY	0	0	0	0.000000	90.21
90.22	HEALTHY HEARTS CENTER	5,802	1,684,054	1,689,856	0.776449	90.22
90.23	FAMILY PRACTICE	942,813	3,582,550	4,525,363	0.596204	90.23
90.24	PALLIATIVE CARE	280,847	0	280,847	3.069849	90.24
90.25	INFUSION CENTERS	0	1,575,676	1,575,676	0.447143	90.25
90.26	SPINE CENTER	0	0	0	0.000000	90.26
90.27	DIABETIC CARE CENTER	296,940	458,794	755,734	0.792760	90.27
91.00	EMERGENCY	17,783,047	56,233,554	74,016,601	0.161454	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,793,233	7,793,233	0.156227	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150074

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2012 8:23 am

		Title XVIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				
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
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)	288,252,048	421,103,597	709,355,645			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	288,252,048	421,103,597	709,355,645			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 8:23 am
Cost Center Description		PPS Inpatient Ratio 11.00	Title XVII I	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
43.00	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.264875		50.00
51.00	RECOVERY ROOM	0.232814		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.351416		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.359287		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.514453		55.00
56.00	RADIOISOTOPE	0.000000		56.00
57.00	CT SCAN	0.063120		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.117527		58.00
59.00	CARDIAC CATHETERIZATION	0.117916		59.00
60.00	LABORATORY	0.140762		60.00
64.00	INTRAVENOUS THERAPY	0.676696		64.00
65.00	RESPIRATORY THERAPY	0.185678		65.00
66.00	PHYSICAL THERAPY	0.626284		66.00
67.00	OCCUPATIONAL THERAPY	0.426331		67.00
68.00	SPEECH PATHOLOGY	0.413661		68.00
69.00	ELECTROCARDIOLOGY	0.221994		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.244384		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.574767		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.520272		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.188469		73.00
74.00	RENAL DIALYSIS	0.363282		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	ENDOSCOPY	0.213542		76.00
76.01	GALLAHUE MENTAL HEALTH	0.296592		76.01
76.02	NEUROPSYCH	0.979762		76.02
76.03	LUTHERWOOD	0.244195		76.03
76.04	CENTER FOR WOUND HEALING	0.295577		76.04
76.97	CARDIAC REHABILITATION	0.958199		76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.559088		76.98
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	CLEARVISTA WOMEN'S CARE	0.000000		90.01
90.02	COUNTY LINE MEDICAL PAVILION	0.000000		90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.03
90.04	DIABETES & ENDOCRINOLOGY CONSULTANTS	0.000000		90.04
90.05	FAMILY MEDICINE OF GREENFIELD	0.000000		90.05
90.06	GEIST FAMILY MEDICINE & PEDIATRICS	0.000000		90.06
90.07	INTERNAL MEDICINE ASSOCIATES	0.000000		90.07
90.08	OLIO ROAD FAMILY CARE	0.000000		90.08
90.09	CARDIOVASCULAR EAST	0.000000		90.09
90.10	CARDIOVASCULAR NORTH	0.000000		90.10
90.11	CARDIOVASCULAR SOUTH	0.000000		90.11
90.12	NORTHEAST FAMILY PHYSICIANS	0.000000		90.12
90.13	ANDERSON FAMILY HEALTH	0.000000		90.13
90.14	BROADWAY FAMILY MEDICINE	0.000000		90.14
90.15	CASTLETON FAMILY PHYSICIANS	0.000000		90.15
90.16	FALL CREEK FAMILY MEDICINE	0.000000		90.16
90.17	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0.000000		90.17
90.18	INTERNAL MEDICINE OF CARMEL	0.000000		90.18
90.19	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0.000000		90.19
90.20	INTERNAL MEDICINE OF CARMEL	0.000000		90.20
90.21	DIABETES, IM AND ENDOCRINOLOGY	0.000000		90.21
90.22	HEALTHY HEARTS CENTER	0.776449		90.22
90.23	FAMILY PRACTICE	0.596204		90.23
90.24	PALLATIVE CARE	3.069849		90.24
90.25	INFUSION CENTERS	0.447143		90.25
90.26	SPINE CENTER	0.000000		90.26
90.27	DIABETIC CARE CENTER	0.792760		90.27
91.00	EMERGENCY	0.161854		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.156227		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

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 8:23 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
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
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: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 8:23 am	
		Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		43,190,108	0	0
31.00	INTENSIVE CARE UNIT		5,145,001	0	0
32.00	CORONARY CARE UNIT		5,922,650	0	0
43.00	NURSERY		1,620,743	0	0
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM		7,197,234	0	0
51.00	RECOVERY ROOM		2,023,453	0	0
52.00	DELIVERY ROOM & LABOR ROOM		3,382,797	0	0
53.00	ANESTHESIOLOGY		0	0	0
54.00	RADIOLOGY-DIAGNOSTIC		9,292,887	0	0
55.00	RADIOLOGY-THERAPEUTIC		27,876,787	0	0
56.00	RADIOISOTOPE		0	0	0
57.00	CT SCAN		2,412,739	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)		1,892,307	0	0
59.00	CARDIAC CATHETERIZATION		1,250,679	0	0
60.00	LABORATORY		7,705,869	0	0
64.00	INTRAVENOUS THERAPY		486,799	0	0
65.00	RESPIRATORY THERAPY	0	2,667,744	0	0
66.00	PHYSICAL THERAPY	0	4,359,888	0	0
67.00	OCCUPATIONAL THERAPY	0	1,225,281	0	0
68.00	SPEECH PATHOLOGY	0	611,305	0	0
69.00	ELECTROCARDIOLOGY		1,755,716	0	0
70.00	ELECTROENCEPHALOGRAPHY		2,067,793	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		8,981,372	0	0
72.00	IMPL. DEV. CHARGED TO PATIENTS		12,190,726	0	0
73.00	DRUGS CHARGED TO PATIENTS		30,677,894	0	0
74.00	RENAL DIALYSIS		611,778	0	0
75.00	ASC (NON-DISTINCT PART)		0	0	0
76.00	ENDOSCOPY		478,119	0	0
76.01	GALLAHUE MENTAL HEALTH		10,628,421	0	0
76.02	NEUROPSYCH		1,088,704	0	0
76.03	LUTHERWOOD		358,913	0	0
76.04	CENTER FOR WOUND HEALING		811,481	0	0
76.97	CARDIAC REHABILITATION		422,793	0	0
76.98	HYPERBARIC OXYGEN THERAPY		1,033,064	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC		0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0
90.00	CLINIC		0	0	0
90.01	CLEARVISTA WOMEN'S CARE		0	0	0
90.02	COUNTY LINE MEDICAL PAVILION		0	0	0
90.03	OTHER OUTPATIENT SERVICE COST CENTER		0	0	0
90.04	DIABETES & ENDOCRINOLOGY CONSULTANTS		1,450	0	0
90.05	FAMILY MEDICINE OF GREENFIELD		1,450	0	0
90.06	GEIST FAMILY MEDICINE & PEDIATRICS		1,450	0	0
90.07	INTERNAL MEDICINE ASSOCIATES		1,450	0	0
90.08	OLIO ROAD FAMILY CARE		1,450	0	0
90.09	CARDIOVASCULAR EAST		1,450	0	0
90.10	CARDIOVASCULAR NORTH		1,450	0	0
90.11	CARDIOVASCULAR SOUTH		1,450	0	0
90.12	NORTHEAST FAMILY PHYSICIANS		1,450	0	0
90.13	ANDERSON FAMILY HEALTH		1,450	0	0
90.14	BROADWAY FAMILY MEDICINE		1,450	0	0
90.15	CASTLETON FAMILY PHYSICIANS		1,450	0	0
90.16	FALL CREEK FAMILY MEDICINE		1,450	0	0
90.17	FAMILY PRACTICE ASSOCIATES OF ELWOOD		1,450	0	0
90.18	INTERNAL MEDICINE OF CARMEL		1,450	0	0
90.19	NORTHEAST OTOLARNGOLOGY NOBLESVILLE		1,450	0	0
90.20	INTERNAL MEDICINE OF CARMEL		1,450	0	0
90.21	DIABETES, IM AND ENDOCRINOLOGY		1,450	0	0
90.22	HEALTHY HEARTS CENTER		1,312,087	0	0
90.23	FAMILY PRACTICE		2,698,039	0	0
90.24	PALLATIVE CARE		862,158	0	0
90.25	INFUSION CENTERS		704,553	0	0
90.26	SPIRE CENTER		0	0	0
90.27	DIABETIC CARE CENTER		599,116	0	0
91.00	EMERGENCY		11,950,279	0	0
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		1,217,517	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150074

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
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
200.00	Subtotal (see instructions)	218,740,894	0	218,740,894	0	0 200.00
201.00	Less Observation Beds	1,217,517		1,217,517		0 201.00
202.00	Total (see instructions)	217,523,377	0	217,523,377	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 8:23 am	
			Title XIX	Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	58,916,466		58,916,466		30.00
31.00	INTENSIVE CARE UNIT	8,121,651		8,121,651		31.00
32.00	CORONARY CARE UNIT	8,586,719		8,586,719		32.00
43.00	NURSERY	4,275,294		4,275,294		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	21,051,511	6,120,700	27,172,211	0.264875	50.00
51.00	RECOVERY ROOM	6,249,491	2,441,808	8,691,299	0.232814	51.00
52.00	DELIVERY ROOM & LABOR ROOM	9,626,183	0	9,626,183	0.351416	52.00
53.00	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,014,901	20,849,869	25,864,770	0.359287	54.00
55.00	RADIOLOGY-THERAPEUTIC	3,744,013	50,443,252	54,187,265	0.514453	55.00
56.00	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	CT SCAN	9,699,999	28,524,541	38,224,540	0.063120	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	3,313,008	12,788,077	16,101,085	0.117527	58.00
59.00	CARDIAC CATHETERIZATION	6,521,629	5,186,424	11,708,053	0.106822	59.00
60.00	LABORATORY	30,232,834	25,027,787	55,260,621	0.139446	60.00
64.00	INTRAVENOUS THERAPY	687,425	31,951	719,376	0.676696	64.00
65.00	RESPIRATORY THERAPY	13,655,500	712,104	14,367,604	0.185678	65.00
66.00	PHYSICAL THERAPY	1,888,752	5,072,767	6,961,519	0.626284	66.00
67.00	OCCUPATIONAL THERAPY	1,309,157	1,564,855	2,874,012	0.426331	67.00
68.00	SPEECH PATHOLOGY	334,087	1,143,704	1,477,791	0.413661	68.00
69.00	ELECTROCARDIOLOGY	5,281,729	2,627,110	7,908,839	0.221994	69.00
70.00	ELECTROENCEPHALOGRAPHY	759,563	7,707,982	8,467,545	0.244202	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,762,467	4,863,655	15,626,122	0.574767	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	19,502,657	3,928,798	23,431,455	0.520272	72.00
73.00	DRUGS CHARGED TO PATIENTS	36,683,101	126,091,289	162,774,390	0.188469	73.00
74.00	RENAL DIALYSIS	1,581,287	102,743	1,684,030	0.363282	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	ENDOSCOPY	913,029	1,325,959	2,238,988	0.213542	76.00
76.01	GALLAHUE MENTAL HEALTH	0	35,835,114	35,835,114	0.296592	76.01
76.02	NEUROPSYCH	168,188	943,004	1,111,192	0.979762	76.02
76.03	LUTHERWOOD	0	1,469,780	1,469,780	0.244195	76.03
76.04	CENTER FOR WOUND HEALING	14,958	2,730,458	2,745,416	0.295577	76.04
76.97	CARDIAC REHABILITATION	0	441,237	441,237	0.958199	76.97
76.98	HYPERBARIC OXYGEN THERAPY	47,000	1,800,768	1,847,768	0.559088	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	CLINIC	0	0	0	0.000000	90.00
90.01	CLEARVISTA WOMEN'S CARE	0	0	0	0.000000	90.01
90.02	COUNTY LINE MEDICAL PAVILION	0	0	0	0.000000	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.03
90.04	DIABETES & ENDOCRINOLOGY CONSULTANTS	0	0	0	0.000000	90.04
90.05	FAMILY MEDICINE OF GREENFIELD	0	0	0	0.000000	90.05
90.06	GEST FAMILY MEDICINE & PEDIATRICS	0	0	0	0.000000	90.06
90.07	INTERNAL MEDICINE ASSOCIATES	0	0	0	0.000000	90.07
90.08	OLIO ROAD FAMILY CARE	0	0	0	0.000000	90.08
90.09	CARDIOVASCULAR EAST	0	0	0	0.000000	90.09
90.10	CARDIOVASCULAR NORTH	0	0	0	0.000000	90.10
90.11	CARDIOVASCULAR SOUTH	0	0	0	0.000000	90.11
90.12	NORTHEAST FAMILY PHYSICIANS	0	0	0	0.000000	90.12
90.13	ANDERSON FAMILY HEALTH	0	0	0	0.000000	90.13
90.14	BROADWAY FAMILY MEDICINE	0	0	0	0.000000	90.14
90.15	CASTLETON FAMILY PHYSICIANS	0	0	0	0.000000	90.15
90.16	FALL CREEK FAMILY MEDICINE	0	0	0	0.000000	90.16
90.17	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	0	0.000000	90.17
90.18	INTERNAL MEDICINE OF CARMEL	0	0	0	0.000000	90.18
90.19	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	0	0.000000	90.19
90.20	INTERNAL MEDICINE OF CARMEL	0	0	0	0.000000	90.20
90.21	DIABETES, IM AND ENDOCRINOLOGY	0	0	0	0.000000	90.21
90.22	HEALTHY HEARTS CENTER	5,802	1,684,054	1,689,856	0.776449	90.22
90.23	FAMILY PRACTICE	942,813	3,582,550	4,525,363	0.596204	90.23
90.24	PALLIATIVE CARE	280,847	0	280,847	3.069849	90.24
90.25	INFUSION CENTERS	0	1,575,676	1,575,676	0.447143	90.25
90.26	SPINE CENTER	0	0	0	0.000000	90.26
90.27	DIABETIC CARE CENTER	296,940	458,794	755,734	0.792760	90.27
91.00	EMERGENCY	17,783,047	56,233,554	74,016,601	0.161454	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,793,233	7,793,233	0.156227	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150074

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2012 8:23 am

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				
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
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)	288,252,048	421,103,597	709,355,645			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	288,252,048	421,103,597	709,355,645			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 8:23 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		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
43.00	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
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
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
76.00	ENDOSCOPY	0.000000		76.00
76.01	GALLAHUE MENTAL HEALTH	0.000000		76.01
76.02	NEUROPSYCH	0.000000		76.02
76.03	LUTHERWOOD	0.000000		76.03
76.04	CENTER FOR WOUND HEALING	0.000000		76.04
76.97	CARDIAC REHABILITATION	0.000000		76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
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	CLEARVISTA WOMEN'S CARE	0.000000		90.01
90.02	COUNTY LINE MEDICAL PAVILION	0.000000		90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.03
90.04	DIABETES & ENDOCRINOLOGY CONSULTANTS	0.000000		90.04
90.05	FAMILY MEDICINE OF GREENFIELD	0.000000		90.05
90.06	GEIST FAMILY MEDICINE & PEDIATRICS	0.000000		90.06
90.07	INTERNAL MEDICINE ASSOCIATES	0.000000		90.07
90.08	OLIO ROAD FAMILY CARE	0.000000		90.08
90.09	CARDIOVASCULAR EAST	0.000000		90.09
90.10	CARDIOVASCULAR NORTH	0.000000		90.10
90.11	CARDIOVASCULAR SOUTH	0.000000		90.11
90.12	NORTHEAST FAMILY PHYSICIANS	0.000000		90.12
90.13	ANDERSON FAMILY HEALTH	0.000000		90.13
90.14	BROADWAY FAMILY MEDICINE	0.000000		90.14
90.15	CASTLETON FAMILY PHYSICIANS	0.000000		90.15
90.16	FALL CREEK FAMILY MEDICINE	0.000000		90.16
90.17	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0.000000		90.17
90.18	INTERNAL MEDICINE OF CARMEL	0.000000		90.18
90.19	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0.000000		90.19
90.20	INTERNAL MEDICINE OF CARMEL	0.000000		90.20
90.21	DIABETES, IM AND ENDOCRINOLOGY	0.000000		90.21
90.22	HEALTHY HEARTS CENTER	0.000000		90.22
90.23	FAMILY PRACTICE	0.000000		90.23
90.24	PALLIATIVE CARE	0.000000		90.24
90.25	INFUSION CENTERS	0.000000		90.25
90.26	SPINE CENTER	0.000000		90.26
90.27	DIABETIC CARE CENTER	0.000000		90.27
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

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 8:23 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00	Cost	
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
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: 150074		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/29/2012 8:23 am	
		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	5,039,212	0	5,039,212	51,220	98.38	30.00
31.00	INTENSIVE CARE UNIT	577,873		577,873	3,094	186.77	31.00
32.00	CORONARY CARE UNIT	674,462		674,462	4,962	135.93	32.00
43.00	NURSERY	244,555		244,555	2,446	99.98	43.00
200.00	Total (lines 30-199)	6,536,102		6,536,102	61,722		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150074		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/29/2012 8:23 am	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	Title XVIII	Hospital	PPS	
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	17,915	1,762,478				30.00
31.00	INTENSIVE CARE UNIT	1,405	262,412				31.00
32.00	CORONARY CARE UNIT	2,761	375,303				32.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30-199)	22,081	2,400,193				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150074		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/29/2012 8:23 am	
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)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,324,595	27,172,211	0.048748	10,288,628	501,550	50.00
51.00	RECOVERY ROOM	305,255	8,691,299	0.035122	2,914,788	102,373	51.00
52.00	DELIVERY ROOM & LABOR ROOM	539,502	9,626,183	0.056045	52,936	2,967	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,324,324	25,864,770	0.051202	3,002,637	153,741	54.00
55.00	RADIOLOGY-THERAPEUTIC	2,445,846	54,187,265	0.045137	1,976,550	89,216	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	CT SCAN	239,350	38,224,540	0.006262	4,890,872	30,627	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	397,118	16,101,085	0.024664	1,470,483	36,268	58.00
59.00	CARDIAC CATHETERIZATION	348,542	11,708,053	0.029769	3,119,393	92,861	59.00
60.00	LABORATORY	506,256	55,260,621	0.009161	13,986,722	128,132	60.00
64.00	INTRAVENOUS THERAPY	32,365	719,376	0.044990	80,924	3,641	64.00
65.00	RESPIRATORY THERAPY	240,941	14,367,604	0.016770	6,379,412	106,983	65.00
66.00	PHYSICAL THERAPY	637,830	6,961,519	0.091622	1,046,003	95,837	66.00
67.00	OCCUPATIONAL THERAPY	167,112	2,874,012	0.058146	734,012	42,680	67.00
68.00	SPEECH PATHOLOGY	83,265	1,477,791	0.056344	164,098	9,246	68.00
69.00	ELECTROCARDIOLOGY	102,912	7,908,839	0.013012	2,816,260	36,645	69.00
70.00	ELECTROENCEPHALOGRAPHY	271,129	8,467,545	0.032020	420,727	13,472	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	303,879	15,626,122	0.019447	5,082,197	98,833	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	412,735	23,431,455	0.017615	9,121,190	160,670	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,098,237	162,774,390	0.006747	16,719,909	112,809	73.00
74.00	RENAL DIALYSIS	21,176	1,684,030	0.012575	1,037,854	13,051	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	ENDOSCOPY	44,211	2,238,988	0.019746	665,648	13,144	76.00
76.01	GALLAHUE MENTAL HEALTH	507,056	35,835,114	0.014150	0	0	76.01
76.02	NEUROPSYCH	42,915	1,111,192	0.038621	4,032	156	76.02
76.03	LUTHERWOOD	14,391	1,469,780	0.009791	0	0	76.03
76.04	CENTER FOR WOUND HEALING	117,708	2,745,416	0.042874	12,483	535	76.04
76.97	CARDIAC REHABILITATION	110,104	441,237	0.249535	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	94,736	1,847,768	0.051271	26,216	1,344	76.98
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	CLEARVISTA WOMEN'S CARE	0	0	0.000000	0	0	90.01
90.02	COUNTY LINE MEDICAL PAVILION	0	0	0.000000	0	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.03
90.04	DIABETES & ENDOCRINOLOGY CONSULTANTS	49	0	0.000000	0	0	90.04
90.05	FAMILY MEDICINE OF GREENFIELD	49	0	0.000000	0	0	90.05
90.06	GEIST FAMILY MEDICINE & PEDIATRICS	49	0	0.000000	0	0	90.06
90.07	INTERNAL MEDICINE ASSOCIATES	49	0	0.000000	0	0	90.07
90.08	OLIO ROAD FAMILY CARE	49	0	0.000000	0	0	90.08
90.09	CARDIOVASCULAR EAST	49	0	0.000000	0	0	90.09
90.10	CARDIOVASCULAR NORTH	49	0	0.000000	0	0	90.10
90.11	CARDIOVASCULAR SOUTH	49	0	0.000000	0	0	90.11
90.12	NORTHEAST FAMILY PHYSICIANS	49	0	0.000000	0	0	90.12
90.13	ANDERSON FAMILY HEALTH	49	0	0.000000	0	0	90.13
90.14	BROADWAY FAMILY MEDICINE	49	0	0.000000	0	0	90.14
90.15	CASTLETON FAMILY PHYSICIANS	49	0	0.000000	0	0	90.15
90.16	FALL CREEK FAMILY MEDICINE	49	0	0.000000	0	0	90.16
90.17	FAMILY PRACTICE ASSOCIATES OF ELWOOD	49	0	0.000000	0	0	90.17
90.18	INTERNAL MEDICINE OF CARMEL	49	0	0.000000	0	0	90.18
90.19	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	49	0	0.000000	0	0	90.19
90.20	INTERNAL MEDICINE OF CARMEL	49	0	0.000000	0	0	90.20
90.21	DIABETES, IM AND ENDOCRINOLOGY	49	0	0.000000	0	0	90.21
90.22	HEALTHY HEARTS CENTER	132,827	1,689,856	0.078603	4,079	321	90.22
90.23	FAMILY PRACTICE	140,280	4,525,363	0.030999	0	0	90.23
90.24	PALLIATIVE CARE	31,802	280,847	0.113236	0	0	90.24
90.25	INFUSION CENTERS	50,719	1,575,676	0.032189	0	0	90.25
90.26	SPINE CENTER	0	0	0.000000	0	0	90.26
90.27	DIABETIC CARE CENTER	24,678	755,734	0.032654	225	7	90.27
91.00	EMERGENCY	1,138,120	74,016,601	0.015377	9,724,136	149,528	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	141,967	7,793,233	0.018217	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	0	0	0.000000	0	0	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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150074		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/29/2012 8:23 am	
Cost Center Description		Title XVIII		Hospital		PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00	4.00	5.00		
200.00 Total (Lines 50-199)	13,394,765	629,455,515		95,742,414	1,996,637		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150074		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/29/2012 8:23 am	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	NURSERY	0	0	0	0	0	43.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150074

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

Worksheet D
Part III
Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description		Title XVIII			Hospital		PPS
		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
		6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	51,220	0.00	17,915	0	0	30.00
31.00	INTENSIVE CARE UNIT	3,094	0.00	1,405	0	0	31.00
32.00	CORONARY CARE UNIT	4,962	0.00	2,761	0	0	32.00
43.00	NURSERY	2,446	0.00	0	0	0	43.00
200.00	Total (lines 30-199)	61,722		22,081	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150074		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/29/2012 8:23 am	
Cost Center Description		PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost	Title XVIII		Hospital PPS	
		12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0			30.00	
31.00	INTENSIVE CARE UNIT	0	0			31.00	
32.00	CORONARY CARE UNIT	0	0			32.00	
43.00	NURSERY	0	0			43.00	
200.00	Total (Lines 30-199)	0	0			200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150074			Period: From 01/01/2011 To 12/31/2011		Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:23 am	
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		PPS
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	444,509	0	444,509	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	0	60.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	171,018	0	171,018	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00	ENDOSCOPY	0	0	0	0	0	0	76.00
76.01	GALLAHUE MENTAL HEALTH	0	0	0	0	0	0	76.01
76.02	NEUROPSYCH	0	0	0	0	0	0	76.02
76.03	LUTHERWOOD	0	0	0	0	0	0	76.03
76.04	CENTER FOR WOUND HEALING	0	0	0	0	0	0	76.04
76.97	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	0	90.00
90.01	CLEARVISTA WOMEN'S CARE	0	0	0	0	0	0	90.01
90.02	COUNTY LINE MEDICAL PAVILION	0	0	0	0	0	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.03
90.04	DIABETES & ENDOCRINOLOGY CONSULTANTS	0	0	0	0	0	0	90.04
90.05	FAMILY MEDICINE OF GREENFIELD	0	0	0	0	0	0	90.05
90.06	GEIST FAMILY MEDICINE & PEDIATRICS	0	0	0	0	0	0	90.06
90.07	INTERNAL MEDICINE ASSOCIATES	0	0	0	0	0	0	90.07
90.08	OLIO ROAD FAMILY CARE	0	0	0	0	0	0	90.08
90.09	CARDIOVASCULAR EAST	0	0	0	0	0	0	90.09
90.10	CARDIOVASCULAR NORTH	0	0	0	0	0	0	90.10
90.11	CARDIOVASCULAR SOUTH	0	0	0	0	0	0	90.11
90.12	NORTHEAST FAMILY PHYSICIANS	0	0	0	0	0	0	90.12
90.13	ANDERSON FAMILY HEALTH	0	0	0	0	0	0	90.13
90.14	BROADWAY FAMILY MEDICINE	0	0	0	0	0	0	90.14
90.15	CASTLETON FAMILY PHYSICIANS	0	0	0	0	0	0	90.15
90.16	FALL CREEK FAMILY MEDICINE	0	0	0	0	0	0	90.16
90.17	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	0	0	0	0	90.17
90.18	INTERNAL MEDICINE OF CARMEL	0	0	0	0	0	0	90.18
90.19	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	0	0	0	0	90.19
90.20	INTERNAL MEDICINE OF CARMEL	0	0	0	0	0	0	90.20
90.21	DIABETES, IM AND ENDOCRINOLOGY	0	0	0	0	0	0	90.21
90.22	HEALTHY HEARTS CENTER	0	0	0	0	0	0	90.22
90.23	FAMILY PRACTICE	0	0	0	0	0	0	90.23
90.24	PALLATIVE CARE	0	0	0	0	0	0	90.24
90.25	INFUSION CENTERS	0	0	0	0	0	0	90.25
90.26	SPINE CENTER	0	0	0	0	0	0	90.26
90.27	DIABETIC CARE CENTER	0	0	0	0	0	0	90.27
91.00	EMERGENCY	0	0	1,143,401	0	1,143,401	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00	Total (Lines 50-199)	0	0	1,758,928	0	1,758,928	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150074		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:23 am	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	27,172,211	0.000000	0.000000	10,288,628	50.00
51.00	RECOVERY ROOM	0	8,691,299	0.000000	0.000000	2,914,788	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	9,626,183	0.000000	0.000000	52,936	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	444,509	25,864,770	0.017186	0.017186	3,002,637	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	54,187,265	0.000000	0.000000	1,976,550	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	CT SCAN	0	38,224,540	0.000000	0.000000	4,890,872	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	16,101,085	0.000000	0.000000	1,470,483	58.00
59.00	CARDIAC CATHETERIZATION	0	11,708,053	0.000000	0.000000	3,119,393	59.00
60.00	LABORATORY	0	55,260,621	0.000000	0.000000	13,986,722	60.00
64.00	INTRAVENOUS THERAPY	0	719,376	0.000000	0.000000	80,924	64.00
65.00	RESPIRATORY THERAPY	0	14,367,604	0.000000	0.000000	6,379,412	65.00
66.00	PHYSICAL THERAPY	0	6,961,519	0.000000	0.000000	1,046,003	66.00
67.00	OCCUPATIONAL THERAPY	0	2,874,012	0.000000	0.000000	734,012	67.00
68.00	SPEECH PATHOLOGY	0	1,477,791	0.000000	0.000000	164,098	68.00
69.00	ELECTROCARDIOLOGY	0	7,908,839	0.000000	0.000000	2,816,260	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	8,467,545	0.000000	0.000000	420,727	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,626,122	0.000000	0.000000	5,082,197	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	23,431,455	0.000000	0.000000	9,121,190	72.00
73.00	DRUGS CHARGED TO PATIENTS	171,018	162,774,390	0.001051	0.001051	16,719,909	73.00
74.00	RENAL DIALYSIS	0	1,684,030	0.000000	0.000000	1,037,854	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	ENDOSCOPY	0	2,238,988	0.000000	0.000000	665,648	76.00
76.01	GALLAHUE MENTAL HEALTH	0	35,835,114	0.000000	0.000000	0	76.01
76.02	NEUROPSYCH	0	1,111,192	0.000000	0.000000	4,032	76.02
76.03	LUTHERWOOD	0	1,469,780	0.000000	0.000000	0	76.03
76.04	CENTER FOR WOUND HEALING	0	2,745,416	0.000000	0.000000	12,483	76.04
76.97	CARDIAC REHABILITATION	0	441,237	0.000000	0.000000	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	1,847,768	0.000000	0.000000	26,216	76.98
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	CLEARVISTA WOMEN'S CARE	0	0	0.000000	0.000000	0	90.01
90.02	COUNTY LINE MEDICAL PAVILION	0	0	0.000000	0.000000	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.03
90.04	DIABETES & ENDOCRINOLOGY CONSULTANTS	0	0	0.000000	0.000000	0	90.04
90.05	FAMILY MEDICINE OF GREENFIELD	0	0	0.000000	0.000000	0	90.05
90.06	GEIST FAMILY MEDICINE & PEDIATRICS	0	0	0.000000	0.000000	0	90.06
90.07	INTERNAL MEDICINE ASSOCIATES	0	0	0.000000	0.000000	0	90.07
90.08	OLIO ROAD FAMILY CARE	0	0	0.000000	0.000000	0	90.08
90.09	CARDIOVASCULAR EAST	0	0	0.000000	0.000000	0	90.09
90.10	CARDIOVASCULAR NORTH	0	0	0.000000	0.000000	0	90.10
90.11	CARDIOVASCULAR SOUTH	0	0	0.000000	0.000000	0	90.11
90.12	NORTHEAST FAMILY PHYSICIANS	0	0	0.000000	0.000000	0	90.12
90.13	ANDERSON FAMILY HEALTH	0	0	0.000000	0.000000	0	90.13
90.14	BROADWAY FAMILY MEDICINE	0	0	0.000000	0.000000	0	90.14
90.15	CASTLETON FAMILY PHYSICIANS	0	0	0.000000	0.000000	0	90.15
90.16	FALL CREEK FAMILY MEDICINE	0	0	0.000000	0.000000	0	90.16
90.17	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	0.000000	0.000000	0	90.17
90.18	INTERNAL MEDICINE OF CARMEL	0	0	0.000000	0.000000	0	90.18
90.19	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	0.000000	0.000000	0	90.19
90.20	INTERNAL MEDICINE OF CARMEL	0	0	0.000000	0.000000	0	90.20
90.21	DIABETES, IM AND ENDOCRINOLOGY	0	0	0.000000	0.000000	0	90.21
90.22	HEALTHY HEARTS CENTER	0	1,689,856	0.000000	0.000000	4,079	90.22
90.23	FAMILY PRACTICE	0	4,525,363	0.000000	0.000000	0	90.23
90.24	PALLIATIVE CARE	0	280,847	0.000000	0.000000	0	90.24
90.25	INFUSION CENTERS	0	1,575,676	0.000000	0.000000	0	90.25
90.26	SPINE CENTER	0	0	0.000000	0.000000	0	90.26
90.27	DIABETIC CARE CENTER	0	755,734	0.000000	0.000000	225	90.27
91.00	EMERGENCY	1,143,401	74,016,601	0.015448	0.015448	9,724,136	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,793,233	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	0	0	0.000000	0.000000	0	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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150074		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:23 am	
		Title XVIII		Hospital		PPS	
Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
	6.00	7.00	8.00	9.00	10.00		
200.00 Total (Lines 50-199)	1,758,928	629,455,515			95,742,414	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:23 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
Title VIII		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	1,680,327	0	0	0	50.00
51.00	RECOVERY ROOM	0	960,173	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	51,603	4,471,028	76,839	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	18,756,868	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	7,427,143	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	3,706,223	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	2,229,446	0	0	0	59.00
60.00	LABORATORY	0	2,043,840	0	0	0	60.00
64.00	INTRAVENOUS THERAPY	0	5,261	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	119,377	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	1,075	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	678,885	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1,852,795	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,163,636	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	1,389,562	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	17,573	49,755,667	52,293	0	0	73.00
74.00	RENAL DIALYSIS	0	65,016	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	ENDOSCOPY	0	166,573	0	0	0	76.00
76.01	GALLAHUE MENTAL HEALTH	0	1,298,597	0	0	0	76.01
76.02	NEUROPSYCH	0	864	0	0	0	76.02
76.03	LUTHERWOOD	0	0	0	0	0	76.03
76.04	CENTER FOR WOUND HEALING	0	1,704,015	0	0	0	76.04
76.97	CARDIAC REHABILITATION	0	246,692	0	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	1,357,758	0	0	0	76.98
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	CLEARVISTA WOMEN'S CARE	0	0	0	0	0	90.01
90.02	COUNTY LINE MEDICAL PAVILION	0	0	0	0	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.03
90.04	DIABETES & ENDOCRINOLOGY CONSULTANTS	0	0	0	0	0	90.04
90.05	FAMILY MEDICINE OF GREENFIELD	0	0	0	0	0	90.05
90.06	GEIST FAMILY MEDICINE & PEDIATRICS	0	0	0	0	0	90.06
90.07	INTERNAL MEDICINE ASSOCIATES	0	0	0	0	0	90.07
90.08	OLIO ROAD FAMILY CARE	0	0	0	0	0	90.08
90.09	CARDIOVASCULAR EAST	0	0	0	0	0	90.09
90.10	CARDIOVASCULAR NORTH	0	0	0	0	0	90.10
90.11	CARDIOVASCULAR SOUTH	0	0	0	0	0	90.11
90.12	NORTHEAST FAMILY PHYSICIANS	0	0	0	0	0	90.12
90.13	ANDERSON FAMILY HEALTH	0	0	0	0	0	90.13
90.14	BROADWAY FAMILY MEDICINE	0	0	0	0	0	90.14
90.15	CASTLETON FAMILY PHYSICIANS	0	0	0	0	0	90.15
90.16	FALL CREEK FAMILY MEDICINE	0	0	0	0	0	90.16
90.17	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	0	0	0	90.17
90.18	INTERNAL MEDICINE OF CARMEL	0	0	0	0	0	90.18
90.19	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	0	0	0	90.19
90.20	INTERNAL MEDICINE OF CARMEL	0	0	0	0	0	90.20
90.21	DIABETES, IM AND ENDOCRINOLOGY	0	0	0	0	0	90.21
90.22	HEALTHY HEARTS CENTER	0	555,925	0	0	0	90.22
90.23	FAMILY PRACTICE	0	0	0	0	0	90.23
90.24	PALLIATIVE CARE	0	0	0	0	0	90.24
90.25	INFUSION CENTERS	0	556,599	0	0	0	90.25
90.26	SPINE CENTER	0	0	0	0	0	90.26
90.27	DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00	EMERGENCY	150,218	9,027,103	139,451	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,503,458	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	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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150074		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:23 am	
			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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
200.00 Total (Lines 50-199)		219,394	112,723,906	268,583	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:23 am
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Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Hospital	PPS
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0		50.00
51.00 RECOVERY ROOM	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 ANESTHESIOLOGY	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 RADIOISOTOPE	0	0		56.00
57.00 CT SCAN	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0		59.00
60.00 LABORATORY	0	0		60.00
64.00 INTRAVENOUS THERAPY	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0		65.00
66.00 PHYSICAL THERAPY	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 RENAL DIALYSIS	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 ENDOSCOPY	0	0		76.00
76.01 GALLAHUE MENTAL HEALTH	0	0		76.01
76.02 NEUROPSYCH	0	0		76.02
76.03 LUTHERWOOD	0	0		76.03
76.04 CENTER FOR WOUND HEALING	0	0		76.04
76.97 CARDIAC REHABILITATION	0	0		76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0		76.98
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 CLEARVISTA WOMEN'S CARE	0	0		90.01
90.02 COUNTY LINE MEDICAL PAVILION	0	0		90.02
90.03 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.03
90.04 DIABETES & ENDOCRINOLOGY CONSULTANTS	0	0		90.04
90.05 FAMILY MEDICINE OF GREENFIELD	0	0		90.05
90.06 GEIST FAMILY MEDICINE & PEDIATRICS	0	0		90.06
90.07 INTERNAL MEDICINE ASSOCIATES	0	0		90.07
90.08 OLIO ROAD FAMILY CARE	0	0		90.08
90.09 CARDIOVASCULAR EAST	0	0		90.09
90.10 CARDIOVASCULAR NORTH	0	0		90.10
90.11 CARDIOVASCULAR SOUTH	0	0		90.11
90.12 NORTHEAST FAMILY PHYSICIANS	0	0		90.12
90.13 ANDERSON FAMILY HEALTH	0	0		90.13
90.14 BROADWAY FAMILY MEDICINE	0	0		90.14
90.15 CASTLETON FAMILY PHYSICIANS	0	0		90.15
90.16 FALL CREEK FAMILY MEDICINE	0	0		90.16
90.17 FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0		90.17
90.18 INTERNAL MEDICINE OF CARMEL	0	0		90.18
90.19 NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0		90.19
90.20 INTERNAL MEDICINE OF CARMEL	0	0		90.20
90.21 DIABETES, IM AND ENDOCRINOLOGY	0	0		90.21
90.22 HEALTHY HEARTS CENTER	0	0		90.22
90.23 FAMILY PRACTICE	0	0		90.23
90.24 PALLIATIVE CARE	0	0		90.24
90.25 INFUSION CENTERS	0	0		90.25
90.26 SPINE CENTER	0	0		90.26
90.27 DIABETIC CARE CENTER	0	0		90.27
91.00 EMERGENCY	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	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
200.00 Total (Lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 8:23 am		
		Title XVIIII	Hospital	PPS		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.264875	1,680,327	0	0	50.00
51.00	RECOVERY ROOM	0.232814	960,173	-82	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.351416	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.359287	4,471,028	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.514453	18,756,868	-7,207	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	CT SCAN	0.063120	7,427,143	-1	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.117527	3,706,223	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.106822	2,229,446	0	0	59.00
60.00	LABORATORY	0.139446	2,043,840	-4,634	0	60.00
64.00	INTRAVENOUS THERAPY	0.676696	5,261	-1	0	64.00
65.00	RESPIRATORY THERAPY	0.185678	119,377	-4	0	65.00
66.00	PHYSICAL THERAPY	0.626284	1,075	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.426331	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.413661	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.221994	678,885	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.244202	1,852,795	-24	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.574767	1,163,636	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.520272	1,389,562	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.188469	49,755,667	-22,879	30,452	73.00
74.00	RENAL DIALYSIS	0.363282	65,016	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00	ENDOSCOPY	0.213542	166,573	0	0	76.00
76.01	GALLAHUE MENTAL HEALTH	0.296592	1,298,597	0	0	76.01
76.02	NEUROPSYCH	0.979762	864	0	0	76.02
76.03	LUTHERWOOD	0.244195	0	0	0	76.03
76.04	CENTER FOR WOUND HEALING	0.295577	1,704,015	0	0	76.04
76.97	CARDIAC REHABILITATION	0.958199	246,692	0	0	76.97
76.98	HYPERBARI C OXYGEN THERAPY	0.559088	1,357,758	-4,068	0	76.98
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	CLEARVISTA WOMEN'S CARE	0.000000	0	0	0	90.01
90.02	COUNTY LINE MEDICAL PAVILION	0.000000	0	0	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.03
90.04	DIABETES & ENDOCRINOLOGY CONSULTANTS	0.000000	0	0	0	90.04
90.05	FAMILY MEDICINE OF GREENFIELD	0.000000	0	0	0	90.05
90.06	GEIST FAMILY MEDICINE & PEDIATRICS	0.000000	0	0	0	90.06
90.07	INTERNAL MEDICINE ASSOCIATES	0.000000	0	0	0	90.07
90.08	OLIO ROAD FAMILY CARE	0.000000	0	0	0	90.08
90.09	CARDIOVASCULAR EAST	0.000000	0	0	0	90.09
90.10	CARDIOVASCULAR NORTH	0.000000	0	0	0	90.10
90.11	CARDIOVASCULAR SOUTH	0.000000	0	0	0	90.11
90.12	NORTHEAST FAMILY PHYSICIANS	0.000000	0	0	0	90.12
90.13	ANDERSON FAMILY HEALTH	0.000000	0	0	0	90.13
90.14	BROADWAY FAMILY MEDICINE	0.000000	0	0	0	90.14
90.15	CASTLETON FAMILY PHYSICIANS	0.000000	0	0	0	90.15
90.16	FALL CREEK FAMILY MEDICINE	0.000000	0	0	0	90.16
90.17	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0.000000	0	0	0	90.17
90.18	INTERNAL MEDICINE OF CARMEL	0.000000	0	0	0	90.18
90.19	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0.000000	0	0	0	90.19
90.20	INTERNAL MEDICINE OF CARMEL	0.000000	0	0	0	90.20
90.21	DIABETES, IM AND ENDOCRINOLOGY	0.000000	0	0	0	90.21
90.22	HEALTHY HEARTS CENTER	0.776449	555,925	-562	0	90.22
90.23	FAMILY PRACTICE	0.596204	0	0	0	90.23
90.24	PALLIATIVE CARE	3.069849	0	0	0	90.24
90.25	INFUSION CENTERS	0.447143	556,599	-5	0	90.25
90.26	SPINE CENTER	0.000000	0	0	0	90.26
90.27	DIABETIC CARE CENTER	0.792760	0	0	0	90.27
91.00	EMERGENCY	0.161454	9,027,103	-298	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.156227	1,503,458	-82	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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150074		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part V Date/Time Prepared: 5/29/2012 8:23 am	
		Title XVIII		Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges					
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)			
	1.00	2.00	3.00	4.00			
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)		112,723,906	-39,847	30,452		200.00	
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00 Net Charges (line 200 +/- line 201)		112,723,906	-39,847	30,452		202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150074		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part V Date/Time Prepared: 5/29/2012 8:23 am	
		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	445,077	0	0			50.00
51.00	RECOVERY ROOM	223,542	-19	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	1,606,382	0	0			54.00
55.00	RADIOLOGY-THERAPEUTIC	9,649,527	-3,708	0			55.00
56.00	RADIOISOTOPE	0	0	0			56.00
57.00	CT SCAN	468,801	0	0			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	435,581	0	0			58.00
59.00	CARDIAC CATHETERIZATION	238,154	0	0			59.00
60.00	LABORATORY	285,005	-646	0			60.00
64.00	INTRAVENOUS THERAPY	3,560	-1	0			64.00
65.00	RESPIRATORY THERAPY	22,166	-1	0			65.00
66.00	PHYSICAL THERAPY	673	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	150,708	0	0			69.00
70.00	ELECTROENCEPHALOGRAPHY	452,456	-6	0			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	668,820	0	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	722,950	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	9,377,401	-4,312	5,739			73.00
74.00	RENAL DIALYSIS	23,619	0	0			74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0			75.00
76.00	ENDOSCOPY	35,570	0	0			76.00
76.01	GALLAHUE MENTAL HEALTH	385,153	0	0			76.01
76.02	NEUROPSYCH	847	0	0			76.02
76.03	LUTHERWOOD	0	0	0			76.03
76.04	CENTER FOR WOUND HEALING	503,668	0	0			76.04
76.97	CARDIAC REHABILITATION	236,380	0	0			76.97
76.98	HYPERBARI C OXYGEN THERAPY	759,106	-2,274	0			76.98
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	CLEARVISTA WOMEN'S CARE	0	0	0			90.01
90.02	COUNTY LINE MEDICAL PAVILION	0	0	0			90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0			90.03
90.04	DIABETES & ENDOCRINOLOGY CONSULTANTS	0	0	0			90.04
90.05	FAMILY MEDICINE OF GREENFIELD	0	0	0			90.05
90.06	GEIST FAMILY MEDICINE & PEDIATRICS	0	0	0			90.06
90.07	INTERNAL MEDICINE ASSOCIATES	0	0	0			90.07
90.08	OLIO ROAD FAMILY CARE	0	0	0			90.08
90.09	CARDIOVASCULAR EAST	0	0	0			90.09
90.10	CARDIOVASCULAR NORTH	0	0	0			90.10
90.11	CARDIOVASCULAR SOUTH	0	0	0			90.11
90.12	NORTHEAST FAMILY PHYSICIANS	0	0	0			90.12
90.13	ANDERSON FAMILY HEALTH	0	0	0			90.13
90.14	BROADWAY FAMILY MEDICINE	0	0	0			90.14
90.15	CASTLETON FAMILY PHYSICIANS	0	0	0			90.15
90.16	FALL CREEK FAMILY MEDICINE	0	0	0			90.16
90.17	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	0			90.17
90.18	INTERNAL MEDICINE OF CARMEL	0	0	0			90.18
90.19	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	0			90.19
90.20	INTERNAL MEDICINE OF CARMEL	0	0	0			90.20
90.21	DIABETES, IM AND ENDOCRINOLOGY	0	0	0			90.21
90.22	HEALTHY HEARTS CENTER	431,647	-436	0			90.22
90.23	FAMILY PRACTICE	0	0	0			90.23
90.24	PALLATIVE CARE	0	0	0			90.24
90.25	INFUSION CENTERS	248,879	-2	0			90.25
90.26	SPINE CENTER	0	0	0			90.26
90.27	DIABETIC CARE CENTER	0	0	0			90.27
91.00	EMERGENCY	1,457,462	-48	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	234,881	-13	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	0			96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0			97.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150074		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part V Date/Time Prepared: 5/29/2012 8:23 am	
		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			
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00	
200.00	Subtotal (see instructions)	29,068,015	-11,466	5,739		200.00	
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0			201.00	
202.00	Net Charges (line 200 +/- line 201)	29,068,015	-11,466	5,739		202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150074		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part V Date/Time Prepared: 5/29/2012 8:23 am	
		Title XIX		Hospital		Cost	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see instructions)	Charges				
			Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)			
	1.00	2.00	3.00	4.00			
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0.264875	0	985,276	0	50.00	
51.00	RECOVERY ROOM	0.232814	0	440,377	0	51.00	
52.00	DELIVERY ROOM & LABOR ROOM	0.351416	0	0	0	52.00	
53.00	ANESTHESIOLOGY	0.000000	0	0	0	53.00	
54.00	RADIOLOGY-DIAGNOSTIC	0.359287	0	3,486,953	0	54.00	
55.00	RADIOLOGY-THERAPEUTIC	0.514453	0	3,013,395	0	55.00	
56.00	RADIOISOTOPE	0.000000	0	0	0	56.00	
57.00	CT SCAN	0.063120	0	4,312,714	0	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.117527	0	1,393,458	0	58.00	
59.00	CARDIAC CATHETERIZATION	0.106822	0	394,930	0	59.00	
60.00	LABORATORY	0.139446	0	4,622,535	0	60.00	
64.00	INTRAVENOUS THERAPY	0.676696	0	3,195	0	64.00	
65.00	RESPIRATORY THERAPY	0.185678	0	171,318	0	65.00	
66.00	PHYSICAL THERAPY	0.626284	0	512,567	0	66.00	
67.00	OCCUPATIONAL THERAPY	0.426331	0	212,389	0	67.00	
68.00	SPEECH PATHOLOGY	0.413661	0	165,257	0	68.00	
69.00	ELECTROCARDIOLOGY	0.221994	0	389,939	0	69.00	
70.00	ELECTROENCEPHALOGRAPHY	0.244202	0	871,404	0	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.574767	0	628,378	0	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.520272	0	422,506	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS	0.188469	0	10,600,807	0	73.00	
74.00	RENAL DIALYSIS	0.363282	0	3,125	0	74.00	
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00	
76.00	ENDOSCOPY	0.213542	0	129,526	0	76.00	
76.01	GALLAHUE MENTAL HEALTH	0.296592	0	886	0	76.01	
76.02	NEUROPSYCH	0.979762	0	0	0	76.02	
76.03	LUTHERWOOD	0.244195	0	0	0	76.03	
76.04	CENTER FOR WOUND HEALING	0.295577	0	293,695	0	76.04	
76.97	CARDIAC REHABILITATION	0.958199	0	9,138	0	76.97	
76.98	HYPERBARI C OXYGEN THERAPY	0.559088	0	0	0	76.98	
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	CLEARVISTA WOMEN'S CARE	0.000000	0	0	0	90.01	
90.02	COUNTY LINE MEDICAL PAVILION	0.000000	0	0	0	90.02	
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.03	
90.04	DIABETES & ENDOCRINOLOGY CONSULTANTS	0.000000	0	0	0	90.04	
90.05	FAMILY MEDICINE OF GREENFIELD	0.000000	0	0	0	90.05	
90.06	GEIST FAMILY MEDICINE & PEDIATRICS	0.000000	0	0	0	90.06	
90.07	INTERNAL MEDICINE ASSOCIATES	0.000000	0	0	0	90.07	
90.08	OLIO ROAD FAMILY CARE	0.000000	0	0	0	90.08	
90.09	CARDIOVASCULAR EAST	0.000000	0	0	0	90.09	
90.10	CARDIOVASCULAR NORTH	0.000000	0	0	0	90.10	
90.11	CARDIOVASCULAR SOUTH	0.000000	0	0	0	90.11	
90.12	NORTHEAST FAMILY PHYSICIANS	0.000000	0	0	0	90.12	
90.13	ANDERSON FAMILY HEALTH	0.000000	0	0	0	90.13	
90.14	BROADWAY FAMILY MEDICINE	0.000000	0	0	0	90.14	
90.15	CASTLETON FAMILY PHYSICIANS	0.000000	0	0	0	90.15	
90.16	FALL CREEK FAMILY MEDICINE	0.000000	0	0	0	90.16	
90.17	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0.000000	0	0	0	90.17	
90.18	INTERNAL MEDICINE OF CARMEL	0.000000	0	0	0	90.18	
90.19	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0.000000	0	0	0	90.19	
90.20	INTERNAL MEDICINE OF CARMEL	0.000000	0	0	0	90.20	
90.21	DIABETES, IM AND ENDOCRINOLOGY	0.000000	0	0	0	90.21	
90.22	HEALTHY HEARTS CENTER	0.776449	0	65,265	0	90.22	
90.23	FAMILY PRACTICE	0.596204	0	0	0	90.23	
90.24	PALLIATIVE CARE	3.069849	0	0	0	90.24	
90.25	INFUSION CENTERS	0.447143	0	33,559	0	90.25	
90.26	SPINE CENTER	0.000000	0	0	0	90.26	
90.27	DIABETIC CARE CENTER	0.792760	0	35,400	0	90.27	
91.00	EMERGENCY	0.161454	0	16,630,030	0	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.156227	0	2,756,253	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0.000000		0		94.00	
95.00	AMBULANCE SERVICES	0.000000	0	0		95.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150074		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part V Date/Time Prepared: 5/29/2012 8:23 am	
		Title XIX		Hospital		Cost	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges					
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00			
96.00 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0		98.00
200.00 Subtotal (see instructions)		0	52,584,275	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		0	52,584,275	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150074		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part V Date/Time Prepared: 5/29/2012 8:23 am	
		Title XIX		Hospital		Cost	
Cost Center Description	Costs						
	PPS Services (see instructions)	Cost Services Subject To Ded. & Co-ins. (see instructions)	Cost Services Not Subject To Ded. & Co-ins. (see instructions)				
	5.00	6.00	7.00				
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	260,975	0			50.00
51.00	RECOVERY ROOM	0	102,526	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	1,252,817	0			54.00
55.00	RADIOLOGY-THERAPEUTIC	0	1,550,250	0			55.00
56.00	RADIOISOTOPE	0	0	0			56.00
57.00	CT SCAN	0	272,219	0			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	163,769	0			58.00
59.00	CARDIAC CATHETERIZATION	0	42,187	0			59.00
60.00	LABORATORY	0	644,594	0			60.00
64.00	INTRAVENOUS THERAPY	0	2,162	0			64.00
65.00	RESPIRATORY THERAPY	0	31,810	0			65.00
66.00	PHYSICAL THERAPY	0	321,013	0			66.00
67.00	OCCUPATIONAL THERAPY	0	90,548	0			67.00
68.00	SPEECH PATHOLOGY	0	68,360	0			68.00
69.00	ELECTROCARDIOLOGY	0	86,564	0			69.00
70.00	ELECTROENCEPHALOGRAPHY	0	212,799	0			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	361,171	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	219,818	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,997,923	0			73.00
74.00	RENAL DIALYSIS	0	1,135	0			74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0			75.00
76.00	ENDOSCOPY	0	27,659	0			76.00
76.01	GALLAHUE MENTAL HEALTH	0	263	0			76.01
76.02	NEUROPSYCH	0	0	0			76.02
76.03	LUTHERWOOD	0	0	0			76.03
76.04	CENTER FOR WOUND HEALING	0	86,809	0			76.04
76.97	CARDIAC REHABILITATION	0	8,756	0			76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0			76.98
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	CLEARVISTA WOMEN'S CARE	0	0	0			90.01
90.02	COUNTY LINE MEDICAL PAVILION	0	0	0			90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0			90.03
90.04	DIABETES & ENDOCRINOLOGY CONSULTANTS	0	0	0			90.04
90.05	FAMILY MEDICINE OF GREENFIELD	0	0	0			90.05
90.06	GEIST FAMILY MEDICINE & PEDIATRICS	0	0	0			90.06
90.07	INTERNAL MEDICINE ASSOCIATES	0	0	0			90.07
90.08	OLIO ROAD FAMILY CARE	0	0	0			90.08
90.09	CARDIOVASCULAR EAST	0	0	0			90.09
90.10	CARDIOVASCULAR NORTH	0	0	0			90.10
90.11	CARDIOVASCULAR SOUTH	0	0	0			90.11
90.12	NORTHEAST FAMILY PHYSICIANS	0	0	0			90.12
90.13	ANDERSON FAMILY HEALTH	0	0	0			90.13
90.14	BROADWAY FAMILY MEDICINE	0	0	0			90.14
90.15	CASTLETON FAMILY PHYSICIANS	0	0	0			90.15
90.16	FALL CREEK FAMILY MEDICINE	0	0	0			90.16
90.17	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	0			90.17
90.18	INTERNAL MEDICINE OF CARMEL	0	0	0			90.18
90.19	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	0			90.19
90.20	INTERNAL MEDICINE OF CARMEL	0	0	0			90.20
90.21	DIABETES, IM AND ENDOCRINOLOGY	0	0	0			90.21
90.22	HEALTHY HEARTS CENTER	0	50,675	0			90.22
90.23	FAMILY PRACTICE	0	0	0			90.23
90.24	PALLIATIVE CARE	0	0	0			90.24
90.25	INFUSION CENTERS	0	15,006	0			90.25
90.26	SPINE CENTER	0	0	0			90.26
90.27	DIABETIC CARE CENTER	0	28,064	0			90.27
91.00	EMERGENCY	0	2,684,985	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	430,601	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	0			96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0			97.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150074		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part V Date/Time Prepared: 5/29/2012 8:23 am	
		Title XIX		Hospital		Cost	
Cost Center Description		Costs					
		PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)			
		5.00	6.00	7.00			
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00	
200.00	Subtotal (see instructions)	0	11,015,458	0		200.00	
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0			201.00	
202.00	Net Charges (line 200 +/- line 201)	0	11,015,458	0		202.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2012 8:23 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		51,220	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		51,220	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		49,777	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,443	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)		17,915	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		43,216,472	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)		43,216,472	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		74,767,946	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		74,767,946	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.578008	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)		51,814.24	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)		43,216,472	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)		843.74	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,115,602	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)		15,115,602	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/29/2012 8:23 am		
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)
NURSERY (title V & XIX only)			0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT		5,145,001	3,094	1,662.90	1,405	2,336,375
44.00	CORONARY CARE UNIT		5,922,650	4,962	1,193.60	2,761	3,295,530
45.00	BURN INTENSIVE CARE UNIT						
46.00	SURGICAL INTENSIVE CARE UNIT						
47.00	OTHER SPECIAL CARE (SPECIFY)						
Cost Center Description							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						24,275,885
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						45,023,392
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						2,400,193
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						2,216,031
52.00	Total Program excludable cost (sum of lines 50 and 51)						4,616,224
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						40,407,168
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0
55.00	Target amount per discharge						0.00
56.00	Target amount (line 54 x line 55)						0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0
58.00	Bonus payment (see instructions)						0
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
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00
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
62.00	Relief payment (see instructions)						0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0
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
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0
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)						1,443
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						843.74
89.00	Observation bed cost (line 87 x line 88) (see instructions)						1,217,517

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150074		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 8:23 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,039,212	43,216,472	0.116604	1,217,517	141,967	90.00
91.00	Nursing School cost	0	43,216,472	0.000000	1,217,517	0	91.00
92.00	Allied health cost	0	43,216,472	0.000000	1,217,517	0	92.00
93.00	All other Medical Education	0	43,216,472	0.000000	1,217,517	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/29/2012 8:23 am
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)			51,220 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			51,220 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)			51,220 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			5,655 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)			2,446 15.00
16.00	Nursery days (title V or XIX only)			1,060 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)			43,190,108 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)			43,190,108 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			74,767,946 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			74,767,946 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.577655 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,459.74 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)			43,190,108 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)			843.23 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			4,768,466 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			4,768,466 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/29/2012 8:23 am		
Cost Center Description			Title XIX	Hospital	Cost		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	1,620,743	2,446	662.61	1,060	702,367	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,145,001	3,094	1,662.90	1,129	1,877,414	43.00
44.00	CORONARY CARE UNIT	5,922,650	4,962	1,193.60	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					7,938,189	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					15,286,436	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)					1,443	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					843.23	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,216,781	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150074		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 8:23 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	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: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		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		21,348,194		30.00
31.00	INTENSIVE CARE UNIT		3,668,234		31.00
32.00	CORONARY CARE UNIT		4,715,875		32.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.264875	10,288,628	2,725,200	50.00
51.00	RECOVERY ROOM	0.232814	2,914,788	678,603	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.351416	52,936	18,603	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.359287	3,002,637	1,078,808	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.514453	1,976,550	1,016,842	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.063120	4,890,872	308,712	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.117527	1,470,483	172,821	58.00
59.00	CARDIAC CATHETERIZATION	0.117916	3,119,393	367,826	59.00
60.00	LABORATORY	0.140762	13,986,722	1,968,799	60.00
64.00	INTRAVENOUS THERAPY	0.676696	80,924	54,761	64.00
65.00	RESPIRATORY THERAPY	0.185678	6,379,412	1,184,516	65.00
66.00	PHYSICAL THERAPY	0.626284	1,046,003	655,095	66.00
67.00	OCCUPATIONAL THERAPY	0.426331	734,012	312,932	67.00
68.00	SPEECH PATHOLOGY	0.413661	164,098	67,881	68.00
69.00	ELECTROCARDIOLOGY	0.221994	2,816,260	625,193	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.244384	420,727	102,819	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.574767	5,082,197	2,921,079	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.520272	9,121,190	4,745,500	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.188469	16,719,909	3,151,185	73.00
74.00	RENAL DIALYSIS	0.363282	1,037,854	377,034	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	ENDOSCOPY	0.213542	665,648	142,144	76.00
76.01	GALLAHUE MENTAL HEALTH	0.296592	0	0	76.01
76.02	NEUROPSYCH	0.979762	4,032	3,950	76.02
76.03	LUTHERWOOD	0.244195	0	0	76.03
76.04	CENTER FOR WOUND HEALING	0.295577	12,483	3,690	76.04
76.97	CARDIAC REHABILITATION	0.958199	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.559088	26,216	14,657	76.98
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	CLEARVISTA WOMEN'S CARE	0.000000	0	0	90.01
90.02	COUNTY LINE MEDICAL PAVILION	0.000000	0	0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.03
90.04	DIABETES & ENDOCRINOLOGY CONSULTANTS	0.000000	0	0	90.04
90.05	FAMILY MEDICINE OF GREENFIELD	0.000000	0	0	90.05
90.06	GEST FAMILY MEDICINE & PEDIATRICS	0.000000	0	0	90.06
90.07	INTERNAL MEDICINE ASSOCIATES	0.000000	0	0	90.07
90.08	OLIO ROAD FAMILY CARE	0.000000	0	0	90.08
90.09	CARDIOVASCULAR EAST	0.000000	0	0	90.09
90.10	CARDIOVASCULAR NORTH	0.000000	0	0	90.10
90.11	CARDIOVASCULAR SOUTH	0.000000	0	0	90.11
90.12	NORTHEAST FAMILY PHYSICIANS	0.000000	0	0	90.12
90.13	ANDERSON FAMILY HEALTH	0.000000	0	0	90.13
90.14	BROADWAY FAMILY MEDICINE	0.000000	0	0	90.14
90.15	CASTLETON FAMILY PHYSICIANS	0.000000	0	0	90.15
90.16	FALL CREEK FAMILY MEDICINE	0.000000	0	0	90.16
90.17	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0.000000	0	0	90.17
90.18	INTERNAL MEDICINE OF CARMEL	0.000000	0	0	90.18
90.19	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0.000000	0	0	90.19
90.20	INTERNAL MEDICINE OF CARMEL	0.000000	0	0	90.20
90.21	DIABETES, IM AND ENDOCRINOLOGY	0.000000	0	0	90.21
90.22	HEALTHY HEARTS CENTER	0.776449	4,079	3,167	90.22
90.23	FAMILY PRACTICE	0.596204	0	0	90.23
90.24	PALLIATIVE CARE	3.069849	0	0	90.24
90.25	INFUSION CENTERS	0.447143	0	0	90.25
90.26	SPINE CENTER	0.000000	0	0	90.26
90.27	DIABETIC CARE CENTER	0.792760	225	178	90.27
91.00	EMERGENCY	0.161854	9,724,136	1,573,890	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.156227	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/29/2012 8:23 am	
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	
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)		95,742,414	24,275,885	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		95,742,414		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Title XIX		Hospital	
		Ratio of Cost To Charges		Inpatient Program Charges	
Cost Center Description				Inpatient Program Costs (col. 1 x col. 2)	
		1.00		2.00	
				3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS			14,490,003	30.00
31.00	INTENSIVE CARE UNIT			1,276,329	31.00
32.00	CORONARY CARE UNIT			879,437	32.00
43.00	NURSERY			2,813,863	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.264875		1,786,387	50.00
51.00	RECOVERY ROOM	0.232814		610,452	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.351416		6,277,079	52.00
53.00	ANESTHESIOLOGY	0.000000		0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.359287		729,020	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.514453		421,757	55.00
56.00	RADIOISOTOPE	0.000000		0	56.00
57.00	CT SCAN	0.063120		1,233,695	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.117527		345,677	58.00
59.00	CARDIAC CATHETERIZATION	0.106822		535,134	59.00
60.00	LABORATORY	0.139446		5,222,433	60.00
64.00	INTRAVENOUS THERAPY	0.676696		101,302	64.00
65.00	RESPIRATORY THERAPY	0.185678		1,757,303	65.00
66.00	PHYSICAL THERAPY	0.626284		164,217	66.00
67.00	OCCUPATIONAL THERAPY	0.426331		114,197	67.00
68.00	SPEECH PATHOLOGY	0.413661		61,936	68.00
69.00	ELECTROCARDIOLOGY	0.221994		577,747	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.244202		115,573	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.574767		1,608,478	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.520272		701,826	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.188469		6,594,829	73.00
74.00	RENAL DIALYSIS	0.363282		165,130	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		0	75.00
76.00	ENDOSCOPY	0.213542		133,918	76.00
76.01	GALLAHUE MENTAL HEALTH	0.296592		0	76.01
76.02	NEUROPSYCH	0.979762		0	76.02
76.03	LUTHERWOOD	0.244195		0	76.03
76.04	CENTER FOR WOUND HEALING	0.295577		1,668	76.04
76.97	CARDIAC REHABILITATION	0.958199		0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.559088		0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000		0	90.00
90.01	CLEARVISTA WOMEN'S CARE	0.000000		0	90.01
90.02	COUNTY LINE MEDICAL PAVILION	0.000000		0	90.02
90.03	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		0	90.03
90.04	DIABETES & ENDOCRINOLOGY CONSULTANTS	0.000000		0	90.04
90.05	FAMILY MEDICINE OF GREENFIELD	0.000000		0	90.05
90.06	GEIST FAMILY MEDICINE & PEDIATRICS	0.000000		0	90.06
90.07	INTERNAL MEDICINE ASSOCIATES	0.000000		0	90.07
90.08	OLIO ROAD FAMILY CARE	0.000000		0	90.08
90.09	CARDIOVASCULAR EAST	0.000000		0	90.09
90.10	CARDIOVASCULAR NORTH	0.000000		0	90.10
90.11	CARDIOVASCULAR SOUTH	0.000000		0	90.11
90.12	NORTHEAST FAMILY PHYSICIANS	0.000000		0	90.12
90.13	ANDERSON FAMILY HEALTH	0.000000		0	90.13
90.14	BROADWAY FAMILY MEDICINE	0.000000		0	90.14
90.15	CASTLETON FAMILY PHYSICIANS	0.000000		0	90.15
90.16	FALL CREEK FAMILY MEDICINE	0.000000		0	90.16
90.17	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0.000000		0	90.17
90.18	INTERNAL MEDICINE OF CARMEL	0.000000		0	90.18
90.19	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0.000000		0	90.19
90.20	INTERNAL MEDICINE OF CARMEL	0.000000		0	90.20
90.21	DIABETES, IM AND ENDOCRINOLOGY	0.000000		0	90.21
90.22	HEALTHY HEARTS CENTER	0.776449		234	90.22
90.23	FAMILY PRACTICE	0.596204		0	90.23
90.24	PALLIATIVE CARE	3.069849		0	90.24
90.25	INFUSION CENTERS	0.447143		0	90.25
90.26	SPINE CENTER	0.000000		0	90.26
90.27	DIABETIC CARE CENTER	0.792760		0	90.27
91.00	EMERGENCY	0.161454		2,377,923	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.156227		0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000		0	94.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/29/2012 8:23 am	
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	
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)		31,637,915	7,938,189	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		31,637,915		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/29/2012 8:23 am
		Title XVIIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		31,632,481	1.00
2.00	Outlier payments for discharges. (see instructions)		980,596	2.00
3.00	Managed Care Simulated Payments		6,655,638	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		223.05	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)		21.09	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)		2.21	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.		-1.66	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.		13.03	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)		30.25	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		19.34	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)		19.34	12.00
13.00	Total allowable FTE count for the prior year.		17.02	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.		16.83	14.00
15.00	Sum of lines 12 through 14 divided by 3.		17.73	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		17.73	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.079489	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.074274	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.074274	21.00
22.00	IME payment adjustment (see instructions)		1,521,761	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)		1,521,761	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		10.25	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		28.59	31.00
32.00	Sum of lines 30 and 31		38.84	32.00
33.00	Allowable disproportionate share percentage (see instructions)		21.35	33.00
34.00	Disproportionate share adjustment (see instructions)		6,753,535	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		40,888,373	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)		40,888,373	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,927,604	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).		399,116	52.00
53.00	Nursing and Allied Health Managed Care payment		30,289	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: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/29/2012 8:23 am
		Title XVIII	Hospital	PPS
				1.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			219,394 58.00
59.00	Total (sum of amounts on lines 49 through 58)			44,464,776 59.00
60.00	Primary payer payments			19,455 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			44,445,321 61.00
62.00	Deductibles billed to program beneficiaries			3,551,940 62.00
63.00	Coinsurance billed to program beneficiaries			159,895 63.00
64.00	Allowable bad debts (see instructions)			1,398,204 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			978,743 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,050,422 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			41,712,229 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)			41,712,229 71.00
72.00	Interim payments			40,599,675 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)			1,112,554 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			4,693,373 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: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 8:23 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		-5,727	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		28,799,432	2.00
3.00	PPS payments		24,193,734	3.00
4.00	Outlier payment (see instructions)		311,879	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.845	5.00
6.00	Line 2 times line 5		24,335,520	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		268,583	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		-5,727	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		-9,395	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)		-9,395	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		-9,395	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		3,668	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		-9,395	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)		24,774,196	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,126,424	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)		19,638,377	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		257,712	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)		19,896,089	30.00
31.00	Primary payer payments		3,032	31.00
32.00	Subtotal (line 30 minus line 31)		19,893,057	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)		920,549	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		644,384	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		685,625	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		20,537,441	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)		20,537,441	40.00
41.00	Interim payments		20,224,786	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)		312,655	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		61,139	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 8:23 am
	Title XVIII	Hospital	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150074

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2012 8:23 am

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		40,186,394		20,331,116	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	09/08/2011	358,229		0	3.01
3.02		12/06/2011	55,052		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	09/08/2011	106,330	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)		413,281		-106,330	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)		40,599,675		20,224,786	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		1,112,554		312,655	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		41,712,229		20,537,441	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: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet E-1 Part II Date/Time Prepared: 5/29/2012 8:23 am
		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			12,319 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			22,081 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			4,294 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			57,833 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			709,355,645 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			23,472,196 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)			1,997,025 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)			1,997,025 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part II Date/Time Prepared: 5/29/2012 8:23 am
		Title XVII	Hospital	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			0 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			136.375342 9.00
10.00	Medical Education Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			0 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition			0 14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 15.00
16.00	Subtotal (see instructions)			0 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			0 18.00
19.00	Deductibles			0 19.00
20.00	Subtotal (line 18 minus line 19)			0 20.00
21.00	Coinsurance			0 21.00
22.00	Subtotal (line 20 minus line 21)			0 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,915 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			1,341 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,341 26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			399,116 27.00
28.00	Other pass through costs (see instructions)			219,394 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			220,735 31.00
32.00	Interim payments			40,599,675 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)			-40,378,940 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2012 8:23 am
		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		15,286,436	1.00
2.00	Medical and other services		11,015,458	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		26,301,894	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)		26,301,894	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		84,222,190	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)		84,222,190	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)		84,222,190	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		57,920,296	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)		26,301,894	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.		26,301,894	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)		26,301,894	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)		26,301,894	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		26,301,894	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)		26,301,894	40.00
41.00	Interim payments		14,328,957	41.00
42.00	Balance due provider/program (line 40 minus 41)		11,972,937	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/29/2012 8:23 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			24.75	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			2.07	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			1.66	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			11.43	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			35.77	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			19.46	6.00
7.00	Enter the lesser of line 5 or line 6			19.46	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	19.46	0.00	19.46	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	19.46	0.00	19.46	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	19.46	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	19.92	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	20.18	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	19.85	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	19.85	0.00		17.00
18.00	Per resident amount	74,264.68	0.00		18.00
19.00	Approved amount for resident costs	1,474,154	0	1,474,154	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			74,264.68	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,474,154	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	22,081	4,294		26.00
27.00	Total Inpatient Days	57,833	57,833		27.00
28.00	Ratio of inpatient days to total inpatient days	0.381806	0.074248		28.00
29.00	Program direct GME amount	562,841	109,453		29.00
30.00	Reduction for nursing/allied health		15,466		30.00
31.00	Net Program direct GME amount			656,828	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/29/2012 8:23 am
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		1,684,030	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		45,023,392	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		19,455	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		45,003,937	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		29,062,288	42.00
43.00	Primary payer payments (see instructions)		3,032	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		29,059,256	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		74,063,193	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.607642	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.392358	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		656,828	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		399,116	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		257,712	50.00

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

Provider CCN: 150074

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

Worksheet G

Date/Time Prepared:
5/29/2012 8:23 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	74,117,810	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	5,543,924	0	0	0	3.00
4.00	Accounts receivable	-32,019,115	0	0	0	4.00
5.00	Other receivable	7,513,331	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	73,476,149	0	0	0	6.00
7.00	Inventory	4,970,004	0	0	0	7.00
8.00	Prepaid expenses	7,239,580	0	0	0	8.00
9.00	Other current assets	9,303,653	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	150,145,336	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,210,932	0	0	0	12.00
13.00	Land improvements	4,080,044	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	163,053,337	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	13,719,598	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	14,310,591	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	250,192,221	0	0	0	23.00
24.00	Accumulated depreciation	-286,796,829	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	160,769,894	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	215,024,619	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	-20,362,798	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	194,661,821	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	505,577,051	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	57,720,805	0	0	0	37.00
38.00	Salaries, wages, and fees payable	33,145,762	0	0	0	38.00
39.00	Payroll taxes payable	1,438,012	0	0	0	39.00
40.00	Notes and loans payable (short term)	14,325,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	8,543,011	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	115,172,590	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	421,184,760	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	161,895,436	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	583,080,196	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	698,252,786	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-192,675,735	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-192,675,735	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	505,577,051	0	0	0	60.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150074

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

Worksheet G-2 Parts

Date/Time Prepared:
5/29/2012 8:23 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	74,767,946		74,767,946	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	74,767,946		74,767,946	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,134,951		8,134,951	11.00
12.00	CORONARY CARE UNIT	8,675,978		8,675,978	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	16,810,929		16,810,929	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	91,578,875		91,578,875	17.00
18.00	Ancillary services	203,772,413	539,095,152	742,867,565	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	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	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	295,351,288	539,095,152	834,446,440	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		320,365,329		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)		320,365,329		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150074

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

Worksheet G-3

Date/Time Prepared:
5/29/2012 8:23 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	834,446,440	1.00
2.00	Less contractual allowances and discounts on patients' accounts	529,633,340	2.00
3.00	Net patient revenues (line 1 minus line 2)	304,813,100	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	320,365,329	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-15,552,229	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	390,757	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	33,170	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	30,952	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	36,345,168	24.00
25.00	Total other income (sum of lines 6-24)	36,800,047	25.00
26.00	Total (line 5 plus line 25)	21,247,818	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	21,247,818	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150074	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/29/2012 8:23 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,559,601	1.00
2.00	Capital DRG outlier payments		77,233	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		159.95	3.00
4.00	Number of interns & residents (see instructions)		17.73	4.00
5.00	Indirect medical education percentage (see instructions)		3.18	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		81,395	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		10.25	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		28.59	8.00
9.00	Sum of lines 7 and 8		38.84	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.18	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		209,375	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,927,604	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