

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: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/29/2012 4:54 pm
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PART I - COST REPORT STATUS

Provider use only
 1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Date: 5/29/2012 Time: 4:54 pm

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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

Encryption Information
 ECR: Date: 5/29/2012 Time: 4:54 pm
 PUK4DfieiLz.4mWvyNgv0IL9avT8h0
 P8kBb0: 3ADPKrzbJLXw7pW0CmRXqGt
 p01I1SjLez00oC9w
 PI: Date: 5/29/2012 Time: 4:54 pm
 4URcqn5ZZYUjpaDNSFUM4muyTxJCHO
 xnuhh0tH14fHfG5F1CZ52gEJONUa59
 .yvlZs82F.0AYT7f

(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	38,227	-29,468	0	0	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	38,227	-29,468	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150162		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 4:53 pm			
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 8111 S. EMERSON AVENUE		PO Box:				1.00		
2.00	City: INDIANAPOLIS		State: IN		Zip Code: 46237-		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		ST FRANCIS HOSPITAL & HEALTH CENTERS		150162	26900	1	05/01/2006	N P P
4.00	Subprovider - IPF								
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF							N	N N
8.00	Swing Beds - NF							N	N N
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) 1								
18.00	Renal Dialysis								
19.00	Other								
						From:		To:	
						1.00		2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2011		12/31/2011	
21.00	Type of Control (see instructions)							1	
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	
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	
				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.			2,046	1,597	0	0	8,257	0
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
						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	
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	
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	
						Beginning:		Ending:	
						1.00		2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscriber line 36 for number of periods in excess of one and enter subsequent dates.								

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 4:53 pm		
		Beginning:	Ending:			
		1.00	2.00			
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	XVIII	XIX		
		1.00	2.00	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)	N			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000		
		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150162

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

Worksheet S-2
Part I
Date/Time Prepared:
5/29/2012 4:53 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4.			0.00	0.00	0.000000	65.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00	
						1.00	2.00	3.00
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N		70.00	
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150162		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 4:53 pm	
				1.00	2.00	3.00	
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	76.00
				1.00			
Long Term Care Hospital PPS							
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.				N		80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.					N	86.00
				V		XIX	
				1.00		2.00	
Title V or XIX Inpatient Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N			Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N			Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N			N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N			N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N			N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00		0.00	97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N				108.00
				Physical		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.		N		N		109.00
				1.00		2.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N				115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		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.					2	118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.			250,000		5,000,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N			N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.				Y		121.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N				125.00

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			1.00	2.00					
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.								134.00
All Providers									
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)					Y		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: SISTERS OF ST FRANCIS HEALTH SERVICE		Contractor's Name: NATIONAL GOV'T SERVICES		Contractor's Number: 0130			141.00	
142.00	Street: 1515 DRAGON TRAIL		PO Box:					142.00	
143.00	City: MISHAWAKA		State:		Zip Code: 46544		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	2.00					
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.							N	146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
					Part A	Part B			
					1.00	2.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital					N	N	155.00	
156.00	Subprovider - IPF					N	N	156.00	
157.00	Subprovider - IRF					N	N	157.00	
158.00	SUBPROVIDER					N	N	158.00	
159.00	SNF					N	N	159.00	
160.00	HOME HEALTH AGENCY					N	N	160.00	
161.00	CMHC					N	N	161.00	
							1.00		
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N		165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00	166.00
							1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.							N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/29/2012 4:53 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		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.		N		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.			N	15.00
			Part A		
			Description	Y/N	Date
			0	1.00	2.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	03/27/2012	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: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/29/2012 4:53 pm
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		Part A			
		Description	Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		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.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		Y		40.00

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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	03/27/2012	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: 150162

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 4:53 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	102	34,926	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)		102	34,926	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	0	0	0.00		8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	23	8,395	0.00		8.01
9.00 CORONARY CARE UNIT	32.00	66	24,090	0.00		9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	31	11,315	0.00		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		222	78,726	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	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		222				27.00
28.00 Observation Bed Days						28.00
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150162

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 4:53 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	8,337	690	16,094		1.00
2.00 HMO		3,341	9,165			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	8,337	690	16,094		7.00
8.00 INTENSIVE CARE UNIT	0	0	0	0		8.00
8.01 NEONATAL INTENSIVE CARE UNIT	0	0	690	4,313		8.01
9.00 CORONARY CARE UNIT	0	4,646	309	13,201		9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	1,902	133	6,668		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		850	5,136		13.00
14.00 Total (see instructions)	0	14,885	2,672	45,412		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	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		508	2,006		28.00
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			689	1,593		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150162

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 4:53 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	3,408	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
8.01 NEONATAL INTENSIVE CARE UNIT						8.01
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)	4.79	1,167.91	0.00	0	3,408	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	4.79	1,167.91	0.00			27.00
28.00 Observation Bed Days						28.00
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150162

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 4:53 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	1,080	9,854		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
8.01 NEONATAL INTENSIVE CARE UNIT				8.01
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)	1,080	9,854		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF				17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150162

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2012 4:53 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
		1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	73,182,310	0	73,182,310	2,429,251.35	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	3.00
4.00	Physician-Part A		0	0	0	0.00	4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	9.00
10.00	Excluded area salaries (see instructions)		1,792,103	0	1,792,103	58,778.25	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		6,538,141	0	6,538,141	212,061.46	11.00
12.00	Management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: physician-Part A		131,762	0	131,762	894.00	13.00
14.00	Home office salaries & wage-related costs		32,988,654	0	32,988,654	604,769.00	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		24,754,110	0	24,754,110		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		621,401	0	621,401		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A		0	0	0		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)		0	0	0		25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	97,401	0	97,401	4,660.33	26.00
27.00	Administrative & General	5.00	3,822,058	0	3,822,058	186,730.02	27.00
28.00	Administrative & General under contract (see inst.)		823,411	0	823,411	3,481.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	29.00
30.00	Operation of Plant	7.00	2,816,469	0	2,816,469	111,561.16	30.00
31.00	Laundry & Linen Service	8.00	97,824	0	97,824	8,043.02	31.00
32.00	Housekeeping	9.00	1,578,915	0	1,578,915	128,966.73	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	590,477	-305,955	284,522	21,492.85	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	577,167	305,955	883,122	66,727.37	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	168,996	0	168,996	5,562.30	38.00
39.00	Central Services and Supply	14.00	345,510	0	345,510	15,573.25	39.00
40.00	Pharmacy	15.00	2,542,109	0	2,542,109	78,553.06	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/29/2012 4:53 pm
		Average Hourly Wage (col. 4 ÷ col. 5)		
		6.00		
PART II - WAGE DATA				
SALARIES				
1.00	Total salaries (see instructions)	30.13		1.00
2.00	Non-physician anesthetist Part A	0.00		2.00
3.00	Non-physician anesthetist Part B	0.00		3.00
4.00	Physician-Part A	0.00		4.00
4.01	Physicians - Part A - direct teaching	0.00		4.01
5.00	Physician-Part B	0.00		5.00
6.00	Non-physician-Part B	0.00		6.00
7.00	Interns & residents (in an approved program)	0.00		7.00
7.01	Contracted interns and residents (in approved programs)	0.00		7.01
8.00	Home office personnel	0.00		8.00
9.00	SNF	0.00		9.00
10.00	Excluded area salaries (see instructions)	30.49		10.00
OTHER WAGES & RELATED COSTS				
11.00	Contract labor (see instructions)	30.83		11.00
12.00	Management and administrative services	0.00		12.00
13.00	Contract labor: physician-Part A	147.38		13.00
14.00	Home office salaries & wage-related costs	54.55		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	20.90		26.00
27.00	Administrative & General	20.47		27.00
28.00	Administrative & General under contract (see inst.)	236.54		28.00
29.00	Maintenance & Repairs	0.00		29.00
30.00	Operation of Plant	25.25		30.00
31.00	Laundry & Linen Service	12.16		31.00
32.00	Housekeeping	12.24		32.00
33.00	Housekeeping under contract (see instructions)	0.00		33.00
34.00	Dietary	13.24		34.00
35.00	Dietary under contract (see instructions)	0.00		35.00
36.00	Cafeteria	13.23		36.00
37.00	Maintenance of Personnel	0.00		37.00
38.00	Nursing Administration	30.38		38.00
39.00	Central Services and Supply	22.19		39.00
40.00	Pharmacy	32.36		40.00
41.00	Medical Records & Medical Records Library	0.00		41.00
42.00	Social Service	0.00		42.00
43.00	Other General Service	0.00		43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150162

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2012 4:53 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	74,005,721	0	74,005,721	2,432,732.35	1.00
2.00	Excluded area salaries (see instructions)	1,792,103	0	1,792,103	58,778.25	2.00
3.00	Subtotal salaries (line 1 minus line 2)	72,213,618	0	72,213,618	2,373,954.10	3.00
4.00	Subtotal other wages & related costs (see inst.)	39,658,557	0	39,658,557	817,724.46	4.00
5.00	Subtotal wage-related costs (see inst.)	24,754,110	0	24,754,110	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	136,626,285	0	136,626,285	3,191,678.56	6.00
7.00	Total overhead cost (see instructions)	13,460,337	0	13,460,337	631,351.09	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150162

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2012 4:53 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	30.42	1.00
2.00	Excluded area salaries (see instructions)	30.49	2.00
3.00	Subtotal salaries (line 1 minus line 2)	30.42	3.00
4.00	Subtotal other wages & related costs (see inst.)	48.50	4.00
5.00	Subtotal wage-related costs (see inst.)	34.28	5.00
6.00	Total (sum of lines 3 thru 5)	42.81	6.00
7.00	Total overhead cost (see instructions)	21.32	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2012 4:53 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		6,430,251	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		685,997	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost		0	3.00
4.00	Prior Year Pension Service Cost		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		9,987,087	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		459,272	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		51,864	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)		346,464	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		798,708	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		5,955,019	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		91,719	20.00
OTHER				
21.00	Executive Deferred Compensation		0	21.00
22.00	Day Care Cost and Allowances		218,003	22.00
23.00	Tuition Reimbursement		351,127	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		25,375,511	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: 150162

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

Worksheet S-3
Part V
Date/Time Prepared:
5/29/2012 4:53 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			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			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital -Based Hospice			13.00
14.00	Hospital -Based Health Clinic RHC			14.00
15.00	Hospital -Based Health Clinic FQHC			15.00
16.00	Hospital -Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/29/2012 4:53 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.268397	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		17,874,545	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		118,892,377	6.00	
7.00	Medicaid cost (line 1 times line 6)		31,910,357	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)		14,035,812	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)		14,035,812	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	28,802,667	0	28,802,667	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	7,730,549	0	7,730,549	21.00
22.00	Partial payment by patients approved for charity care	316,829	0	316,829	22.00
23.00	Cost of charity care (line 21 minus line 22)	7,413,720	0	7,413,720	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		10,278,850	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		790,025	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		9,488,825	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		2,546,772	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		9,960,492	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		23,996,304	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150162

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

Worksheet A
Date/Time Prepared:
5/29/2012 4:53 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT		6,815,391	6,815,391	2,159,617	8,975,008	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		7,257,988	7,257,988	4,951,868	12,209,856	2.00
4.00 EMPLOYEE BENEFITS	97,401	29,146	126,547	0	126,547	4.00
5.01 ADMITTING	1,933,473	650,219	2,583,692	0	2,583,692	5.01
5.02 PATIENT ACCOUNTING	0	0	0	0	0	5.02
5.03 OTHER ADMIN & GENERAL	1,888,585	4,541,586	6,430,171	0	6,430,171	5.03
7.00 OPERATION OF PLANT	2,816,469	5,512,621	8,329,090	-25,865	8,303,225	7.00
8.00 LAUNDRY & LINEN SERVICE	97,824	838,879	936,703	0	936,703	8.00
9.00 HOUSEKEEPING	1,578,915	1,266,350	2,845,265	0	2,845,265	9.00
10.00 DIETARY	590,477	1,488,631	2,079,108	-1,454,623	624,485	10.00
11.00 CAFETERIA	577,167	-32,844	544,323	1,439,866	1,984,189	11.00
13.00 NURSING ADMINISTRATION	168,996	55,466	224,462	0	224,462	13.00
14.00 CENTRAL SERVICES & SUPPLY	345,510	756,377	1,101,887	-235,996	865,891	14.00
15.00 PHARMACY	2,542,109	7,993,519	10,535,628	-259,911	10,275,717	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	8,022,402	2,905,980	10,928,382	-14,524	10,913,858	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	2,652,191	1,735,602	4,387,793	-15,312	4,372,481	31.01
32.00 CORONARY CARE UNIT	8,250,124	3,125,129	11,375,253	-13,353	11,361,900	32.00
34.00 SURGICAL INTENSIVE CARE UNIT	4,114,809	1,516,396	5,631,205	-8,028	5,623,177	34.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	873,794	355,182	1,228,976	-8,249	1,220,727	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	5,830,100	24,909,255	30,739,355	-9,538,188	21,201,167	50.00
52.00 DELIVERY ROOM & LABOR ROOM	2,645,858	1,452,640	4,098,498	-187,487	3,911,011	52.00
54.00 RADIOLOGY-DIAGNOSTIC	6,559,281	15,797,831	22,357,112	-1,186,883	21,170,229	54.00
54.01 CARDIAC NUCLEAR DIAGNOSTIC	4,685	1,056,173	1,060,858	-108,209	952,649	54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	247,576	522,296	769,872	-9,737	760,135	54.02
54.03 ULTRA SOUND	543,181	232,511	775,692	0	775,692	54.03
55.00 RADIOLOGY-THERAPEUTIC	922	2,442,487	2,443,409	-46,205	2,397,204	55.00
60.00 LABORATORY	0	7,436,746	7,436,746	-19,101	7,417,645	60.00
64.00 INTRAVENOUS THERAPY	37,320	179,508	216,828	-161,431	55,397	64.00
65.00 RESPIRATORY THERAPY	3,172,132	1,716,593	4,888,725	-508,777	4,379,948	65.00
66.00 PHYSICAL THERAPY	866,147	576,124	1,442,271	-266,637	1,175,634	66.00
67.00 OCCUPATIONAL THERAPY	294,849	108,501	403,350	-9,082	394,268	67.00
68.00 SPEECH PATHOLOGY	207,260	80,438	287,698	18,880	306,578	68.00
69.00 ELECTROCARDIOLOGY	792,684	583,536	1,376,220	0	1,376,220	69.00
69.01 CARDIAC CATHETERIZATION LAB	1,566,570	11,440,541	13,007,111	-12,299,018	708,093	69.01
70.00 ELECTROENCEPHALOGRAPHY	1,314,227	1,950,735	3,264,962	-245,548	3,019,414	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	22,400	22,400	14,539,593	14,561,993	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	12,129,954	12,129,954	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	9,149,074	9,149,074	378,319	9,527,393	73.00
74.00 RENAL DIALYSIS	15,087	32,328	47,415	-895	46,520	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	16,320	8,250	24,570	0	24,570	90.00
90.01 HEAD AND NECK CLINIC	16,671	5,111	21,782	0	21,782	90.01
90.02 PROMPT CARE	5,797	6,215	12,012	0	12,012	90.02
90.03 SOUTH INDY MRI & REHAB	0	3,338,814	3,338,814	0	3,338,814	90.03
90.04 WOUND CARE INSTITUTE	301,897	121,031	422,928	0	422,928	90.04
90.05 CV DIAGNOSTIC SERVICES	3,669,582	6,856,960	10,526,542	-2,008,091	8,518,451	90.05
90.06 PEDIATRIC CLINIC	237,814	124,450	362,264	-40,295	321,969	90.06
90.07 CARDIAC REHAB	336,465	190,814	527,279	-66,361	460,918	90.07
90.08 PAIN CLINIC	781,648	552,128	1,333,776	-290,588	1,043,188	90.08
90.09 GREENWOOD IMAGING	0	2,526,609	2,526,609	0	2,526,609	90.09
91.00 EMERGENCY	5,375,888	3,198,477	8,574,365	-246,393	8,327,972	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE		2,159,617	2,159,617	-2,159,617	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	71,390,207	145,589,811	216,980,018	4,183,693	221,163,711	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	120,421	260,912	381,333	0	381,333	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	1,404,755	988,062	2,392,817	-138,212	2,254,605	192.00
194.00 MARKETING & COMMUNITY RELATIONS	0	0	0	0	0	194.00
194.01 WOMEN'S CENTER	126,997	186,904	313,901	0	313,901	194.01
194.02 SOUTH EMERSON SURGERY CTR	0	4,093,799	4,093,799	-69,122	4,024,677	194.02
194.03 SOUTHEAST SURGERY CTR	0	2,055,201	2,055,201	-387,578	1,667,623	194.03
194.04 OTHER NONREIMBURSABLE COST CENTERS	119,075	73,596	192,671	-8,412	184,259	194.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150162

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

Worksheet A
Date/Time Prepared:
5/29/2012 4:53 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
194.05 BUILDING - 421 NORTH EMERSON	0	163,289	163,289	-150,253	13,036	194.05
194.06 CARMEL FACILITY	0	641,783	641,783	-641,783	0	194.06
194.10 FRANCISCAN SURGERY CENTER	20,855	16,766,813	16,787,668	-2,788,333	13,999,335	194.10
200.00 TOTAL (SUM OF LINES 118-199)	73,182,310	170,820,170	244,002,480	0	244,002,480	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150162

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

Worksheet A
Date/Time Prepared:
5/29/2012 4:53 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	-8,030,629	944,379	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	10,446,896	22,656,752	2.00
4.00	EMPLOYEE BENEFITS	2,404,474	2,531,021	4.00
5.01	ADMINISTRATIVE	1,627,558	4,211,250	5.01
5.02	PATIENT ACCOUNTING	3,700,635	3,700,635	5.02
5.03	OTHER ADMIN & GENERAL	32,055,811	38,485,982	5.03
7.00	OPERATION OF PLANT	49,665	8,352,890	7.00
8.00	LAUNDRY & LINEN SERVICE	0	936,703	8.00
9.00	HOUSEKEEPING	0	2,845,265	9.00
10.00	DIETARY	-7	624,478	10.00
11.00	CAFETERIA	-1,275,473	708,716	11.00
13.00	NURSING ADMINISTRATION	965,215	1,189,677	13.00
14.00	CENTRAL SERVICES & SUPPLY	918,560	1,784,451	14.00
15.00	PHARMACY	429,597	10,705,314	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	550,928	550,928	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	99,247	99,247	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-15,750	10,898,108	30.00
31.00	INTENSIVE CARE UNIT	0	0	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	-114,955	4,257,526	31.01
32.00	CORONARY CARE UNIT	0	11,361,900	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	5,623,177	34.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	-280	1,220,447	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-40,010	21,161,157	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	3,911,011	52.00
54.00	RADIOLOGY-DIAGNOSTIC	-2,990,261	18,179,968	54.00
54.01	CARDIAC NUCLEAR DIAGNOSTIC	0	952,649	54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC	0	760,135	54.02
54.03	ULTRA SOUND	0	775,692	54.03
55.00	RADIOLOGY-THERAPEUTIC	-54,214	2,342,990	55.00
60.00	LABORATORY	753,996	8,171,641	60.00
64.00	INTRAVENOUS THERAPY	0	55,397	64.00
65.00	RESPIRATORY THERAPY	-3,575	4,376,373	65.00
66.00	PHYSICAL THERAPY	0	1,175,634	66.00
67.00	OCCUPATIONAL THERAPY	0	394,268	67.00
68.00	SPEECH PATHOLOGY	0	306,578	68.00
69.00	ELECTROCARDIOLOGY	0	1,376,220	69.00
69.01	CARDIAC CATHETERIZATION LAB	0	708,093	69.01
70.00	ELECTROENCEPHALOGRAPHY	-45,124	2,974,290	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,561,993	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	12,129,954	72.00
73.00	DRUGS CHARGED TO PATIENTS	-43	9,527,350	73.00
74.00	RENAL DIALYSIS	0	46,520	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	-11,412	13,158	90.00
90.01	HEAD AND NECK CLINIC	0	21,782	90.01
90.02	PROMPT CARE	0	12,012	90.02
90.03	SOUTH INDY MRI & REHAB	0	3,338,814	90.03
90.04	WOUND CARE INSTITUTE	0	422,928	90.04
90.05	CV DIAGNOSTIC SERVICES	-374,017	8,144,434	90.05
90.06	PEDIATRIC CLINIC	0	321,969	90.06
90.07	CARDIAC REHAB	-26,391	434,527	90.07
90.08	PAIN CLINIC	0	1,043,188	90.08
90.09	GREENWOOD IMAGING	0	2,526,609	90.09
91.00	EMERGENCY	-327,029	8,000,943	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS				
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	40,693,412	261,857,123	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	381,333	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	2,254,605	192.00
194.00	MARKETING & COMMUNITY RELATIONS	4,303,585	4,303,585	194.00
194.01	WOMEN'S CENTER	0	313,901	194.01
194.02	SOUTH EMERSON SURGERY CTR	0	4,024,677	194.02
194.03	SOUTHEAST SURGERY CTR	0	1,667,623	194.03
194.04	OTHER NONREIMBURSABLE COST CENTERS	0	184,259	194.04
194.05	BUILDING - 421 NORTH EMERSON	0	13,036	194.05
194.06	CARMEL FACILITY	0	0	194.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet A Date/Time Prepared: 5/29/2012 4:53 pm
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Cost Center Description	Adjustments	Net Expenses		
	(See A-8)	For Allocation		
194.10 FRANCISCAN SURGERY CENTER	6.00	7.00		
200.00 TOTAL (SUM OF LINES 118-199)	0	13,999,335	194.10	
	44,996,997	288,999,477	200.00	

RECLASSIFICATIONS

Provider CCN: 150162

Period:
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Worksheet A-6
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - CAFETERIA RECLASS						
1.00	CAFETERIA	11.00	305,955	1,133,911	1.00	
	TOTALS		305,955	1,133,911		
B - JV CHARGEABLE DRUGS RECLASS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	374,851	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
	TOTALS		0	374,851		
C - CHARGEABLE MEDICAL SUPPLIES RECLASS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	14,540,250	1.00	
2.00	LABORATORY	60.00	0	363	2.00	
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,468	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	
	TOTALS		0	14,544,081		
D - RENTAL EQUIPMENT RECLASS						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	498,680	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	
	TOTALS		0	498,680		
F - BUILDING RENTAL RECLASS						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	4,453,188	1.00	
2.00	SPEECH PATHOLOGY	68.00	0	19,778	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	
	TOTALS		0	4,472,966		

RECLASSIFICATIONS

Provider CCN: 150162

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
G - INTEREST EXPENSE RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	2,159,617	1.00
	TOTALS		0	2,159,617	
H - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	12,129,954	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
	TOTALS		0	12,129,954	
500.00	Grand Total: Increases		305,955	35,314,060	500.00

RECLASSIFICATIONS

Provider CCN: 150162

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

Worksheet A-6
Date/Time Prepared:
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Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - CAFETERIA RECLASS							
1.00	DIETARY	10.00	305,955	1,133,911	0		1.00
	TOTALS		305,955	1,133,911			
B - JV CHARGEABLE DRUGS RECLASS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	101	0		1.00
2.00	SOUTH EMERSON SURGERY CTR	194.02	0	69,122	0		2.00
3.00	FRANCISCAN SURGERY CENTER	194.10	0	305,628	0		3.00
	TOTALS		0	374,851			
C - CHARGEABLE MEDICAL SUPPLIES RECLASS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	100,793	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	9,870	0		2.00
3.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	13,468	0		3.00
4.00	CORONARY CARE UNIT	32.00	0	7,126	0		4.00
5.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	2,199	0		5.00
6.00	NURSERY	43.00	0	3,745	0		6.00
7.00	OPERATING ROOM	50.00	0	6,662,939	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	184,425	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	919,316	0		9.00
10.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.02	0	9,737	0		10.00
11.00	INTRAVENOUS THERAPY	64.00	0	161,431	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	410,403	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	20,386	0		13.00
14.00	OCCUPATIONAL THERAPY	67.00	0	9,082	0		14.00
15.00	SPEECH PATHOLOGY	68.00	0	898	0		15.00
16.00	CARDIAC CATHETERIZATION LAB	69.01	0	3,194,338	0		16.00
17.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	657	0		17.00
18.00	RENAL DIALYSIS	74.00	0	895	0		18.00
19.00	EMERGENCY	91.00	0	243,551	0		19.00
20.00	PAIN CLINIC	90.08	0	106,117	0		20.00
21.00	FRANCISCAN SURGERY CENTER	194.10	0	2,482,705	0		21.00
	TOTALS		0	14,544,081			
D - RENTAL EQUIPMENT RECLASS							
1.00	OPERATION OF PLANT	7.00	0	25,865	10		1.00
2.00	DIETARY	10.00	0	14,757	10		2.00
3.00	EMERGENCY	91.00	0	2,766	10		3.00
4.00	PHARMACY	15.00	0	250,194	10		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	4,654	10		5.00
6.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	1,844	10		6.00
7.00	CORONARY CARE UNIT	32.00	0	6,125	10		7.00
8.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	5,829	10		8.00
9.00	NURSERY	43.00	0	4,504	10		9.00
10.00	OPERATING ROOM	50.00	0	17,321	10		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3,062	10		11.00
12.00	CARDIAC NUCLEAR DIAGNOSTIC	54.01	0	4,665	10		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	28,239	10		13.00
14.00	RESPIRATORY THERAPY	65.00	0	98,374	10		14.00
15.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,191	10		15.00
16.00	CARDIAC CATHETERIZATION LAB	69.01	0	27,290	10		16.00
	TOTALS		0	498,680			
F - BUILDING RENTAL RECLASS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	135,203	10		1.00
2.00	PHARMACY	15.00	0	9,717	10		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	122,102	10		3.00
4.00	CARDIAC NUCLEAR DIAGNOSTIC	54.01	0	103,544	10		4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	17,966	10		5.00
6.00	LABORATORY	60.00	0	19,464	10		6.00
7.00	PHYSICAL THERAPY	66.00	0	246,251	10		7.00
8.00	ELECTROENCEPHALOGRAPHY	70.00	0	242,357	10		8.00
9.00	CV DIAGNOSTIC SERVICES	90.05	0	1,963,936	10		9.00
10.00	PEDIATRIC CLINIC	90.06	0	40,295	10		10.00
11.00	CARDIAC REHAB	90.07	0	66,361	10		11.00
12.00	PAIN CLINIC	90.08	0	184,471	10		12.00
13.00	SOUTHEAST SURGERY CTR	194.03	0	382,639	10		13.00
14.00	BUILDING - 421 NORTH EMERSON	194.05	0	150,253	10		14.00
15.00	CARMEL FACILITY	194.06	0	641,783	10		15.00
16.00	OTHER NONREIMBURSABLE COST CENTERS	194.04	0	8,412	10		16.00
17.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	138,212	10		17.00
	TOTALS		0	4,472,966			
G - INTEREST EXPENSE RECLASS							
1.00	INTEREST EXPENSE	113.00	0	2,159,617	11		1.00
	TOTALS		0	2,159,617			

RECLASSIFICATIONS

Provider CCN: 150162

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

Worksheet A-6

Date/Time Prepared:
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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
H - IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	2,857,928	0	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	145,364	0	2.00	
3.00	CORONARY CARE UNIT	32.00	0	102	0	3.00	
4.00	CARDIAC CATHETERIZATION LAB	69.01	0	9,077,390	0	4.00	
5.00	CV DIAGNOSTIC SERVICES	90.05	0	44,155	0	5.00	
6.00	EMERGENCY	91.00	0	76	0	6.00	
7.00	SOUTHEAST SURGERY CTR	194.03	0	4,939	0	7.00	
	TOTALS		0	12,129,954			
500.00	Grand Total: Decreases		305,955	35,314,060		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150162

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,687,047	0	0	0	1.00
2.00	Land Improvements	5,454,464	1,511	0	1,511	2.00
3.00	Buildings and Fixtures	74,325,373	164,830	0	164,830	3.00
4.00	Building Improvements	40,738	0	0	0	4.00
5.00	Fixed Equipment	71,056,785	472,257	0	472,257	5.00
6.00	Movable Equipment	81,168,418	1,793,016	0	1,793,016	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	238,732,825	2,431,614	0	2,431,614	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	238,732,825	2,431,614	0	2,431,614	10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	6,815,391	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	7,257,988	0	0	0	2.00
3.00	Total (sum of lines 1-2)	14,073,379	0	0	0	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	158,409,763	0	158,409,763	0.656291	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	82,961,434	0	82,961,434	0.343709	2.00
3.00	Total (sum of lines 1-2)	241,371,197	0	241,371,197	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150162

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,687,047	0		1.00		
2.00	Land Improvements	5,455,975	0		2.00		
3.00	Buildings and Fixtures	74,490,203	0		3.00		
4.00	Building Improvements	40,738	0		4.00		
5.00	Fixed Equipment	71,529,042	0		5.00		
6.00	Movable Equipment	82,961,434	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	241,164,439	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	241,164,439	0		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	6,815,391		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	7,257,988		2.00		
3.00	Total (sum of lines 1-2)	0	14,073,379		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	6,815,391	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	9,801,133	4,951,868	2.00
3.00	Total (sum of lines 1-2)	0	0	0	16,616,524	4,951,868	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150162

Period:
From 01/01/2011
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Worksheet A-7
Parts I-III
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-5,871,012	0	0	0	944,379	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	7,903,751	0	0	0	22,656,752	2.00
3.00	Total (sum of lines 1-2)	2,032,739	0	0	0	23,601,131	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150162

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,386	NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00 Investment income - other (chapter 2)	B	-248,529	NEW CAP REL COSTS-BLDG & FIXT	1.00 3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-141,401	PHARMACY	15.00 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	B	-376,781	OTHER ADMIN & GENERAL	5.03 7.00
8.00 Television and radio service (chapter 21)		0		0.00 8.00
9.00 Parking lot (chapter 21)		0		0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-834,058		10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	59,243,212		12.00
13.00 Laundry and linen service		0		0.00 13.00
14.00 Cafeteria-employees and guests	B	-1,275,473	CAFETERIA	11.00 14.00
15.00 Rental of quarters to employee and others		0		0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00 16.00
17.00 Sale of drugs to other than patients		0		0.00 17.00
18.00 Sale of medical records and abstracts	B	-2,298	PHARMACY	15.00 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00 Vending machines		0		0.00 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***	114.00 25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00 Non-physician Anesthetist			*** Cost Center Deleted ***	19.00 28.00
29.00 Physicians' assistant				0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0		0.00 32.00
33.00 NON-ALLOWABLE INTEREST EXPENSE	A	-1,237,727	NEW CAP REL COSTS-BLDG & FIXT	1.00 33.00
34.00 MISC INCOME - CARDIAC SERVICE LINE	B	-179,821	OTHER ADMIN & GENERAL	5.03 34.00
35.00 JV REVENUE	B	-3,016	OPERATION OF PLANT	7.00 35.00
36.00 OTHER DIETARY REVENUE	B		DIETARY	10.00 36.00
37.00 JV REVENUE	B	-10,781	PHARMACY	15.00 37.00
38.00 BETTER BEGINNINGS INCOME	B	-12,000	ADULTS & PEDIATRICS	30.00 38.00
39.00 BABY PHOTO INCOME	B	-280	NURSERY	43.00 39.00
40.00 JV REVENUE	B	-2,724,717	RADIOLOGY-DIAGNOSTIC	54.00 40.00
41.00 MISC OTHER OPERATING INCOME	B	-94,222	RADIOLOGY-THERAPEUTIC	55.00 41.00
42.00 JV REVENUE	B	-11,412	CLINIC	90.00 42.00
43.00 MISC OTHER INCOME	B	-40,010	OPERATING ROOM	50.00 43.00
44.00 CARDIAC REHAB OTHER REVENUE	B	-26,391	CARDIAC REHAB	90.07 44.00
45.00 ADVERTISING EXPENSE	A	-20,826	OTHER ADMIN & GENERAL	5.03 45.00
45.01 MISC OTHER INCOME	B	-84,457	EMERGENCY	91.00 45.01
45.02 MISC OTHER OPERATING INCOME	B	-3,575	RESPIRATORY THERAPY	65.00 45.02
45.03 ADVERTISING EXPENSE	A	-23,745	CV DIAGNOSTIC SERVICES	90.05 45.03
45.04 MISC OTHER INCOME	B	-350,272	CV DIAGNOSTIC SERVICES	90.05 45.04
45.05 JV REVENUE	B	-43	DRUGS CHARGED TO PATIENTS	73.00 45.05

Provider CCN: 150162 Period: From 01/01/2011 To 12/31/2011 Worksheet A-8
 Date/Time Prepared: 5/29/2012 4:53 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	
45.06 CAPITALIZED INTEREST	A	-6,542,987	NEW CAP REL COSTS-BLDG & FIXT	1.00	45.06
45.07		0		0.00	45.07
45.08		0		0.00	45.08
45.09		0		0.00	45.09
45.10		0		0.00	45.10
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		44,996,997			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150162

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

Worksheet A-8
Date/Time Prepared:
5/29/2012 4:53 pm

Cost Center Description	Wkst. A-7 Ref.	
	5.00	
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	11	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00 Investment income - other (chapter 2)	11	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00 Television and radio service (chapter 21)	0	8.00
9.00 Parking lot (chapter 21)	0	9.00
10.00 Provider-based physician adjustment	0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00 Related organization transactions (chapter 10)	0	12.00
13.00 Laundry and linen service	0	13.00
14.00 Cafeteria-employees and guests	0	14.00
15.00 Rental of quarters to employee and others	0	15.00
16.00 Sale of medical and surgical supplies to other than patients	0	16.00
17.00 Sale of drugs to other than patients	0	17.00
18.00 Sale of medical records and abstracts	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)	0	19.00
20.00 Vending machines	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00 Depreciation - NEW 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 NON-ALLOWABLE INTEREST EXPENSE	11	33.00
34.00 MISC INCOME - CARDIAC SERVICE LINE	0	34.00
35.00 JV REVENUE	0	35.00
36.00 OTHER DIETARY REVENUE	0	36.00
37.00 JV REVENUE	0	37.00
38.00 BETTER BEGINNINGS INCOME	0	38.00
39.00 BABY PHOTO INCOME	0	39.00
40.00 JV REVENUE	0	40.00
41.00 MISC OTHER OPERATING INCOME	0	41.00
42.00 JV REVENUE	0	42.00
43.00 MISC OTHER INCOME	0	43.00
44.00 CARDIAC REHAB OTHER REVENUE	0	44.00
45.00 ADVERTISING EXPENSE	0	45.00
45.01 MISC OTHER INCOME	0	45.01
45.02 MISC OTHER OPERATING INCOME	0	45.02
45.03 ADVERTISING EXPENSE	0	45.03
45.04 MISC OTHER INCOME	0	45.04
45.05 JV REVENUE	0	45.05
45.06 CAPITALIZED INTEREST	11	45.06
45.07	0	45.07
45.08	0	45.08
45.09	0	45.09
45.10	0	45.10
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: 150162

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2012 4:53 pm

	Line No.	Cost Center	Expense Items	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	4.00	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS - SHARED SERVICES	1.00
2.00	5.03	OTHER ADMIN & GENERAL	ADMIN & GENERAL - HOME OFFICE	2.00
3.00	5.03	OTHER ADMIN & GENERAL	ADMIN & GENERAL - SHARED SERVICES	3.00
4.00	5.01	ADMINISTRATION	ADMINISTRATION - SHARED SERVICES	4.00
4.01	5.02	PATIENT ACCOUNTING	ADMIN & GENERAL - SHARED SERVICES	4.01
4.02	7.00	OPERATION OF PLANT	PLANT OPS - SHARED SERVICES	4.02
4.03	13.00	NURSING ADMINISTRATION	NURSING ADMIN - SHARED SERVICES	4.03
4.04	14.00	CENTRAL SERVICES & SUPPLY	NURSING ADMIN - SHARED SERVICES	4.04
4.05	2.00	NEW CAP REL COSTS-MVBLE EQUIP	EQUIPMENT DEPRECIATION - HOME OFFICE	4.05
4.06	15.00	PHARMACY	PHARMACY - HOME OFFICE	4.06
4.07	60.00	LABORATORY	APHL LABORATORY	4.07
4.08	2.00	NEW CAP REL COSTS-MVBLE EQUIP	INTEREST EXPENSE - HOME OFFICE	4.08
4.09	194.00	MARKETING & COMMUNITY RELATIONS	MARKETING - SHARED SERVICES	4.09
4.10	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	INDY RESIDENCY COST	4.10
4.11	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	INDY RESIDENCY COST	4.11
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	
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	SISTERS OF STF	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: 150162

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

Worksheet A-8-1

Date/Time Prepared: 5/29/2012 4:53 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	2,404,474	0	2,404,474	0	1.00
2.00	17,821,506	0	17,821,506	0	2.00
3.00	14,811,733	0	14,811,733	0	3.00
4.00	1,627,558	0	1,627,558	0	4.00
4.01	3,700,635	0	3,700,635	0	4.01
4.02	52,681	0	52,681	0	4.02
4.03	1,017,336	0	1,017,336	0	4.03
4.04	1,048,560	0	1,048,560	0	4.04
4.05	2,543,145	0	2,543,145	9	4.05
4.06	584,077	0	584,077	0	4.06
4.07	7,436,746	6,662,750	773,996	0	4.07
4.08	10,063,368	2,159,617	7,903,751	11	4.08
4.09	4,303,585	0	4,303,585	0	4.09
4.10	550,928	0	550,928	0	4.10
4.11	99,247	0	99,247	0	4.11
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	68,065,579	8,822,367	59,243,212	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 requested 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: 150162

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 4:53 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	91.00	EMERGENCY	242,572	242,572	1.00
2.00	13.00	NURSING ADMINISTRATION	95,731	0	2.00
3.00	14.00	CENTRAL SERVICES & SUPPLY	130,000	130,000	3.00
4.00	30.00	ADULTS & PEDIATRICS	3,750	3,750	4.00
5.00	31.01	NEONATAL INTENSIVE CARE UNIT	114,955	114,955	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	265,544	265,544	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	-40,008	-40,008	7.00
8.00	60.00	LABORATORY	20,000	20,000	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	45,124	45,124	9.00
10.00	0.00		0	0	10.00
200.00			877,668	781,937	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150162

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 4:53 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	95,731	138,700	654	43,610	2,181	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	95,731		654	43,610	2,181	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150162

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 4:53 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	43,610	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	43,610	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150162

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 4:53 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	242,572	1.00
2.00	52,121	52,121	2.00
3.00	0	130,000	3.00
4.00	0	3,750	4.00
5.00	0	114,955	5.00
6.00	0	265,544	6.00
7.00	0	-40,008	7.00
8.00	0	20,000	8.00
9.00	0	45,124	9.00
10.00	0	0	10.00
200.00	52,121	834,058	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150162

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 4:53 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	ADMITTING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	944,379	944,379				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	22,656,752		22,656,752			2.00
4.00 EMPLOYEE BENEFITS	2,531,021	0	0	2,531,021		4.00
5.01 ADMITTING	4,211,250	12,186	292,345	66,958	4,582,739	5.01
5.02 PATIENT ACCOUNTING	3,700,635	0	0	0	0	5.02
5.03 OTHER ADMIN & GENERAL	38,485,982	12,770	306,364	65,404	0	5.03
7.00 OPERATION OF PLANT	8,352,890	120,766	2,897,321	97,537	0	7.00
8.00 LAUNDRY & LINEN SERVICE	936,703	2,535	60,813	3,388	0	8.00
9.00 HOUSEKEEPING	2,845,265	12,830	307,799	54,679	0	9.00
10.00 DIETARY	624,478	21,625	518,804	9,853	0	10.00
11.00 CAFETERIA	708,716	15,398	369,426	30,583	0	11.00
13.00 NURSING ADMINISTRATION	1,189,677	0	0	5,853	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,784,451	5,804	139,234	11,965	0	14.00
15.00 PHARMACY	10,705,314	8,173	196,077	88,036	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	550,928	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	99,247	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	10,898,108	91,882	2,204,355	277,824	302,899	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	4,257,526	10,514	252,249	91,848	183,506	31.01
32.00 CORONARY CARE UNIT	11,361,900	61,885	1,484,689	285,730	266,657	32.00
34.00 SURGICAL INTENSIVE CARE UNIT	5,623,177	34,229	821,196	142,500	166,870	34.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,220,447	4,063	97,464	30,260	89,368	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	21,161,157	142,793	3,425,840	201,902	346,913	50.00
52.00 DELIVERY ROOM & LABOR ROOM	3,911,011	24,018	576,220	91,629	296,185	52.00
54.00 RADIOLOGY-DIAGNOSTIC	18,179,968	78,669	1,887,369	227,154	219,321	54.00
54.01 CARDIAC NUCLEAR DIAGNOSTIC	952,649	0	0	162	2,127	54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	760,135	18,458	442,823	8,574	9,949	54.02
54.03 ULTRA SOUND	775,692	2,102	50,431	18,811	33,624	54.03
55.00 RADIOLOGY-THERAPEUTIC	2,342,990	0	0	32	1,059	55.00
60.00 LABORATORY	8,171,641	25,945	622,440	0	335,461	60.00
64.00 INTRAVENOUS THERAPY	55,397	798	19,139	1,292	12,471	64.00
65.00 RESPIRATORY THERAPY	4,376,373	3,189	76,507	109,854	176,032	65.00
66.00 PHYSICAL THERAPY	1,175,634	5,562	133,445	29,996	32,838	66.00
67.00 OCCUPATIONAL THERAPY	394,268	4,541	108,947	10,211	16,072	67.00
68.00 SPEECH PATHOLOGY	306,578	1,079	25,885	7,178	2,938	68.00
69.00 ELECTROCARDIOLOGY	1,376,220	20,606	494,354	27,451	84,503	69.00
69.01 CARDIAC CATHETERIZATION LAB	708,093	39,006	935,790	54,252	307,869	69.01
70.00 ELECTROENCEPHALOGRAPHY	2,974,290	0	0	45,513	4,432	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	14,561,993	0	0	0	1,017,285	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	12,129,954	0	0	0	186,314	72.00
73.00 DRUGS CHARGED TO PATIENTS	9,527,350	0	0	0	259,352	73.00
74.00 RENAL DIALYSIS	46,520	8,657	207,703	522	13,408	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	13,158	0	0	565	0	90.00
90.01 HEAD AND NECK CLINIC	21,782	0	0	577	11	90.01
90.02 PROMPT CARE	12,012	0	0	201	0	90.02
90.03 SOUTH INDY MRI & REHAB	3,338,814	0	0	0	0	90.03
90.04 WOUND CARE INSTITUTE	422,928	12,074	289,665	10,455	5,909	90.04
90.05 CV DIAGNOSTIC SERVICES	8,144,434	0	0	127,081	3,189	90.05
90.06 PEDIATRIC CLINIC	321,969	0	0	8,236	29	90.06
90.07 CARDIAC REHAB	434,527	0	0	11,652	14	90.07
90.08 PAIN CLINIC	1,043,188	0	0	27,069	74	90.08
90.09 GREENWOOD IMAGING	2,526,609	0	0	0	133	90.09
91.00 EMERGENCY	8,000,943	71,833	1,723,350	186,172	205,927	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	261,857,123	873,990	20,968,044	2,468,959	4,582,739	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	381,333	4,015	96,316	4,170	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	2,254,605	12,325	295,694	48,648	0	192.00
194.00 MARKETING & COMMUNITY RELATIONS	4,303,585	0	0	0	0	194.00
194.01 WOMEN'S CENTER	313,901	4,988	119,665	4,398	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	ADMITTING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.02 SOUTH EMERSON SURGERY CTR	4,024,677	0	0	0	0	194.02
194.03 SOUTHEAST SURGERY CTR	1,667,623	0	0	0	0	194.03
194.04 OTHER NONREIMBURSABLE COST CENTERS	184,259	22,857	548,373	4,124	0	194.04
194.05 BUILDING - 421 NORTH EMERSON	13,036	0	0	0	0	194.05
194.06 CARMEL FACILITY	0	0	0	0	0	194.06
194.10 FRANCISCAN SURGERY CENTER	13,999,335	26,204	628,660	722	0	194.10
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	288,999,477	944,379	22,656,752	2,531,021	4,582,739	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	Subtotal	PATIENT ACCOUNTING	Subtotal	OTHER ADMIN & GENERAL	OPERATION OF PLANT	
	5A.01	5.02	5A.02	5.03	7.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 ADMITTING						5.01
5.02 PATIENT ACCOUNTING	3,700,635	3,700,635				5.02
5.03 OTHER ADMIN & GENERAL	38,870,520	504,212	39,374,732	39,374,732		5.03
7.00 OPERATION OF PLANT	11,468,514	148,758	11,617,272	1,832,462	13,449,734	7.00
8.00 LAUNDRY & LINEN SERVICE	1,003,439	13,016	1,016,455	160,332	42,688	8.00
9.00 HOUSEKEEPING	3,220,573	41,774	3,262,347	514,590	216,057	9.00
10.00 DIETARY	1,174,760	15,238	1,189,998	187,706	364,171	10.00
11.00 CAFETERIA	1,124,123	14,581	1,138,704	179,615	259,316	11.00
13.00 NURSING ADMINISTRATION	1,195,530	15,507	1,211,037	191,024	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,941,454	25,183	1,966,637	310,209	97,735	14.00
15.00 PHARMACY	10,997,600	142,650	11,140,250	1,757,218	137,635	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	550,928	7,146	558,074	88,028	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	99,247	1,287	100,534	15,858	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	13,775,068	178,676	13,953,744	2,201,008	1,547,331	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	4,795,643	62,204	4,857,847	766,257	177,064	31.01
32.00 CORONARY CARE UNIT	13,460,861	174,601	13,635,462	2,150,803	1,042,167	32.00
34.00 SURGICAL INTENSIVE CARE UNIT	6,787,972	88,047	6,876,019	1,084,596	576,433	34.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,441,602	18,699	1,460,301	230,342	68,414	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	25,278,605	327,889	25,606,494	4,038,989	2,404,743	50.00
52.00 DELIVERY ROOM & LABOR ROOM	4,899,063	63,546	4,962,609	782,782	404,474	52.00
54.00 RADIOLOGY-DIAGNOSTIC	20,592,481	267,105	20,859,586	3,290,308	1,324,825	54.00
54.01 CARDIAC NUCLEAR DIAGNOSTIC	954,938	12,387	967,325	152,582	0	54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	1,239,939	16,083	1,256,022	198,120	310,837	54.02
54.03 ULTRA SOUND	880,660	11,423	892,083	140,714	35,399	54.03
55.00 RADIOLOGY-THERAPEUTIC	2,344,081	30,405	2,374,486	374,542	0	55.00
60.00 LABORATORY	9,155,487	118,756	9,274,243	1,462,882	436,918	60.00
64.00 INTRAVENOUS THERAPY	89,097	1,156	90,253	14,236	13,434	64.00
65.00 RESPIRATORY THERAPY	4,741,955	61,508	4,803,463	757,679	53,704	65.00
66.00 PHYSICAL THERAPY	1,377,475	17,867	1,395,342	220,096	93,671	66.00
67.00 OCCUPATIONAL THERAPY	534,039	6,927	540,966	85,330	76,475	67.00
68.00 SPEECH PATHOLOGY	343,658	4,458	348,116	54,910	18,170	68.00
69.00 ELECTROCARDIOLOGY	2,003,134	25,983	2,029,117	320,065	347,008	69.00
69.01 CARDIAC CATHETERIZATION LAB	2,045,010	26,526	2,071,536	326,756	656,871	69.01
70.00 ELECTROENCEPHALOGRAPHY	3,024,235	39,227	3,063,462	483,218	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	15,579,278	202,079	15,781,357	2,489,288	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	12,316,268	159,754	12,476,022	1,967,918	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	9,786,702	126,943	9,913,645	1,563,739	0	73.00
74.00 RENAL DIALYSIS	276,810	3,591	280,401	44,229	145,796	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	13,723	178	13,901	2,193	0	90.00
90.01 HEAD AND NECK CLINIC	22,370	290	22,660	3,574	0	90.01
90.02 PROMPT CARE	12,213	158	12,371	1,951	0	90.02
90.03 SOUTH INDY MRI & REHAB	3,338,814	43,308	3,382,122	533,482	0	90.03
90.04 WOUND CARE INSTITUTE	741,031	9,612	750,643	118,403	203,328	90.04
90.05 CV DIAGNOSTIC SERVICES	8,274,704	107,331	8,382,035	1,322,149	0	90.05
90.06 PEDIATRIC CLINIC	330,234	4,283	334,517	52,765	0	90.06
90.07 CARDIAC REHAB	446,193	5,788	451,981	71,294	0	90.07
90.08 PAIN CLINIC	1,070,331	13,883	1,084,214	171,020	0	90.08
90.09 GREENWOOD IMAGING	2,526,742	32,774	2,559,516	403,728	0	90.09
91.00 EMERGENCY	10,188,225	132,151	10,320,376	1,627,895	1,209,693	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	260,035,964	3,324,948	259,660,277	34,746,885	12,264,357	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	485,834	6,302	492,136	77,628	67,608	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	2,611,272	33,871	2,645,143	417,234	207,560	192.00
194.00 MARKETING & COMMUNITY RELATIONS	4,303,585	55,822	4,359,407	687,635	0	194.00
194.01 WOMEN'S CENTER	442,952	5,746	448,698	70,776	83,998	194.01
194.02 SOUTH EMERSON SURGERY CTR	4,024,677	52,204	4,076,881	643,071	0	194.02
194.03 SOUTHEAST SURGERY CTR	1,667,623	21,631	1,689,254	266,456	0	194.03
194.04 OTHER NONREIMBURSABLE COST CENTERS	759,613	9,853	769,466	121,372	384,927	194.04
194.05 BUILDING - 421 NORTH EMERSON	13,036	169	13,205	2,083	0	194.05
194.06 CARMEL FACILITY	0	0	0	0	0	194.06

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Cost Center Description	Subtotal	PATIENT ACCOUNTING	Subtotal	OTHER ADMIN & GENERAL	OPERATION OF PLANT	
	5A.01	5.02	5A.02	5.03	7.00	
194.10 FRANCISCAN SURGERY CENTER	14,654,921	190,089	14,845,010	2,341,592	441,284	194.10
200.00 Cross Foot Adjustments	0		0			200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	288,999,477	3,700,635	288,999,477	39,374,732	13,449,734	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 ADMITTING						5.01
5.02 PATIENT ACCOUNTING						5.02
5.03 OTHER ADMIN & GENERAL						5.03
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE	1,219,475					8.00
9.00 HOUSEKEEPING	0	3,992,994				9.00
10.00 DIETARY	0	110,237	1,852,112			10.00
11.00 CAFETERIA	0	78,497	0	1,656,132		11.00
13.00 NURSING ADMINISTRATION	0	0	0	4,826	1,406,887	13.00
14.00 CENTRAL SERVICES & SUPPLY	3,541	29,585	0	13,539	0	14.00
15.00 PHARMACY	0	41,663	0	68,275	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00 I&R SERVICES-SALARY & FRINGES APRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	193,736	468,387	839,019	229,497	637,329	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	11,219	53,598	0	62,888	0	31.01
32.00 CORONARY CARE UNIT	177,948	315,470	673,101	212,887	511,296	32.00
34.00 SURGICAL INTENSIVE CARE UNIT	101,778	174,490	339,992	111,207	258,262	34.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	14,809	20,709	0	22,433	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	102,333	727,929	0	160,592	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	140,018	122,437	0	67,190	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	44,631	401,033	0	189,243	0	54.00
54.01 CARDIAC NUCLEAR DIAGNOSTIC	0	0	0	163	0	54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	4,537	94,092	0	6,074	0	54.02
54.03 ULTRA SOUND	36,471	10,716	0	13,991	0	54.03
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
60.00 LABORATORY	159	132,258	0	0	0	60.00
64.00 INTRAVENOUS THERAPY	0	4,067	0	922	0	64.00
65.00 RESPIRATORY THERAPY	279	16,256	0	93,220	0	65.00
66.00 PHYSICAL THERAPY	15,850	28,355	0	24,946	0	66.00
67.00 OCCUPATIONAL THERAPY	0	23,149	0	8,677	0	67.00
68.00 SPEECH PATHOLOGY	0	5,500	0	6,056	0	68.00
69.00 ELECTROCARDIOLOGY	8,165	105,042	0	24,837	0	69.00
69.01 CARDIAC CATHETERIZATION LAB	54,541	198,839	0	38,792	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	1,580	0	0	38,557	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	1,445	44,133	0	362	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	669	0	90.00
90.01 HEAD AND NECK CLINIC	0	0	0	470	0	90.01
90.02 PROMPT CARE	0	0	0	145	0	90.02
90.03 SOUTH INDY MRI & REHAB	0	0	0	0	0	90.03
90.04 WOUND CARE INSTITUTE	2,582	61,549	0	8,225	0	90.04
90.05 CV DIAGNOSTIC SERVICES	0	0	0	0	0	90.05
90.06 PEDIATRIC CLINIC	0	0	0	6,851	0	90.06
90.07 CARDIAC REHAB	0	0	0	10,647	0	90.07
90.08 PAIN CLINIC	11,639	0	0	21,583	0	90.08
90.09 GREENWOOD IMAGING	0	0	0	0	0	90.09
91.00 EMERGENCY	282,410	366,182	0	157,284	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,209,671	3,634,173	1,852,112	1,605,048	1,406,887	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	20,465	0	7,881	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	62,830	0	33,062	0	192.00
194.00 MARKETING & COMMUNITY RELATIONS	0	0	0	0	0	194.00
194.01 WOMEN'S CENTER	9,804	25,427	0	3,651	0	194.01
194.02 SOUTH EMERSON SURGERY CTR	0	0	0	0	0	194.02
194.03 SOUTHEAST SURGERY CTR	0	0	0	0	0	194.03
194.04 OTHER NONREIMBURSABLE COST CENTERS	0	116,520	0	5,803	0	194.04
194.05 BUILDING - 421 NORTH EMERSON	0	0	0	0	0	194.05
194.06 CARMEL FACILITY	0	0	0	0	0	194.06

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Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	8.00	9.00	10.00	11.00	13.00	
194.10 FRANCISCAN SURGERY CENTER	0	133,579	0	687	0	194.10
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)	1,219,475	3,992,994	1,852,112	1,656,132	1,406,887	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS					
	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	14.00	15.00	16.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 ADMITTING						5.01
5.02 PATIENT ACCOUNTING						5.02
5.03 OTHER ADMIN & GENERAL						5.03
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	2,421,246					14.00
15.00 PHARMACY	88,750	13,233,791				15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0			16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	646,102		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	116,392	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	20,665	0	0	646,102	116,392	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	21,096	0	0	0	0	31.01
32.00 CORONARY CARE UNIT	29,001	0	0	0	0	32.00
34.00 SURGICAL INTENSIVE CARE UNIT	16,745	0	0	0	0	34.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	9,156	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	3,679	0	0	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	46,697	0	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	32,034	0	0	0	0	54.00
54.01 CARDIAC NUCLEAR DIAGNOSTIC	3,762	0	0	0	0	54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.02
54.03 ULTRA SOUND	139	0	0	0	0	54.03
55.00 RADIOLOGY-THERAPEUTIC	20,389	0	0	0	0	55.00
60.00 LABORATORY	0	0	0	0	0	60.00
64.00 INTRAVENOUS THERAPY	751	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	27,523	0	0	0	0	69.00
69.01 CARDIAC CATHETERIZATION LAB	261,296	0	0	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	6,904	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,698,291	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	13,233,791	0	0	0	73.00
74.00 RENAL DIALYSIS	3,563	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 HEAD AND NECK CLINIC	0	0	0	0	0	90.01
90.02 PROMPT CARE	38	0	0	0	0	90.02
90.03 SOUTH INDY MRI & REHAB	0	0	0	0	0	90.03
90.04 WOUND CARE INSTITUTE	2,668	0	0	0	0	90.04
90.05 CV DIAGNOSTIC SERVICES	54,916	0	0	0	0	90.05
90.06 PEDIATRIC CLINIC	599	0	0	0	0	90.06
90.07 CARDIAC REHAB	668	0	0	0	0	90.07
90.08 PAIN CLINIC	0	0	0	0	0	90.08
90.09 GREENWOOD IMAGING	0	0	0	0	0	90.09
91.00 EMERGENCY	58,058	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,407,388	13,233,791	0	646,102	116,392	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	3,051	0	0	0	0	192.00
194.00 MARKETING & COMMUNITY RELATIONS	0	0	0	0	0	194.00
194.01 WOMEN'S CENTER	482	0	0	0	0	194.01
194.02 SOUTH EMERSON SURGERY CTR	0	0	0	0	0	194.02
194.03 SOUTHEAST SURGERY CTR	9,233	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150162

Period:
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To 12/31/2011

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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS			
				SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
				14.00	15.00		16.00
194.04 OTHER NONREIMBURSABLE COST CENTERS	1,092	0	0	0	0	0	194.04
194.05 BUILDING - 421 NORTH EMERSON	0	0	0	0	0	0	194.05
194.06 CARMEL FACILITY	0	0	0	0	0	0	194.06
194.10 FRANCISCAN SURGERY CENTER	0	0	0	0	0	0	194.10
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	2,421,246	13,233,791	0	646,102	116,392	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150162

Period:
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To 12/31/2011

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Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00 NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 EMPLOYEE BENEFITS				4.00
5.01 ADMITTING				5.01
5.02 PATIENT ACCOUNTING				5.02
5.03 OTHER ADMIN & GENERAL				5.03
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
21.00 I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	20,853,210	-762,494	20,090,716	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	5,949,969	0	5,949,969	31.01
32.00 CORONARY CARE UNIT	18,748,135	0	18,748,135	32.00
34.00 SURGICAL INTENSIVE CARE UNIT	9,539,522	0	9,539,522	34.00
42.00 SUBPROVIDER	0	0	0	42.00
43.00 NURSERY	1,826,164	0	1,826,164	43.00
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	33,044,759	0	33,044,759	50.00
52.00 DELIVERY ROOM & LABOR ROOM	6,526,207	0	6,526,207	52.00
54.00 RADIOLOGY-DIAGNOSTIC	26,141,660	0	26,141,660	54.00
54.01 CARDIAC NUCLEAR DIAGNOSTIC	1,123,832	0	1,123,832	54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	1,869,682	0	1,869,682	54.02
54.03 ULTRA SOUND	1,129,513	0	1,129,513	54.03
55.00 RADIOLOGY-THERAPEUTIC	2,769,417	0	2,769,417	55.00
60.00 LABORATORY	11,306,460	0	11,306,460	60.00
64.00 INTRAVENOUS THERAPY	123,663	0	123,663	64.00
65.00 RESPIRATORY THERAPY	5,724,601	0	5,724,601	65.00
66.00 PHYSICAL THERAPY	1,778,260	0	1,778,260	66.00
67.00 OCCUPATIONAL THERAPY	734,597	0	734,597	67.00
68.00 SPEECH PATHOLOGY	432,752	0	432,752	68.00
69.00 ELECTROCARDIOLOGY	2,861,757	0	2,861,757	69.00
69.01 CARDIAC CATHETERIZATION LAB	3,608,631	0	3,608,631	69.01
70.00 ELECTROENCEPHALOGRAPHY	3,593,721	0	3,593,721	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,968,936	0	19,968,936	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	14,443,940	0	14,443,940	72.00
73.00 DRUGS CHARGED TO PATIENTS	24,711,175	0	24,711,175	73.00
74.00 RENAL DIALYSIS	519,929	0	519,929	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	16,763	0	16,763	90.00
90.01 HEAD AND NECK CLINIC	26,704	0	26,704	90.01
90.02 PROMPT CARE	14,505	0	14,505	90.02
90.03 SOUTH INDY MRI & REHAB	3,915,604	0	3,915,604	90.03
90.04 WOUND CARE INSTITUTE	1,147,398	0	1,147,398	90.04
90.05 CV DIAGNOSTIC SERVICES	9,759,100	0	9,759,100	90.05
90.06 PEDIATRIC CLINIC	394,732	0	394,732	90.06
90.07 CARDIAC REHAB	534,590	0	534,590	90.07
90.08 PAIN CLINIC	1,288,456	0	1,288,456	90.08
90.09 GREENWOOD IMAGING	2,963,244	0	2,963,244	90.09
91.00 EMERGENCY	14,021,898	0	14,021,898	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
SPECIAL PURPOSE COST CENTERS				
111.00 ISLET ACQUISITION	0	0	0	111.00
113.00 INTEREST EXPENSE				113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	253,413,486	-762,494	252,650,992	118.00
NONREIMBURSABLE COST CENTERS				
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	665,718	0	665,718	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	3,368,880	0	3,368,880	192.00
194.00 MARKETING & COMMUNITY RELATIONS	5,047,042	0	5,047,042	194.00
194.01 WOMEN'S CENTER	642,836	0	642,836	194.01
194.02 SOUTH EMERSON SURGERY CTR	4,719,952	0	4,719,952	194.02
194.03 SOUTHEAST SURGERY CTR	1,964,943	0	1,964,943	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	24.00	25.00	26.00	
194.04 OTHER NONREIMBURSABLE COST CENTERS	1,399,180	0	1,399,180	194.04
194.05 BUILDING - 421 NORTH EMERSON	15,288	0	15,288	194.05
194.06 CARMEL FACILITY	0	0	0	194.06
194.10 FRANCISCAN SURGERY CENTER	17,762,152	0	17,762,152	194.10
200.00 Cross Foot Adjustments	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	288,999,477	-762,494	288,236,983	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150162

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	0	0	0	4.00
5.01	ADMINISTRATIVE	0	12,186	292,345	304,531	5.01
5.02	PATIENT ACCOUNTING	0	0	0	0	5.02
5.03	OTHER ADMIN & GENERAL	0	12,770	306,364	319,134	5.03
7.00	OPERATION OF PLANT	0	120,766	2,897,321	3,018,087	7.00
8.00	LAUNDRY & LINEN SERVICE	0	2,535	60,813	63,348	8.00
9.00	HOUSEKEEPING	0	12,830	307,799	320,629	9.00
10.00	DIETARY	0	21,625	518,804	540,429	10.00
11.00	CAFETERIA	0	15,398	369,426	384,824	11.00
13.00	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	5,804	139,234	145,038	14.00
15.00	PHARMACY	0	8,173	196,077	204,250	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	91,882	2,204,355	2,296,237	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	10,514	252,249	262,763	31.01
32.00	CORONARY CARE UNIT	0	61,885	1,484,689	1,546,574	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	34,229	821,196	855,425	34.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	0	4,063	97,464	101,527	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	142,793	3,425,840	3,568,633	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	24,018	576,220	600,238	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	78,669	1,887,369	1,966,038	54.00
54.01	CARDIAC NUCLEAR DIAGNOSTIC	0	0	0	0	54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC	0	18,458	442,823	461,281	54.02
54.03	ULTRA SOUND	0	2,102	50,431	52,533	54.03
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
60.00	LABORATORY	0	25,945	622,440	648,385	60.00
64.00	INTRAVENOUS THERAPY	0	798	19,139	19,937	64.00
65.00	RESPIRATORY THERAPY	0	3,189	76,507	79,696	65.00
66.00	PHYSICAL THERAPY	0	5,562	133,445	139,007	66.00
67.00	OCCUPATIONAL THERAPY	0	4,541	108,947	113,488	67.00
68.00	SPEECH PATHOLOGY	0	1,079	25,885	26,964	68.00
69.00	ELECTROCARDIOLOGY	0	20,606	494,354	514,960	69.00
69.01	CARDIAC CATHETERIZATION LAB	0	39,006	935,790	974,796	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	8,657	207,703	216,360	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	0	0	90.00
90.01	HEAD AND NECK CLINIC	0	0	0	0	90.01
90.02	PROMPT CARE	0	0	0	0	90.02
90.03	SOUTH INDY MRI & REHAB	0	0	0	0	90.03
90.04	WOUND CARE INSTITUTE	0	12,074	289,665	301,739	90.04
90.05	CV DIAGNOSTIC SERVICES	0	0	0	0	90.05
90.06	PEDIATRIC CLINIC	0	0	0	0	90.06
90.07	CARDIAC REHAB	0	0	0	0	90.07
90.08	PAIN CLINIC	0	0	0	0	90.08
90.09	GREENWOOD IMAGING	0	0	0	0	90.09
91.00	EMERGENCY	0	71,833	1,723,350	1,795,183	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
111.00	ISLET ACQUISITION	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	873,990	20,968,044	21,842,034	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	4,015	96,316	100,331	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	12,325	295,694	308,019	192.00
194.00	MARKETING & COMMUNITY RELATIONS	0	0	0	0	194.00
194.01	WOMEN'S CENTER	0	4,988	119,665	124,653	194.01
194.02	SOUTH EMERSON SURGERY CTR	0	0	0	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150162

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
194.03 SOUTHEAST SURGERY CTR	0	0	0	0	0	194.03
194.04 OTHER NONREIMBURSABLE COST CENTERS	0	22,857	548,373	571,230	0	194.04
194.05 BUILDING - 421 NORTH EMERSON	0	0	0	0	0	194.05
194.06 CARMEL FACILITY	0	0	0	0	0	194.06
194.10 FRANCISCAN SURGERY CENTER	0	26,204	628,660	654,864	0	194.10
200.00 Cross Foot Adjustments				0	0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	944,379	22,656,752	23,601,131	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150162

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Cost Center Description		ADMINISTRATIVE	PATIENT ACCOUNTING	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.01	5.02	5.03	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	ADMINISTRATIVE	304,531					5.01
5.02	PATIENT ACCOUNTING	0	0				5.02
5.03	OTHER ADMIN & GENERAL	0	0	319,134			5.03
7.00	OPERATION OF PLANT	0	0	14,847	3,032,934		7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	1,299	9,626	74,273	8.00
9.00	HOUSEKEEPING	0	0	4,169	48,721	0	9.00
10.00	DIETARY	0	0	1,521	82,121	0	10.00
11.00	CAFETERIA	0	0	1,455	58,476	0	11.00
13.00	NURSING ADMINISTRATION	0	0	1,548	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	2,513	22,039	216	14.00
15.00	PHARMACY	0	0	14,237	31,037	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	713	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	128	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	20,126	0	17,833	348,925	11,800	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	12,193	0	6,208	39,928	683	31.01
32.00	CORONARY CARE UNIT	17,718	0	17,426	235,010	10,838	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	11,088	0	8,788	129,986	6,199	34.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	5,938	0	1,866	15,428	902	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	23,051	0	32,843	542,274	6,233	50.00
52.00	DELIVERY ROOM & LABOR ROOM	19,680	0	6,342	91,209	8,528	52.00
54.00	RADIOLOGY-DIAGNOSTIC	14,573	0	26,659	298,750	2,718	54.00
54.01	CARDIAC NUCLEAR DIAGNOSTIC	141	0	1,236	0	0	54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC	661	0	1,605	70,094	276	54.02
54.03	ULTRA SOUND	2,234	0	1,140	7,983	2,221	54.03
55.00	RADIOLOGY-THERAPEUTIC	70	0	3,035	0	0	55.00
60.00	LABORATORY	22,290	0	11,852	98,526	10	60.00
64.00	INTRAVENOUS THERAPY	829	0	115	3,029	0	64.00
65.00	RESPIRATORY THERAPY	11,696	0	6,139	12,110	17	65.00
66.00	PHYSICAL THERAPY	2,182	0	1,783	21,123	965	66.00
67.00	OCCUPATIONAL THERAPY	1,068	0	691	17,245	0	67.00
68.00	SPEECH PATHOLOGY	195	0	445	4,097	0	68.00
69.00	ELECTROCARDIOLOGY	5,615	0	2,593	78,251	497	69.00
69.01	CARDIAC CATHETERIZATION LAB	20,456	0	2,647	148,125	3,322	69.01
70.00	ELECTROENCEPHALOGRAPHY	294	0	3,915	0	96	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	67,623	0	20,169	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	12,380	0	15,944	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	17,233	0	12,670	0	0	73.00
74.00	RENAL DIALYSIS	891	0	358	32,877	88	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	18	0	0	90.00
90.01	HEAD AND NECK CLINIC	1	0	29	0	0	90.01
90.02	PROMPT CARE	0	0	16	0	0	90.02
90.03	SOUTH INDY MRI & REHAB	0	0	4,322	0	0	90.03
90.04	WOUND CARE INSTITUTE	393	0	959	45,851	157	90.04
90.05	CV DIAGNOSTIC SERVICES	212	0	10,712	0	0	90.05
90.06	PEDIATRIC CLINIC	2	0	428	0	0	90.06
90.07	CARDIAC REHAB	1	0	578	0	0	90.07
90.08	PAIN CLINIC	5	0	1,386	0	709	90.08
90.09	GREENWOOD IMAGING	9	0	3,271	0	0	90.09
91.00	EMERGENCY	13,683	0	13,189	272,788	17,201	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	304,531	0	281,640	2,765,629	73,676	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	629	15,246	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	3,380	46,805	0	192.00
194.00	MARKETING & COMMUNITY RELATIONS	0	0	5,571	0	0	194.00
194.01	WOMEN'S CENTER	0	0	573	18,942	597	194.01
194.02	SOUTH EMERSON SURGERY CTR	0	0	5,210	0	0	194.02
194.03	SOUTHEAST SURGERY CTR	0	0	2,159	0	0	194.03
194.04	OTHER NONREIMBURSABLE COST CENTERS	0	0	983	86,802	0	194.04
194.05	BUILDING - 421 NORTH EMERSON	0	0	17	0	0	194.05
194.06	CARMEL FACILITY	0	0	0	0	0	194.06

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150162			Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 4:53 pm	
Cost Center Description	ADMITTING 5.01	PATIENT ACCOUNTING 5.02	OTHER ADMIN & GENERAL 5.03	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00			
194.10 FRANCISCAN SURGERY CENTER	0	0	18,972	99,510	0	194.10		
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)	304,531	0	319,134	3,032,934	74,273	202.00		

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150162		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 4:53 pm	
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	ADMITTING						5.01
5.02	PATIENT ACCOUNTING						5.02
5.03	OTHER ADMIN & GENERAL						5.03
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING	373,519					9.00
10.00	DIETARY	10,312	634,383				10.00
11.00	CAFETERIA	7,343	0	452,098			11.00
13.00	NURSING ADMINISTRATION	0	0	1,318	2,866		13.00
14.00	CENTRAL SERVICES & SUPPLY	2,767	0	3,696	0	176,269	14.00
15.00	PHARMACY	3,897	0	18,638	0	6,461	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	43,815	287,379	62,650	1,298	1,504	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	5,014	0	17,167	0	1,536	31.01
32.00	CORONARY CARE UNIT	29,510	230,550	58,115	1,042	2,111	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	16,322	116,454	30,358	526	1,219	34.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	1,937	0	6,124	0	667	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	68,096	0	43,839	0	268	50.00
52.00	DELIVERY ROOM & LABOR ROOM	11,453	0	18,342	0	3,400	52.00
54.00	RADIOLOGY-DIAGNOSTIC	37,514	0	51,660	0	2,332	54.00
54.01	CARDIAC NUCLEAR DIAGNOSTIC	0	0	44	0	274	54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC	8,802	0	1,658	0	0	54.02
54.03	ULTRA SOUND	1,002	0	3,819	0	10	54.03
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	1,484	55.00
60.00	LABORATORY	12,372	0	0	0	0	60.00
64.00	INTRAVENOUS THERAPY	380	0	252	0	55	64.00
65.00	RESPIRATORY THERAPY	1,521	0	25,448	0	0	65.00
66.00	PHYSICAL THERAPY	2,652	0	6,810	0	0	66.00
67.00	OCCUPATIONAL THERAPY	2,165	0	2,369	0	0	67.00
68.00	SPEECH PATHOLOGY	515	0	1,653	0	0	68.00
69.00	ELECTROCARDIOLOGY	9,826	0	6,780	0	2,004	69.00
69.01	CARDIAC CATHETERIZATION LAB	18,600	0	10,590	0	19,023	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	10,525	0	503	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	123,635	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	4,128	0	99	0	259	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	183	0	0	90.00
90.01	HEAD AND NECK CLINIC	0	0	128	0	0	90.01
90.02	PROMPT CARE	0	0	39	0	3	90.02
90.03	SOUTH INDY MRI & REHAB	0	0	0	0	0	90.03
90.04	WOUND CARE INSTITUTE	5,757	0	2,245	0	194	90.04
90.05	CV DIAGNOSTIC SERVICES	0	0	0	0	3,998	90.05
90.06	PEDIATRIC CLINIC	0	0	1,870	0	44	90.06
90.07	CARDIAC REHAB	0	0	2,906	0	49	90.07
90.08	PAIN CLINIC	0	0	5,892	0	0	90.08
90.09	GREENWOOD IMAGING	0	0	0	0	0	90.09
91.00	EMERGENCY	34,254	0	42,936	0	4,227	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	339,954	634,383	438,153	2,866	175,260	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	1,914	0	2,151	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	5,877	0	9,025	0	222	192.00
194.00	MARKETING & COMMUNITY RELATIONS	0	0	0	0	0	194.00
194.01	WOMEN'S CENTER	2,379	0	997	0	35	194.01
194.02	SOUTH EMERSON SURGERY CTR	0	0	0	0	0	194.02
194.03	SOUTHEAST SURGERY CTR	0	0	0	0	672	194.03
194.04	OTHER NONREIMBURSABLE COST CENTERS	10,900	0	1,584	0	80	194.04
194.05	BUILDING - 421 NORTH EMERSON	0	0	0	0	0	194.05

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150162			Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 4:53 pm	
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		9.00	10.00	11.00	13.00	14.00		
194.06	CARMEL FACILITY	0	0	0	0	0	0	194.06
194.10	FRANCISCAN SURGERY CENTER	12,495	0	188	0	0	0	194.10
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	373,519	634,383	452,098	2,866	176,269		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150162

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

Worksheet B
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Cost Center Description	INTERNS & RESIDENTS				Subtotal	
	PHARMACY	MEDICAL RECORDS & LIBRARY	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
			21.00	22.00		
	15.00	16.00	21.00	22.00	24.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 ADMITTING						5.01
5.02 PATIENT ACCOUNTING						5.02
5.03 OTHER ADMIN & GENERAL						5.03
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	278,520					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0				16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	713			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		128		22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	0			3,091,567	30.00
31.00 INTENSIVE CARE UNIT	0	0			0	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	0	0			345,492	31.01
32.00 CORONARY CARE UNIT	0	0			2,148,894	32.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0			1,176,365	34.00
42.00 SUBPROVIDER	0	0			0	42.00
43.00 NURSERY	0	0			134,389	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0			4,285,237	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0			759,192	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0			2,400,244	54.00
54.01 CARDIAC NUCLEAR DIAGNOSTIC	0	0			1,695	54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	0	0			544,377	54.02
54.03 ULTRA SOUND	0	0			70,942	54.03
55.00 RADIOLOGY-THERAPEUTIC	0	0			4,589	55.00
60.00 LABORATORY	0	0			793,435	60.00
64.00 INTRAVENOUS THERAPY	0	0			24,597	64.00
65.00 RESPIRATORY THERAPY	0	0			136,627	65.00
66.00 PHYSICAL THERAPY	0	0			174,522	66.00
67.00 OCCUPATIONAL THERAPY	0	0			137,026	67.00
68.00 SPEECH PATHOLOGY	0	0			33,869	68.00
69.00 ELECTROCARDIOLOGY	0	0			620,526	69.00
69.01 CARDIAC CATHETERIZATION LAB	0	0			1,197,559	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0			15,333	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			211,427	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0			28,324	72.00
73.00 DRUGS CHARGED TO PATIENTS	278,520	0			308,423	73.00
74.00 RENAL DIALYSIS	0	0			255,060	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0			201	90.00
90.01 HEAD AND NECK CLINIC	0	0			158	90.01
90.02 PROMPT CARE	0	0			58	90.02
90.03 SOUTH INDY MRI & REHAB	0	0			4,322	90.03
90.04 WOUND CARE INSTITUTE	0	0			357,295	90.04
90.05 CV DIAGNOSTIC SERVICES	0	0			14,922	90.05
90.06 PEDIATRIC CLINIC	0	0			2,344	90.06
90.07 CARDIAC REHAB	0	0			3,534	90.07
90.08 PAIN CLINIC	0	0			7,992	90.08
90.09 GREENWOOD IMAGING	0	0			3,280	90.09
91.00 EMERGENCY	0	0			2,193,461	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0				92.00
SPECIAL PURPOSE COST CENTERS						
111.00 ISLET ACQUISITION	0	0			0	111.00
113.00 INTEREST EXPENSE	0	0			0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	278,520	0	0	0	21,487,278	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0			120,271	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0			373,328	192.00
194.00 MARKETING & COMMUNITY RELATIONS	0	0			5,571	194.00
194.01 WOMEN'S CENTER	0	0			148,176	194.01
194.02 SOUTH EMERSON SURGERY CTR	0	0			5,210	194.02
194.03 SOUTHEAST SURGERY CTR	0	0			2,831	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150162

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

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			15.00	16.00		
194.04 OTHER NONREIMBURSABLE COST CENTERS	0	0			671,579	194.04
194.05 BUILDING - 421 NORTH EMERSON	0	0			17	194.05
194.06 CARMEL FACILITY	0	0			0	194.06
194.10 FRANCISCAN SURGERY CENTER	0	0			786,029	194.10
200.00 Cross Foot Adjustments			713	128	841	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	278,520	0	713	128	23,601,131	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Prepared: 5/29/2012 4:53 pm
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Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	25.00	26.00	
GENERAL SERVICE COST CENTERS			
1.00 NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00 EMPLOYEE BENEFITS			4.00
5.01 ADMITTING			5.01
5.02 PATIENT ACCOUNTING			5.02
5.03 OTHER ADMIN & GENERAL			5.03
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
21.00 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	0	3,091,567	30.00
31.00 INTENSIVE CARE UNIT	0	0	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	0	345,492	31.01
32.00 CORONARY CARE UNIT	0	2,148,894	32.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	1,176,365	34.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	134,389	43.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	4,285,237	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	759,192	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	2,400,244	54.00
54.01 CARDIAC NUCLEAR DIAGNOSTIC	0	1,695	54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	0	544,377	54.02
54.03 ULTRA SOUND	0	70,942	54.03
55.00 RADIOLOGY-THERAPEUTIC	0	4,589	55.00
60.00 LABORATORY	0	793,435	60.00
64.00 INTRAVENOUS THERAPY	0	24,597	64.00
65.00 RESPIRATORY THERAPY	0	136,627	65.00
66.00 PHYSICAL THERAPY	0	174,522	66.00
67.00 OCCUPATIONAL THERAPY	0	137,026	67.00
68.00 SPEECH PATHOLOGY	0	33,869	68.00
69.00 ELECTROCARDIOLOGY	0	620,526	69.00
69.01 CARDIAC CATHETERIZATION LAB	0	1,197,559	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	15,333	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	211,427	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	28,324	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	308,423	73.00
74.00 RENAL DIALYSIS	0	255,060	74.00
OUTPATIENT SERVICE COST CENTERS			
90.00 CLINIC	0	201	90.00
90.01 HEAD AND NECK CLINIC	0	158	90.01
90.02 PROMPT CARE	0	58	90.02
90.03 SOUTH INDY MRI & REHAB	0	4,322	90.03
90.04 WOUND CARE INSTITUTE	0	357,295	90.04
90.05 CV DIAGNOSTIC SERVICES	0	14,922	90.05
90.06 PEDIATRIC CLINIC	0	2,344	90.06
90.07 CARDIAC REHAB	0	3,534	90.07
90.08 PAIN CLINIC	0	7,992	90.08
90.09 GREENWOOD IMAGING	0	3,280	90.09
91.00 EMERGENCY	0	2,193,461	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
SPECIAL PURPOSE COST CENTERS			
111.00 ISLET ACQUISITION	0	0	111.00
113.00 INTEREST EXPENSE			113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	21,487,278	118.00
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	120,271	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	373,328	192.00
194.00 MARKETING & COMMUNITY RELATIONS	0	5,571	194.00
194.01 WOMEN'S CENTER	0	148,176	194.01
194.02 SOUTH EMERSON SURGERY CTR	0	5,210	194.02
194.03 SOUTHEAST SURGERY CTR	0	2,831	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150162

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

Worksheet B
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Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	25.00	26.00	
194.04 OTHER NONREIMBURSABLE COST CENTERS	0	671,579	194.04
194.05 BUILDING - 421 NORTH EMERSON	0	17	194.05
194.06 CARMEL FACILITY	0	0	194.06
194.10 FRANCISCAN SURGERY CENTER	0	786,029	194.10
200.00 Cross Foot Adjustments	0	841	200.00
201.00 Negative Cost Centers	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	23,601,131	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150162

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	ADMITTING (INPATIENT REVENUES)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	473,526					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		473,526				2.00
4.00 EMPLOYEE BENEFITS	0	0	73,084,909			4.00
5.01 ADMITTING	6,110	6,110	1,933,473	346,415,963		5.01
5.02 PATIENT ACCOUNTING	0	0	0	0	-3,700,635	5.02
5.03 OTHER ADMIN & GENERAL	6,403	6,403	1,888,585	0	0	5.03
7.00 OPERATION OF PLANT	60,554	60,554	2,816,469	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	1,271	1,271	97,824	0	0	8.00
9.00 HOUSEKEEPING	6,433	6,433	1,578,915	0	0	9.00
10.00 DIETARY	10,843	10,843	284,522	0	0	10.00
11.00 CAFETERIA	7,721	7,721	883,122	0	0	11.00
13.00 NURSING ADMINISTRATION	0	0	168,996	0	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	2,910	2,910	345,510	0	0	14.00
15.00 PHARMACY	4,098	4,098	2,542,109	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	46,071	46,071	8,022,402	22,896,577	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	5,272	5,272	2,652,191	13,871,496	0	31.01
32.00 CORONARY CARE UNIT	31,030	31,030	8,250,124	20,157,025	0	32.00
34.00 SURGICAL INTENSIVE CARE UNIT	17,163	17,163	4,114,809	12,613,953	0	34.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	2,037	2,037	873,794	6,755,433	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	71,600	71,600	5,830,100	26,223,703	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	12,043	12,043	2,645,858	22,389,103	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	39,446	39,446	6,559,281	16,578,787	0	54.00
54.01 CARDIAC NUCLEAR DIAGNOSTIC	0	0	4,685	160,790	0	54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	9,255	9,255	247,576	752,043	0	54.02
54.03 ULTRA SOUND	1,054	1,054	543,181	2,541,666	0	54.03
55.00 RADIOLOGY-THERAPEUTIC	0	0	922	80,074	0	55.00
60.00 LABORATORY	13,009	13,009	0	25,357,993	0	60.00
64.00 INTRAVENOUS THERAPY	400	400	37,320	942,708	0	64.00
65.00 RESPIRATORY THERAPY	1,599	1,599	3,172,132	13,306,493	0	65.00
66.00 PHYSICAL THERAPY	2,789	2,789	866,147	2,482,260	0	66.00
67.00 OCCUPATIONAL THERAPY	2,277	2,277	294,849	1,214,871	0	67.00
68.00 SPEECH PATHOLOGY	541	541	207,260	222,063	0	68.00
69.00 ELECTROCARDIOLOGY	10,332	10,332	792,684	6,387,701	0	69.00
69.01 CARDIAC CATHETERIZATION LAB	19,558	19,558	1,566,570	23,272,291	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	1,314,227	334,987	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	76,898,078	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	14,083,755	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	19,604,816	0	73.00
74.00 RENAL DIALYSIS	4,341	4,341	15,087	1,013,545	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	16,320	0	0	90.00
90.01 HEAD AND NECK CLINIC	0	0	16,671	805	0	90.01
90.02 PROMPT CARE	0	0	5,797	0	0	90.02
90.03 SOUTH INDY MRI & REHAB	0	0	0	0	0	90.03
90.04 WOUND CARE INSTITUTE	6,054	6,054	301,897	446,707	0	90.04
90.05 CV DIAGNOSTIC SERVICES	0	0	3,669,582	241,033	0	90.05
90.06 PEDIATRIC CLINIC	0	0	237,814	2,184	0	90.06
90.07 CARDIAC REHAB	0	0	336,465	1,058	0	90.07
90.08 PAIN CLINIC	0	0	781,648	5,610	0	90.08
90.09 GREENWOOD IMAGING	0	0	0	10,026	0	90.09
91.00 EMERGENCY	36,018	36,018	5,375,888	15,566,329	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	438,232	438,232	71,292,806	346,415,963	-3,700,635	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	2,013	2,013	120,421	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	6,180	6,180	1,404,755	0	0	192.00
194.00 MARKETING & COMMUNITY RELATIONS	0	0	0	0	0	194.00
194.01 WOMEN'S CENTER	2,501	2,501	126,997	0	0	194.01
194.02 SOUTH EMERSON SURGERY CTR	0	0	0	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150162

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

Worksheet B-1
Date/Time Prepared:
5/29/2012 4:53 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	ADMITTING (INPATIENT REVENUES)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
194.03 SOUTHEAST SURGERY CTR	0	0	0	0	0	194.03
194.04 OTHER NONREIMBURSABLE COST CENTERS	11,461	11,461	119,075	0	0	194.04
194.05 BUILDING - 421 NORTH EMERSON	0	0	0	0	0	194.05
194.06 CARMEL FACILITY	0	0	0	0	0	194.06
194.10 FRANCISCAN SURGERY CENTER	13,139	13,139	20,855	0	0	194.10
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)	944,379	22,656,752	2,531,021	4,582,739		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1.994355	47.846902	0.034631	0.013229		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			0	304,531		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000000	0.000879		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150162

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

Worksheet B-1

Date/Time Prepared:
5/29/2012 4:53 pm

Cost Center Description	PATIENT ACCOUNTING (ACCUM. COST)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.02	5A.03	5.03	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 ADMITTING						5.01
5.02 PATIENT ACCOUNTING	285,298,842					5.02
5.03 OTHER ADMIN & GENERAL	38,870,520	-39,374,732	249,624,745			5.03
7.00 OPERATION OF PLANT	11,468,514	0	11,617,272	400,459		7.00
8.00 LAUNDRY & LINEN SERVICE	1,003,439	0	1,016,455	1,271	1,325,077	8.00
9.00 HOUSEKEEPING	3,220,573	0	3,262,347	6,433	0	9.00
10.00 DIETARY	1,174,760	0	1,189,998	10,843	0	10.00
11.00 CAFETERIA	1,124,123	0	1,138,704	7,721	0	11.00
13.00 NURSING ADMINISTRATION	1,195,530	0	1,211,037	0	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,941,454	0	1,966,637	2,910	3,848	14.00
15.00 PHARMACY	10,997,600	0	11,140,250	4,098	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	550,928	0	558,074	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	99,247	0	100,534	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	13,775,068	0	13,953,744	46,071	210,513	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	4,795,643	0	4,857,847	5,272	12,190	31.01
32.00 CORONARY CARE UNIT	13,460,861	0	13,635,462	31,030	193,358	32.00
34.00 SURGICAL INTENSIVE CARE UNIT	6,787,972	0	6,876,019	17,163	110,592	34.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,441,602	0	1,460,301	2,037	16,091	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	25,278,605	0	25,606,494	71,600	111,195	50.00
52.00 DELIVERY ROOM & LABOR ROOM	4,899,063	0	4,962,609	12,043	152,143	52.00
54.00 RADIOLOGY-DIAGNOSTIC	20,592,481	0	20,859,586	39,446	48,496	54.00
54.01 CARDIAC NUCLEAR DIAGNOSTIC	954,938	0	967,325	0	0	54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	1,239,939	0	1,256,022	9,255	4,930	54.02
54.03 ULTRA SOUND	880,660	0	892,083	1,054	39,629	54.03
55.00 RADIOLOGY-THERAPEUTIC	2,344,081	0	2,374,486	0	0	55.00
60.00 LABORATORY	9,155,487	0	9,274,243	13,009	173	60.00
64.00 INTRAVENOUS THERAPY	89,097	0	90,253	400	0	64.00
65.00 RESPIRATORY THERAPY	4,741,955	0	4,803,463	1,599	303	65.00
66.00 PHYSICAL THERAPY	1,377,475	0	1,395,342	2,789	17,223	66.00
67.00 OCCUPATIONAL THERAPY	534,039	0	540,966	2,277	0	67.00
68.00 SPEECH PATHOLOGY	343,658	0	348,116	541	0	68.00
69.00 ELECTROCARDIOLOGY	2,003,134	0	2,029,117	10,332	8,872	69.00
69.01 CARDIAC CATHETERIZATION LAB	2,045,010	0	2,071,536	19,558	59,264	69.01
70.00 ELECTROENCEPHALOGRAPHY	3,024,235	0	3,063,462	0	1,717	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	15,579,278	0	15,781,357	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	12,316,268	0	12,476,022	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	9,786,702	0	9,913,645	0	0	73.00
74.00 RENAL DIALYSIS	276,810	0	280,401	4,341	1,570	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	13,723	0	13,901	0	0	90.00
90.01 HEAD AND NECK CLINIC	22,370	0	22,660	0	0	90.01
90.02 PROMPT CARE	12,213	0	12,371	0	0	90.02
90.03 SOUTH INDY MRI & REHAB	3,338,814	0	3,382,122	0	0	90.03
90.04 WOUND CARE INSTITUTE	741,031	0	750,643	6,054	2,806	90.04
90.05 CV DIAGNOSTIC SERVICES	8,274,704	0	8,382,035	0	0	90.05
90.06 PEDIATRIC CLINIC	330,234	0	334,517	0	0	90.06
90.07 CARDIAC REHAB	446,193	0	451,981	0	0	90.07
90.08 PAIN CLINIC	1,070,331	0	1,084,214	0	12,647	90.08
90.09 GREENWOOD IMAGING	2,526,742	0	2,559,516	0	0	90.09
91.00 EMERGENCY	10,188,225	0	10,320,376	36,018	306,864	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	256,335,329	-39,374,732	220,285,545	365,165	1,314,424	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	485,834	0	492,136	2,013	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	2,611,272	0	2,645,143	6,180	0	192.00
194.00 MARKETING & COMMUNITY RELATIONS	4,303,585	0	4,359,407	0	0	194.00
194.01 WOMEN'S CENTER	442,952	0	448,698	2,501	10,653	194.01
194.02 SOUTH EMERSON SURGERY CTR	4,024,677	0	4,076,881	0	0	194.02
194.03 SOUTHEAST SURGERY CTR	1,667,623	0	1,689,254	0	0	194.03
194.04 OTHER NONREIMBURSABLE COST CENTERS	759,613	0	769,466	11,461	0	194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150162

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	PATIENT ACCOUNTING (ACCUM. COST)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.02	5A.03	5.03	7.00	8.00	
194.05 BUILDING - 421 NORTH EMERSON	13,036	0	13,205	0	0	194.05
194.06 CARMEL FACILITY	0	0	0	0	0	194.06
194.10 FRANCISCAN SURGERY CENTER	14,654,921	0	14,845,010	13,139	0	194.10
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)	3,700,635		39,374,732	13,449,734	1,219,475	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.012971		0.157736	33.585795	0.920305	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0		319,134	3,032,934	74,273	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000		0.001278	7.573644	0.056052	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150162

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 ADMITTING						5.01
5.02 PATIENT ACCOUNTING						5.02
5.03 OTHER ADMIN & GENERAL						5.03
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING	392,755					9.00
10.00 DIETARY	10,843	36,324				10.00
11.00 CAFETERIA	7,721	0	91,618			11.00
13.00 NURSING ADMINISTRATION	0	0	267	36,324		13.00
14.00 CENTRAL SERVICES & SUPPLY	2,910	0	749	0	17,190,895	14.00
15.00 PHARMACY	4,098	0	3,777	0	630,126	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	46,071	16,455	12,696	16,455	146,719	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	5,272	0	3,479	0	149,784	31.01
32.00 CORONARY CARE UNIT	31,030	13,201	11,777	13,201	205,905	32.00
34.00 SURGICAL INTENSIVE CARE UNIT	17,163	6,668	6,152	6,668	118,888	34.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	2,037	0	1,241	0	65,006	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	71,600	0	8,884	0	26,119	50.00
52.00 DELIVERY ROOM & LABOR ROOM	12,043	0	3,717	0	331,551	52.00
54.00 RADIOLOGY-DIAGNOSTIC	39,446	0	10,469	0	227,443	54.00
54.01 CARDIAC NUCLEAR DIAGNOSTIC	0	0	9	0	26,712	54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	9,255	0	336	0	0	54.02
54.03 ULTRA SOUND	1,054	0	774	0	988	54.03
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	144,765	55.00
60.00 LABORATORY	13,009	0	0	0	0	60.00
64.00 INTRAVENOUS THERAPY	400	0	51	0	5,334	64.00
65.00 RESPIRATORY THERAPY	1,599	0	5,157	0	0	65.00
66.00 PHYSICAL THERAPY	2,789	0	1,380	0	0	66.00
67.00 OCCUPATIONAL THERAPY	2,277	0	480	0	0	67.00
68.00 SPEECH PATHOLOGY	541	0	335	0	0	68.00
69.00 ELECTROCARDIOLOGY	10,332	0	1,374	0	195,416	69.00
69.01 CARDIAC CATHETERIZATION LAB	19,558	0	2,146	0	1,855,199	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	2,133	0	49,016	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	12,057,909	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	4,341	0	20	0	25,297	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	37	0	0	90.00
90.01 HEAD AND NECK CLINIC	0	0	26	0	0	90.01
90.02 PROMPT CARE	0	0	8	0	269	90.02
90.03 SOUTH INDY MRI & REHAB	0	0	0	0	0	90.03
90.04 WOUND CARE INSTITUTE	6,054	0	455	0	18,943	90.04
90.05 CV DIAGNOSTIC SERVICES	0	0	0	0	389,907	90.05
90.06 PEDIATRIC CLINIC	0	0	379	0	4,251	90.06
90.07 CARDIAC REHAB	0	0	589	0	4,743	90.07
90.08 PAIN CLINIC	0	0	1,194	0	0	90.08
90.09 GREENWOOD IMAGING	0	0	0	0	0	90.09
91.00 EMERGENCY	36,018	0	8,701	0	412,209	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	357,461	36,324	88,792	36,324	17,092,499	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	2,013	0	436	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	6,180	0	1,829	0	21,663	192.00
194.00 MARKETING & COMMUNITY RELATIONS	0	0	0	0	0	194.00
194.01 WOMEN'S CENTER	2,501	0	202	0	3,422	194.01
194.02 SOUTH EMERSON SURGERY CTR	0	0	0	0	0	194.02
194.03 SOUTHEAST SURGERY CTR	0	0	0	0	65,557	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150162

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	9.00	10.00	11.00	13.00	14.00	
194.04 OTHER NONREIMBURSABLE COST CENTERS	11,461	0	321	0	7,754	194.04
194.05 BUILDING - 421 NORTH EMERSON	0	0	0	0	0	194.05
194.06 CARMEL FACILITY	0	0	0	0	0	194.06
194.10 FRANCISCAN SURGERY CENTER	13,139	0	38	0	0	194.10
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)	3,992,994	1,852,112	1,656,132	1,406,887	2,421,246	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	10.166628	50.988658	18.076492	38.731610	0.140845	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	373,519	634,383	452,098	2,866	176,269	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.951023	17.464569	4.934598	0.078901	0.010254	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150162

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS			
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	15.00	16.00	21.00	22.00		
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 ADMITTING						5.01
5.02 PATIENT ACCOUNTING						5.02
5.03 OTHER ADMIN & GENERAL						5.03
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	10,000					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	949,630,499				16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	100			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		100		22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	26,991,677	100	100		30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0		31.00
31.01 NEONATAL INTENSIVE CARE UNIT	0	13,871,496	0	0		31.01
32.00 CORONARY CARE UNIT	0	20,157,025	0	0		32.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	12,613,953	0	0		34.00
42.00 SUBPROVIDER	0	0	0	0		42.00
43.00 NURSERY	0	6,755,433	0	0		43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	70,708,329	0	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	22,449,487	0	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	142,177,301	0	0		54.00
54.01 CARDIAC NUCLEAR DIAGNOSTIC	0	15,675,260	0	0		54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	0	4,493,285	0	0		54.02
54.03 ULTRA SOUND	0	12,247,213	0	0		54.03
55.00 RADIOLOGY-THERAPEUTIC	0	56,609,294	0	0		55.00
60.00 LABORATORY	0	90,703,511	0	0		60.00
64.00 INTRAVENOUS THERAPY	0	1,019,473	0	0		64.00
65.00 RESPIRATORY THERAPY	0	16,142,760	0	0		65.00
66.00 PHYSICAL THERAPY	0	6,914,766	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	1,762,282	0	0		67.00
68.00 SPEECH PATHOLOGY	0	1,163,691	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	10,467,681	0	0		69.00
69.01 CARDIAC CATHETERIZATION LAB	0	46,207,326	0	0		69.01
70.00 ELECTROENCEPHALOGRAPHY	0	17,300,211	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	106,895,329	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	37,229,267	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	10,000	54,058,222	0	0		73.00
74.00 RENAL DIALYSIS	0	1,038,010	0	0		74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	19,492	0	0		90.00
90.01 HEAD AND NECK CLINIC	0	95,639	0	0		90.01
90.02 PROMPT CARE	0	0	0	0		90.02
90.03 SOUTH INDY MRI & REHAB	0	6,553,898	0	0		90.03
90.04 WOUND CARE INSTITUTE	0	2,561,824	0	0		90.04
90.05 CV DIAGNOSTIC SERVICES	0	29,910,253	0	0		90.05
90.06 PEDIATRIC CLINIC	0	592,342	0	0		90.06
90.07 CARDIAC REHAB	0	1,202,337	0	0		90.07
90.08 PAIN CLINIC	0	5,916,256	0	0		90.08
90.09 GREENWOOD IMAGING	0	5,866,957	0	0		90.09
91.00 EMERGENCY	0	101,259,219	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
111.00 ISLET ACQUISITION	0	0	0	0		111.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	10,000	949,630,499	100	100		118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0		190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
194.00 MARKETING & COMMUNITY RELATIONS	0	0	0	0		194.00
194.01 WOMEN'S CENTER	0	0	0	0		194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150162

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

Worksheet B-1

Date/Time Prepared:
5/29/2012 4:53 pm

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS			
			SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			15.00	16.00		
194.02 SOUTH EMERSON SURGERY CTR	0	0	0	0		194.02
194.03 SOUTHEAST SURGERY CTR	0	0	0	0		194.03
194.04 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.04
194.05 BUILDING - 421 NORTH EMERSON	0	0	0	0		194.05
194.06 CARMEL FACILITY	0	0	0	0		194.06
194.10 FRANCISCAN SURGERY CENTER	0	0	0	0		194.10
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)	13,233,791	0	646,102	116,392		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1,323.379100	0.000000	6,461.020000	1,163.920000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	278,520	0	713	128		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	27.852000	0.000000	7.130000	1.280000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 4:53 pm		
		Title XVIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		20,090,716	0	20,090,716	30.00
31.00	INTENSIVE CARE UNIT		0	0	0	31.00
31.01	NEONATAL INTENSIVE CARE UNIT		5,949,969	0	5,949,969	31.01
32.00	CORONARY CARE UNIT		18,748,135	0	18,748,135	32.00
34.00	SURGICAL INTENSIVE CARE UNIT		9,539,522	0	9,539,522	34.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		1,826,164	0	1,826,164	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		33,044,759	0	33,044,759	50.00
52.00	DELIVERY ROOM & LABOR ROOM		6,526,207	0	6,526,207	52.00
54.00	RADIOLOGY-DIAGNOSTIC		26,141,660	0	26,141,660	54.00
54.01	CARDIAC NUCLEAR DIAGNOSTIC		1,123,832	0	1,123,832	54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC		1,869,682	0	1,869,682	54.02
54.03	ULTRA SOUND		1,129,513	0	1,129,513	54.03
55.00	RADIOLOGY-THERAPEUTIC		2,769,417	0	2,769,417	55.00
60.00	LABORATORY		11,306,460	0	11,306,460	60.00
64.00	INTRAVENOUS THERAPY		123,663	0	123,663	64.00
65.00	RESPIRATORY THERAPY	0	5,724,601	0	5,724,601	65.00
66.00	PHYSICAL THERAPY	0	1,778,260	0	1,778,260	66.00
67.00	OCCUPATIONAL THERAPY	0	734,597	0	734,597	67.00
68.00	SPEECH PATHOLOGY	0	432,752	0	432,752	68.00
69.00	ELECTROCARDIOLOGY		2,861,757	0	2,861,757	69.00
69.01	CARDIAC CATHETERIZATION LAB		3,608,631	0	3,608,631	69.01
70.00	ELECTROENCEPHALOGRAPHY		3,593,721	0	3,593,721	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		19,968,936	0	19,968,936	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		14,443,940	0	14,443,940	72.00
73.00	DRUGS CHARGED TO PATIENTS		24,711,175	0	24,711,175	73.00
74.00	RENAL DIALYSIS		519,929	0	519,929	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC		16,763	0	16,763	90.00
90.01	HEAD AND NECK CLINIC		26,704	0	26,704	90.01
90.02	PROMPT CARE		14,505	0	14,505	90.02
90.03	SOUTH INDY MRI & REHAB		3,915,604	0	3,915,604	90.03
90.04	WOUND CARE INSTITUTE		1,147,398	0	1,147,398	90.04
90.05	CV DIAGNOSTIC SERVICES		9,759,100	0	9,759,100	90.05
90.06	PEDIATRIC CLINIC		394,732	0	394,732	90.06
90.07	CARDIAC REHAB		534,590	0	534,590	90.07
90.08	PAIN CLINIC		1,288,456	0	1,288,456	90.08
90.09	GREENWOOD IMAGING		2,963,244	0	2,963,244	90.09
91.00	EMERGENCY		14,021,898	0	14,021,898	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		2,226,620	0	2,226,620	92.00
SPECIAL PURPOSE COST CENTERS						
111.00	ISLET ACQUISITION	0	0	0	0	111.00
113.00	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	0	254,877,612	0	254,877,612	200.00
201.00	Less Observation Beds		2,226,620		2,226,620	201.00
202.00	Total (see instructions)	0	252,650,992	0	252,650,992	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 4:53 pm
			Title XVIII	Hospital	PPS
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
	Inpatient	Outpatient	Total (col. 6 + col. 7)		
	6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	22,896,577		22,896,577		30.00
31.00 INTENSIVE CARE UNIT	0		0		31.00
31.01 NEONATAL INTENSIVE CARE UNIT	13,871,496		13,871,496		31.01
32.00 CORONARY CARE UNIT	20,157,025		20,157,025		32.00
34.00 SURGICAL INTENSIVE CARE UNIT	12,613,953		12,613,953		34.00
42.00 SUBPROVIDER	0		0		42.00
43.00 NURSERY	6,755,433		6,755,433		43.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	26,223,703	44,484,626	70,708,329	0.467339	50.00
52.00 DELIVERY ROOM & LABOR ROOM	22,389,103	60,384	22,449,487	0.290706	52.00
54.00 RADIOLOGY-DIAGNOSTIC	16,578,787	125,598,514	142,177,301	0.183867	54.00
54.01 CARDIAC NUCLEAR DIAGNOSTIC	160,790	15,514,470	15,675,260	0.071695	54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	752,043	3,741,242	4,493,285	0.416106	54.02
54.03 ULTRA SOUND	2,541,666	9,705,547	12,247,213	0.092226	54.03
55.00 RADIOLOGY-THERAPEUTIC	80,074	56,529,220	56,609,294	0.048922	55.00
60.00 LABORATORY	25,357,993	65,345,518	90,703,511	0.124653	60.00
64.00 INTRAVENOUS THERAPY	942,708	76,765	1,019,473	0.121301	64.00
65.00 RESPIRATORY THERAPY	13,306,493	2,836,267	16,142,760	0.354623	65.00
66.00 PHYSICAL THERAPY	2,482,260	4,432,506	6,914,766	0.257168	66.00
67.00 OCCUPATIONAL THERAPY	1,214,871	547,411	1,762,282	0.416844	67.00
68.00 SPEECH PATHOLOGY	222,063	941,628	1,163,691	0.371879	68.00
69.00 ELECTROCARDIOLOGY	6,387,701	4,079,980	10,467,681	0.273390	69.00
69.01 CARDIAC CATHETERIZATION LAB	23,272,291	22,935,035	46,207,326	0.078097	69.01
70.00 ELECTROENCEPHALOGRAPHY	334,987	16,965,224	17,300,211	0.207727	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	49,197,754	57,697,575	106,895,329	0.186808	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	19,041,129	18,188,138	37,229,267	0.387973	72.00
73.00 DRUGS CHARGED TO PATIENTS	42,347,766	11,710,456	54,058,222	0.457121	73.00
74.00 RENAL DIALYSIS	1,013,545	24,465	1,038,010	0.500890	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0	19,492	19,492	0.859994	90.00
90.01 HEAD AND NECK CLINIC	805	94,834	95,639	0.279217	90.01
90.02 PROMPT CARE	0	0	0	0.000000	90.02
90.03 SOUTH INDY MRI & REHAB	0	6,553,898	6,553,898	0.597447	90.03
90.04 WOUND CARE INSTITUTE	446,707	2,115,117	2,561,824	0.447883	90.04
90.05 CV DIAGNOSTIC SERVICES	241,033	29,669,220	29,910,253	0.326279	90.05
90.06 PEDIATRIC CLINIC	2,184	590,158	592,342	0.666392	90.06
90.07 CARDIAC REHAB	1,058	1,201,279	1,202,337	0.444626	90.07
90.08 PAIN CLINIC	5,610	5,910,646	5,916,256	0.217782	90.08
90.09 GREENWOOD IMAGING	10,026	5,856,931	5,866,957	0.505073	90.09
91.00 EMERGENCY	15,566,329	85,692,890	101,259,219	0.138475	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	870,980	3,224,120	4,095,100	0.543728	92.00
SPECIAL PURPOSE COST CENTERS					
111.00 ISLET ACQUISITION	0	0	0		111.00
113.00 INTEREST EXPENSE					113.00
200.00 Subtotal (see instructions)	347,286,943	602,343,556	949,630,499		200.00
201.00 Less Observation Beds					201.00
202.00 Total (see instructions)	347,286,943	602,343,556	949,630,499		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 4:53 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00		
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
31.01	NEONATAL INTENSIVE CARE UNIT			31.01
32.00	CORONARY CARE UNIT			32.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.467339		50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.290706		52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.183867		54.00
54.01	CARDIAC NUCLEAR DIAGNOSTIC	0.071695		54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC	0.416106		54.02
54.03	ULTRA SOUND	0.092226		54.03
55.00	RADIOLOGY-THERAPEUTIC	0.048922		55.00
60.00	LABORATORY	0.124653		60.00
64.00	INTRAVENOUS THERAPY	0.121301		64.00
65.00	RESPIRATORY THERAPY	0.354623		65.00
66.00	PHYSICAL THERAPY	0.257168		66.00
67.00	OCCUPATIONAL THERAPY	0.416844		67.00
68.00	SPEECH PATHOLOGY	0.371879		68.00
69.00	ELECTROCARDIOLOGY	0.273390		69.00
69.01	CARDIAC CATHETERIZATION LAB	0.078097		69.01
70.00	ELECTROENCEPHALOGRAPHY	0.207727		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.186808		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.387973		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.457121		73.00
74.00	RENAL DIALYSIS	0.500890		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.859994		90.00
90.01	HEAD AND NECK CLINIC	0.279217		90.01
90.02	PROMPT CARE	0.000000		90.02
90.03	SOUTH INDY MRI & REHAB	0.597447		90.03
90.04	WOUND CARE INSTITUTE	0.447883		90.04
90.05	CV DIAGNOSTIC SERVICES	0.326279		90.05
90.06	PEDIATRIC CLINIC	0.666392		90.06
90.07	CARDIAC REHAB	0.444626		90.07
90.08	PAIN CLINIC	0.217782		90.08
90.09	GREENWOOD IMAGING	0.505073		90.09
91.00	EMERGENCY	0.138475		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.543728		92.00
SPECIAL PURPOSE COST CENTERS				
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
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: 150162		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/29/2012 4:53 pm	
		Title XIX		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		20,090,716	0	20,090,716	30.00	
31.00	INTENSIVE CARE UNIT		0	0	0	31.00	
31.01	NEONATAL INTENSIVE CARE UNIT		5,949,969	0	5,949,969	31.01	
32.00	CORONARY CARE UNIT		18,748,135	0	18,748,135	32.00	
34.00	SURGICAL INTENSIVE CARE UNIT		9,539,522	0	9,539,522	34.00	
42.00	SUBPROVIDER		0	0	0	42.00	
43.00	NURSERY		1,826,164	0	1,826,164	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM		33,044,759	0	33,044,759	50.00	
52.00	DELIVERY ROOM & LABOR ROOM		6,526,207	0	6,526,207	52.00	
54.00	RADIOLOGY-DIAGNOSTIC		26,141,660	0	26,141,660	54.00	
54.01	CARDIAC NUCLEAR DIAGNOSTIC		1,123,832	0	1,123,832	54.01	
54.02	NUCLEAR MEDICINE-DIAGNOSTIC		1,869,682	0	1,869,682	54.02	
54.03	ULTRA SOUND		1,129,513	0	1,129,513	54.03	
55.00	RADIOLOGY-THERAPEUTIC		2,769,417	0	2,769,417	55.00	
60.00	LABORATORY		11,306,460	0	11,306,460	60.00	
64.00	INTRAVENOUS THERAPY		123,663	0	123,663	64.00	
65.00	RESPIRATORY THERAPY	0	5,724,601	0	5,724,601	65.00	
66.00	PHYSICAL THERAPY	0	1,778,260	0	1,778,260	66.00	
67.00	OCCUPATIONAL THERAPY	0	734,597	0	734,597	67.00	
68.00	SPEECH PATHOLOGY	0	432,752	0	432,752	68.00	
69.00	ELECTROCARDIOLOGY		2,861,757	0	2,861,757	69.00	
69.01	CARDIAC CATHETERIZATION LAB		3,608,631	0	3,608,631	69.01	
70.00	ELECTROENCEPHALOGRAPHY		3,593,721	0	3,593,721	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		19,968,936	0	19,968,936	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT		14,443,940	0	14,443,940	72.00	
73.00	DRUGS CHARGED TO PATIENTS		24,711,175	0	24,711,175	73.00	
74.00	RENAL DIALYSIS		519,929	0	519,929	74.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC		16,763	0	16,763	90.00	
90.01	HEAD AND NECK CLINIC		26,704	0	26,704	90.01	
90.02	PROMPT CARE		14,505	0	14,505	90.02	
90.03	SOUTH INDY MRI & REHAB		3,915,604	0	3,915,604	90.03	
90.04	WOUND CARE INSTITUTE		1,147,398	0	1,147,398	90.04	
90.05	CV DIAGNOSTIC SERVICES		9,759,100	0	9,759,100	90.05	
90.06	PEDIATRIC CLINIC		394,732	0	394,732	90.06	
90.07	CARDIAC REHAB		534,590	0	534,590	90.07	
90.08	PAIN CLINIC		1,288,456	0	1,288,456	90.08	
90.09	GREENWOOD IMAGING		2,963,244	0	2,963,244	90.09	
91.00	EMERGENCY		14,021,898	0	14,021,898	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		2,226,620	0	2,226,620	92.00	
SPECIAL PURPOSE COST CENTERS							
111.00	ISLET ACQUISITION	0	0	0	0	111.00	
113.00	INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)	0	254,877,612	0	254,877,612	200.00	
201.00	Less Observation Beds		2,226,620		2,226,620	201.00	
202.00	Total (see instructions)	0	252,650,992	0	252,650,992	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 4:53 pm
			Title XIX	Hospital	PPS
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
	Inpatient	Outpatient	Total (col. 6 + col. 7)		
	6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	22,896,577		22,896,577		30.00
31.00 INTENSIVE CARE UNIT	0		0		31.00
31.01 NEONATAL INTENSIVE CARE UNIT	13,871,496		13,871,496		31.01
32.00 CORONARY CARE UNIT	20,157,025		20,157,025		32.00
34.00 SURGICAL INTENSIVE CARE UNIT	12,613,953		12,613,953		34.00
42.00 SUBPROVIDER	0		0		42.00
43.00 NURSERY	6,755,433		6,755,433		43.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	26,223,703	44,484,626	70,708,329	0.467339	50.00
52.00 DELIVERY ROOM & LABOR ROOM	22,389,103	60,384	22,449,487	0.290706	52.00
54.00 RADIOLOGY-DIAGNOSTIC	16,578,787	125,598,514	142,177,301	0.183867	54.00
54.01 CARDIAC NUCLEAR DIAGNOSTIC	160,790	15,514,470	15,675,260	0.071695	54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	752,043	3,741,242	4,493,285	0.416106	54.02
54.03 ULTRA SOUND	2,541,666	9,705,547	12,247,213	0.092226	54.03
55.00 RADIOLOGY-THERAPEUTIC	80,074	56,529,220	56,609,294	0.048922	55.00
60.00 LABORATORY	25,357,993	65,345,518	90,703,511	0.124653	60.00
64.00 INTRAVENOUS THERAPY	942,708	76,765	1,019,473	0.121301	64.00
65.00 RESPIRATORY THERAPY	13,306,493	2,836,267	16,142,760	0.354623	65.00
66.00 PHYSICAL THERAPY	2,482,260	4,432,506	6,914,766	0.257168	66.00
67.00 OCCUPATIONAL THERAPY	1,214,871	547,411	1,762,282	0.416844	67.00
68.00 SPEECH PATHOLOGY	222,063	941,628	1,163,691	0.371879	68.00
69.00 ELECTROCARDIOLOGY	6,387,701	4,079,980	10,467,681	0.273390	69.00
69.01 CARDIAC CATHETERIZATION LAB	23,272,291	22,935,035	46,207,326	0.078097	69.01
70.00 ELECTROENCEPHALOGRAPHY	334,987	16,965,224	17,300,211	0.207727	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	49,197,754	57,697,575	106,895,329	0.186808	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	19,041,129	18,188,138	37,229,267	0.387973	72.00
73.00 DRUGS CHARGED TO PATIENTS	42,347,766	11,710,456	54,058,222	0.457121	73.00
74.00 RENAL DIALYSIS	1,013,545	24,465	1,038,010	0.500890	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0	19,492	19,492	0.859994	90.00
90.01 HEAD AND NECK CLINIC	805	94,834	95,639	0.279217	90.01
90.02 PROMPT CARE	0	0	0	0.000000	90.02
90.03 SOUTH INDY MRI & REHAB	0	6,553,898	6,553,898	0.597447	90.03
90.04 WOUND CARE INSTITUTE	446,707	2,115,117	2,561,824	0.447883	90.04
90.05 CV DIAGNOSTIC SERVICES	241,033	29,669,220	29,910,253	0.326279	90.05
90.06 PEDIATRIC CLINIC	2,184	590,158	592,342	0.666392	90.06
90.07 CARDIAC REHAB	1,058	1,201,279	1,202,337	0.444626	90.07
90.08 PAIN CLINIC	5,610	5,910,646	5,916,256	0.217782	90.08
90.09 GREENWOOD IMAGING	10,026	5,856,931	5,866,957	0.505073	90.09
91.00 EMERGENCY	15,566,329	85,692,890	101,259,219	0.138475	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	870,980	3,224,120	4,095,100	0.543728	92.00
SPECIAL PURPOSE COST CENTERS					
111.00 ISLET ACQUISITION	0	0	0		111.00
113.00 INTEREST EXPENSE					113.00
200.00 Subtotal (see instructions)	347,286,943	602,343,556	949,630,499		200.00
201.00 Less Observation Beds					201.00
202.00 Total (see instructions)	347,286,943	602,343,556	949,630,499		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 4:53 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
31.01	NEONATAL INTENSIVE CARE UNIT			31.01
32.00	CORONARY CARE UNIT			32.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.467339		50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.290706		52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.183867		54.00
54.01	CARDIAC NUCLEAR DIAGNOSTIC	0.071695		54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC	0.416106		54.02
54.03	ULTRA SOUND	0.092226		54.03
55.00	RADIOLOGY-THERAPEUTIC	0.048922		55.00
60.00	LABORATORY	0.124653		60.00
64.00	INTRAVENOUS THERAPY	0.121301		64.00
65.00	RESPIRATORY THERAPY	0.354623		65.00
66.00	PHYSICAL THERAPY	0.257168		66.00
67.00	OCCUPATIONAL THERAPY	0.416844		67.00
68.00	SPEECH PATHOLOGY	0.371879		68.00
69.00	ELECTROCARDIOLOGY	0.273390		69.00
69.01	CARDIAC CATHETERIZATION LAB	0.078097		69.01
70.00	ELECTROENCEPHALOGRAPHY	0.207727		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.186808		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.387973		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.457121		73.00
74.00	RENAL DIALYSIS	0.500890		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.859994		90.00
90.01	HEAD AND NECK CLINIC	0.279217		90.01
90.02	PROMPT CARE	0.000000		90.02
90.03	SOUTH INDY MRI & REHAB	0.597447		90.03
90.04	WOUND CARE INSTITUTE	0.447883		90.04
90.05	CV DIAGNOSTIC SERVICES	0.326279		90.05
90.06	PEDIATRIC CLINIC	0.666392		90.06
90.07	CARDIAC REHAB	0.444626		90.07
90.08	PAIN CLINIC	0.217782		90.08
90.09	GREENWOOD IMAGING	0.505073		90.09
91.00	EMERGENCY	0.138475		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.543728		92.00
SPECIAL PURPOSE COST CENTERS				
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part II Date/Time Prepared: 5/29/2012 4:53 pm
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Cost Center Description	Title XIX			Hospital		PPS
	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	33,044,759	4,285,237	28,759,522	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	6,526,207	759,192	5,767,015	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	26,141,660	2,400,244	23,741,416	0	0	54.00
54.01 CARDIAC NUCLEAR DIAGNOSTIC	1,123,832	1,695	1,122,137	0	0	54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	1,869,682	544,377	1,325,305	0	0	54.02
54.03 ULTRA SOUND	1,129,513	70,942	1,058,571	0	0	54.03
55.00 RADIOLOGY-THERAPEUTIC	2,769,417	4,589	2,764,828	0	0	55.00
60.00 LABORATORY	11,306,460	793,435	10,513,025	0	0	60.00
64.00 INTRAVENOUS THERAPY	123,663	24,597	99,066	0	0	64.00
65.00 RESPIRATORY THERAPY	5,724,601	136,627	5,587,974	0	0	65.00
66.00 PHYSICAL THERAPY	1,778,260	174,522	1,603,738	0	0	66.00
67.00 OCCUPATIONAL THERAPY	734,597	137,026	597,571	0	0	67.00
68.00 SPEECH PATHOLOGY	432,752	33,869	398,883	0	0	68.00
69.00 ELECTROCARDIOLOGY	2,861,757	620,526	2,241,231	0	0	69.00
69.01 CARDIAC CATHETERIZATION LAB	3,608,631	1,197,559	2,411,072	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	3,593,721	15,333	3,578,388	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,968,936	211,427	19,757,509	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	14,443,940	28,324	14,415,616	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	24,711,175	308,423	24,402,752	0	0	73.00
74.00 RENAL DIALYSIS	519,929	255,060	264,869	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	16,763	201	16,562	0	0	90.00
90.01 HEAD AND NECK CLINIC	26,704	158	26,546	0	0	90.01
90.02 PROMPT CARE	14,505	58	14,447	0	0	90.02
90.03 SOUTH INDY MRI & REHAB	3,915,604	4,322	3,911,282	0	0	90.03
90.04 WOUND CARE INSTITUTE	1,147,398	357,295	790,103	0	0	90.04
90.05 CV DIAGNOSTIC SERVICES	9,759,100	14,922	9,744,178	0	0	90.05
90.06 PEDIATRIC CLINIC	394,732	2,344	392,388	0	0	90.06
90.07 CARDIAC REHAB	534,590	3,534	531,056	0	0	90.07
90.08 PAIN CLINIC	1,288,456	7,992	1,280,464	0	0	90.08
90.09 GREENWOOD IMAGING	2,963,244	3,280	2,959,964	0	0	90.09
91.00 EMERGENCY	14,021,898	2,193,461	11,828,437	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	2,226,620	342,632	1,883,988	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
200.00 Subtotal (sum of lines 50 thru 199)	198,723,106	14,933,203	183,789,903	0	0	200.00
201.00 Less Observation Beds	2,226,620	342,632	1,883,988	0	0	201.00
202.00 Total (line 200 minus line 201)	196,496,486	14,590,571	181,905,915	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part II Date/Time Prepared: 5/29/2012 4:53 pm
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	33,044,759	70,708,329	0.467339		50.00
52.00	DELIVERY ROOM & LABOR ROOM	6,526,207	22,449,487	0.290706		52.00
54.00	RADIOLOGY-DIAGNOSTIC	26,141,660	142,177,301	0.183867		54.00
54.01	CARDIAC NUCLEAR DIAGNOSTIC	1,123,832	15,675,260	0.071695		54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC	1,869,682	4,493,285	0.416106		54.02
54.03	ULTRA SOUND	1,129,513	12,247,213	0.092226		54.03
55.00	RADIOLOGY-THERAPEUTIC	2,769,417	56,609,294	0.048922		55.00
60.00	LABORATORY	11,306,460	90,703,511	0.124653		60.00
64.00	INTRAVENOUS THERAPY	123,663	1,019,473	0.121301		64.00
65.00	RESPIRATORY THERAPY	5,724,601	16,142,760	0.354623		65.00
66.00	PHYSICAL THERAPY	1,778,260	6,914,766	0.257168		66.00
67.00	OCCUPATIONAL THERAPY	734,597	1,762,282	0.416844		67.00
68.00	SPEECH PATHOLOGY	432,752	1,163,691	0.371879		68.00
69.00	ELECTROCARDIOLOGY	2,861,757	10,467,681	0.273390		69.00
69.01	CARDIAC CATHETERIZATION LAB	3,608,631	46,207,326	0.078097		69.01
70.00	ELECTROENCEPHALOGRAPHY	3,593,721	17,300,211	0.207727		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,968,936	106,895,329	0.186808		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	14,443,940	37,229,267	0.387973		72.00
73.00	DRUGS CHARGED TO PATIENTS	24,711,175	54,058,222	0.457121		73.00
74.00	RENAL DIALYSIS	519,929	1,038,010	0.500890		74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	16,763	19,492	0.859994		90.00
90.01	HEAD AND NECK CLINIC	26,704	95,639	0.279217		90.01
90.02	PROMPT CARE	14,505	0	0.000000		90.02
90.03	SOUTH INDY MRI & REHAB	3,915,604	6,553,898	0.597447		90.03
90.04	WOUND CARE INSTITUTE	1,147,398	2,561,824	0.447883		90.04
90.05	CV DIAGNOSTIC SERVICES	9,759,100	29,910,253	0.326279		90.05
90.06	PEDIATRIC CLINIC	394,732	592,342	0.666392		90.06
90.07	CARDIAC REHAB	534,590	1,202,337	0.444626		90.07
90.08	PAIN CLINIC	1,288,456	5,916,256	0.217782		90.08
90.09	GREENWOOD IMAGING	2,963,244	5,866,957	0.505073		90.09
91.00	EMERGENCY	14,021,898	101,259,219	0.138475		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2,226,620	4,095,100	0.543728		92.00
SPECIAL PURPOSE COST CENTERS						
111.00	ISLET ACQUISITION	0	0	0.000000		111.00
113.00	INTEREST EXPENSE					113.00
200.00	Subtotal (sum of lines 50 thru 199)	198,723,106	0			200.00
201.00	Less Observation Beds	2,226,620	0			201.00
202.00	Total (line 200 minus line 201)	196,496,486	873,336,015			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150162

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

Worksheet D
Part I
Date/Time Prepared:
5/29/2012 4:53 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		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	3,091,567	0	3,091,567	18,100	170.80	30.00
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	345,492		345,492	4,313	80.10	31.01
32.00	CORONARY CARE UNIT	2,148,894		2,148,894	13,201	162.78	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,176,365		1,176,365	6,668	176.42	34.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	134,389		134,389	5,136	26.17	43.00
200.00	Total (Lines 30-199)	6,896,707		6,896,707	47,418		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/29/2012 4:53 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	8,337	1,423,960		30.00
31.00 INTENSIVE CARE UNIT	0	0		31.00
31.01 NEONATAL INTENSIVE CARE UNIT	0	0		31.01
32.00 CORONARY CARE UNIT	4,646	756,276		32.00
34.00 SURGICAL INTENSIVE CARE UNIT	1,902	335,551		34.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
200.00 Total (Lines 30-199)	14,885	2,515,787		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/29/2012 4:53 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	4,285,237	70,708,329	0.060604	10,888,595	659,892	50.00
52.00	DELIVERY ROOM & LABOR ROOM	759,192	22,449,487	0.033818	50,272	1,700	52.00
54.00	RADIOLOGY-DIAGNOSTIC	2,400,244	142,177,301	0.016882	7,397,199	124,880	54.00
54.01	CARDIAC NUCLEAR DIAGNOSTIC	1,695	15,675,260	0.000108	107,035	12	54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC	544,377	4,493,285	0.121153	427,411	51,782	54.02
54.03	ULTRA SOUND	70,942	12,247,213	0.005793	1,318,281	7,637	54.03
55.00	RADIOLOGY-THERAPEUTIC	4,589	56,609,294	0.000081	1,219	0	55.00
60.00	LABORATORY	793,435	90,703,511	0.008748	11,538,025	100,935	60.00
64.00	INTRAVENOUS THERAPY	24,597	1,019,473	0.024127	390,343	9,418	64.00
65.00	RESPIRATORY THERAPY	136,627	16,142,760	0.008464	5,025,129	42,533	65.00
66.00	PHYSICAL THERAPY	174,522	6,914,766	0.025239	1,418,175	35,793	66.00
67.00	OCCUPATIONAL THERAPY	137,026	1,762,282	0.077755	716,101	55,680	67.00
68.00	SPEECH PATHOLOGY	33,869	1,163,691	0.029105	134,725	3,921	68.00
69.00	ELECTROCARDIOLOGY	620,526	10,467,681	0.059280	3,375,196	200,082	69.00
69.01	CARDIAC CATHETERIZATION LAB	1,197,559	46,207,326	0.025917	10,719,736	277,823	69.01
70.00	ELECTROENCEPHALOGRAPHY	15,333	17,300,211	0.000886	73,626	65	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	211,427	106,895,329	0.001978	20,332,188	40,217	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	28,324	37,229,267	0.000761	11,447,641	8,712	72.00
73.00	DRUGS CHARGED TO PATIENTS	308,423	54,058,222	0.005705	19,044,092	108,647	73.00
74.00	RENAL DIALYSIS	255,060	1,038,010	0.245720	826,547	203,099	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	201	19,492	0.010312	0	0	90.00
90.01	HEAD AND NECK CLINIC	158	95,639	0.001652	0	0	90.01
90.02	PROMPT CARE	58	0	0.000000	0	0	90.02
90.03	SOUTH INDY MRI & REHAB	4,322	6,553,898	0.000659	0	0	90.03
90.04	WOUND CARE INSTITUTE	357,295	2,561,824	0.139469	0	0	90.04
90.05	CV DIAGNOSTIC SERVICES	14,922	29,910,253	0.000499	184	0	90.05
90.06	PEDIATRIC CLINIC	2,344	592,342	0.003957	0	0	90.06
90.07	CARDIAC REHAB	3,534	1,202,337	0.002939	934	3	90.07
90.08	PAIN CLINIC	7,992	5,916,256	0.001351	0	0	90.08
90.09	GREENWOOD IMAGING	3,280	5,866,957	0.000559	0	0	90.09
91.00	EMERGENCY	2,193,461	101,259,219	0.021662	6,656,557	144,194	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	342,632	4,095,100	0.083669	740,062	61,920	92.00
200.00	Total (Lines 50-199)	14,933,203	873,336,015		112,629,273	2,138,945	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150162		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/29/2012 4:53 pm	
Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150162		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/29/2012 4:53 pm	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS	
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	18,100	0.00	8,337	0		30.00
31.00	INTENSIVE CARE UNIT	0	0.00	0	0		31.00
31.01	NEONATAL INTENSIVE CARE UNIT	4,313	0.00	0	0		31.01
32.00	CORONARY CARE UNIT	13,201	0.00	4,646	0		32.00
34.00	SURGICAL INTENSIVE CARE UNIT	6,668	0.00	1,902	0		34.00
42.00	SUBPROVIDER	0	0.00	0	0		42.00
43.00	NURSERY	5,136	0.00	0	0		43.00
200.00	Total (Lines 30-199)	47,418		14,885	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 4:53 pm
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS								
50.00 OPERATING ROOM	0	0	0	0	0	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
54.01 CARDIAC NUCLEAR DIAGNOSTIC	0	0	0	0	0	0	0	54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	0	0	54.02
54.03 ULTRA SOUND	0	0	0	0	0	0	0	54.03
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	0	55.00
60.00 LABORATORY	0	0	0	0	0	0	0	60.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
69.01 CARDIAC CATHETERIZATION LAB	0	0	0	0	0	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00 CLINIC	0	0	0	0	0	0	0	90.00
90.01 HEAD AND NECK CLINIC	0	0	0	0	0	0	0	90.01
90.02 PROMPT CARE	0	0	0	0	0	0	0	90.02
90.03 SOUTH INDY MRI & REHAB	0	0	0	0	0	0	0	90.03
90.04 WOUND CARE INSTITUTE	0	0	0	0	0	0	0	90.04
90.05 CV DIAGNOSTIC SERVICES	0	0	0	0	0	0	0	90.05
90.06 PEDIATRIC CLINIC	0	0	0	0	0	0	0	90.06
90.07 CARDIAC REHAB	0	0	0	0	0	0	0	90.07
90.08 PAIN CLINIC	0	0	0	0	0	0	0	90.08
90.09 GREENWOOD IMAGING	0	0	0	0	0	0	0	90.09
91.00 EMERGENCY	0	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 4:53 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	70,708,329	0.000000	0.000000	10,888,595	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	22,449,487	0.000000	0.000000	50,272	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	142,177,301	0.000000	0.000000	7,397,199	54.00
54.01	CARDIAC NUCLEAR DIAGNOSTIC	0	15,675,260	0.000000	0.000000	107,035	54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC	0	4,493,285	0.000000	0.000000	427,411	54.02
54.03	ULTRA SOUND	0	12,247,213	0.000000	0.000000	1,318,281	54.03
55.00	RADIOLOGY-THERAPEUTIC	0	56,609,294	0.000000	0.000000	1,219	55.00
60.00	LABORATORY	0	90,703,511	0.000000	0.000000	11,538,025	60.00
64.00	INTRAVENOUS THERAPY	0	1,019,473	0.000000	0.000000	390,343	64.00
65.00	RESPIRATORY THERAPY	0	16,142,760	0.000000	0.000000	5,025,129	65.00
66.00	PHYSICAL THERAPY	0	6,914,766	0.000000	0.000000	1,418,175	66.00
67.00	OCCUPATIONAL THERAPY	0	1,762,282	0.000000	0.000000	716,101	67.00
68.00	SPEECH PATHOLOGY	0	1,163,691	0.000000	0.000000	134,725	68.00
69.00	ELECTROCARDIOLOGY	0	10,467,681	0.000000	0.000000	3,375,196	69.00
69.01	CARDIAC CATHETERIZATION LAB	0	46,207,326	0.000000	0.000000	10,719,736	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	17,300,211	0.000000	0.000000	73,626	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	106,895,329	0.000000	0.000000	20,332,188	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	37,229,267	0.000000	0.000000	11,447,641	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	54,058,222	0.000000	0.000000	19,044,092	73.00
74.00	RENAL DIALYSIS	0	1,038,010	0.000000	0.000000	826,547	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	19,492	0.000000	0.000000	0	90.00
90.01	HEAD AND NECK CLINIC	0	95,639	0.000000	0.000000	0	90.01
90.02	PROMPT CARE	0	0	0.000000	0.000000	0	90.02
90.03	SOUTH INDY MRI & REHAB	0	6,553,898	0.000000	0.000000	0	90.03
90.04	WOUND CARE INSTITUTE	0	2,561,824	0.000000	0.000000	0	90.04
90.05	CV DIAGNOSTIC SERVICES	0	29,910,253	0.000000	0.000000	184	90.05
90.06	PEDIATRIC CLINIC	0	592,342	0.000000	0.000000	0	90.06
90.07	CARDIAC REHAB	0	1,202,337	0.000000	0.000000	934	90.07
90.08	PAIN CLINIC	0	5,916,256	0.000000	0.000000	0	90.08
90.09	GREENWOOD IMAGING	0	5,866,957	0.000000	0.000000	0	90.09
91.00	EMERGENCY	0	101,259,219	0.000000	0.000000	6,656,557	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,095,100	0.000000	0.000000	740,062	92.00
200.00	Total (Lines 50-199)	0	873,336,015			112,629,273	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 4:53 pm
Title XVIII		Hospital	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	6,619,419	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	38,008,689	0	54.00
54.01 CARDIAC NUCLEAR DIAGNOSTIC	0	7,708,898	0	54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	0	1,619,271	0	54.02
54.03 ULTRA SOUND	0	1,901,995	0	54.03
55.00 RADIOLOGY-THERAPEUTIC	0	899,196	0	55.00
60.00 LABORATORY	0	1,619,664	0	60.00
64.00 INTRAVENOUS THERAPY	0	7,805	0	64.00
65.00 RESPIRATORY THERAPY	0	730,395	0	65.00
66.00 PHYSICAL THERAPY	0	8,645	0	66.00
67.00 OCCUPATIONAL THERAPY	0	127	0	67.00
68.00 SPEECH PATHOLOGY	0	49,577	0	68.00
69.00 ELECTROCARDIOLOGY	0	1,111,732	0	69.00
69.01 CARDIAC CATHETERIZATION LAB	0	9,860,657	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	3,543,598	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,689,442	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	12,126,039	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	26,344,347	0	73.00
74.00 RENAL DIALYSIS	0	3,641	0	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	0	0	0	90.00
90.01 HEAD AND NECK CLINIC	0	0	0	90.01
90.02 PROMPT CARE	0	0	0	90.02
90.03 SOUTH INDY MRI & REHAB	0	4	0	90.03
90.04 WOUND CARE INSTITUTE	0	5,512	0	90.04
90.05 CV DIAGNOSTIC SERVICES	0	10,433,656	0	90.05
90.06 PEDIATRIC CLINIC	0	0	0	90.06
90.07 CARDIAC REHAB	0	463,799	0	90.07
90.08 PAIN CLINIC	0	1,725,369	0	90.08
90.09 GREENWOOD IMAGING	0	971,152	0	90.09
91.00 EMERGENCY	0	14,694,808	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,817,028	0	92.00
200.00 Total (Lines 50-199)	0	153,964,465	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 4:53 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0.467339	6,619,419	0	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	0.290706	0	0	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	0.183867	38,008,689	0	0		54.00
54.01 CARDIAC NUCLEAR DIAGNOSTIC	0.071695	7,708,898	0	0		54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	0.416106	1,619,271	0	0		54.02
54.03 ULTRA SOUND	0.092226	1,901,995	0	0		54.03
55.00 RADIOLOGY-THERAPEUTIC	0.048922	899,196	0	0		55.00
60.00 LABORATORY	0.124653	1,619,664	0	0		60.00
64.00 INTRAVENOUS THERAPY	0.121301	7,805	0	0		64.00
65.00 RESPIRATORY THERAPY	0.354623	730,395	0	0		65.00
66.00 PHYSICAL THERAPY	0.257168	8,645	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0.416844	127	0	0		67.00
68.00 SPEECH PATHOLOGY	0.371879	49,577	0	0		68.00
69.00 ELECTROCARDIOLOGY	0.273390	1,111,732	0	0		69.00
69.01 CARDIAC CATHETERIZATION LAB	0.078097	9,860,657	0	0		69.01
70.00 ELECTROENCEPHALOGRAPHY	0.207727	3,543,598	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.186808	10,689,442	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.387973	12,126,039	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.457121	26,344,347	0	0		73.00
74.00 RENAL DIALYSIS	0.500890	3,641	0	0		74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0.859994	0	0	0		90.00
90.01 HEAD AND NECK CLINIC	0.279217	0	0	0		90.01
90.02 PROMPT CARE	0.000000	0	0	0		90.02
90.03 SOUTH INDY MRI & REHAB	0.597447	4	0	0		90.03
90.04 WOUND CARE INSTITUTE	0.447883	5,512	0	0		90.04
90.05 CV DIAGNOSTIC SERVICES	0.326279	10,433,656	0	0		90.05
90.06 PEDIATRIC CLINIC	0.666392	0	0	0		90.06
90.07 CARDIAC REHAB	0.444626	463,799	0	0		90.07
90.08 PAIN CLINIC	0.217782	1,725,369	0	0		90.08
90.09 GREENWOOD IMAGING	0.505073	971,152	0	0		90.09
91.00 EMERGENCY	0.138475	14,694,808	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.543728	2,817,028	0	0		92.00
200.00 Subtotal (see instructions)		153,964,465	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)		153,964,465	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 4:53 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	3,093,513	0	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	6,988,544	0	0		54.00
54.01 CARDIAC NUCLEAR DIAGNOSTIC	552,689	0	0		54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	673,788	0	0		54.02
54.03 ULTRA SOUND	175,413	0	0		54.03
55.00 RADIOLOGY-THERAPEUTIC	43,990	0	0		55.00
60.00 LABORATORY	201,896	0	0		60.00
64.00 INTRAVENOUS THERAPY	947	0	0		64.00
65.00 RESPIRATORY THERAPY	259,015	0	0		65.00
66.00 PHYSICAL THERAPY	2,223	0	0		66.00
67.00 OCCUPATIONAL THERAPY	53	0	0		67.00
68.00 SPEECH PATHOLOGY	18,437	0	0		68.00
69.00 ELECTROCARDIOLOGY	303,936	0	0		69.00
69.01 CARDIAC CATHETERIZATION LAB	770,088	0	0		69.01
70.00 ELECTROENCEPHALOGRAPHY	736,101	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,996,873	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	4,704,576	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	12,042,554	0	0		73.00
74.00 RENAL DIALYSIS	1,824	0	0		74.00
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0	0	0		90.00
90.01 HEAD AND NECK CLINIC	0	0	0		90.01
90.02 PROMPT CARE	0	0	0		90.02
90.03 SOUTH INDY MRI & REHAB	2	0	0		90.03
90.04 WOUND CARE INSTITUTE	2,469	0	0		90.04
90.05 CV DIAGNOSTIC SERVICES	3,404,283	0	0		90.05
90.06 PEDIATRIC CLINIC	0	0	0		90.06
90.07 CARDIAC REHAB	206,217	0	0		90.07
90.08 PAIN CLINIC	375,754	0	0		90.08
90.09 GREENWOOD IMAGING	490,503	0	0		90.09
91.00 EMERGENCY	2,034,864	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1,531,697	0	0		92.00
200.00 Subtotal (see instructions)	40,612,249	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	40,612,249	0	0		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150162		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/29/2012 4:53 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	3,091,567	0	3,091,567	18,100	170.80	30.00
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	345,492		345,492	4,313	80.10	31.01
32.00	CORONARY CARE UNIT	2,148,894		2,148,894	13,201	162.78	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,176,365		1,176,365	6,668	176.42	34.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	134,389		134,389	5,136	26.17	43.00
200.00	Total (lines 30-199)	6,896,707		6,896,707	47,418		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/29/2012 4:53 pm
		Title XIX	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	690	117,852		30.00
31.00 INTENSIVE CARE UNIT	0	0		31.00
31.01 NEONATAL INTENSIVE CARE UNIT	690	55,269		31.01
32.00 CORONARY CARE UNIT	309	50,299		32.00
34.00 SURGICAL INTENSIVE CARE UNIT	133	23,464		34.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	850	22,245		43.00
200.00 Total (Lines 30-199)	2,672	269,129		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/29/2012 4:53 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	4,285,237	70,708,329	0.060604	399,258	24,197	50.00
52.00	DELIVERY ROOM & LABOR ROOM	759,192	22,449,487	0.033818	2,799,280	94,666	52.00
54.00	RADIOLOGY-DIAGNOSTIC	2,400,244	142,177,301	0.016882	371,244	6,267	54.00
54.01	CARDIAC NUCLEAR DIAGNOSTIC	1,695	15,675,260	0.000108	2,003	0	54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC	544,377	4,493,285	0.121153	15,905	1,927	54.02
54.03	ULTRA SOUND	70,942	12,247,213	0.005793	105,652	612	54.03
55.00	RADIOLOGY-THERAPEUTIC	4,589	56,609,294	0.000081	0	0	55.00
60.00	LABORATORY	793,435	90,703,511	0.008748	1,048,054	9,168	60.00
64.00	INTRAVENOUS THERAPY	24,597	1,019,473	0.024127	969	23	64.00
65.00	RESPIRATORY THERAPY	136,627	16,142,760	0.008464	566,044	4,791	65.00
66.00	PHYSICAL THERAPY	174,522	6,914,766	0.025239	66,255	1,672	66.00
67.00	OCCUPATIONAL THERAPY	137,026	1,762,282	0.077755	72,405	5,630	67.00
68.00	SPEECH PATHOLOGY	33,869	1,163,691	0.029105	4,809	140	68.00
69.00	ELECTROCARDIOLOGY	620,526	10,467,681	0.059280	133,886	7,937	69.00
69.01	CARDIAC CATHETERIZATION LAB	1,197,559	46,207,326	0.025917	471,716	12,225	69.01
70.00	ELECTROENCEPHALOGRAPHY	15,333	17,300,211	0.000886	4,063	4	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	211,427	106,895,329	0.001978	1,465,565	2,899	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	28,324	37,229,267	0.000761	279,769	213	72.00
73.00	DRUGS CHARGED TO PATIENTS	308,423	54,058,222	0.005705	1,735,857	9,903	73.00
74.00	RENAL DIALYSIS	255,060	1,038,010	0.245720	21,208	5,211	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	201	19,492	0.010312	0	0	90.00
90.01	HEAD AND NECK CLINIC	158	95,639	0.001652	0	0	90.01
90.02	PROMPT CARE	58	0	0.000000	0	0	90.02
90.03	SOUTH INDY MRI & REHAB	4,322	6,553,898	0.000659	0	0	90.03
90.04	WOUND CARE INSTITUTE	357,295	2,561,824	0.139469	0	0	90.04
90.05	CV DIAGNOSTIC SERVICES	14,922	29,910,253	0.000499	1,063	1	90.05
90.06	PEDIATRIC CLINIC	2,344	592,342	0.003957	0	0	90.06
90.07	CARDIAC REHAB	3,534	1,202,337	0.002939	0	0	90.07
90.08	PAIN CLINIC	7,992	5,916,256	0.001351	0	0	90.08
90.09	GREENWOOD IMAGING	3,280	5,866,957	0.000559	0	0	90.09
91.00	EMERGENCY	2,193,461	101,259,219	0.021662	328,470	7,115	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	342,632	4,095,100	0.083669	130,918	10,954	92.00
200.00	Total (Lines 50-199)	14,933,203	873,336,015		10,024,393	205,555	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150162		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/29/2012 4:53 pm		
Cost Center Description		Title XIX			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	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	0	31.01
32.00	CORONARY CARE UNIT	0	0	0	0	0	0	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00
42.00	SUBPROVIDER	0	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	0	43.00
200.00	Total (lines 30-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/29/2012 4:53 pm
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Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS
	6.00	7.00	8.00	9.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	18,100	0.00	690	0	30.00
31.00 INTENSIVE CARE UNIT	0	0.00	0	0	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	4,313	0.00	690	0	31.01
32.00 CORONARY CARE UNIT	13,201	0.00	309	0	32.00
34.00 SURGICAL INTENSIVE CARE UNIT	6,668	0.00	133	0	34.00
42.00 SUBPROVIDER	0	0.00	0	0	42.00
43.00 NURSERY	5,136	0.00	850	0	43.00
200.00 Total (Lines 30-199)	47,418		2,672	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 4:53 pm
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Cost Center Description	Title XIX				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00	
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00	
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00	
54.01 CARDIAC NUCLEAR DIAGNOSTIC	0	0	0	0	0	0	54.01	
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	0	54.02	
54.03 ULTRA SOUND	0	0	0	0	0	0	54.03	
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00	
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	
69.01 CARDIAC CATHETERIZATION LAB	0	0	0	0	0	0	69.01	
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 PATIENT	0	0	0	0	0	0	72.00	
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00	
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00	
OUTPATIENT SERVICE COST CENTERS								
90.00 CLINIC	0	0	0	0	0	0	90.00	
90.01 HEAD AND NECK CLINIC	0	0	0	0	0	0	90.01	
90.02 PROMPT CARE	0	0	0	0	0	0	90.02	
90.03 SOUTH INDY MRI & REHAB	0	0	0	0	0	0	90.03	
90.04 WOUND CARE INSTITUTE	0	0	0	0	0	0	90.04	
90.05 CV DIAGNOSTIC SERVICES	0	0	0	0	0	0	90.05	
90.06 PEDIATRIC CLINIC	0	0	0	0	0	0	90.06	
90.07 CARDIAC REHAB	0	0	0	0	0	0	90.07	
90.08 PAIN CLINIC	0	0	0	0	0	0	90.08	
90.09 GREENWOOD IMAGING	0	0	0	0	0	0	90.09	
91.00 EMERGENCY	0	0	0	0	0	0	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00	
200.00 Total (Lines 50-199)	0	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 4:53 pm
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Cost Center Description	Title XIX			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	70,708,329	0.000000	0.000000	399,258	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	22,449,487	0.000000	0.000000	2,799,280	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	142,177,301	0.000000	0.000000	371,244	54.00
54.01 CARDIAC NUCLEAR DIAGNOSTIC	0	15,675,260	0.000000	0.000000	2,003	54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	0	4,493,285	0.000000	0.000000	15,905	54.02
54.03 ULTRA SOUND	0	12,247,213	0.000000	0.000000	105,652	54.03
55.00 RADIOLOGY-THERAPEUTIC	0	56,609,294	0.000000	0.000000	0	55.00
60.00 LABORATORY	0	90,703,511	0.000000	0.000000	1,048,054	60.00
64.00 INTRAVENOUS THERAPY	0	1,019,473	0.000000	0.000000	969	64.00
65.00 RESPIRATORY THERAPY	0	16,142,760	0.000000	0.000000	566,044	65.00
66.00 PHYSICAL THERAPY	0	6,914,766	0.000000	0.000000	66,255	66.00
67.00 OCCUPATIONAL THERAPY	0	1,762,282	0.000000	0.000000	72,405	67.00
68.00 SPEECH PATHOLOGY	0	1,163,691	0.000000	0.000000	4,809	68.00
69.00 ELECTROCARDIOLOGY	0	10,467,681	0.000000	0.000000	133,886	69.00
69.01 CARDIAC CATHETERIZATION LAB	0	46,207,326	0.000000	0.000000	471,716	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	17,300,211	0.000000	0.000000	4,063	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	106,895,329	0.000000	0.000000	1,465,565	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	37,229,267	0.000000	0.000000	279,769	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	54,058,222	0.000000	0.000000	1,735,857	73.00
74.00 RENAL DIALYSIS	0	1,038,010	0.000000	0.000000	21,208	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	19,492	0.000000	0.000000	0	90.00
90.01 HEAD AND NECK CLINIC	0	95,639	0.000000	0.000000	0	90.01
90.02 PROMPT CARE	0	0	0.000000	0.000000	0	90.02
90.03 SOUTH INDY MRI & REHAB	0	6,553,898	0.000000	0.000000	0	90.03
90.04 WOUND CARE INSTITUTE	0	2,561,824	0.000000	0.000000	0	90.04
90.05 CV DIAGNOSTIC SERVICES	0	29,910,253	0.000000	0.000000	1,063	90.05
90.06 PEDIATRIC CLINIC	0	592,342	0.000000	0.000000	0	90.06
90.07 CARDIAC REHAB	0	1,202,337	0.000000	0.000000	0	90.07
90.08 PAIN CLINIC	0	5,916,256	0.000000	0.000000	0	90.08
90.09 GREENWOOD IMAGING	0	5,866,957	0.000000	0.000000	0	90.09
91.00 EMERGENCY	0	101,259,219	0.000000	0.000000	328,470	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,095,100	0.000000	0.000000	130,918	92.00
200.00 Total (Lines 50-199)	0	873,336,015			10,024,393	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150162

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2012 4:53 pm

Cost Center Description		Title XIX			Hospital	PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0		50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	CARDIAC NUCLEAR DIAGNOSTIC	0	0	0		54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0		54.02
54.03	ULTRA SOUND	0	0	0		54.03
55.00	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
60.00	LABORATORY	0	0	0		60.00
64.00	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	RESPIRATORY THERAPY	0	0	0		65.00
66.00	PHYSICAL THERAPY	0	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0	0		69.00
69.01	CARDIAC CATHETERIZATION LAB	0	0	0		69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	RENAL DIALYSIS	0	0	0		74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	0		90.00
90.01	HEAD AND NECK CLINIC	0	0	0		90.01
90.02	PROMPT CARE	0	0	0		90.02
90.03	SOUTH INDY MRI & REHAB	0	0	0		90.03
90.04	WOUND CARE INSTITUTE	0	0	0		90.04
90.05	CV DIAGNOSTIC SERVICES	0	0	0		90.05
90.06	PEDIATRIC CLINIC	0	0	0		90.06
90.07	CARDIAC REHAB	0	0	0		90.07
90.08	PAIN CLINIC	0	0	0		90.08
90.09	GREENWOOD IMAGING	0	0	0		90.09
91.00	EMERGENCY	0	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00	Total (Lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 4:53 pm
	Title XIX	Hospital	PPS

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	0.467339	0	720,524	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	0.290706	0	10,112	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	0.183867	0	5,745,170	0		54.00
54.01 CARDIAC NUCLEAR DIAGNOSTIC	0.071695	0	327,664	0		54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	0.416106	0	363,295	0		54.02
54.03 ULTRA SOUND	0.092226	0	546,031	0		54.03
55.00 RADIOLOGY-THERAPEUTIC	0.048922	0	207,513	0		55.00
60.00 LABORATORY	0.124653	0	2,464,705	0		60.00
64.00 INTRAVENOUS THERAPY	0.121301	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0.354623	0	138,899	0		65.00
66.00 PHYSICAL THERAPY	0.257168	0	39,656	0		66.00
67.00 OCCUPATIONAL THERAPY	0.416844	0	12,306	0		67.00
68.00 SPEECH PATHOLOGY	0.371879	0	22,290	0		68.00
69.00 ELECTROCARDIOLOGY	0.273390	0	108,258	0		69.00
69.01 CARDIAC CATHETERIZATION LAB	0.078097	0	631,211	0		69.01
70.00 ELECTROENCEPHALOGRAPHY	0.207727	0	498,144	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.186808	0	876,522	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.387973	0	908,508	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.457121	0	2,351,048	0		73.00
74.00 RENAL DIALYSIS	0.500890	0	0	0		74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0.859994	0	0	0		90.00
90.01 HEAD AND NECK CLINIC	0.279217	0	0	0		90.01
90.02 PROMPT CARE	0.000000	0	0	0		90.02
90.03 SOUTH INDY MRI & REHAB	0.597447	0	0	0		90.03
90.04 WOUND CARE INSTITUTE	0.447883	0	0	0		90.04
90.05 CV DIAGNOSTIC SERVICES	0.326279	0	637,399	0		90.05
90.06 PEDIATRIC CLINIC	0.666392	0	140,240	0		90.06
90.07 CARDIAC REHAB	0.444626	0	28,374	0		90.07
90.08 PAIN CLINIC	0.217782	0	107,270	0		90.08
90.09 GREENWOOD IMAGING	0.505073	0	20,174	0		90.09
91.00 EMERGENCY	0.138475	0	7,913,990	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.543728	0	324,524	0		92.00
200.00 Subtotal (see instructions)		0	25,143,827	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	25,143,827	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 4:53 pm
	Title XIX	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	0	336,729	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	2,940	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	1,056,347	0		54.00
54.01 CARDIAC NUCLEAR DIAGNOSTIC	0	23,492	0		54.01
54.02 NUCLEAR MEDICINE-DIAGNOSTIC	0	151,169	0		54.02
54.03 ULTRA SOUND	0	50,358	0		54.03
55.00 RADIOLOGY-THERAPEUTIC	0	10,152	0		55.00
60.00 LABORATORY	0	307,233	0		60.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	49,257	0		65.00
66.00 PHYSICAL THERAPY	0	10,198	0		66.00
67.00 OCCUPATIONAL THERAPY	0	5,130	0		67.00
68.00 SPEECH PATHOLOGY	0	8,289	0		68.00
69.00 ELECTROCARDIOLOGY	0	29,597	0		69.00
69.01 CARDIAC CATHETERIZATION LAB	0	49,296	0		69.01
70.00 ELECTROENCEPHALOGRAPHY	0	103,478	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	163,741	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	352,477	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	1,074,713	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0	0	0		90.00
90.01 HEAD AND NECK CLINIC	0	0	0		90.01
90.02 PROMPT CARE	0	0	0		90.02
90.03 SOUTH INDY MRI & REHAB	0	0	0		90.03
90.04 WOUND CARE INSTITUTE	0	0	0		90.04
90.05 CV DIAGNOSTIC SERVICES	0	207,970	0		90.05
90.06 PEDIATRIC CLINIC	0	93,455	0		90.06
90.07 CARDIAC REHAB	0	12,616	0		90.07
90.08 PAIN CLINIC	0	23,361	0		90.08
90.09 GREENWOOD IMAGING	0	10,189	0		90.09
91.00 EMERGENCY	0	1,095,890	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	176,453	0		92.00
200.00 Subtotal (see instructions)	0	5,404,530	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	5,404,530	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2012 4:53 pm
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		18,100	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		18,100	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)		18,100	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)		8,337	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)		20,090,716	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)		20,090,716	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		22,896,577	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		22,896,577	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.877455	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)		1,265.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		20,090,716	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,109.98	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,253,903	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)		9,253,903	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150162		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/29/2012 4:53 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 NEONATAL INTENSIVE CARE UNIT	5,949,969	4,313	1,379.54	0	0		43.01
44.00 CORONARY CARE UNIT	18,748,135	13,201	1,420.21	4,646	6,598,296		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT	9,539,522	6,668	1,430.64	1,902	2,721,077		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)					31,210,384		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					49,783,660		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,515,787		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,138,945		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,654,732		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					45,128,928		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					2,006		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,109.98		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,226,620		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150162		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 4:53 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,091,567	20,090,716	0.153880	2,226,620	342,632	90.00
91.00	Nursing School cost	0	20,090,716	0.000000	2,226,620	0	91.00
92.00	Allied health cost	0	20,090,716	0.000000	2,226,620	0	92.00
93.00	All other Medical Education	0	20,090,716	0.000000	2,226,620	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/29/2012 4:53 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		18,100	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		18,100	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)		18,100	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)		690	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)		5,136	15.00
16.00	Nursery days (title V or XIX only)		850	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)		20,090,716	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)		20,090,716	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		22,896,577	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		22,896,577	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.877455	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)		1,265.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		20,090,716	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,109.98	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		765,886	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)		765,886	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150162		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Title XIX		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,826,164	5,136	355.56	850	302,226	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	5,949,969	4,313	1,379.54	690	951,883	43.01
44.00	CORONARY CARE UNIT	18,748,135	13,201	1,420.21	309	438,845	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	9,539,522	6,668	1,430.64	133	190,275	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,843,369	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,492,484	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)					269,129	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					205,555	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					474,684	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,017,800	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,006	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,109.98	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,226,620	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150162		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 4:53 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,091,567	20,090,716	0.153880	2,226,620	342,632	90.00
91.00	Nursing School cost	0	20,090,716	0.000000	2,226,620	0	91.00
92.00	Allied health cost	0	20,090,716	0.000000	2,226,620	0	92.00
93.00	All other Medical Education	0	20,090,716	0.000000	2,226,620	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150162	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		4,593,071		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
31.01	NEONATAL INTENSIVE CARE UNIT		0		31.01
32.00	CORONARY CARE UNIT		11,003,559		32.00
34.00	SURGICAL INTENSIVE CARE UNIT		6,231,587		34.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.467339	10,888,595	5,088,665	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.290706	50,272	14,614	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.183867	7,397,199	1,360,101	54.00
54.01	CARDIAC NUCLEAR DIAGNOSTIC	0.071695	107,035	7,674	54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC	0.416106	427,411	177,848	54.02
54.03	ULTRA SOUND	0.092226	1,318,281	121,580	54.03
55.00	RADIOLOGY-THERAPEUTIC	0.048922	1,219	60	55.00
60.00	LABORATORY	0.124653	11,538,025	1,438,249	60.00
64.00	INTRAVENOUS THERAPY	0.121301	390,343	47,349	64.00
65.00	RESPIRATORY THERAPY	0.354623	5,025,129	1,782,026	65.00
66.00	PHYSICAL THERAPY	0.257168	1,418,175	364,709	66.00
67.00	OCCUPATIONAL THERAPY	0.416844	716,101	298,502	67.00
68.00	SPEECH PATHOLOGY	0.371879	134,725	50,101	68.00
69.00	ELECTROCARDIOLOGY	0.273390	3,375,196	922,745	69.00
69.01	CARDIAC CATHETERIZATION LAB	0.078097	10,719,736	837,179	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.207727	73,626	15,294	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.186808	20,332,188	3,798,215	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.387973	11,447,641	4,441,376	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.457121	19,044,092	8,705,454	73.00
74.00	RENAL DIALYSIS	0.500890	826,547	414,009	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.859994	0	0	90.00
90.01	HEAD AND NECK CLINIC	0.279217	0	0	90.01
90.02	PROMPT CARE	0.000000	0	0	90.02
90.03	SOUTH INDY MRI & REHAB	0.597447	0	0	90.03
90.04	WOUND CARE INSTITUTE	0.447883	0	0	90.04
90.05	CV DIAGNOSTIC SERVICES	0.326279	184	60	90.05
90.06	PEDIATRIC CLINIC	0.666392	0	0	90.06
90.07	CARDIAC REHAB	0.444626	934	415	90.07
90.08	PAIN CLINIC	0.217782	0	0	90.08
90.09	GREENWOOD IMAGING	0.505073	0	0	90.09
91.00	EMERGENCY	0.138475	6,656,557	921,767	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.543728	740,062	402,392	92.00
200.00	Total (sum of lines 50-94 and 96-98)		112,629,273	31,210,384	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)		112,629,273		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/29/2012 4:53 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		1,498,547		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
31.01	NEONATAL INTENSIVE CARE UNIT		2,774,497		31.01
32.00	CORONARY CARE UNIT		329,244		32.00
34.00	SURGICAL INTENSIVE CARE UNIT		171,982		34.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.467339	399,258	186,589	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.290706	2,799,280	813,767	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.183867	371,244	68,260	54.00
54.01	CARDIAC NUCLEAR DIAGNOSTIC	0.071695	2,003	144	54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC	0.416106	15,905	6,618	54.02
54.03	ULTRA SOUND	0.092226	105,652	9,744	54.03
55.00	RADIOLOGY-THERAPEUTIC	0.048922	0	0	55.00
60.00	LABORATORY	0.124653	1,048,054	130,643	60.00
64.00	INTRAVENOUS THERAPY	0.121301	969	118	64.00
65.00	RESPIRATORY THERAPY	0.354623	566,044	200,732	65.00
66.00	PHYSICAL THERAPY	0.257168	66,255	17,039	66.00
67.00	OCCUPATIONAL THERAPY	0.416844	72,405	30,182	67.00
68.00	SPEECH PATHOLOGY	0.371879	4,809	1,788	68.00
69.00	ELECTROCARDIOLOGY	0.273390	133,886	36,603	69.00
69.01	CARDIAC CATHETERIZATION LAB	0.078097	471,716	36,840	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.207727	4,063	844	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.186808	1,465,565	273,779	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.387973	279,769	108,543	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.457121	1,735,857	793,497	73.00
74.00	RENAL DIALYSIS	0.500890	21,208	10,623	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.859994	0	0	90.00
90.01	HEAD AND NECK CLINIC	0.279217	0	0	90.01
90.02	PROMPT CARE	0.000000	0	0	90.02
90.03	SOUTH INDY MRI & REHAB	0.597447	0	0	90.03
90.04	WOUND CARE INSTITUTE	0.447883	0	0	90.04
90.05	CV DIAGNOSTIC SERVICES	0.326279	1,063	347	90.05
90.06	PEDIATRIC CLINIC	0.666392	0	0	90.06
90.07	CARDIAC REHAB	0.444626	0	0	90.07
90.08	PAIN CLINIC	0.217782	0	0	90.08
90.09	GREENWOOD IMAGING	0.505073	0	0	90.09
91.00	EMERGENCY	0.138475	328,470	45,485	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.543728	130,918	71,184	92.00
200.00	Total (sum of lines 50-94 and 96-98)		10,024,393	2,843,369	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)		10,024,393		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/29/2012 4:53 pm
		Title XVII I	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		29,420,341	1.00
2.00	Outlier payments for discharges. (see instructions)		1,826,038	2.00
3.00	Managed Care Simulated Payments		6,124,545	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		210.19	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		4.79	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		4.79	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		4.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		4.00	12.00
13.00	Total allowable FTE count for the prior year.		4.13	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.		3.83	14.00
15.00	Sum of lines 12 through 14 divided by 3.		3.99	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		3.99	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.018983	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.022113	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.018983	21.00
22.00	IME payment adjustment (see instructions)		366,859	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)		366,859	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.31	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		25.32	31.00
32.00	Sum of lines 30 and 31		27.63	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.01	33.00
34.00	Disproportionate share adjustment (see instructions)		3,533,383	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)		35,146,621	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)		35,146,621	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,764,134	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).		77,867	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/29/2012 4:53 pm
		Title XVIII	Hospital	PPS
		1.00		
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			37,988,622 59.00
60.00	Primary payer payments			0 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			37,988,622 61.00
62.00	Deductibles billed to program beneficiaries			2,848,284 62.00
63.00	Coinsurance billed to program beneficiaries			84,900 63.00
64.00	Allowable bad debts (see instructions)			439,432 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			307,602 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			258,649 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			35,363,040 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)			35,363,040 71.00
72.00	Interim payments			35,324,813 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)			38,227 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			279,493 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: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 4:53 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		40,612,249	2.00
3.00	PPS payments		26,664,955	3.00
4.00	Outlier payment (see instructions)		377,516	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		27,042,471	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		5,881,577	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		21,160,894	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		63,520	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)		21,224,414	30.00
31.00	Primary payer payments		1,495	31.00
32.00	Subtotal (line 30 minus line 31)		21,222,919	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)		689,175	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		482,423	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		426,994	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		21,705,342	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)		21,705,342	40.00
41.00	Interim payments		21,734,810	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)		-29,468	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150162

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2012 4:53 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		35,479,389		21,647,794	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	12/14/2011	118,458	12/14/2011	34,568	3.01	
3.02			0	09/23/2011	52,448	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	09/23/2011	273,034		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-154,576		87,016	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)		35,324,813		21,734,810	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		38,227		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		29,468	6.02	
7.00	Total Medicare program liability (see instructions)		35,363,040		21,705,342	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

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet E-1 Part II Date/Time Prepared: 5/29/2012 4:53 pm
		Title XVIII	Hospital	PPS
				1.00
DATA COLLECTION NEEDED FOR THE HIT CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14		9,854	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12		14,885	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2		3,341	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12		40,276	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200		949,630,499	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20		28,802,667	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)		0	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)		0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2012 4:53 pm
		Title XIX	Hospital	PPS
		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		0	1.00
2.00	Medical and other services		5,404,530	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		5,404,530	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)		5,404,530	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		4,774,270	8.00
9.00	Ancillary service charges		35,168,220	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)		39,942,490	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)		39,942,490	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		34,537,960	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)		5,404,530	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)		39,942,490	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		5,404,530	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)		5,404,530	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)		5,404,530	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		5,404,530	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)		5,404,530	40.00
41.00	Interim payments		5,404,530	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	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: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4	
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2012 4:53 pm	
				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.			0.00	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			0.00	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))			4.79	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	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)			4.79	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			4.00	6.00
7.00	Enter the lesser of line 5 or line 6			4.00	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.	4.00	0.00	4.00	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.	4.00	0.00	4.00	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	4.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	4.24	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	3.62	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	3.95	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	3.95	0.00		17.00
18.00	Per resident amount	81,202.15	0.00		18.00
19.00	Approved amount for resident costs	320,748	0	320,748	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)			0.00	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)			320,748	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	14,885	3,341		26.00
27.00	Total Inpatient Days	40,276	40,276		27.00
28.00	Ratio of inpatient days to total inpatient days	0.369575	0.082953		28.00
29.00	Program direct GME amount	118,540	26,607		29.00
30.00	Reduction for nursing/allied health		3,760		30.00
31.00	Net Program direct GME amount			141,387	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/29/2012 4:53 pm
		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)		1,038,010	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)		49,783,660	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)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		49,783,660	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		40,612,249	42.00
43.00	Primary payer payments (see instructions)		1,495	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		40,610,754	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		90,394,414	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.550738	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.449262	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		141,387	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		77,867	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		63,520	50.00

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

Provider CCN: 150162

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

Worksheet G

Date/Time Prepared:
5/29/2012 4:53 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	21,555,661	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	148,765,960	0	0	0	4.00
5.00	Other receivable	1,535,911	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-101,434,126	0	0	0	6.00
7.00	Inventory	4,179,227	0	0	0	7.00
8.00	Prepaid expenses	1,377,377	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	592,373	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	76,572,383	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	6,698,020	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	146,019,245	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	885,120	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	82,852,281	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	276,570,712	0	0	0	23.00
24.00	Accumulated depreciation	-142,558,801	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)	370,466,577	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	18,509,025	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	10,146,525	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	28,655,550	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	475,694,510	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	19,702,887	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,900,834	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	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	360,575	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	27,964,296	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	-2,161,870	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-2,161,870	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	25,802,426	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	449,892,084				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	449,892,084	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	475,694,510	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150162

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

Worksheet G-1

Date/Time Prepared:
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		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		372,589,038	
2.00	Net income (loss) (From Wkst. G-3, line 29)		77,303,046			2.00
3.00	Total (sum of line 1 and line 2)		449,892,084		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		449,892,084		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		449,892,084		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150162

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

Worksheet G-1

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150162

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

Worksheet G-2 Parts

Date/Time Prepared:
5/29/2012 4:53 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	22,896,577		22,896,577	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	22,896,577		22,896,577	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	0		0	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	13,871,496		13,871,496	11.01
12.00	CORONARY CARE UNIT	20,157,025		20,157,025	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	12,613,953		12,613,953	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	46,642,474		46,642,474	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	69,539,051		69,539,051	17.00
18.00	Ancillary services	276,868,272	631,323,547	908,191,819	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				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				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)	346,407,323	631,323,547	977,730,870	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		244,002,480		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)		244,002,480		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150162

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

Worksheet G-3

Date/Time Prepared:
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	977,730,870	1.00
2.00	Less contractual allowances and discounts on patients' accounts	616,095,189	2.00
3.00	Net patient revenues (line 1 minus line 2)	361,635,681	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	244,002,480	4.00
5.00	Net income from service to patients (line 3 minus line 4)	117,633,201	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	29,599,655	24.00
25.00	Total other income (sum of lines 6-24)	29,599,655	25.00
26.00	Total (line 5 plus line 25)	147,232,856	26.00
27.00	ALLOCATED OVERHEAD	69,929,810	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	69,929,810	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	77,303,046	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150162	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/29/2012 4:53 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,380,398	1.00
2.00	Capital DRG outlier payments		222,345	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		110.35	3.00
4.00	Number of interns & residents (see instructions)		3.99	4.00
5.00	Indirect medical education percentage (see instructions)		1.03	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		24,518	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.31	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		25.32	8.00
9.00	Sum of lines 7 and 8		27.63	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.75	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		136,873	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,764,134	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