

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: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/29/2012 2:15 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/29/2012 Time: 2:15 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 04 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

**CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)**

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

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-59,309	-174,222	3,030,500	16,627,626	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	2,092	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	8,659	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	-48,558	-174,222	3,030,500	16,627,626	200.00

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

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 1.  Electronically filed cost report Date: 5/29/2012 Time: 2:15 pm  
 2.  Manually submitted cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 4.  Medicare Utilization. Enter "F" for full or "L" for low.

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

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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 BALL MEMORIAL HOSPITAL for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information  
 ECR: Date: 5/29/2012 Time: 2:15 pm  
 EplBI D75xl 8n568BX3Hy3j HCHZVcd0  
 z4NW70. GqnrRscpaVi qResCSd76AGj  
 4i s61XDJTs0TfYup  
 PI: Date: 5/29/2012 Time: 2:15 pm  
 LdzV01j 6H: xbf0NrGp0ALj LBr5xTI 1  
 GEuf00hHyJJv1hM: 0hLvTVAds0dsj 8  
 IFLMpc9AaQ0s07aF

(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			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-59,309	-174,222	3,030,500	16,627,626	1.00
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3.00 Subprovider - IRF	0	2,092	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
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7.00 SKILLED NURSING FACILITY	0	8,659	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	-48,558	-174,222	3,030,500	16,627,626	200.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150089		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 10:03 am				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN		4.00 Zip Code: 47303-3428 County: DELAWARE				
1.00 Street: 2401 UNIVERSITY AVENUE		2.00 City: MUNCIE								
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		
3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	BALL MEMORIAL HOSPITAL	150089	11300	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	BMH PHYSICAL REHAB	15T089	11300	5	07/01/1986	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF						N	N	N	7.00
8.00	Swing Beds - NF						N		N	8.00
9.00	Hospital-Based SNF	BMH SKILLED CARE CENTER	155296	11300		07/09/1987	N	P	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC						N	N	N	13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC						N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC						N	N	N	16.00
17.00	Hospital-Based (CMHC) 1									17.00
17.10	Hospital-Based (CORF) 1						N	N	N	17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
					From:		To:			
					1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)				01/01/2011		12/31/2011		20.00	
21.00	Type of Control (see instructions)						2		21.00	
Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y		N		22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.						3		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	5,440	3,533	1	10	8,049	0		24.00	
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	138	198	0	1	15	0		25.00	
						Urban/Rural	S	Date of Geogr		
						1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.					1			26.00	
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	
						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.									36.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 10:03 am		
		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		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	Y	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	
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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)	Y	38.12	39.96	61.00	
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
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	
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	Y			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	1.83	20.55	0.081769	64.00	
		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150089

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

Worksheet S-2  
Part I  
Date/Time Prepared:  
5/29/2012 10:03 am

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
					1.00	2.00	5.00	
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4.	FAMILY MEDICINE	1350	15.33	23.79	0.391871	65.00	
65.01		INTERNAL MEDICINE	1400	1.82	16.41	0.099835	65.01	
			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)		0.93	12.96	0.066955	66.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
			1.00	2.00	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)	PATHOLOGY	1950	1.17	10.99	0.096217	67.00	
67.01		TRANSITIONAL	2525	0.67	9.55	0.065558	67.01	
			1.00	2.00	3.00			
70.00	Inpatient Psychiatric Facility PPS			Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider?			N	70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N			0	71.00

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			1.00	2.00	3.00
<b>Inpatient Rehabilitation Facility PPS</b>					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have 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)		Y	N 0	76.00
			1.00		
<b>Long Term Care Hospital PPS</b>					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N	80.00
<b>TEFRA Providers</b>					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.			N	86.00
			V	XIX	
			1.00	2.00	
<b>Title V or XIX Inpatient Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
			Physical	Occupational	Speech
			1.00	2.00	3.00
			Respiratory		4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	109.00
			1.00	2.00	
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		250,000	7,500,000	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
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 150089		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 10:03 am		
			1.00	2.00					
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.								134.00
<b>All Providers</b>									
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)						Y	15H059	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: INDIANA UNIVERSITY HEALTH INCE		Contractor's Name: NGS		Contractor's Number: 00130			141.00	
142.00	Street: 340 W. 10TH STREET		PO Box:					142.00	
143.00	City: INDIANAPOLIS		State: IN		Zip Code: 46202			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.						Y		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N		149.00
					Part A	Part B			
					1.00	2.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital						N	N	155.00
156.00	Subprovider - IPF						N	N	156.00
157.00	Subprovider - IRF						N	N	157.00
158.00	SUBPROVIDER						N	N	158.00
159.00	SNF						N	N	159.00
160.00	HOME HEALTH AGENCY						N	N	160.00
161.00	CMHC							N	161.00
161.10	CORF							N	161.10
							1.00		
<b>Multi campus</b>									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5								0.00
								1.00	
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								1.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/29/2012 10:03 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/31/2012	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		04/18/2012	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: 150089

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/29/2012 10:03 am

		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
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		Y		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		Y		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150089

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/29/2012 10:03 am

		Part B		
		Y/N	Date	
PS&R Data		3.00	4.00	
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		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	04/18/2012	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: 150089

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days	CAH Hours	
	Line Number		Avai lable		
	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	239	87,235	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)		239	87,235	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,140	0.00	8.00
9.00 CORONARY CARE UNIT					9.00
10.00 BURN INTENSIVE CARE UNIT					10.00
11.00 SURGICAL INTENSIVE CARE UNIT					11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 NURSERY	43.00				13.00
14.00 Total (see instructions)		275	100,375	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		16.00
17.00 SUBPROVIDER - IRF	41.00	23	8,395		17.00
18.00 SUBPROVIDER	42.00	0	0		18.00
19.00 SKILLED NURSING FACILITY	44.00	30	10,950		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.)	115.00				23.00
24.00 HOSPICE					24.00
25.00 CMHC - CMHC					25.00
25.10 CMHC - CORF	99.10				25.10
26.00 RURAL HEALTH CLINIC	88.00				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				26.25
27.00 Total (sum of lines 14-26)		328			27.00
28.00 Observation Bed Days					28.00
28.01 SUBPROVIDER - IPF	40.00				28.01
28.02 SUBPROVIDER - IRF	41.00				28.02
28.03 SUBPROVIDER	42.00				28.03
29.00 Ambulance Trips					29.00
30.00 Employee discount days (see instruction)					30.00
31.00 Employee discount days - IRF					31.00
32.00 Labor & delivery days (see instructions)					32.00
33.00 LTCH non-covered days					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150089

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	29,539	4,337	60,670		1.00
2.00 HMO		2,993	11,655			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	214			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	29,539	4,337	60,670		7.00
8.00 INTENSIVE CARE UNIT	0	5,317	655	9,163		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		262	3,662		13.00
14.00 Total (see instructions)	0	34,856	5,254	73,495		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	0	0	0		16.00
17.00 SUBPROVIDER - IRF	0	3,408	138	5,085		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	5,332	0	6,649		19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		746	3,514		28.00
28.01 SUBPROVIDER - IPF				0		28.01
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			125	1,743		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150089

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2012 10:03 am

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	7,598	1.00
2.00 HMO					639	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	57.29	1,991.87	0.00	0	7,598	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0.00	0.00	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	27.26	0.00	0	313	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	30.71	0.00			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.)	0.00	0.00	0.00			23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	57.29	2,049.84	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150089

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	3,586	19,106		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	3,586	19,106		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	0		16.00
17.00 SUBPROVIDER - IRF	24	463		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150089

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/29/2012 10:03 am

		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	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	97,916,903	0	97,916,903	4,143,102.00	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		875,009	0	875,009	11,923.00	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	2,714,671	2,714,671	159,494.00	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	1,219,304	0	1,219,304	63,884.00	9.00
10.00	Excluded area salaries (see instructions)		5,399,186	36,279	5,435,465	235,320.00	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		409,183	0	409,183	2,904.76	11.00
12.00	Management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: physician-Part A		0	0	0	0.00	13.00
14.00	Home office salaries & wage-related costs		13,352,152	0	13,352,152	428,180.00	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
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		26,326,425	0	26,326,425		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		493,968	0	493,968		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)		366,889	0	366,889		25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits	4.00	0	0	0	2,055.00	26.00
27.00	Administrative & General	5.00	8,107,811	29,811	8,137,622	368,490.00	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	28.00
29.00	Maintenance & Repairs	6.00	2,644,353	0	2,644,353	138,150.00	29.00
30.00	Operation of Plant	7.00	619,242	0	619,242	43,428.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	31.00
32.00	Housekeeping	9.00	2,304,599	0	2,304,599	233,782.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	2,171,849	-926,019	1,245,830	99,409.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	0	926,019	926,019	73,890.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	4,667,178	0	4,667,178	165,628.00	38.00
39.00	Central Services and Supply	14.00	830,954	0	830,954	67,556.00	39.00
40.00	Pharmacy	15.00	4,318,137	0	4,318,137	124,828.00	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	138.00	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: 150089

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/29/2012 10:03 am

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART II - WAGE DATA</b>			
<b>SALARIES</b>			
1.00	Total salaries (see instructions)	23.63	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	73.39	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)	17.02	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	19.09	9.00
10.00	Excluded area salaries (see instructions)	23.10	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>			
11.00	Contract labor (see instructions)	140.87	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	0.00	13.00
14.00	Home office salaries & wage-related costs	31.18	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
<b>WAGE-RELATED COSTS</b>			
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
<b>OVERHEAD COSTS - DIRECT SALARIES</b>			
26.00	Employee Benefits	0.00	26.00
27.00	Administrative & General	22.08	27.00
28.00	Administrative & General under contract (see inst.)	0.00	28.00
29.00	Maintenance & Repairs	19.14	29.00
30.00	Operation of Plant	14.26	30.00
31.00	Laundry & Linen Service	0.00	31.00
32.00	Housekeeping	9.86	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	12.53	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	12.53	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	28.18	38.00
39.00	Central Services and Supply	12.30	39.00
40.00	Pharmacy	34.59	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: 150089

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/29/2012 10:03 am

	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	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>						
1.00	Net salaries (see instructions)	97,041,894	-2,714,671	94,327,223	3,971,685.00	1.00
2.00	Excluded area salaries (see instructions)	6,618,490	36,279	6,654,769	299,204.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	90,423,404	-2,750,950	87,672,454	3,672,481.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	13,761,335	0	13,761,335	431,084.76	4.00
5.00	Subtotal wage-related costs (see inst.)	26,326,425	0	26,326,425	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	130,511,164	-2,750,950	127,760,214	4,103,565.76	6.00
7.00	Total overhead cost (see instructions)	25,664,123	29,811	25,693,934	1,317,354.00	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150089

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/29/2012 10:03 am

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>			
1.00	Net salaries (see instructions)	23.75	1.00
2.00	Excluded area salaries (see instructions)	22.24	2.00
3.00	Subtotal salaries (line 1 minus line 2)	23.87	3.00
4.00	Subtotal other wages & related costs (see inst.)	31.92	4.00
5.00	Subtotal wage-related costs (see inst.)	30.03	5.00
6.00	Total (sum of lines 3 thru 5)	31.13	6.00
7.00	Total overhead cost (see instructions)	19.50	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2012 10:03 am
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	5,342,922	3.00
4.00	Prior Year Pension Service Cost	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	14,034,121	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	430,875	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	77,942	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)	227,950	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	8,412	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	6,109,502	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	19	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	94,682	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	26,326,425	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150089

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	409,507	0	1.00
2.00	Hospital	409,183	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	187	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	137	0	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	0	0	12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150089

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

Worksheet S-7

Date/Time Prepared:  
5/29/2012 10:03 am

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	7	0	7 8.00
9.00		RMX	9	0	9 9.00
10.00		RML	16	0	16 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	0	0	0 13.00
14.00		RUA	0	0	0 14.00
15.00		RVC	0	0	0 15.00
16.00		RVB	0	0	0 16.00
17.00		RVA	0	0	0 17.00
18.00		RHC	28	0	28 18.00
19.00		RHB	0	0	0 19.00
20.00		RHA	0	0	0 20.00
21.00		RMC	242	0	242 21.00
22.00		RMB	144	0	144 22.00
23.00		RMA	158	0	158 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	12	0	12 27.00
28.00		ES1	539	0	539 28.00
29.00		HE2	110	0	110 29.00
30.00		HE1	104	0	104 30.00
31.00		HD2	50	0	50 31.00
32.00		HD1	274	0	274 32.00
33.00		HC2	106	0	106 33.00
34.00		HC1	347	0	347 34.00
35.00		HB2	65	0	65 35.00
36.00		HB1	748	0	748 36.00
37.00		LE2	6	0	6 37.00
38.00		LE1	34	0	34 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	22	0	22 40.00
41.00		LC2	1	0	1 41.00
42.00		LC1	42	0	42 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	194	0	194 44.00
45.00		CE2	7	0	7 45.00
46.00		CE1	18	0	18 46.00
47.00		CD2	49	0	49 47.00
48.00		CD1	198	0	198 48.00
49.00		CC2	2	0	2 49.00
50.00		CC1	239	0	239 50.00
51.00		CB2	34	0	34 51.00
52.00		CB1	700	0	700 52.00
53.00		CA2	34	0	34 53.00
54.00		CA1	313	0	313 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	43	0	43 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150089

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

Worksheet S-7

Date/Time Prepared:  
5/29/2012 10:03 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	9	0	9	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	57	0	57	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	65	0	65	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	267	0	267	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	39	0	39	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		5,332	0	5,332	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).					201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		3,360,496			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/29/2012 10:03 am
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				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.258142		1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		13,624,746		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		10,584,521		5.00
6.00	Medicaid charges		118,055,757		6.00
7.00	Medicaid cost (line 1 times line 6)		30,475,149		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)		6,265,882		8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		45,574,338		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		11,764,651		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)		11,764,651		16.00
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		18,030,533		19.00
				1.00	
				1.00	
				2.00	
				3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	0	0	0	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	0	0	0	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	0	0	0	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		0		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,425,915		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		-1,425,915		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		-368,089		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		-368,089		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		17,662,444		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150089

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

Worksheet A  
Date/Time Prepared: 5/29/2012 10:03 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT		26,469,216	26,469,216	-142,979	26,326,237	1.00
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	0	22,561,422	22,561,422	-85,558	22,475,864	4.00
5.01 COMMUNICATIONS/PHONES	460,455	134,193	594,648	-33	594,615	5.01
5.02 DATA PROCESSING	0	6,962,011	6,962,011	-726	6,961,285	5.02
5.04 ADMINISTRATION	2,818,641	271,279	3,089,920	-2,415	3,087,505	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	0	-69,641	-69,641	0	-69,641	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	4,828,715	20,436,611	25,265,326	-349,626	24,915,700	5.06
6.00 MAINTENANCE & REPAIRS	2,644,353	3,676,974	6,321,327	-2,225	6,319,102	6.00
7.00 OPERATION OF PLANT	619,242	4,332,965	4,952,207	-165	4,952,042	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	1,222,248	1,222,248	8.00
9.00 HOUSEKEEPING	2,304,599	1,934,901	4,239,500	-1,510,266	2,729,234	9.00
10.00 DIETARY	2,171,849	1,887,411	4,059,260	-1,743,068	2,316,192	10.00
11.00 CAFETERIA	0	0	0	1,730,762	1,730,762	11.00
13.00 NURSING ADMINISTRATION	4,667,178	1,916,302	6,583,480	-2,198	6,581,282	13.00
14.00 CENTRAL SERVICES & SUPPLY	830,954	1,468,398	2,299,352	12,097,266	14,396,618	14.00
15.00 PHARMACY	4,318,137	16,865,283	21,183,420	-15,587,689	5,595,731	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	-89,453	-89,453	0	-89,453	16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	3,133,266	3,133,266	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	3,964,280	2,833,131	6,797,411	-3,135,878	3,661,533	22.00
23.00 PARAMED ED PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	18,411,565	5,919,951	24,331,516	-2,088,633	22,242,883	30.00
31.00 INTENSIVE CARE UNIT	6,356,997	1,248,407	7,605,404	-730,855	6,874,549	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	1,406,381	1,260,254	2,666,635	-61,740	2,604,895	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	2,020,521	422,382	2,442,903	-251,029	2,191,874	43.00
44.00 SKILLED NURSING FACILITY	1,219,304	290,423	1,509,727	-96,198	1,413,529	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	4,032,562	19,553,357	23,585,919	-16,945,451	6,640,468	50.00
51.00 RECOVERY ROOM	1,442,870	397,725	1,840,595	-248,790	1,591,805	51.00
52.00 DELIVERY ROOM & LABOR ROOM	2,028,938	585,027	2,613,965	-400,391	2,213,574	52.00
54.00 RADIOLOGY-DIAGNOSTIC	6,387,622	8,402,894	14,790,516	-3,038,644	11,751,872	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	1,517,894	9,742,324	11,260,218	-8,642,021	2,618,197	59.00
60.00 LABORATORY	0	13,823,374	13,823,374	-102,129	13,721,245	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	1,804,736	1,804,736	-6,537	1,798,199	63.00
65.00 RESPIRATORY THERAPY	3,380,738	713,734	4,094,472	-420,503	3,673,969	65.00
65.01 SLEEP LAB	680,808	231,886	912,694	78,004	990,698	65.01
66.00 PHYSICAL THERAPY	3,713,359	1,048,047	4,761,406	-48,400	4,713,006	66.00
67.00 OCCUPATIONAL THERAPY	677,284	77,363	754,647	30,766	785,413	67.00
68.00 SPEECH PATHOLOGY	304,155	39,576	343,731	14,287	358,018	68.00
68.01 AUDIOLOGY	0	0	0	0	0	68.01
69.00 ELECTROCARDIOLOGY	1,802,567	801,302	2,603,869	-254,639	2,349,230	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,662,687	12,662,687	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	9,744,195	9,744,195	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	15,959,443	15,959,443	73.00
73.01 HOSPITAL BASED RETAIL PHARMACIES	2,482,211	14,106,127	16,588,338	-271,982	16,316,356	73.01
74.00 RENAL DIALYSIS	0	1,094,724	1,094,724	-26,324	1,068,400	74.00
76.00 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	58,975	58,975	76.97
76.98 HYPERBARIC OXYGEN THERAPY	365,433	812,866	1,178,299	-137,166	1,041,133	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.02 PAIN CLINIC	300,441	175,276	475,717	77,113	552,830	90.02
90.03 ONCOLOGY CLINIC	156,385	74,614	230,999	126,704	357,703	90.03
91.00 EMERGENCY	5,607,660	2,833,796	8,441,456	-939,468	7,501,988	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
115.00 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150089

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

Worksheet A  
Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	93,924,098	197,051,168	290,975,266	-338,010	290,637,256	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	49,273	464,309	513,582	-2,569	511,013	190.00
191.00 RESEARCH	205,195	148,139	353,334	-61	353,273	191.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 BSU PHARMACY	180,841	480,888	661,729	133,084	794,813	194.01
194.02 PAVILLION PHARMACY	451,049	2,867,614	3,318,663	127,539	3,446,202	194.02
194.03 VENDING	0	0	0	0	0	194.03
194.04 CARELINE	0	0	0	0	0	194.04
194.05 WELLNESS CENTER	32,766	13,307	46,073	0	46,073	194.05
194.06 PHYSICIAN PRACTICE CLINICS	1,144,659	300,809	1,445,468	-143,477	1,301,991	194.06
194.07 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 RENTAL PROPERTY	0	0	0	238,412	238,412	194.08
194.09 ADVERTISING	0	0	0	0	0	194.09
194.10 INTEGRAL TAC	0	693	693	-10	683	194.10
194.11 IU HEALTH HOSPICE	0	-5,144	-5,144	2,088	-3,056	194.11
194.12 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 MARKETING/PUBLIC RELATIONS	411,747	275,722	687,469	-49,787	637,682	194.15
194.16 JAY COUNTY HOSPITAL	163,250	10,018	173,268	0	173,268	194.16
194.17 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 THERAPIES TO OTHER ENTITIES	802,685	159,208	961,893	48,625	1,010,518	194.22
194.23 CANCER CENTER BOUTIQUE	51,002	82,321	133,323	-1,129	132,194	194.23
194.24 BOSC BALL OUTPATIENT SURGERY	0	74	74	0	74	194.24
194.25 CARDINAL BEHAVIORAL HEALTH	0	27,999	27,999	-14,655	13,344	194.25
194.26 BLACKFORD COMMUNITY HOSPITAL	129,526	8,881	138,407	-50	138,357	194.26
194.27 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30 CARDINAL HEALTH ALLIANCE	370,812	28,230	399,042	0	399,042	194.30
194.31 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 LAB CORP	0	0	0	0	0	194.33
194.34 H. O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 LEASED SPACE	0	0	0	0	0	194.35
200.00 TOTAL (SUM OF LINES 118-199)	97,916,903	201,914,236	299,831,139	0	299,831,139	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150089

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

Worksheet A  
Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT	-768,236	25,558,001	1.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	3,114,272	25,590,136	4.00
5.01	COMMUNICATIONS/PHONES	-257,246	337,369	5.01
5.02	DATA PROCESSING	1,950,457	8,911,742	5.02
5.04	ADMINISTRATIVE	-22,725	3,064,780	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	5,858,688	5,789,047	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-2,510,524	22,405,176	5.06
6.00	MAINTENANCE & REPAIRS	-21,206	6,297,896	6.00
7.00	OPERATION OF PLANT	1,181,605	6,133,647	7.00
8.00	LAUNDRY & LINEN SERVICE	0	1,222,248	8.00
9.00	HOUSEKEEPING	-19,212	2,710,022	9.00
10.00	DIETARY	-406,226	1,909,966	10.00
11.00	CAFETERIA	-1,366,791	363,971	11.00
13.00	NURSING ADMINISTRATION	-258,983	6,322,299	13.00
14.00	CENTRAL SERVICES & SUPPLY	-99	14,396,519	14.00
15.00	PHARMACY	-480,415	5,115,316	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	-89,453	16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	3,133,266	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	-2,286,774	1,374,759	22.00
23.00	PARAMED PRGM	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	-17,412	22,225,471	30.00
31.00	INTENSIVE CARE UNIT	-6,375	6,868,174	31.00
40.00	SUBPROVIDER - I PF	0	0	40.00
41.00	SUBPROVIDER - I RF	-26	2,604,869	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	-26,909	2,164,965	43.00
44.00	SKILLED NURSING FACILITY	-5,618	1,407,911	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	-22,041	6,618,427	50.00
51.00	RECOVERY ROOM	-5,518	1,586,287	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	2,213,574	52.00
54.00	RADIOLOGY-DIAGNOSTIC	-2,500,340	9,251,532	54.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	-667,014	1,951,183	59.00
60.00	LABORATORY	746,829	14,468,074	60.00
60.01	BLOOD LABORATORY	0	0	60.01
63.00	BLOOD STORING, PROCESSING, & TRANS.	-100,200	1,697,999	63.00
65.00	RESPIRATORY THERAPY	-2,079	3,671,890	65.00
65.01	SLEEP LAB	-214,456	776,242	65.01
66.00	PHYSICAL THERAPY	-570,971	4,142,035	66.00
67.00	OCCUPATIONAL THERAPY	-2,978	782,435	67.00
68.00	SPEECH PATHOLOGY	0	358,018	68.00
68.01	AUDIOLOGY	0	0	68.01
69.00	ELECTROCARDIOLOGY	-26,316	2,322,914	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,662,687	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	9,744,195	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	15,959,443	73.00
73.01	HOSPITAL BASED RETAIL PHARMACIES	-275,500	16,040,856	73.01
74.00	RENAL DIALYSIS	0	1,068,400	74.00
76.00	CARDIOPULMONARY	0	0	76.00
76.97	CARDIAC REHABILITATION	0	58,975	76.97
76.98	HYPERBARI C OXYGEN THERAPY	0	1,041,133	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
90.02	PAIN CLINIC	-8,962	543,868	90.02
90.03	ONCOLOGY CLINIC	0	357,703	90.03
91.00	EMERGENCY	-1,239,257	6,262,731	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
115.00	AMBULATORY SURGICAL CENTER (D. P.)	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-1,238,558	289,398,698	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150089

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

Worksheet A  
Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	511,013	190.00
191.00	RESEARCH	0	353,273	191.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	BSU PHARMACY	0	794,813	194.01
194.02	PAVILLION PHARMACY	0	3,446,202	194.02
194.03	VENDING	0	0	194.03
194.04	CARELINE	0	0	194.04
194.05	WELLNESS CENTER	0	46,073	194.05
194.06	PHYSICIAN PRACTICE CLINICS	-2,892	1,299,099	194.06
194.07	PERINATAL CLINIC	0	0	194.07
194.08	RENTAL PROPERTY	0	238,412	194.08
194.09	ADVERTISING	0	0	194.09
194.10	INTEGRA LTAC	0	683	194.10
194.11	IU HEALTH HOSPICE	0	-3,056	194.11
194.12	POB MEDICAL PAVILLION CONDOS	0	0	194.12
194.13	EXECUTIVE PHYSICAL	0	0	194.13
194.14	NEW CASTLE ONCOLOGY	0	0	194.14
194.15	MARKETING/PUBLIC RELATIONS	0	637,682	194.15
194.16	JAY COUNTY HOSPITAL	0	173,268	194.16
194.17	CARDINAL HEALTH CHOICE	0	0	194.17
194.18	CHV CARDINAL HEALTH VENTURES	0	0	194.18
194.19	HEALTH CARE CONNECTIONS	0	0	194.19
194.20	MEALS ON WHEELS	0	0	194.20
194.21	ST MARY'S SCHOOL	0	0	194.21
194.22	THERAPIES TO OTHER ENTITIES	0	1,010,518	194.22
194.23	CANCER CENTER BOUTIQUE	0	132,194	194.23
194.24	BOSCBALL OUTPATIENT SURGERY	0	74	194.24
194.25	CARDINAL BEHAVIORAL HEALTH	0	13,344	194.25
194.26	BLACKFORD COMMUNITY HOSPITAL	15,474,000	15,612,357	194.26
194.27	MIDWEST HEALTH STRATEGIES	0	0	194.27
194.28	CARDINAL SELECT RISK RETENTION GRP	0	0	194.28
194.29	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	194.29
194.30	CARDINAL HEALTH ALLIANCE	0	399,042	194.30
194.31	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.31
194.32	RENAL DIALYSIS	0	0	194.32
194.33	LAB CORP	0	0	194.33
194.34	H.O. MATERIALS MGMT	0	0	194.34
194.35	LEASED SPACE	0	0	194.35
200.00	TOTAL (SUM OF LINES 118-199)	14,232,550	314,063,689	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - SLEEP LAB</b>					
1.00	SLEEP LAB	65.01	0	125,834	1.00
TOTALS			0	125,834	
<b>B - NON BILLABLE MEDICAL SUPPLIES</b>					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	12,529,178	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
TOTALS			0	12,529,178	
<b>C - CAFETERIA</b>					
1.00	CAFETERIA	11.00	926,019	804,743	1.00
TOTALS			926,019	804,743	
<b>D - BILLABLE MEDICAL SUPPLIES</b>					
1.00	PHARMACY	15.00	0	187	1.00
2.00	IU HEALTH HOSPICE	194.11	0	2,100	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	24,763	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,662,687	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

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
TOTALS			0	12,689,737	
<b>E - IMPLANT SUPPLIES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	9,744,195	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
TOTALS			0	9,744,195	
<b>F - OP COST</b>					
1.00	ONCOLOGY CLINIC	90.03	149,308	27,416	1.00
TOTALS			149,308	27,416	
<b>G - ALLOWABLE PUBLIC RELATIONS</b>					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	29,811	19,962	1.00
TOTALS			29,811	19,962	
<b>H - CARDIAC RHEAB</b>					
1.00	CARDIAC REHABILITATION	76.97	37,972	21,003	1.00
TOTALS			37,972	21,003	
<b>I - PHARMACY ADMIN</b>					
1.00	BSU PHARMACY	194.01	12,135	121,356	1.00
2.00	PAVILLION PHARMACY	194.02	12,135	121,356	2.00
TOTALS			24,270	242,712	
<b>J - BILLABLE DRUG</b>					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	8,348	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,959,443	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
	TOTALS		0	15,967,791	
K - REHAB ADMIN					
1.00	OCCUPATIONAL THERAPY	67.00	44,898	3,766	1.00
2.00	SPEECH PATHOLOGY	68.00	20,163	1,926	2.00
3.00	THERAPIES TO OTHER ENTITIES	194.22	41,820	7,025	3.00
	TOTALS		106,881	12,717	
L - PROPERTY INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	429,303	1.00
	TOTALS		0	429,303	
M - LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,222,248	1.00
	TOTALS		0	1,222,248	
N - DAVIS DRIVE BLDG					
1.00	RENTAL PROPERTY	194.08	0	221,596	1.00
	TOTALS		0	221,596	
O - VACANT PROPERTIES					
1.00	RENTAL PROPERTY	194.08	0	16,816	1.00
	TOTALS		0	16,816	
P - PAIN CENTER					
1.00	PAIN CLINIC	90.02	0	101,519	1.00
	TOTALS		0	101,519	
Q - REHAB SERVICES BLDG LEASE					
1.00	PHYSICAL THERAPY	66.00	0	106,517	1.00
	TOTALS		0	106,517	
S - I&R					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	2,714,671	418,595	1.00
	TOTALS		2,714,671	418,595	
500.00	Grand Total: Increases		3,988,932	54,701,882	500.00

RECLASSIFICATIONS

Provider CCN: 150089

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

Worksheet A-6  
Date/Time Prepared:  
5/29/2012 10:03 am

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>A - SLEEP LAB</b>							
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	125,834	10		1.00
	TOTALS		0	125,834			
<b>B - NON BILLABLE MEDICAL SUPPLIES</b>							
1.00		0.00	0	0	0		1.00
2.00	EMPLOYEE BENEFITS	4.00	0	7,035	0		2.00
3.00	COMMUNICATIONS/PHONES	5.01	0	33	0		3.00
4.00	DATA PROCESSING	5.02	0	726	0		4.00
5.00	ADMITTING	5.04	0	2,415	0		5.00
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,207	0		6.00
7.00	MAINTENANCE & REPAIRS	6.00	0	2,181	0		7.00
8.00	OPERATION OF PLANT	7.00	0	165	0		8.00
9.00	HOUSEKEEPING	9.00	0	288,018	0		9.00
10.00	DIETARY	10.00	0	10,156	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	2,041	0		11.00
12.00	PHARMACY	15.00	0	132,505	0		12.00
13.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,942	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	1,549,894	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	685,406	0		15.00
16.00	SUBPROVIDER - IRF	41.00	0	60,504	0		16.00
17.00	NURSERY	43.00	0	239,835	0		17.00
18.00	SKILLED NURSING FACILITY	44.00	0	93,697	0		18.00
19.00	OPERATING ROOM	50.00	0	5,666,915	0		19.00
20.00	RECOVERY ROOM	51.00	0	242,614	0		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	369,356	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	584,688	0		22.00
23.00	RENAL DIALYSIS	74.00	0	24,953	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	815,775	0		24.00
25.00	LABORATORY	60.00	0	102,129	0		25.00
26.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	3,475	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	398,536	0		27.00
28.00	SLEEP LAB	65.01	0	47,818	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	27,460	0		29.00
30.00	OCCUPATIONAL THERAPY	67.00	0	16,029	0		30.00
31.00	SPEECH PATHOLOGY	68.00	0	6,831	0		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	48,091	0		32.00
33.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	5,000	0		33.00
34.00	HYPERBARIC OXYGEN THERAPY	76.98	0	90,821	0		34.00
35.00	PHYSICIAN PRACTICE CLINICS	194.06	0	37,754	0		35.00
37.00	PAIN CLINIC	90.02	0	8,322	0		37.00
38.00	ONCOLOGY CLINIC	90.03	0	49,933	0		38.00
39.00	EMERGENCY	91.00	0	878,816	0		39.00
40.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,569	0		40.00
41.00	RESEARCH	191.00	0	57	0		41.00
42.00	BSU PHARMACY	194.01	0	407	0		42.00
43.00	PAVILLION PHARMACY	194.02	0	5,455	0		43.00
44.00	INTEGRA LTAC	194.10	0	10	0		44.00
45.00	IU HEALTH HOSPICE	194.11	0	12	0		45.00
46.00	MARKETING/PUBLIC RELATIONS	194.15	0	14	0		46.00
47.00	THERAPIES TO OTHER ENTITIES	194.22	0	179	0		47.00
48.00	CANCER CENTER BOUTIQUE	194.23	0	1,129	0		48.00
49.00	CARDINAL BEHAVIORAL HEALTH	194.25	0	14,270	0		49.00
	TOTALS		0	12,529,178			
<b>C - CAFETERIA</b>							
1.00	DIETARY	10.00	926,019	804,743	0		1.00
	TOTALS		926,019	804,743			
<b>D - BILLABLE MEDICAL SUPPLIES</b>							
1.00	CARDIAC CATHETERIZATION	59.00	0	7,262,863	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,423,225	0		2.00
3.00	OPERATING ROOM	50.00	0	1,980,347	0		3.00
4.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	3,062	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	431,561	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	349,053	0		6.00
7.00	ELECTROCARDIOLOGY	69.00	0	56,632	0		7.00
8.00	EMERGENCY	91.00	0	51,180	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	43,067	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	22,670	0		10.00

RECLASSIFICATIONS

Provider CCN: 150089

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

Worksheet A-6  
Date/Time Prepared:  
5/29/2012 10:03 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
11.00	HYPERBARIC OXYGEN THERAPY	76.98	0	17,020	0	11.00	
12.00	RESPIRATORY THERAPY	65.00	0	13,911	0	12.00	
13.00	NURSERY	43.00	0	10,893	0	13.00	
14.00	PHYSICAL THERAPY	66.00	0	7,578	0	14.00	
15.00	RECOVERY ROOM	51.00	0	5,862	0	15.00	
17.00	PHYSICIAN PRACTICE CLINICS	194.06	0	2,098	0	17.00	
18.00	OCCUPATIONAL THERAPY	67.00	0	1,869	0	18.00	
19.00	SKILLED NURSING FACILITY	44.00	0	1,683	0	19.00	
20.00	RENAL DIALYSIS	74.00	0	1,350	0	20.00	
21.00	SUBPROVIDER - IRF	41.00	0	1,028	0	21.00	
22.00	SPEECH PATHOLOGY	68.00	0	791	0	22.00	
23.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	670	0	23.00	
24.00	PAVILLION PHARMACY	194.02	0	497	0	24.00	
25.00	PAIN CLINIC	90.02	0	425	0	25.00	
26.00	CARDINAL BEHAVIORAL HEALTH	194.25	0	166	0	26.00	
27.00	NURSING ADMINISTRATION	13.00	0	141	0	27.00	
28.00	EMPLOYEE BENEFITS	4.00	0	50	0	28.00	
29.00	THERAPIES TO OTHER ENTITIES	194.22	0	41	0	29.00	
30.00	RESEARCH	191.00	0	4	0	30.00	
	TOTALS		0	12,689,737			
<b>E - IMPLANT SUPPLIES</b>							
1.00	DIETARY	10.00	0	24	0	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	36	0	2.00	
3.00	PHARMACY	15.00	0	2,310	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	149	0	4.00	
5.00	INTENSIVE CARE UNIT	31.00	0	363	0	5.00	
6.00	NURSERY	43.00	0	8	0	6.00	
7.00	OPERATING ROOM	50.00	0	9,145,897	0	7.00	
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	6,108	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	418	0	9.00	
10.00	CARDIAC CATHETERIZATION	59.00	0	560,721	0	10.00	
11.00	RESPIRATORY THERAPY	65.00	0	961	0	11.00	
12.00	SPEECH PATHOLOGY	68.00	0	127	0	12.00	
13.00	HYPERBARIC OXYGEN THERAPY	76.98	0	20,664	0	13.00	
14.00	PAIN CLINIC	90.02	0	734	0	14.00	
15.00	EMERGENCY	91.00	0	5,675	0	15.00	
	TOTALS		0	9,744,195			
<b>F - OP COST</b>							
1.00	ADULTS & PEDIATRICS	30.00	149,308	27,416	0	1.00	
	TOTALS		149,308	27,416			
<b>G - ALLOWABLE PUBLIC RELATIONS</b>							
1.00	MARKETING/PUBLIC RELATIONS	194.15	29,811	19,962	0	1.00	
	TOTALS		29,811	19,962			
<b>H - CARDIAC RHEAB</b>							
1.00	ELECTROCARDIOLOGY	69.00	37,972	21,003	0	1.00	
	TOTALS		37,972	21,003			
<b>I - PHARMACY ADMIN</b>							
1.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	12,135	121,356	0	1.00	
2.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	12,135	121,356	0	2.00	
	TOTALS		24,270	242,712			
<b>J - BILLABLE DRUG</b>							
1.00	EMPLOYEE BENEFITS	4.00	0	78,473	0	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	44	0	2.00	
3.00	DIETARY	10.00	0	2,126	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	0	16	0	4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	315	0	5.00	
6.00	PHARMACY	15.00	0	15,453,061	0	6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	12,813	0	7.00	
8.00	INTENSIVE CARE UNIT	31.00	0	2,019	0	8.00	
9.00	SUBPROVIDER - IRF	41.00	0	208	0	9.00	
10.00	NURSERY	43.00	0	293	0	10.00	
11.00	SKILLED NURSING FACILITY	44.00	0	818	0	11.00	
12.00	OPERATING ROOM	50.00	0	152,292	0	12.00	
13.00	RECOVERY ROOM	51.00	0	314	0	13.00	
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,257	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	30,313	0	15.00	
16.00	RENAL DIALYSIS	74.00	0	21	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0	2,662	0	17.00	
18.00	RESPIRATORY THERAPY	65.00	0	7,095	0	18.00	
19.00	SLEEP LAB	65.01	0	12	0	19.00	
20.00	PHYSICAL THERAPY	66.00	0	281	0	20.00	

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
21.00	SPEECH PATHOLOGY	68.00	0	53	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	90,941	0		22.00
23.00	HYPERBARIC OXYGEN THERAPY	76.98	0	8,661	0		23.00
24.00	PAIN CLINIC	90.02	0	14,925	0		24.00
25.00	ONCOLOGY CLINIC	90.03	0	87	0		25.00
26.00	EMERGENCY	91.00	0	3,797	0		26.00
27.00	PHYSICIAN PRACTICE CLINICS	194.06	0	103,625	0		27.00
28.00	CARDINAL BEHAVIORAL HEALTH	194.25	0	219	0		28.00
29.00	BLACKFORD COMMUNITY HOSPITAL	194.26	0	50	0		29.00
	TOTALS		0	15,967,791			
<b>K - REHAB ADMIN</b>							
1.00	PHYSICAL THERAPY	66.00	106,881	12,717	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		106,881	12,717			
<b>L - PROPERTY INSURANCE</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	429,303	12		1.00
	TOTALS		0	429,303			
<b>M - LAUNDRY</b>							
1.00	HOUSEKEEPING	9.00	0	1,222,248	0		1.00
	TOTALS		0	1,222,248			
<b>N - DAVIS DRIVE BLDG</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	221,596	10		1.00
	TOTALS		0	221,596			
<b>O - VACANT PROPERTIES</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	16,816	9		1.00
	TOTALS		0	16,816			
<b>P - PAIN CENTER</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	101,519	10		1.00
	TOTALS		0	101,519			
<b>Q - REHAB SERVICES BLDG LEASE</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	106,517	10		1.00
	TOTALS		0	106,517			
<b>S - I&amp;R</b>							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,714,671	418,595	0		1.00
	TOTALS		2,714,671	418,595			
500.00	Grand Total: Decreases		3,988,932	54,701,882			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150089

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
5/29/2012 10:03 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	2,580,410	0	0	0	1.00
2.00	Land Improvements	4,502,686	0	0	0	2.00
3.00	Buildings and Fixtures	251,465,656	4,793,530	0	4,793,530	3.00
4.00	Building Improvements	2,103,740	616,396	0	616,396	4.00
5.00	Fixed Equipment	18,163,685	0	0	0	5.00
6.00	Movable Equipment	134,851,466	7,432,181	0	7,432,181	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	413,667,643	12,842,107	0	12,842,107	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	413,667,643	12,842,107	0	12,842,107	10.00
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
	<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	20,585,891	0	5,883,325	0	1.00
3.00	Total (sum of lines 1-2)	20,585,891	0	5,883,325	0	3.00
<b>COMPUTATION OF RATIOS</b>						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
	<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	425,698,635	0	425,698,635	1.000000	1.00
3.00	Total (sum of lines 1-2)	425,698,635	0	425,698,635	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150089

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					
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>								
1.00	Land	2,580,410	0					1.00
2.00	Land Improvements	4,502,686	0					2.00
3.00	Buildings and Fixtures	256,160,363	0					3.00
4.00	Building Improvements	2,709,817	0					4.00
5.00	Fixed Equipment	18,163,685	0					5.00
6.00	Movable Equipment	141,581,674	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	425,698,635	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	425,698,635	0					10.00
<b>SUMMARY OF CAPITAL</b>								
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)					
		14.00	15.00					
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>								
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	26,469,216					1.00
3.00	Total (sum of lines 1-2)	0	26,469,216					3.00
<b>ALLOCATION OF OTHER CAPITAL</b>								
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		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>								
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	25,421,006	-555,466	1.00	
3.00	Total (sum of lines 1-2)	0	0	0	25,421,006	-555,466	3.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150089

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
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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	263,158	429,303	0	0	25,558,001	1.00
3.00	Total (sum of lines 1-2)	263,158	429,303	0	0	25,558,001	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150089

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

Worksheet A-8  
Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	*** Cost Center Deleted ***	2.00
3.00 Investment income - other (chapter 2)			0		3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		7.00
8.00 Television and radio service (chapter 21)			0		8.00
9.00 Parking lot (chapter 21)			0		9.00
10.00 Provider-based physician adjustment	A-8-2	-5,353,183	0		10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		11.00
12.00 Related organization transactions (chapter 10)	A-8-1	14,178,036			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)	A-8-3		0	RESPIRATORY THERAPY	65.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0	NEW CAP REL COSTS-BLDG & FIXT	1.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	*** Cost Center Deleted ***	2.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00
29.00 Physicians' assistant			0		29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A		0		0.00
33.00 MISCELLANEOUS INCOME	B	-643,469		NEW CAP REL COSTS-BLDG & FIXT	1.00
34.00 MISCELLANEOUS INCOME	B	-18,066		EMPLOYEE BENEFITS	4.00
35.00 MISCELLANEOUS INCOME	B	-281,608		COMMUNICATIONS/PHONES	5.01
36.00 MISCELLANEOUS INCOME	B	-29,712		DATA PROCESSING	5.02
37.00 MISCELLANEOUS INCOME	B	-22,725		ADMINISTRATIVE	5.04
38.00 MISCELLANEOUS INCOME	B	813		CASHIERING/ACCOUNTS RECEIVABLE	5.05
39.00 MISCELLANEOUS INCOME	B	-111,156		OTHER ADMINISTRATIVE AND GENERAL	5.06
40.00 MISCELLANEOUS INCOME	B	-44,655		MAINTENANCE & REPAIRS	6.00
41.00 MISCELLANEOUS INCOME	B	-215		OPERATION OF PLANT	7.00
42.00 MISCELLANEOUS INCOME	B	-172,096		HOUSEKEEPING	9.00
43.00 MISCELLANEOUS INCOME	B	-406,226		DIETARY	10.00
44.00 MISCELLANEOUS INCOME	B	-12,648		NURSING ADMINISTRATION	13.00
45.00 MISCELLANEOUS INCOME	B	-99		CENTRAL SERVICES & SUPPLY	14.00
45.01 MISCELLANEOUS INCOME	B	-252,170		PHARMACY	15.00
45.02 MISCELLANEOUS INCOME	B	-170		I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
45.03 MISCELLANEOUS INCOME	B	-6,455		ADULTS & PEDIATRICS	30.00
45.04 MISCELLANEOUS INCOME	B	-26		SUBPROVIDER - IRF	41.00

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
				Cost Center	Line #
		1.00	2.00	3.00	4.00
45.05	MI SC INCOME	B	-5,909	NURSERY	43.00 45.05
45.06	MI SC INCOME	B	-290	OPERATING ROOM	50.00 45.06
45.07	MI SC INCOME	B	-383,262	RADIOLOGY-DIAGNOSTIC	54.00 45.07
45.08	MI SC INCOME	B	-1,797	LABORATORY	60.00 45.08
45.09	MI SC INCOME	B	-79	RESPIRATORY THERAPY	65.00 45.09
45.10	MI SC INCOME	B	-130,222	SLEEP LAB	65.01 45.10
45.11	MI SC INCOME	B	-202,174	PHYSICAL THERAPY	66.00 45.11
45.12	MI SC INCOME	B	-2,978	OCCUPATIONAL THERAPY	67.00 45.12
45.13	MI SC INCOME	B	-26,316	ELECTROCARDIOLOGY	69.00 45.13
45.14	MI SC INCOME	B	-185,240	HOSPITAL BASED RETAIL PHARMACIES	73.01 45.14
45.15	MI SC INCOME	B	-1,693	PHYSICIAN PRACTICE CLINICS	194.06 45.15
45.16	MI SC INCOME	B	-1,199	PHYSICIAN PRACTICE CLINICS	194.06 45.16
45.17	MI SC INCOME	B	-6,922	PAIN CLINIC	90.02 45.17
45.18	MI SC INCOME	B	-1,401,795	CAFETERIA	11.00 45.18
45.19	BLACKFORD HOSPITAL OPERATING EXPENSE	A	15,474,000	BLACKFORD COMMUNITY HOSPITAL	194.26 45.19
45.20	COMMUNICATIONS	A	-50,086	COMMUNICATIONS/PHONES	5.01 45.20
45.21	TV DEPRECIATION	A	-30,805	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.21
45.22	INTEREST EXPENSE	A	-5,620,167	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.22
45.23	LOBBYING COSTS	A	-14,686	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.23
45.24			0		0.00 45.24
45.25			0		0.00 45.25
45.26			0		0.00 45.26
45.27			0		0.00 45.27
45.28			0		0.00 45.28
45.29			0		0.00 45.29
45.30			0		0.00 45.30
45.31			0		0.00 45.31
45.32			0		0.00 45.32
45.33			0		0.00 45.33
45.34			0		0.00 45.34
45.35			0		0.00 45.35
45.36			0		0.00 45.36
45.37			0		0.00 45.37
45.38			0		0.00 45.38
45.39			0		0.00 45.39
45.40			0		0.00 45.40
45.41			0		0.00 45.41
45.42			0		0.00 45.42
45.43			0		0.00 45.43
45.44			0		0.00 45.44
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		14,232,550		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150089

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

Worksheet A-8

Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	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 - 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	MI SC INCOME	9	33.00
34.00	MI SC INCOME	0	34.00
35.00	MI SC INCOME	0	35.00
36.00	MI SC INCOME	0	36.00
37.00	MI SC INCOME	0	37.00
38.00	MI SC INCOME	0	38.00
39.00	MI SC INCOME	0	39.00
40.00	MI SC INCOME	0	40.00
41.00	MI SC INCOME	0	41.00
42.00	MI SC INCOME	0	42.00
43.00	MI SC INCOME	0	43.00
44.00	MI SC INCOME	0	44.00
45.00	MI SC INCOME	0	45.00
45.01	MI SC INCOME	0	45.01
45.02	MI SC INCOME	0	45.02
45.03	MI SC INCOME	0	45.03
45.04	MI SC INCOME	0	45.04
45.05	MI SC INCOME	0	45.05
45.06	MI SC INCOME	0	45.06
45.07	MI SC INCOME	0	45.07
45.08	MI SC INCOME	0	45.08
45.09	MI SC INCOME	0	45.09
45.10	MI SC INCOME	0	45.10
45.11	MI SC INCOME	0	45.11
45.12	MI SC INCOME	0	45.12
45.13	MI SC INCOME	0	45.13
45.14	MI SC INCOME	0	45.14
45.15	MI SC INCOME	0	45.15

Provider CCN: 150089

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

Worksheet A-8  
 Date/Time Prepared:  
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Cost Center Description		Wkst. A-7 Ref.	
		5.00	
45.16	MISC INCOME	0	45.16
45.17	MISC INCOME	0	45.17
45.18	MISC INCOME	0	45.18
45.19	BLACKFORD HOSPITAL OPERATING EXPENSE	0	45.19
45.20	COMMUNICATIONS	0	45.20
45.21	TV DEPRECIATION	9	45.21
45.22	INTEREST EXPENSE	11	45.22
45.23	LOBBYING COSTS	0	45.23
45.24		0	45.24
45.25		0	45.25
45.26		0	45.26
45.27		0	45.27
45.28		0	45.28
45.29		0	45.29
45.30		0	45.30
45.31		0	45.31
45.32		0	45.32
45.33		0	45.33
45.34		0	45.34
45.35		0	45.35
45.36		0	45.36
45.37		0	45.37
45.38		0	45.38
45.39		0	45.39
45.40		0	45.40
45.41		0	45.41
45.42		0	45.42
45.43		0	45.43
45.44		0	45.44
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: 150089

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

Worksheet A-8-1

Date/Time Prepared:  
5/29/2012 10:03 am

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	BLDG CAPITAL RELATED	1.00
2.00	4.00	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS	2.00
3.00	5.01	COMMUNICATIONS/PHONES	NON PATIENT TELEPHONES	3.00
4.00	5.02	DATA PROCESSING	DATA PROCESSING	4.00
4.01	5.05	CASHIERING/ACCOUNTS RECEIVABLE	CASHIERING AND BILLING	4.01
4.02	5.06	OTHER ADMINISTRATIVE AND GENERAL	OTHER A & G	4.02
4.03	6.00	MAINTENANCE & REPAIRS	MAINTENANCE	4.03
4.04	7.00	OPERATION OF PLANT	OPERATION OF PLANT	4.04
4.05	9.00	HOUSEKEEPING	HOUSEKEEPING	4.05
4.06	11.00	CAFETERIA	CAFETERIA	4.06
4.07	13.00	NURSING ADMINISTRATION	NURSING ADMINISTRATION	4.07
4.08	15.00	PHARMACY	PHARMACY	4.08
4.09	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	INTERNS AND RES	4.09
4.10	43.00	NURSERY	NURSERY	4.10
4.11	54.00	RADIOLOGY-DIAGNOSTIC	RADIOLOGY	4.11
4.12	60.00	LABORATORY	LAB	4.12
4.13	65.01	SLEEP LAB	SLEEP LAB	4.13
4.14	66.00	PHYSICAL THERAPY	PT	4.14
4.15	73.01	HOSPITAL BASED RETAIL PHARMACIES	RETAIL PHARMACY	4.15
4.16	0.00			4.16
4.17	0.00			4.17
4.18	0.00			4.18
4.19	0.00			4.19
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

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

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		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.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 150089

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

Worksheet A-8-1

Date/Time Prepared: 5/29/2012 10:03 am

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	6,119,347	593,142	5,526,205	9	1.00
2.00	3,472,645	336,756	3,135,889	0	2.00
3.00	74,448	0	74,448	0	3.00
4.00	3,268,645	1,278,076	1,990,569	0	4.00
4.01	5,857,875	0	5,857,875	0	4.01
4.02	17,236,311	18,811,374	-1,575,063	0	4.02
4.03	23,449	0	23,449	0	4.03
4.04	1,181,820	0	1,181,820	0	4.04
4.05	293,509	0	293,509	0	4.05
4.06	35,004	0	35,004	0	4.06
4.07	0	246,335	-246,335	0	4.07
4.08	0	228,245	-228,245	0	4.08
4.09	0	189,583	-189,583	0	4.09
4.10	0	21,000	-21,000	0	4.10
4.11	4,691	2,092,656	-2,087,965	0	4.11
4.12	14,488,343	13,542,593	945,750	0	4.12
4.13	0	84,234	-84,234	0	4.13
4.14	8,787	377,584	-368,797	0	4.14
4.15	8,792	94,052	-85,260	0	4.15
4.16	0	0	0	0	4.16
4.17	0	0	0	0	4.17
4.18	0	0	0	0	4.18
4.19	0	0	0	0	4.19
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	52,073,666	37,895,630	14,178,036	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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>			

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	I U HEALTH	0.00	HEALTHCARE	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: 150089

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

Worksheet A-8-2

Date/Time Prepared:  
5/29/2012 10:03 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	4.00	EMPLOYEE BENEFITS	3,551	3,551	1.00
2.00	5.02	DATA PROCESSING	10,400	10,400	2.00
3.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	809,619	809,619	3.00
4.00	9.00	HOUSEKEEPING	140,625	140,625	4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,097,021	2,097,021	5.00
6.00	30.00	ADULTS & PEDIATRICS	10,957	10,957	6.00
7.00	31.00	INTENSIVE CARE UNIT	6,375	6,375	7.00
8.00	44.00	SKILLED NURSING FACILITY	5,618	5,618	8.00
9.00	50.00	OPERATING ROOM	21,751	21,751	9.00
10.00	51.00	RECOVERY ROOM	5,518	5,518	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	29,113	29,113	11.00
12.00	59.00	CARDIAC CATHETERIZATION	667,014	667,014	12.00
13.00	60.00	LABORATORY	197,124	197,124	13.00
14.00	63.00	BLOOD STORING, PROCESSING, & TRANS.	100,200	100,200	14.00
15.00	65.00	RESPIRATORY THERAPY	2,000	2,000	15.00
16.00	73.01	HOSPITAL BASED RETAIL PHARMACIES	5,000	5,000	16.00
17.00	90.02	PAIN CLINIC	2,040	2,040	17.00
18.00	91.00	EMERGENCY	1,239,257	1,239,257	18.00
200.00			5,353,183	5,353,183	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150089

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

Worksheet A-8-2

Date/Time Prepared:  
5/29/2012 10:03 am

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	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
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	0	14.00
15.00	0	0	0	0	0	15.00
16.00	0	0	0	0	0	16.00
17.00	0	0	0	0	0	17.00
18.00	0	0	0	0	0	18.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150089

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

Worksheet A-8-2

Date/Time Prepared:  
5/29/2012 10:03 am

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	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
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	0	14.00
15.00	0	0	0	0	0	15.00
16.00	0	0	0	0	0	16.00
17.00	0	0	0	0	0	17.00
18.00	0	0	0	0	0	18.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150089

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

Worksheet A-8-2  
Date/Time Prepared:  
5/29/2012 10:03 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	3,551	1.00
2.00	0	10,400	2.00
3.00	0	809,619	3.00
4.00	0	140,625	4.00
5.00	0	2,097,021	5.00
6.00	0	10,957	6.00
7.00	0	6,375	7.00
8.00	0	5,618	8.00
9.00	0	21,751	9.00
10.00	0	5,518	10.00
11.00	0	29,113	11.00
12.00	0	667,014	12.00
13.00	0	197,124	13.00
14.00	0	100,200	14.00
15.00	0	2,000	15.00
16.00	0	5,000	16.00
17.00	0	2,040	17.00
18.00	0	1,239,257	18.00
200.00	0	5,353,183	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

Worksheet B Part I Date/Time Prepared: 5/29/2012 10:03 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS /PHONES	DATA PROCESSING	
		NEW BLDG & FIXT					
	0	1.00		4.00		5.01	5.02
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 NEW CAP REL COSTS-BLDG & FIXT	25,558,001	25,558,001					1.00
4.00 EMPLOYEE BENEFITS	25,590,136	79,146		25,669,282			4.00
5.01 COMMUNICATIONS/PHONES	337,369	22,021		120,710	480,100		5.01
5.02 DATA PROCESSING	8,911,742	321,127		0	31,071	9,263,940	5.02
5.04 ADMITTING	3,064,780	76,721		746,733	15,636	0	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	5,789,047	2,734		0	14,032	0	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	22,405,176	579,676		1,265,867	22,852	0	5.06
6.00 MAINTENANCE & REPAIRS	6,297,896	12,985,409		693,228	11,827	0	6.00
7.00 OPERATION OF PLANT	6,133,647	14,759		162,337	1,804	0	7.00
8.00 LAUNDRY & LINEN SERVICE	1,222,248	0		0	0	0	8.00
9.00 HOUSEKEEPING	2,710,022	219,887		604,160	2,205	0	9.00
10.00 DIETARY	1,909,966	207,377		326,599	2,005	0	10.00
11.00 CAFETERIA	363,971	154,147		242,760	3,608	0	11.00
13.00 NURSING ADMINISTRATION	6,322,299	189,633		1,223,519	17,841	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	14,396,519	242,481		217,838	7,217	0	14.00
15.00 PHARMACY	5,115,316	101,211		1,132,017	10,223	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	-89,453	19,919		0	22,451	0	16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	3,133,266	0		711,662	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,374,759	262,811		327,590	25,057	0	22.00
23.00 PARAMED ED PRGM	0	0		0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 ADULTS & PEDIATRICS	22,225,471	2,026,946		4,787,496	54,727	1,099,476	30.00
31.00 INTENSIVE CARE UNIT	6,868,174	409,035		1,666,512	16,037	338,525	31.00
40.00 SUBPROVIDER - I PF	0	0		0	0	0	40.00
41.00 SUBPROVIDER - I RF	2,604,869	137,947		368,688	4,009	77,652	41.00
42.00 SUBPROVIDER	0	0		0	0	0	42.00
43.00 NURSERY	2,164,965	91,818		529,688	5,412	100,121	43.00
44.00 SKILLED NURSING FACILITY	1,407,911	153,632		319,645	5,011	30,140	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	6,618,427	491,592		1,057,152	18,242	807,996	50.00
51.00 RECOVERY ROOM	1,586,287	168,744		378,254	5,212	84,479	51.00
52.00 DELIVERY ROOM & LABOR ROOM	2,213,574	194,308		531,894	8,419	173,791	52.00
54.00 RADIOLOGY-DIAGNOSTIC	9,251,532	876,136		1,674,541	47,108	1,309,216	54.00
57.00 CT SCAN	0	0		0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0		0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	1,951,183	199,600		397,922	7,818	415,540	59.00
60.00 LABORATORY	14,468,074	27,475		0	9,422	1,080,436	60.00
60.01 BLOOD LABORATORY	0	0		0	0	0	60.01
63.00 BLOOD STORING, PROCESSING, & TRANS.	1,697,999	0		0	0	32,155	63.00
65.00 RESPIRATORY THERAPY	3,671,890	68,783		886,274	3,608	139,608	65.00
65.01 SLEEP LAB	776,242	2,984		178,477	4,009	58,849	65.01
66.00 PHYSICAL THERAPY	4,142,035	51,186		945,453	2,406	157,503	66.00
67.00 OCCUPATIONAL THERAPY	782,435	35,339		189,323	1,604	33,009	67.00
68.00 SPEECH PATHOLOGY	358,018	8,453		85,021	1,002	14,262	68.00
68.01 AUDIOLOGY	0	0		0	0	0	68.01
69.00 ELECTROCARDIOLOGY	2,322,914	285,376		462,596	15,034	393,505	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,662,687	0		0	0	233,026	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	9,744,195	0		0	0	627,314	72.00
73.00 DRUGS CHARGED TO PATIENTS	15,959,443	0		0	0	885,092	73.00
73.01 HOSPITAL BASED RETAIL PHARMACIES	16,040,856	5,777		644,359	601	134,750	73.01
74.00 RENAL DIALYSIS	1,068,400	39,911		0	1,203	24,444	74.00
76.00 CARDIOPULMONARY	0	0		0	0	0	76.00
76.97 CARDIAC REHABILITATION	58,975	7,644		9,955	802	7,538	76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,041,133	7,159		95,800	2,406	66,141	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 RURAL HEALTH CLINIC	0	0		0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0	0	0	89.00
90.00 CLINIC	0	0		0	0	0	90.00
90.02 PAIN CLINIC	543,868	0		78,762	0	11,730	90.02
90.03 ONCOLOGY CLINIC	357,703	7,335		80,139	0	67,004	90.03
91.00 EMERGENCY	6,262,731	517,949		1,470,070	12,028	824,611	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 CORF	0	0		0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 PANCREAS ACQUISITION	0	0		0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0		0	0	0	110.00
111.00 ISLET ACQUISITION	0	0		0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS /PHONES	DATA PROCESSING	
		NEW BLDG & FIXT					
	0	1.00		4.00	5.01	5.02	
113.00 INTEREST EXPENSE							113.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0		0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	289,398,698	21,294,188		24,613,041	413,949	9,227,913	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	511,013	23,535		12,917	0	0	190.00
191.00 RESEARCH	353,273	18,655		53,793	2,806	0	191.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0		0	0	0	194.00
194.01 BSU PHARMACY	794,813	0		50,589	0	5,298	194.01
194.02 PAVILLION PHARMACY	3,446,202	37,339		121,425	1,002	29,576	194.02
194.03 VENDING	0	0		0	0	0	194.03
194.04 CARELINE	0	0		0	0	0	194.04
194.05 WELLNESS CENTER	46,073	74,045		8,590	1,604	0	194.05
194.06 PHYSICIAN PRACTICE CLINICS	1,299,099	272,161		300,077	18,041	1,153	194.06
194.07 PERINATAL CLINIC	0	0		0	0	0	194.07
194.08 RENTAL PROPERTY	238,412	3,601,771		0	7,818	0	194.08
194.09 ADVERTISING	0	0		0	0	0	194.09
194.10 INTEGRAL TAC	683	0		0	5,412	0	194.10
194.11 IU HEALTH HOSPICE	-3,056	43,469		0	3,809	0	194.11
194.12 POB MEDICAL PAVILLION CONDOS	0	0		0	0	0	194.12
194.13 EXECUTIVE PHYSICAL	0	0		0	0	0	194.13
194.14 NEW CASTLE ONCOLOGY	0	0		0	0	0	194.14
194.15 MARKETING/PUBLIC RELATIONS	637,682	45,541		100,126	6,816	0	194.15
194.16 JAY COUNTY HOSPITAL	173,268	0		42,797	0	0	194.16
194.17 CARDINAL HEALTH CHOICE	0	0		0	0	0	194.17
194.18 CHV CARDINAL HEALTH VENTURES	0	0		0	0	0	194.18
194.19 HEALTH CARE CONNECTIONS	0	0		0	0	0	194.19
194.20 MEALS ON WHEELS	0	0		0	0	0	194.20
194.21 ST MARY'S SCHOOL	0	0		0	0	0	194.21
194.22 THERAPIES TO OTHER ENTITIES	1,010,518	0		221,391	0	0	194.22
194.23 CANCER CENTER BOUTIQUE	132,194	12,525		13,370	601	0	194.23
194.24 BOSC BALL OUTPATIENT SURGERY	74	0		0	12,629	0	194.24
194.25 CARDINAL BEHAVIORAL HEALTH	13,344	134,772		0	5,613	0	194.25
194.26 BLACKFORD COMMUNITY HOSPITAL	15,612,357	0		33,956	0	0	194.26
194.27 MIDWEST HEALTH STRATEGIES	0	0		0	0	0	194.27
194.28 CARDINAL SELECT RISK RETENTION GRP	0	0		0	0	0	194.28
194.29 HOME OFFICE CARDINAL HEALTH INITIATI	0	0		0	0	0	194.29
194.30 CARDINAL HEALTH ALLIANCE	399,042	0		97,210	0	0	194.30
194.31 OTHER NONREIMBURSABLE COST CENTERS	0	0		0	0	0	194.31
194.32 RENAL DIALYSIS	0	0		0	0	0	194.32
194.33 LAB CORP	0	0		0	0	0	194.33
194.34 H.O. MATERIALS MGMT	0	0		0	0	0	194.34
194.35 LEASED SPACE	0	0		0	0	0	194.35
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00
202.00 TOTAL (sum lines 118-201)	314,063,689	25,558,001		25,669,282	480,100	9,263,940	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

Worksheet B Part I Date/Time Prepared: 5/29/2012 10:03 am

Cost Center Description	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
	5.04	5.05	5A.05	5.06	6.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS/PHONES						5.01
5.02 DATA PROCESSING						5.02
5.04 ADMINISTRATION	3,903,870					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	0	5,805,813				5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	0	0	24,273,571	24,273,571		5.06
6.00 MAINTENANCE & REPAIRS	0	0	19,988,360	1,674,005	21,662,365	6.00
7.00 OPERATION OF PLANT	0	0	6,312,547	528,669	27,823	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	1,222,248	102,362	0	8.00
9.00 HOUSEKEEPING	0	0	3,536,274	296,159	414,515	9.00
10.00 DIETARY	0	0	2,445,947	204,846	390,932	10.00
11.00 CAFETERIA	0	0	764,486	64,025	290,587	11.00
13.00 NURSING ADMINISTRATION	0	0	7,753,292	649,330	357,484	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	14,864,055	1,244,850	457,108	14.00
15.00 PHARMACY	0	0	6,358,767	532,540	190,797	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	-47,083	0	37,550	16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	3,844,928	322,009	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,990,217	166,679	495,434	22.00
23.00 PARAMED PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	463,253	689,057	31,346,426	2,625,228	3,821,060	30.00
31.00 INTENSIVE CARE UNIT	142,634	212,159	9,653,076	808,435	771,085	31.00
40.00 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - I/RP	32,718	48,666	3,274,549	274,240	260,049	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	42,185	62,747	2,996,936	250,990	173,089	43.00
44.00 SKILLED NURSING FACILITY	12,699	18,889	1,947,927	163,137	289,617	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	340,441	506,383	9,840,233	824,110	926,715	50.00
51.00 RECOVERY ROOM	35,595	52,944	2,311,515	193,587	318,105	51.00
52.00 DELIVERY ROOM & LABOR ROOM	73,225	108,917	3,304,128	276,717	366,296	52.00
54.00 RADIOLOGY-DIAGNOSTIC	552,225	820,472	14,531,230	1,216,976	1,651,631	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	175,084	260,425	3,407,572	285,381	376,273	59.00
60.00 LABORATORY	455,231	677,125	16,717,763	1,400,096	51,794	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING, & TRANS.	13,548	20,152	1,763,854	147,721	0	63.00
65.00 RESPIRATORY THERAPY	58,823	87,495	4,916,481	411,750	129,664	65.00
65.01 SLEEP LAB	24,795	36,881	1,082,237	90,636	5,626	65.01
66.00 PHYSICAL THERAPY	66,362	98,709	5,463,654	457,576	96,493	66.00
67.00 OCCUPATIONAL THERAPY	13,908	20,687	1,076,305	90,139	66,619	67.00
68.00 SPEECH PATHOLOGY	6,009	8,938	481,703	40,342	15,934	68.00
68.01 AUDIOLOGY	0	0	0	0	0	68.01
69.00 ELECTROCARDIOLOGY	165,799	246,615	3,891,839	325,938	537,972	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	98,183	146,041	13,139,937	1,100,457	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	264,313	393,147	11,028,969	923,665	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	372,925	554,700	17,772,160	1,488,401	0	73.00
73.01 HOSPITAL BASED RETAIL PHARMACIES	56,776	84,450	16,967,569	1,421,017	10,891	73.01
74.00 RENAL DIALYSIS	10,299	15,319	1,159,576	97,113	75,238	74.00
76.00 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	3,176	4,724	92,814	7,773	14,410	76.97
76.98 HYPERBARIC OXYGEN THERAPY	27,868	41,452	1,281,959	107,363	13,496	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.02 PAIN CLINIC	4,942	7,351	646,653	54,157	0	90.02
90.03 ONCOLOGY CLINIC	28,232	41,993	582,406	48,776	13,828	90.03
91.00 EMERGENCY	347,442	516,796	9,951,627	833,439	976,402	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,888,690	5,783,234	283,938,707	21,750,634	13,624,517	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
	5.04	5.05	5A.05	5.06	6.00	
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	547,465	45,850	44,367	190.00
191.00 RESEARCH	0	0	428,527	35,889	35,166	191.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 BSU PHARMACY	2,232	3,320	856,252	71,710	0	194.01
194.02 PAVILLION PHARMACY	12,462	18,536	3,666,542	307,069	70,388	194.02
194.03 VENDING	0	0	0	0	0	194.03
194.04 CARELINE	0	0	0	0	0	194.04
194.05 WELLNESS CENTER	0	0	130,312	10,913	139,585	194.05
194.06 PHYSICIAN PRACTICE CLINICS	486	723	1,891,740	158,431	513,059	194.06
194.07 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 RENTAL PROPERTY	0	0	3,848,001	322,266	6,789,813	194.08
194.09 ADVERTISING	0	0	0	0	0	194.09
194.10 INTEGRAL TAC	0	0	6,095	510	0	194.10
194.11 IU HEALTH HOSPICE	0	0	44,222	3,704	81,944	194.11
194.12 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 MARKETING/PUBLIC RELATIONS	0	0	790,165	66,176	85,852	194.15
194.16 JAY COUNTY HOSPITAL	0	0	216,065	18,095	0	194.16
194.17 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 THERAPIES TO OTHER ENTITIES	0	0	1,231,909	103,171	0	194.22
194.23 CANCER CENTER BOUTIQUE	0	0	158,690	13,290	23,611	194.23
194.24 BOSC BALL OUTPATIENT SURGERY	0	0	12,703	1,064	0	194.24
194.25 CARDINAL BEHAVIORAL HEALTH	0	0	153,729	12,875	254,063	194.25
194.26 BLACKFORD COMMUNITY HOSPITAL	0	0	15,646,313	1,310,363	0	194.26
194.27 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 HOME OFFICE CARDINAL HEALTH INITIATIVE	0	0	0	0	0	194.29
194.30 CARDINAL HEALTH ALLIANCE	0	0	496,252	41,561	0	194.30
194.31 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 LAB CORP	0	0	0	0	0	194.33
194.34 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 LEASED SPACE	0	0	0	0	0	194.35
200.00 Cross Foot Adjustments			0			200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,903,870	5,805,813	314,063,689	24,273,571	21,662,365	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS/PHONES						5.01
5.02	DATA PROCESSING						5.02
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT	6,869,039					7.00
8.00	LAUNDRY & LINEN SERVICE	0	1,324,610				8.00
9.00	HOUSEKEEPING	131,610	286	4,378,844			9.00
10.00	DIETARY	124,122	231	3,985	3,170,063		10.00
11.00	CAFETERIA	92,262	0	42,125	0	1,253,485	11.00
13.00	NURSING ADMINISTRATION	113,502	2,122	19,355	0	65,207	13.00
14.00	CENTRAL SERVICES & SUPPLY	145,133	0	19,924	0	26,597	14.00
15.00	PHARMACY	60,579	46	19,924	0	49,141	15.00
16.00	MEDICAL RECORDS & LIBRARY	11,922	0	0	0	57	16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	46,913	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	157,302	0	95,065	0	15,878	22.00
23.00	PARAMED PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	1,213,199	619,187	1,772,373	2,068,560	288,225	30.00
31.00	INTENSIVE CARE UNIT	244,822	131,205	305,689	201,698	86,735	31.00
40.00	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I RF	82,566	52,867	186,004	191,754	22,323	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	54,956	14,367	59,202	0	24,140	43.00
44.00	SKILLED NURSING FACILITY	91,955	38,122	77,419	255,508	25,148	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	294,235	90,032	229,979	0	81,331	50.00
51.00	RECOVERY ROOM	100,999	40,757	13,662	0	21,766	51.00
52.00	DELIVERY ROOM & LABOR ROOM	116,300	44,458	218,594	211,920	26,499	52.00
54.00	RADIOLOGY-DIAGNOSTIC	524,398	74,087	201,089	0	89,986	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	119,468	6,065	62,618	0	19,866	59.00
60.00	LABORATORY	16,445	0	103,604	0	49	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	41,169	209	16,508	0	46,357	65.00
65.01	SLEEP LAB	1,786	0	0	0	10,269	65.01
66.00	PHYSICAL THERAPY	30,637	8,203	67,741	0	52,654	66.00
67.00	OCCUPATIONAL THERAPY	21,152	0	3,985	0	9,949	67.00
68.00	SPEECH PATHOLOGY	5,059	129	3,985	0	4,389	68.00
68.01	AUDIOLOGY	0	0	0	0	0	68.01
69.00	ELECTROCARDIOLOGY	170,808	13,841	42,694	0	34,745	69.00
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
73.01	HOSPITAL BASED RETAIL PHARMACIES	3,458	0	7,970	0	30,569	73.01
74.00	RENAL DIALYSIS	23,888	6,136	0	0	0	74.00
76.00	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	4,575	0	32,447	0	655	76.97
76.98	HYPERBARIC OXYGEN THERAPY	4,285	68	0	0	6,158	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.02	PAIN CLINIC	0	0	0	0	9,188	90.02
90.03	ONCOLOGY CLINIC	4,391	0	0	0	3,595	90.03
91.00	EMERGENCY	310,011	176,013	491,835	0	84,778	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,316,994	1,318,431	4,097,776	2,929,440	1,183,167	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	14,087	0	0	0	1,294	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	7.00	8.00	9.00	10.00	11.00	
191.00 RESEARCH	11,165	0	0	0	3,644	191.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 BSU PHARMACY	0	0	0	0	2,244	194.01
194.02 PAVILLION PHARMACY	22,349	0	0	0	5,880	194.02
194.03 VENDING	0	0	0	0	0	194.03
194.04 CARELINE	0	0	0	0	0	194.04
194.05 WELLNESS CENTER	44,319	6,179	11,385	0	852	194.05
194.06 PHYSICIAN PRACTICE CLINICS	162,898	0	5,123	0	29,152	194.06
194.07 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 RENTAL PROPERTY	2,155,789	0	56,498	0	0	194.08
194.09 ADVERTISING	0	0	0	0	0	194.09
194.10 INTEGRAL TAC	0	0	94,354	112,965	0	194.10
194.11 IU HEALTH HOSPICE	26,018	0	15,939	0	0	194.11
194.12 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 MARKETING/PUBLIC RELATIONS	27,258	0	4,554	0	6,223	194.15
194.16 JAY COUNTY HOSPITAL	0	0	0	0	852	194.16
194.17 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 THERAPIES TO OTHER ENTITIES	0	0	0	0	14,379	194.22
194.23 CANCER CENTER BOUTIQUE	7,496	0	0	0	1,359	194.23
194.24 BOSC BALL OUTPATIENT SURGERY	0	0	93,215	0	0	194.24
194.25 CARDINAL BEHAVIORAL HEALTH	80,666	0	0	127,658	0	194.25
194.26 BLACKFORD COMMUNITY HOSPITAL	0	0	0	0	852	194.26
194.27 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30 CARDINAL HEALTH ALLIANCE	0	0	0	0	3,587	194.30
194.31 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 LAB CORP	0	0	0	0	0	194.33
194.34 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 LEASED SPACE	0	0	0	0	0	194.35
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)	6,869,039	1,324,610	4,378,844	3,170,063	1,253,485	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

Worksheet B  
Part I  
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5/29/2012 10:03 am

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00 EMPLOYEE BENEFITS					4.00
5.01 COMMUNICATIONS/PHONES					5.01
5.02 DATA PROCESSING					5.02
5.04 ADMINISTRATION					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 MAINTENANCE & REPAIRS					6.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
13.00 NURSING ADMINISTRATION	8,960,292				13.00
14.00 CENTRAL SERVICES & SUPPLY	0	16,757,667			14.00
15.00 PHARMACY	0	0	7,211,794		15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	2,446	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
23.00 PARAMED ED PRGM	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 ADULTS & PEDIATRICS	3,907,431	11,508,501	2,836	245	30.00
31.00 INTENSIVE CARE UNIT	1,175,848	1,103,130	447	75	31.00
40.00 SUBPROVIDER - I PF	0	0	0	0	40.00
41.00 SUBPROVIDER - I RF	302,621	99,158	46	17	41.00
42.00 SUBPROVIDER	0	0	0	0	42.00
43.00 NURSERY	327,266	1,186,795	65	22	43.00
44.00 SKILLED NURSING FACILITY	340,920	440,013	181	7	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	1,102,580	136,342	33,712	180	50.00
51.00 RECOVERY ROOM	295,072	151,835	70	19	51.00
52.00 DELIVERY ROOM & LABOR ROOM	359,238	1,295,249	500	39	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	15,493	6,710	673	54.00
57.00 CT SCAN	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	589	93	59.00
60.00 LABORATORY	0	0	172	241	60.00
60.01 BLOOD LABORATORY	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	7	63.00
65.00 RESPIRATORY THERAPY	0	0	1,571	31	65.00
65.01 SLEEP LAB	0	0	3	13	65.01
66.00 PHYSICAL THERAPY	0	0	62	35	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	7	67.00
68.00 SPEECH PATHOLOGY	0	0	12	3	68.00
68.01 AUDIOLOGY	0	0	0	0	68.01
69.00 ELECTROCARDIOLOGY	0	189,020	20,131	88	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	52	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	140	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	3,421,682	197	73.00
73.01 HOSPITAL BASED RETAIL PHARMACIES	0	0	2,983,668	30	73.01
74.00 RENAL DIALYSIS	0	0	5	5	74.00
76.00 CARDIOPULMONARY	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	2	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	1,917	15	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	90.00
90.02 PAIN CLINIC	0	0	3,304	3	90.02
90.03 ONCOLOGY CLINIC	0	0	19	15	90.03
91.00 EMERGENCY	1,149,316	632,131	841	184	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10 CORF	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	111.00
113.00 INTEREST EXPENSE					113.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	8,960,292	16,757,667	6,478,543	2,438	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

Worksheet B  
Part I  
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Cost Center Description	NURSING	CENTRAL	PHARMACY	MEDICAL		
	ADMINISTRATIVE	SERVICES & SUPPLY		RECORDS & LIBRARY		
	13.00	14.00	15.00	16.00		
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00 RESEARCH	0	0	0	0		191.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.00
194.01 BSU PHARMACY	0	0	100,498	1		194.01
194.02 PAVILLION PHARMACY	0	0	609,204	7		194.02
194.03 VENDING	0	0	0	0		194.03
194.04 CARELINE	0	0	0	0		194.04
194.05 WELLNESS CENTER	0	0	0	0		194.05
194.06 PHYSICIAN PRACTICE CLINICS	0	0	23,490	0		194.06
194.07 PERINATAL CLINIC	0	0	0	0		194.07
194.08 RENTAL PROPERTY	0	0	0	0		194.08
194.09 ADVERTISING	0	0	0	0		194.09
194.10 INTEGRAL TAC	0	0	0	0		194.10
194.11 IU HEALTH HOSPICE	0	0	0	0		194.11
194.12 POB MEDICAL PAVILLION CONDOS	0	0	0	0		194.12
194.13 EXECUTIVE PHYSICAL	0	0	0	0		194.13
194.14 NEW CASTLE ONCOLOGY	0	0	0	0		194.14
194.15 MARKETING/PUBLIC RELATIONS	0	0	0	0		194.15
194.16 JAY COUNTY HOSPITAL	0	0	0	0		194.16
194.17 CARDINAL HEALTH CHOICE	0	0	0	0		194.17
194.18 CHV CARDINAL HEALTH VENTURES	0	0	0	0		194.18
194.19 HEALTH CARE CONNECTIONS	0	0	0	0		194.19
194.20 MEALS ON WHEELS	0	0	0	0		194.20
194.21 ST MARY'S SCHOOL	0	0	0	0		194.21
194.22 THERAPIES TO OTHER ENTITIES	0	0	0	0		194.22
194.23 CANCER CENTER BOUTIQUE	0	0	0	0		194.23
194.24 BOSC BALL OUTPATIENT SURGERY	0	0	0	0		194.24
194.25 CARDINAL BEHAVIORAL HEALTH	0	0	48	0		194.25
194.26 BLACKFORD COMMUNITY HOSPITAL	0	0	11	0		194.26
194.27 MIDWEST HEALTH STRATEGIES	0	0	0	0		194.27
194.28 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0		194.28
194.29 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0		194.29
194.30 CARDINAL HEALTH ALLIANCE	0	0	0	0		194.30
194.31 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.31
194.32 RENAL DIALYSIS	0	0	0	0		194.32
194.33 LAB CORP	0	0	0	0		194.33
194.34 H.O. MATERIALS MGMT	0	0	0	0		194.34
194.35 LEASED SPACE	0	0	0	0		194.35
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)	8,960,292	16,757,667	7,211,794	2,446		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS/PHONES						5.01
5.02 DATA PROCESSING						5.02
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	4,213,850					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,920,575				22.00
23.00 PARAMED PRGM	0	0	0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	2,116,255	1,466,755	0	62,756,281	-3,583,010	30.00
31.00 INTENSIVE CARE UNIT	345,971	239,789	0	15,068,005	-585,760	31.00
40.00 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - I RF	0	0	0	4,746,194	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	16,327	11,316	0	5,115,471	-27,643	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	3,669,954	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	270,557	187,520	0	14,017,526	-458,077	50.00
51.00 RECOVERY ROOM	0	0	0	3,447,387	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	6,219,938	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	66,862	46,341	0	18,425,476	-113,203	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	4,277,925	0	59.00
60.00 LABORATORY	412,055	285,591	0	18,987,810	-697,646	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	1,911,582	0	63.00
65.00 RESPIRATORY THERAPY	37,318	25,865	0	5,626,923	-63,183	65.00
65.01 SLEEP LAB	0	0	0	1,190,570	0	65.01
66.00 PHYSICAL THERAPY	0	0	0	6,177,055	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	1,268,156	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	551,556	0	68.00
68.01 AUDIOLOGY	0	0	0	0	0	68.01
69.00 ELECTROCARDIOLOGY	62,975	43,647	0	5,333,698	-106,622	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	14,240,446	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	11,952,774	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	22,682,440	0	73.00
73.01 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	21,425,172	0	73.01
74.00 RENAL DIALYSIS	0	0	0	1,361,961	0	74.00
76.00 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	152,676	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	1,415,261	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.02 PAIN CLINIC	0	0	0	713,305	0	90.02
90.03 ONCOLOGY CLINIC	401,948	278,586	0	1,333,564	-680,534	90.03
91.00 EMERGENCY	178,817	123,936	0	14,909,330	-302,753	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
113.00 INTEREST EXPENSE						113.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,909,085	2,709,346	0	268,978,436	-6,618,431	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	653,063	0	190.00
191.00 RESEARCH	18,659	12,932	0	545,982	-31,591	191.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 BSU PHARMACY	0	0	0	1,030,705	0	194.01
194.02 PAVILLION PHARMACY	0	0	0	4,681,439	0	194.02
194.03 VENDING	0	0	0	0	0	194.03
194.04 CARELINE	0	0	0	0	0	194.04
194.05 WELLNESS CENTER	0	0	0	343,545	0	194.05
194.06 PHYSICIAN PRACTICE CLINICS	115,842	80,289	0	2,980,024	-196,131	194.06
194.07 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 RENTAL PROPERTY	170,264	118,008	0	13,460,639	-288,272	194.08
194.09 ADVERTISING	0	0	0	0	0	194.09
194.10 INTEGRAL TAC	0	0	0	213,924	0	194.10
194.11 IU HEALTH HOSPICE	0	0	0	171,827	0	194.11
194.12 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 MARKETING/PUBLIC RELATIONS	0	0	0	980,228	0	194.15
194.16 JAY COUNTY HOSPITAL	0	0	0	235,012	0	194.16
194.17 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 THERAPIES TO OTHER ENTITIES	0	0	0	1,349,459	0	194.22
194.23 CANCER CENTER BOUTIQUE	0	0	0	204,446	0	194.23
194.24 BOSCH BALL OUTPATIENT SURGERY	0	0	0	106,982	0	194.24
194.25 CARDINAL BEHAVIORAL HEALTH	0	0	0	629,039	0	194.25
194.26 BLACKFORD COMMUNITY HOSPITAL	0	0	0	16,957,539	0	194.26
194.27 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30 CARDINAL HEALTH ALLIANCE	0	0	0	541,400	0	194.30
194.31 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 LAB CORP	0	0	0	0	0	194.33
194.34 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 LEASED SPACE	0	0	0	0	0	194.35
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	4,213,850	2,920,575	0	314,063,689	-7,134,425	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

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5/29/2012 10:03 am

Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
4.00	EMPLOYEE BENEFITS		4.00
5.01	COMMUNICATIONS/PHONES		5.01
5.02	DATA PROCESSING		5.02
5.04	ADMINISTRATIVE		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	MAINTENANCE & REPAIRS		6.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	PARAMEDICAL PRGM		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	ADULTS & PEDIATRICS	59,173,271	30.00
31.00	INTENSIVE CARE UNIT	14,482,245	31.00
40.00	SUBPROVIDER - IPF	0	40.00
41.00	SUBPROVIDER - IRF	4,746,194	41.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	5,087,828	43.00
44.00	SKILLED NURSING FACILITY	3,669,954	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	OPERATING ROOM	13,559,449	50.00
51.00	RECOVERY ROOM	3,447,387	51.00
52.00	DELIVERY ROOM & LABOR ROOM	6,219,938	52.00
54.00	RADIOLOGY-DIAGNOSTIC	18,312,273	54.00
57.00	CT SCAN	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	CARDIAC CATHETERIZATION	4,277,925	59.00
60.00	LABORATORY	18,290,164	60.00
60.01	BLOOD LABORATORY	0	60.01
63.00	BLOOD STORING, PROCESSING, & TRANS.	1,911,582	63.00
65.00	RESPIRATORY THERAPY	5,563,740	65.00
65.01	SLEEP LAB	1,190,570	65.01
66.00	PHYSICAL THERAPY	6,177,055	66.00
67.00	OCCUPATIONAL THERAPY	1,268,156	67.00
68.00	SPEECH PATHOLOGY	551,556	68.00
68.01	AUDIOLOGY	0	68.01
69.00	ELECTROCARDIOLOGY	5,227,076	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,240,446	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	11,952,774	72.00
73.00	DRUGS CHARGED TO PATIENTS	22,682,440	73.00
73.01	HOSPITAL BASED RETAIL PHARMACIES	21,425,172	73.01
74.00	RENAL DIALYSIS	1,361,961	74.00
76.00	CARDIOPULMONARY	0	76.00
76.97	CARDIAC REHABILITATION	152,676	76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,415,261	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	RURAL HEALTH CLINIC	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	CLINIC	0	90.00
90.02	PAIN CLINIC	713,305	90.02
90.03	ONCOLOGY CLINIC	653,030	90.03
91.00	EMERGENCY	14,606,577	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10	CORF	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00	PANCREAS ACQUISITION	0	109.00
110.00	INTESTINAL ACQUISITION	0	110.00
111.00	ISLET ACQUISITION	0	111.00
113.00	INTEREST EXPENSE		113.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	262,360,005	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	653,063	190.00
191.00	RESEARCH	514,391	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description	Total	
	26.00	
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01 BSU PHARMACY	1,030,705	194.01
194.02 PAVILLION PHARMACY	4,681,439	194.02
194.03 VENDING	0	194.03
194.04 CARELINE	0	194.04
194.05 WELLNESS CENTER	343,545	194.05
194.06 PHYSICIAN PRACTICE CLINICS	2,783,893	194.06
194.07 PERINATAL CLINIC	0	194.07
194.08 RENTAL PROPERTY	13,172,367	194.08
194.09 ADVERTISING	0	194.09
194.10 INTEGRALTAC	213,924	194.10
194.11 IU HEALTH HOSPICE	171,827	194.11
194.12 POB MEDICAL PAVILLION CONDOS	0	194.12
194.13 EXECUTIVE PHYSICAL	0	194.13
194.14 NEW CASTLE ONCOLOGY	0	194.14
194.15 MARKETING/PUBLIC RELATIONS	980,228	194.15
194.16 JAY COUNTY HOSPITAL	235,012	194.16
194.17 CARDINAL HEALTH CHOICE	0	194.17
194.18 CHV CARDINAL HEALTH VENTURES	0	194.18
194.19 HEALTH CARE CONNECTIONS	0	194.19
194.20 MEALS ON WHEELS	0	194.20
194.21 ST MARY'S SCHOOL	0	194.21
194.22 THERAPIES TO OTHER ENTITIES	1,349,459	194.22
194.23 CANCER CENTER BOUTIQUE	204,446	194.23
194.24 BOSC BALL OUTPATIENT SURGERY	106,982	194.24
194.25 CARDINAL BEHAVIORAL HEALTH	629,039	194.25
194.26 BLACKFORD COMMUNITY HOSPITAL	16,957,539	194.26
194.27 MIDWEST HEALTH STRATEGIES	0	194.27
194.28 CARDINAL SELECT RISK RETENTION GRP	0	194.28
194.29 HOME OFFICE CARDINAL HEALTH INITIATI	0	194.29
194.30 CARDINAL HEALTH ALLIANCE	541,400	194.30
194.31 OTHER NONREIMBURSABLE COST CENTERS	0	194.31
194.32 RENAL DIALYSIS	0	194.32
194.33 LAB CORP	0	194.33
194.34 H.O. MATERIALS MGMT	0	194.34
194.35 LEASED SPACE	0	194.35
200.00 Cross Foot Adjustments	0	200.00
201.00 Negative Cost Centers	0	201.00
202.00 TOTAL (sum lines 118-201)	306,929,264	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	COMMUNICATIONS /PHONES	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 NEW CAP REL COSTS-BLDG & FIXT							1.00
4.00 EMPLOYEE BENEFITS	0	79,146		79,146	79,146		4.00
5.01 COMMUNICATIONS/PHONES	0	22,021		22,021	372	22,393	5.01
5.02 DATA PROCESSING	0	321,127		321,127	0	1,449	5.02
5.04 ADMINITTING	0	76,721		76,721	2,302	729	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	0	2,734		2,734	0	654	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	0	579,676		579,676	3,902	1,066	5.06
6.00 MAINTENANCE & REPAIRS	0	12,985,409		12,985,409	2,137	552	6.00
7.00 OPERATION OF PLANT	0	14,759		14,759	500	84	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0		0	0	0	8.00
9.00 HOUSEKEEPING	0	219,887		219,887	1,862	103	9.00
10.00 DIETARY	0	207,377		207,377	1,007	93	10.00
11.00 CAFETERIA	0	154,147		154,147	748	168	11.00
13.00 NURSING ADMINISTRATION	0	189,633		189,633	3,771	832	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	242,481		242,481	671	337	14.00
15.00 PHARMACY	0	101,211		101,211	3,489	477	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	19,919		19,919	0	1,047	16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0		0	2,193	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	262,811		262,811	1,010	1,169	22.00
23.00 PARAMED PRGM	0	0		0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 ADULTS & PEDIATRICS	0	2,026,946		2,026,946	14,785	2,554	30.00
31.00 INTENSIVE CARE UNIT	0	409,035		409,035	5,136	748	31.00
40.00 SUBPROVIDER - IPF	0	0		0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	137,947		137,947	1,136	187	41.00
42.00 SUBPROVIDER	0	0		0	0	0	42.00
43.00 NURSERY	0	91,818		91,818	1,633	252	43.00
44.00 SKILLED NURSING FACILITY	0	153,632		153,632	985	234	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	0	491,592		491,592	3,258	851	50.00
51.00 RECOVERY ROOM	0	168,744		168,744	1,166	243	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	194,308		194,308	1,639	393	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	876,136		876,136	5,161	2,197	54.00
57.00 CT SCAN	0	0		0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0		0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	199,600		199,600	1,226	365	59.00
60.00 LABORATORY	0	27,475		27,475	0	439	60.00
60.01 BLOOD LABORATORY	0	0		0	0	0	60.01
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0		0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	68,783		68,783	2,732	168	65.00
65.01 SLEEP LAB	0	2,984		2,984	550	187	65.01
66.00 PHYSICAL THERAPY	0	51,186		51,186	2,914	112	66.00
67.00 OCCUPATIONAL THERAPY	0	35,339		35,339	584	75	67.00
68.00 SPEECH PATHOLOGY	0	8,453		8,453	262	47	68.00
68.01 AUDIOLOGY	0	0		0	0	0	68.01
69.00 ELECTROCARDIOLOGY	0	285,376		285,376	1,426	701	69.00
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
73.01 HOSPITAL BASED RETAIL PHARMACIES	0	5,777		5,777	1,986	28	73.01
74.00 RENAL DIALYSIS	0	39,911		39,911	0	56	74.00
76.00 CARDIOPULMONARY	0	0		0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	7,644		7,644	31	37	76.97
76.98 HYPERBARI C OXYGEN THERAPY	0	7,159		7,159	295	112	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 RURAL HEALTH CLINIC	0	0		0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0	0	0	89.00
90.00 CLINIC	0	0		0	0	0	90.00
90.02 PAIN CLINIC	0	0		0	243	0	90.02
90.03 ONCOLOGY CLINIC	0	7,335		7,335	247	0	90.03
91.00 EMERGENCY	0	517,949		517,949	4,531	561	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				0			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 CORF	0	0		0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 PANCREAS ACQUISITION	0	0		0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0		0	0	0	110.00
111.00 ISLET ACQUISITION	0	0		0	0	0	111.00
113.00 INTEREST EXPENSE							113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	COMMUNICATIONS /PHONES	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.01	
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	21,294,188		21,294,188	75,890	19,307	118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23,535		23,535	40	0	190.00
191.00 RESEARCH	0	18,655		18,655	166	131	191.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0		0	0	0	194.00
194.01 BSU PHARMACY	0	0		0	156	0	194.01
194.02 PAVILLION PHARMACY	0	37,339		37,339	374	47	194.02
194.03 VENDING	0	0		0	0	0	194.03
194.04 CARELINE	0	0		0	0	0	194.04
194.05 WELLNESS CENTER	0	74,045		74,045	26	75	194.05
194.06 PHYSICIAN PRACTICE CLINICS	0	272,161		272,161	925	841	194.06
194.07 PERINATAL CLINIC	0	0		0	0	0	194.07
194.08 RENTAL PROPERTY	0	3,601,771		3,601,771	0	365	194.08
194.09 ADVERTISING	0	0		0	0	0	194.09
194.10 INTEGRALTAC	0	0		0	0	252	194.10
194.11 IU HEALTH HOSPICE	0	43,469		43,469	0	178	194.11
194.12 POB MEDICAL PAVILLION CONDOS	0	0		0	0	0	194.12
194.13 EXECUTIVE PHYSICAL	0	0		0	0	0	194.13
194.14 NEW CASTLE ONCOLOGY	0	0		0	0	0	194.14
194.15 MARKETING/PUBLIC RELATIONS	0	45,541		45,541	309	318	194.15
194.16 JAY COUNTY HOSPITAL	0	0		0	132	0	194.16
194.17 CARDINAL HEALTH CHOICE	0	0		0	0	0	194.17
194.18 CHV CARDINAL HEALTH VENTURES	0	0		0	0	0	194.18
194.19 HEALTH CARE CONNECTIONS	0	0		0	0	0	194.19
194.20 MEALS ON WHEELS	0	0		0	0	0	194.20
194.21 ST MARY'S SCHOOL	0	0		0	0	0	194.21
194.22 THERAPIES TO OTHER ENTITIES	0	0		0	682	0	194.22
194.23 CANCER CENTER BOUTIQUE	0	12,525		12,525	41	28	194.23
194.24 BOSC BALL OUTPATIENT SURGERY	0	0		0	0	589	194.24
194.25 CARDINAL BEHAVIORAL HEALTH	0	134,772		134,772	0	262	194.25
194.26 BLACKFORD COMMUNITY HOSPITAL	0	0		0	105	0	194.26
194.27 MIDWEST HEALTH STRATEGIES	0	0		0	0	0	194.27
194.28 CARDINAL SELECT RISK RETENTION GRP	0	0		0	0	0	194.28
194.29 HOME OFFICE CARDINAL HEALTH INITIATI	0	0		0	0	0	194.29
194.30 CARDINAL HEALTH ALLIANCE	0	0		0	300	0	194.30
194.31 OTHER NONREIMBURSABLE COST CENTERS	0	0		0	0	0	194.31
194.32 RENAL DIALYSIS	0	0		0	0	0	194.32
194.33 LAB CORP	0	0		0	0	0	194.33
194.34 H.O. MATERIALS MGMT	0	0		0	0	0	194.34
194.35 LEASED SPACE	0	0		0	0	0	194.35
200.00 Cross Foot Adjustments				0			200.00
201.00 Negative Cost Centers				0			201.00
202.00 TOTAL (sum lines 118-201)	0	25,558,001		25,558,001	79,146	22,393	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150089		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 10:03 am	
Cost Center Description	DATA PROCESSING	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS		
	5.02	5.04	5.05	5.06	6.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 NEW CAP REL COSTS-BLDG & FIXT							1.00
4.00 EMPLOYEE BENEFITS							4.00
5.01 COMMUNICATIONS/PHONES							5.01
5.02 DATA PROCESSING	322,576						5.02
5.04 ADMINITTING	0	79,752					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	0	0	3,388				5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	0	0	0	584,644			5.06
6.00 MAINTENANCE & REPAIRS	0	0	0	40,317	13,028,415		6.00
7.00 OPERATION OF PLANT	0	0	0	12,732	16,733		7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	2,465	0		8.00
9.00 HOUSEKEEPING	0	0	0	7,133	249,302		9.00
10.00 DIETARY	0	0	0	4,933	235,119		10.00
11.00 CAFETERIA	0	0	0	1,542	174,768		11.00
13.00 NURSING ADMINISTRATION	0	0	0	15,638	215,002		13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	29,981	274,919		14.00
15.00 PHARMACY	0	0	0	12,826	114,751		15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	0	22,584		16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	7,755	0		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	4,014	297,969		22.00
23.00 PARAMED PRGM	0	0	0	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 ADULTS & PEDIATRICS	38,247	9,439	368	63,269	2,298,104		30.00
31.00 INTENSIVE CARE UNIT	11,776	2,906	113	19,470	463,754		31.00
40.00 SUBPROVIDER - I/PF	0	0	0	0	0		40.00
41.00 SUBPROVIDER - I/RP	2,701	667	26	6,605	156,401		41.00
42.00 SUBPROVIDER	0	0	0	0	0		42.00
43.00 NURSERY	3,483	860	33	6,045	104,101		43.00
44.00 SKILLED NURSING FACILITY	1,048	259	10	3,929	174,185		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	28,107	6,937	270	19,848	557,355		50.00
51.00 RECOVERY ROOM	2,939	725	28	4,662	191,318		51.00
52.00 DELIVERY ROOM & LABOR ROOM	6,046	1,492	58	6,664	220,302		52.00
54.00 RADIOLOGY-DIAGNOSTIC	45,861	11,459	727	29,309	993,342		54.00
57.00 CT SCAN	0	0	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	14,455	3,567	139	6,873	226,302		59.00
60.00 LABORATORY	37,585	9,276	361	33,720	31,150		60.00
60.01 BLOOD LABORATORY	0	0	0	0	0		60.01
63.00 BLOOD STORING, PROCESSING, & TRANS.	1,119	276	11	3,558	0		63.00
65.00 RESPIRATORY THERAPY	4,856	1,199	47	9,917	77,984		65.00
65.01 SLEEP LAB	2,047	505	20	2,183	3,383		65.01
66.00 PHYSICAL THERAPY	5,479	1,352	53	11,020	58,034		66.00
67.00 OCCUPATIONAL THERAPY	1,148	283	11	2,171	40,067		67.00
68.00 SPEECH PATHOLOGY	496	122	5	972	9,583		68.00
68.01 AUDIOLOGY	0	0	0	0	0		68.01
69.00 ELECTROCARDIOLOGY	13,689	3,378	132	7,850	323,553		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,106	2,001	78	26,503	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	21,822	5,386	210	22,245	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	30,789	7,599	296	35,846	0		73.00
73.01 HOSPITAL BASED RETAIL PHARMACIES	4,687	1,157	45	34,224	6,550		73.01
74.00 RENAL DIALYSIS	850	210	8	2,339	45,250		74.00
76.00 CARDIOPULMONARY	0	0	0	0	0		76.00
76.97 CARDIAC REHABILITATION	262	65	3	187	8,667		76.97
76.98 HYPERBARIC OXYGEN THERAPY	2,301	568	22	2,586	8,117		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
90.00 CLINIC	0	0	0	0	0		90.00
90.02 PAIN CLINIC	408	101	4	1,304	0		90.02
90.03 ONCOLOGY CLINIC	2,331	575	22	1,175	8,317		90.03
91.00 EMERGENCY	28,685	7,079	276	20,072	587,239		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 CORF	0	0	0	0	0		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 PANCREAS ACQUISITION	0	0	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0	0	0		111.00
113.00 INTEREST EXPENSE							113.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0		115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	321,323	79,443	3,376	523,882	8,194,205		118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description	DATA PROCESSING	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
	5.02	5.04	5.05	5.06	6.00	
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,104	26,684	190.00
191.00 RESEARCH	0	0	0	864	21,150	191.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 BSU PHARMACY	184	45	2	1,727	0	194.01
194.02 PAVILLION PHARMACY	1,029	254	10	7,395	42,334	194.02
194.03 VENDING	0	0	0	0	0	194.03
194.04 CARELINE	0	0	0	0	0	194.04
194.05 WELLNESS CENTER	0	0	0	263	83,951	194.05
194.06 PHYSICIAN PRACTICE CLINICS	40	10	0	3,816	308,569	194.06
194.07 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 RENTAL PROPERTY	0	0	0	7,761	4,083,603	194.08
194.09 ADVERTISING	0	0	0	0	0	194.09
194.10 INTEGRAL TAC	0	0	0	12	0	194.10
194.11 IU HEALTH HOSPICE	0	0	0	89	49,284	194.11
194.12 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 MARKETING/PUBLIC RELATIONS	0	0	0	1,594	51,634	194.15
194.16 JAY COUNTY HOSPITAL	0	0	0	436	0	194.16
194.17 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 THERAPIES TO OTHER ENTITIES	0	0	0	2,485	0	194.22
194.23 CANCER CENTER BOUTIQUE	0	0	0	320	14,200	194.23
194.24 BOSC BALL OUTPATIENT SURGERY	0	0	0	26	0	194.24
194.25 CARDINAL BEHAVIORAL HEALTH	0	0	0	310	152,801	194.25
194.26 BLACKFORD COMMUNITY HOSPITAL	0	0	0	31,559	0	194.26
194.27 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30 CARDINAL HEALTH ALLIANCE	0	0	0	1,001	0	194.30
194.31 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 LAB CORP	0	0	0	0	0	194.33
194.34 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 LEASED SPACE	0	0	0	0	0	194.35
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)	322,576	79,752	3,388	584,644	13,028,415	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150089		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 10:03 am	
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS/PHONES						5.01
5.02	DATA PROCESSING						5.02
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT	44,808					7.00
8.00	LAUNDRY & LINEN SERVICE	0	2,465				8.00
9.00	HOUSEKEEPING	859	1	479,147			9.00
10.00	DIETARY	810	0	436	449,775		10.00
11.00	CAFETERIA	602	0	4,609	0	336,584	11.00
13.00	NURSING ADMINISTRATION	740	4	2,118	0	17,509	13.00
14.00	CENTRAL SERVICES & SUPPLY	947	0	2,180	0	7,142	14.00
15.00	PHARMACY	395	0	2,180	0	13,195	15.00
16.00	MEDICAL RECORDS & LIBRARY	78	0	0	0	15	16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	12,597	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,026	0	10,402	0	4,264	22.00
23.00	PARAMED PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	7,914	1,153	193,940	293,492	77,395	30.00
31.00	INTENSIVE CARE UNIT	1,597	244	33,450	28,617	23,290	31.00
40.00	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I RF	539	98	20,353	27,206	5,994	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	358	27	6,478	0	6,482	43.00
44.00	SKILLED NURSING FACILITY	600	71	8,471	36,252	6,753	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	1,919	168	25,165	0	21,839	50.00
51.00	RECOVERY ROOM	659	76	1,495	0	5,844	51.00
52.00	DELIVERY ROOM & LABOR ROOM	759	83	23,919	30,068	7,115	52.00
54.00	RADIOLOGY-DIAGNOSTIC	3,421	138	22,004	0	24,163	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	779	11	6,852	0	5,334	59.00
60.00	LABORATORY	107	0	11,337	0	13	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	269	0	1,806	0	12,448	65.00
65.01	SLEEP LAB	12	0	0	0	2,757	65.01
66.00	PHYSICAL THERAPY	200	15	7,412	0	14,138	66.00
67.00	OCCUPATIONAL THERAPY	138	0	436	0	2,672	67.00
68.00	SPEECH PATHOLOGY	33	0	436	0	1,179	68.00
68.01	AUDIOLOGY	0	0	0	0	0	68.01
69.00	ELECTROCARDIOLOGY	1,114	26	4,672	0	9,330	69.00
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
73.01	HOSPITAL BASED RETAIL PHARMACIES	23	0	872	0	8,208	73.01
74.00	RENAL DIALYSIS	156	11	0	0	0	74.00
76.00	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	30	0	3,551	0	176	76.97
76.98	HYPERBARIC OXYGEN THERAPY	28	0	0	0	1,654	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.02	PAIN CLINIC	0	0	0	0	2,467	90.02
90.03	ONCOLOGY CLINIC	29	0	0	0	965	90.03
91.00	EMERGENCY	2,022	328	53,818	0	22,765	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	28,163	2,454	448,392	415,635	317,703	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	92	0	0	0	347	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

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Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	7.00	8.00	9.00	10.00	11.00	
191.00 RESEARCH	73	0	0	0	978	191.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 BSU PHARMACY	0	0	0	0	602	194.01
194.02 PAVILLION PHARMACY	146	0	0	0	1,579	194.02
194.03 VENDING	0	0	0	0	0	194.03
194.04 CARELINE	0	0	0	0	0	194.04
194.05 WELLNESS CENTER	289	11	1,246	0	229	194.05
194.06 PHYSICIAN PRACTICE CLINICS	1,063	0	561	0	7,828	194.06
194.07 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 RENTAL PROPERTY	14,059	0	6,182	0	0	194.08
194.09 ADVERTISING	0	0	0	0	0	194.09
194.10 INTEGRAL TAC	0	0	10,324	16,028	0	194.10
194.11 IU HEALTH HOSPICE	170	0	1,744	0	0	194.11
194.12 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 MARKETING/PUBLIC RELATIONS	178	0	498	0	1,671	194.15
194.16 JAY COUNTY HOSPITAL	0	0	0	0	229	194.16
194.17 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 THERAPIES TO OTHER ENTITIES	0	0	0	0	3,861	194.22
194.23 CANCER CENTER BOUTIQUE	49	0	0	0	365	194.23
194.24 BOSC BALL OUTPATIENT SURGERY	0	0	10,200	0	0	194.24
194.25 CARDINAL BEHAVIORAL HEALTH	526	0	0	18,112	0	194.25
194.26 BLACKFORD COMMUNITY HOSPITAL	0	0	0	0	229	194.26
194.27 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30 CARDINAL HEALTH ALLIANCE	0	0	0	0	963	194.30
194.31 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 LAB CORP	0	0	0	0	0	194.33
194.34 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 LEASED SPACE	0	0	0	0	0	194.35
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)	44,808	2,465	479,147	449,775	336,584	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00 EMPLOYEE BENEFITS					4.00
5.01 COMMUNICATIONS/PHONES					5.01
5.02 DATA PROCESSING					5.02
5.04 ADMINISTRATION					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 MAINTENANCE & REPAIRS					6.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
13.00 NURSING ADMINISTRATION	445,247				13.00
14.00 CENTRAL SERVICES & SUPPLY	0	558,658			14.00
15.00 PHARMACY	0	0	248,524		15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	1,162	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
23.00 PARAMED ED PRGM	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 ADULTS & PEDIATRICS	194,165	383,663	98	123	30.00
31.00 INTENSIVE CARE UNIT	58,429	36,776	15	38	31.00
40.00 SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00 SUBPROVIDER - I/RF	15,038	3,306	2	9	41.00
42.00 SUBPROVIDER	0	0	0	0	42.00
43.00 NURSERY	16,262	39,565	2	11	43.00
44.00 SKILLED NURSING FACILITY	16,941	14,669	6	3	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	54,788	4,545	1,162	90	50.00
51.00 RECOVERY ROOM	14,662	5,062	2	9	51.00
52.00 DELIVERY ROOM & LABOR ROOM	17,851	43,180	17	19	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	517	231	274	54.00
57.00 CT SCAN	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	20	46	59.00
60.00 LABORATORY	0	0	6	120	60.00
60.01 BLOOD LABORATORY	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	4	63.00
65.00 RESPIRATORY THERAPY	0	0	54	16	65.00
65.01 SLEEP LAB	0	0	0	7	65.01
66.00 PHYSICAL THERAPY	0	0	2	18	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	4	67.00
68.00 SPEECH PATHOLOGY	0	0	0	2	68.00
68.01 AUDIOLOGY	0	0	0	0	68.01
69.00 ELECTROCARDIOLOGY	0	6,301	694	44	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	26	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	70	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	117,922	99	73.00
73.01 HOSPITAL BASED RETAIL PHARMACIES	0	0	102,814	15	73.01
74.00 RENAL DIALYSIS	0	0	0	3	74.00
76.00 CARDIOPULMONARY	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	1	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	66	7	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	90.00
90.02 PAIN CLINIC	0	0	114	1	90.02
90.03 ONCOLOGY CLINIC	0	0	1	7	90.03
91.00 EMERGENCY	57,111	21,074	29	92	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10 CORF	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	111.00
113.00 INTEREST EXPENSE					113.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	445,247	558,658	223,257	1,158	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

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Cost Center Description	NURSING	CENTRAL	PHARMACY	MEDICAL		
	ADMINISTRATIVE	SERVICES & SUPPLY		RECORDS & LIBRARY		
	13.00	14.00	15.00	16.00		
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00 RESEARCH	0	0	0	0		191.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.00
194.01 BSU PHARMACY	0	0	3,463	1		194.01
194.02 PAVILLION PHARMACY	0	0	20,993	3		194.02
194.03 VENDING	0	0	0	0		194.03
194.04 CARELINE	0	0	0	0		194.04
194.05 WELLNESS CENTER	0	0	0	0		194.05
194.06 PHYSICIAN PRACTICE CLINICS	0	0	809	0		194.06
194.07 PERINATAL CLINIC	0	0	0	0		194.07
194.08 RENTAL PROPERTY	0	0	0	0		194.08
194.09 ADVERTISING	0	0	0	0		194.09
194.10 INTEGRAL TAC	0	0	0	0		194.10
194.11 IU HEALTH HOSPICE	0	0	0	0		194.11
194.12 POB MEDICAL PAVILLION CONDOS	0	0	0	0		194.12
194.13 EXECUTIVE PHYSICAL	0	0	0	0		194.13
194.14 NEW CASTLE ONCOLOGY	0	0	0	0		194.14
194.15 MARKETING/PUBLIC RELATIONS	0	0	0	0		194.15
194.16 JAY COUNTY HOSPITAL	0	0	0	0		194.16
194.17 CARDINAL HEALTH CHOICE	0	0	0	0		194.17
194.18 CHV CARDINAL HEALTH VENTURES	0	0	0	0		194.18
194.19 HEALTH CARE CONNECTIONS	0	0	0	0		194.19
194.20 MEALS ON WHEELS	0	0	0	0		194.20
194.21 ST MARY'S SCHOOL	0	0	0	0		194.21
194.22 THERAPIES TO OTHER ENTITIES	0	0	0	0		194.22
194.23 CANCER CENTER BOUTIQUE	0	0	0	0		194.23
194.24 BOSC BALL OUTPATIENT SURGERY	0	0	0	0		194.24
194.25 CARDINAL BEHAVIORAL HEALTH	0	0	2	0		194.25
194.26 BLACKFORD COMMUNITY HOSPITAL	0	0	0	0		194.26
194.27 MIDWEST HEALTH STRATEGIES	0	0	0	0		194.27
194.28 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0		194.28
194.29 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0		194.29
194.30 CARDINAL HEALTH ALLIANCE	0	0	0	0		194.30
194.31 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.31
194.32 RENAL DIALYSIS	0	0	0	0		194.32
194.33 LAB CORP	0	0	0	0		194.33
194.34 H.O. MATERIALS MGMT	0	0	0	0		194.34
194.35 LEASED SPACE	0	0	0	0		194.35
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	42,481		201.00
202.00 TOTAL (sum lines 118-201)	445,247	558,658	248,524	43,643		202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS/PHONES						5.01
5.02 DATA PROCESSING						5.02
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	22,545					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		582,665				22.00
23.00 PARAMED PRGM			0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS				5,605,655	0	30.00
31.00 INTENSIVE CARE UNIT				1,095,394	0	31.00
40.00 SUBPROVIDER - I PF				0	0	40.00
41.00 SUBPROVIDER - I RF				378,215	0	41.00
42.00 SUBPROVIDER				0	0	42.00
43.00 NURSERY				277,410	0	43.00
44.00 SKILLED NURSING FACILITY				418,048	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM				1,217,894	0	50.00
51.00 RECOVERY ROOM				397,634	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM				553,913	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC				2,014,940	0	54.00
57.00 CT SCAN				0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)				0	0	58.00
59.00 CARDIAC CATHETERIZATION				465,569	0	59.00
60.00 LABORATORY				151,589	0	60.00
60.01 BLOOD LABORATORY				0	0	60.01
63.00 BLOOD STORING, PROCESSING, & TRANS.				4,968	0	63.00
65.00 RESPIRATORY THERAPY				180,279	0	65.00
65.01 SLEEP LAB				14,635	0	65.01
66.00 PHYSICAL THERAPY				151,935	0	66.00
67.00 OCCUPATIONAL THERAPY				82,928	0	67.00
68.00 SPEECH PATHOLOGY				21,590	0	68.00
68.01 AUDIOLOGY				0	0	68.01
69.00 ELECTROCARDIOLOGY				658,286	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS				36,714	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT				49,733	0	72.00
73.00 DRUGS CHARGED TO PATIENTS				192,551	0	73.00
73.01 HOSPITAL BASED RETAIL PHARMACIES				166,386	0	73.01
74.00 RENAL DIALYSIS				88,794	0	74.00
76.00 CARDIOPULMONARY				0	0	76.00
76.97 CARDIAC REHABILITATION				20,654	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY				22,915	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC				0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER				0	0	89.00
90.00 CLINIC				0	0	90.00
90.02 PAIN CLINIC				4,642	0	90.02
90.03 ONCOLOGY CLINIC				21,004	0	90.03
91.00 EMERGENCY				1,323,631	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF				0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION				0	0	109.00
110.00 INTESTINAL ACQUISITION				0	0	110.00
111.00 ISLET ACQUISITION				0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

Period:  
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
113.00 INTEREST EXPENSE						113.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)				0		0115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	15,617,906		0118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN				51,802		0190.00
191.00 RESEARCH				42,017		0191.00
194.00 OTHER NONREIMBURSABLE COST CENTERS				0		0194.00
194.01 BSU PHARMACY				6,180		0194.01
194.02 PAVILLION PHARMACY				111,503		0194.02
194.03 VENDING				0		0194.03
194.04 CARELINE				0		0194.04
194.05 WELLNESS CENTER				160,135		0194.05
194.06 PHYSICIAN PRACTICE CLINICS				596,623		0194.06
194.07 PERINATAL CLINIC				0		0194.07
194.08 RENTAL PROPERTY				7,713,741		0194.08
194.09 ADVERTISING				0		0194.09
194.10 INTEGRAL TAC				26,616		0194.10
194.11 IU HEALTH HOSPICE				94,934		0194.11
194.12 POB MEDICAL PAVILLION CONDOS				0		0194.12
194.13 EXECUTIVE PHYSICAL				0		0194.13
194.14 NEW CASTLE ONCOLOGY				0		0194.14
194.15 MARKETING/PUBLIC RELATIONS				101,743		0194.15
194.16 JAY COUNTY HOSPITAL				797		0194.16
194.17 CARDINAL HEALTH CHOICE				0		0194.17
194.18 CHV CARDINAL HEALTH VENTURES				0		0194.18
194.19 HEALTH CARE CONNECTIONS				0		0194.19
194.20 MEALS ON WHEELS				0		0194.20
194.21 ST MARY'S SCHOOL				0		0194.21
194.22 THERAPIES TO OTHER ENTITIES				7,028		0194.22
194.23 CANCER CENTER BOUTIQUE				27,528		0194.23
194.24 BOSCO BALL OUTPATIENT SURGERY				10,815		0194.24
194.25 CARDINAL BEHAVIORAL HEALTH				306,785		0194.25
194.26 BLACKFORD COMMUNITY HOSPITAL				31,893		0194.26
194.27 MIDWEST HEALTH STRATEGIES				0		0194.27
194.28 CARDINAL SELECT RISK RETENTION GRP				0		0194.28
194.29 HOME OFFICE CARDINAL HEALTH INITIATIVE				0		0194.29
194.30 CARDINAL HEALTH ALLIANCE				2,264		0194.30
194.31 OTHER NONREIMBURSABLE COST CENTERS				0		0194.31
194.32 RENAL DIALYSIS				0		0194.32
194.33 LAB CORP				0		0194.33
194.34 H.O. MATERIALS MGMT				0		0194.34
194.35 LEASED SPACE				0		0194.35
200.00 Cross Foot Adjustments	22,545	582,665	0	605,210		0200.00
201.00 Negative Cost Centers	0	0	0	42,481		0201.00
202.00 TOTAL (sum lines 118-201)	22,545	582,665	0	25,558,001		0202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
4.00	EMPLOYEE BENEFITS		4.00
5.01	COMMUNICATIONS/PHONES		5.01
5.02	DATA PROCESSING		5.02
5.04	ADMINISTRATIVE		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	MAINTENANCE & REPAIRS		6.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	PARAMEDICAL PRGM		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	ADULTS & PEDIATRICS	5,605,655	30.00
31.00	INTENSIVE CARE UNIT	1,095,394	31.00
40.00	SUBPROVIDER - IPF	0	40.00
41.00	SUBPROVIDER - IRF	378,215	41.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	277,410	43.00
44.00	SKILLED NURSING FACILITY	418,048	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	OPERATING ROOM	1,217,894	50.00
51.00	RECOVERY ROOM	397,634	51.00
52.00	DELIVERY ROOM & LABOR ROOM	553,913	52.00
54.00	RADIOLOGY-DIAGNOSTIC	2,014,940	54.00
57.00	CT SCAN	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	CARDIAC CATHETERIZATION	465,569	59.00
60.00	LABORATORY	151,589	60.00
60.01	BLOOD LABORATORY	0	60.01
63.00	BLOOD STORING, PROCESSING, & TRANS.	4,968	63.00
65.00	RESPIRATORY THERAPY	180,279	65.00
65.01	SLEEP LAB	14,635	65.01
66.00	PHYSICAL THERAPY	151,935	66.00
67.00	OCCUPATIONAL THERAPY	82,928	67.00
68.00	SPEECH PATHOLOGY	21,590	68.00
68.01	AUDIOLOGY	0	68.01
69.00	ELECTROCARDIOLOGY	658,286	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	36,714	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	49,733	72.00
73.00	DRUGS CHARGED TO PATIENTS	192,551	73.00
73.01	HOSPITAL BASED RETAIL PHARMACIES	166,386	73.01
74.00	RENAL DIALYSIS	88,794	74.00
76.00	CARDIOPULMONARY	0	76.00
76.97	CARDIAC REHABILITATION	20,654	76.97
76.98	HYPERBARIC OXYGEN THERAPY	22,915	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	RURAL HEALTH CLINIC	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	CLINIC	0	90.00
90.02	PAIN CLINIC	4,642	90.02
90.03	ONCOLOGY CLINIC	21,004	90.03
91.00	EMERGENCY	1,323,631	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10	CORF	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00	PANCREAS ACQUISITION	0	109.00
110.00	INTESTINAL ACQUISITION	0	110.00
111.00	ISLET ACQUISITION	0	111.00
113.00	INTEREST EXPENSE		113.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	15,617,906	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	51,802	190.00
191.00	RESEARCH	42,017	191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description	Total	
	26.00	
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01 BSU PHARMACY	6,180	194.01
194.02 PAVILLION PHARMACY	111,503	194.02
194.03 VENDING	0	194.03
194.04 CARELINE	0	194.04
194.05 WELLNESS CENTER	160,135	194.05
194.06 PHYSICIAN PRACTICE CLINICS	596,623	194.06
194.07 PERINATAL CLINIC	0	194.07
194.08 RENTAL PROPERTY	7,713,741	194.08
194.09 ADVERTISING	0	194.09
194.10 INTEGRALTAC	26,616	194.10
194.11 IU HEALTH HOSPICE	94,934	194.11
194.12 POB MEDICAL PAVILLION CONDOS	0	194.12
194.13 EXECUTIVE PHYSICAL	0	194.13
194.14 NEW CASTLE ONCOLOGY	0	194.14
194.15 MARKETING/PUBLIC RELATIONS	101,743	194.15
194.16 JAY COUNTY HOSPITAL	797	194.16
194.17 CARDINAL HEALTH CHOICE	0	194.17
194.18 CHV CARDINAL HEALTH VENTURES	0	194.18
194.19 HEALTH CARE CONNECTIONS	0	194.19
194.20 MEALS ON WHEELS	0	194.20
194.21 ST MARY'S SCHOOL	0	194.21
194.22 THERAPIES TO OTHER ENTITIES	7,028	194.22
194.23 CANCER CENTER BOUTIQUE	27,528	194.23
194.24 BOSC BALL OUTPATIENT SURGERY	10,815	194.24
194.25 CARDINAL BEHAVIORAL HEALTH	306,785	194.25
194.26 BLACKFORD COMMUNITY HOSPITAL	31,893	194.26
194.27 MIDWEST HEALTH STRATEGIES	0	194.27
194.28 CARDINAL SELECT RISK RETENTION GRP	0	194.28
194.29 HOME OFFICE CARDINAL HEALTH INITIATI	0	194.29
194.30 CARDINAL HEALTH ALLIANCE	2,264	194.30
194.31 OTHER NONREIMBURSABLE COST CENTERS	0	194.31
194.32 RENAL DIALYSIS	0	194.32
194.33 LAB CORP	0	194.33
194.34 H. O. MATERIALS MGMT	0	194.34
194.35 LEASED SPACE	0	194.35
200.00 Cross Foot Adjustments	605,210	200.00
201.00 Negative Cost Centers	42,481	201.00
202.00 TOTAL (sum lines 118-201)	25,558,001	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description	CAPI TAL	EMPLOYEE	COMMUNI CATIONS	DATA	ADMI TTING					
	RELATED COSTS						BENEFI TS	/PHONES	PROCESSING	(GROSS
	NEW BLDG & FIXT (SQUARE FEET)						(GROSS SALARIES)	(PHONE LINES)	(GROSS CHARGES)	(GROSS CHARGES)
	1.00	4.00	5.01	5.02	5.04					
<b>GENERAL SERVICE COST CENTERS</b>										
1.00 NEW CAP REL COSTS-BLDG & FIXT	1,738,608					1.00				
4.00 EMPLOYEE BENEFITS	5,384	97,916,903				4.00				
5.01 COMMUNI CATIONS/PHONES	1,498	460,455	2,395			5.01				
5.02 DATA PROCESSING	21,845	0	155	1,032,906,531		5.02				
5.04 ADMI TTING	5,219	2,848,452	78	0	1,032,906,531	5.04				
5.05 CASHI ERING/ACCOUNTS RECEI VABLE	186	0	70	0	0	5.05				
5.06 OTHER ADMI NI STRATIVE AND GENERAL	39,433	4,828,715	114	0	0	5.06				
6.00 MAI NTENANCE & REPAI RS	883,345	2,644,353	59	0	0	6.00				
7.00 OPERATI ON OF PLANT	1,004	619,242	9	0	0	7.00				
8.00 LAUNDRY & LI NEN SERVI CE	0	0	0	0	0	8.00				
9.00 HOUSEKEEPING	14,958	2,304,599	11	0	0	9.00				
10.00 DI ETARY	14,107	1,245,830	10	0	0	10.00				
11.00 CAFETERIA	10,486	926,019	18	0	0	11.00				
13.00 NURSING ADMI NI STRATI ON	12,900	4,667,178	89	0	0	13.00				
14.00 CENTRAL SERVI CES & SUPPLY	16,495	830,954	36	0	0	14.00				
15.00 PHARMACY	6,885	4,318,137	51	0	0	15.00				
16.00 MEDI CAL RECORDS & LIBRARY	1,355	0	112	0	0	16.00				
21.00 I&R SERVI CES-SALARY & FRINGES APPRVD	0	2,714,671	0	0	0	21.00				
22.00 I&R SERVI CES-OTHER PRGM COSTS APPRVD	17,878	1,249,609	125	0	0	22.00				
23.00 PARAMED ED PRGM	0	0	0	0	0	23.00				
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00 ADULTS & PEDI ATRI CS	137,885	18,262,257	273	122,586,244	122,586,244	30.00				
31.00 INTENSIVE CARE UNIT	27,825	6,356,997	80	37,743,929	37,743,929	31.00				
40.00 SUBPROVI DER - I PF	0	0	0	0	0	40.00				
41.00 SUBPROVI DER - I RF	9,384	1,406,381	20	8,657,815	8,657,815	41.00				
42.00 SUBPROVI DER	0	0	0	0	0	42.00				
43.00 NURSERY	6,246	2,020,521	27	11,163,022	11,163,022	43.00				
44.00 SKILLED NURSING FACI LI TY	10,451	1,219,304	25	3,360,496	3,360,496	44.00				
<b>ANCI LLARY SERVI CE COST CENTERS</b>										
50.00 OPERATI NG ROOM	33,441	4,032,562	91	90,087,634	90,087,634	50.00				
51.00 RECOVERY ROOM	11,479	1,442,870	26	9,419,034	9,419,034	51.00				
52.00 DELI VERY ROOM & LABOR ROOM	13,218	2,028,938	42	19,376,882	19,376,882	52.00				
54.00 RADI OLOGY-DI AGNOSTI C	59,600	6,387,622	235	145,993,182	145,993,182	54.00				
57.00 CT SCAN	0	0	0	0	0	57.00				
58.00 MAGNETI C RESONANCE IMAGI NG (MRI )	0	0	0	0	0	58.00				
59.00 CARDI AC CATHETERI ZATI ON	13,578	1,517,894	39	46,330,720	46,330,720	59.00				
60.00 LABORATORY	1,869	0	47	120,463,360	120,463,360	60.00				
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01				
63.00 BLOOD STORI NG, PROCESSI NG, & TRANS.	0	0	0	3,585,156	3,585,156	63.00				
65.00 RESPI RATORY THERAPY	4,679	3,380,738	18	15,565,662	15,565,662	65.00				
65.01 SLEEP LAB	203	680,808	20	6,561,345	6,561,345	65.01				
66.00 PHYSI CAL THERAPY	3,482	3,606,478	12	17,560,797	17,560,797	66.00				
67.00 OCCUPATI ONAL THERAPY	2,404	722,182	8	3,680,318	3,680,318	67.00				
68.00 SPEECH PATHOLOGY	575	324,318	5	1,590,093	1,590,093	68.00				
68.01 AUDI OLOGY	0	0	0	0	0	68.01				
69.00 ELECTROCARDI OLOGY	19,413	1,764,595	75	43,873,845	43,873,845	69.00				
71.00 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	0	25,981,246	25,981,246	71.00				
72.00 I MPL. DEV. CHARGED TO PATI ENT	0	0	0	69,942,503	69,942,503	72.00				
73.00 DRUGS CHARGED TO PATI ENTS	0	0	0	98,683,505	98,683,505	73.00				
73.01 HOSPI TAL BASED RETAI L PHARMACI ES	393	2,457,941	3	15,024,014	15,024,014	73.01				
74.00 RENAL DI ALYSI S	2,715	0	6	2,725,358	2,725,358	74.00				
76.00 CARDI OPULMONARY	0	0	0	0	0	76.00				
76.97 CARDI AC REHABI LI TATI ON	520	37,972	4	840,428	840,428	76.97				
76.98 HYPERBARI C OXYGEN THERAPY	487	365,433	12	7,374,401	7,374,401	76.98				
<b>OUTPATI ENT SERVI CE COST CENTERS</b>										
88.00 RURAL HEALTH CLINI C	0	0	0	0	0	88.00				
89.00 FEDERALLY QUALI FI ED HEALTH CENTER	0	0	0	0	0	89.00				
90.00 CLINI C	0	0	0	0	0	90.00				
90.02 PAIN CLINI C	0	300,441	0	1,307,861	1,307,861	90.02				
90.03 ONCOLOGY CLINI C	499	305,693	0	7,470,654	7,470,654	90.03				
91.00 EMERGENCY	35,234	5,607,660	60	91,940,148	91,940,148	91.00				
92.00 OBSERVATI ON BEDS (NON-DI STI NCT PART)						92.00				
<b>OTHER REI MBURSABLE COST CENTERS</b>										
99.10 CORF	0	0	0	0	0	99.10				
<b>SPECI AL PURPOSE COST CENTERS</b>										
109.00 PANCREAS ACQUI SI TI ON	0	0	0	0	0	109.00				
110.00 INTESI NAL ACQUI SI TI ON	0	0	0	0	0	110.00				
111.00 ISLET ACQUI SI TI ON	0	0	0	0	0	111.00				
113.00 INTEREST EXPENSE						113.00				

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1

Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS /PHONES (PHONE LINES)	DATA PROCESSING (GROSS CHARGES)	ADMITTING (GROSS CHARGES)	
	NEW BLDG & FIXT (SQUARE FEET)						
	1.00	4.00					
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,448,558	93,887,819	2,065	1,028,889,652	1,028,889,652		118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,601	49,273	0	0	0	0	190.00
191.00 RESEARCH	1,269	205,195	14	0	0	0	191.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.00
194.01 BSU PHARMACY	0	192,975	0	590,730	590,730	590,730	194.01
194.02 PAVILLION PHARMACY	2,540	463,183	5	3,297,578	3,297,578	3,297,578	194.02
194.03 VENDING	0	0	0	0	0	0	194.03
194.04 CARELINE	0	0	0	0	0	0	194.04
194.05 WELLNESS CENTER	5,037	32,766	8	0	0	0	194.05
194.06 PHYSICIAN PRACTICE CLINICS	18,514	1,144,659	90	128,571	128,571	128,571	194.06
194.07 PERINATAL CLINIC	0	0	0	0	0	0	194.07
194.08 RENTAL PROPERTY	245,014	0	39	0	0	0	194.08
194.09 ADVERTISING	0	0	0	0	0	0	194.09
194.10 INTEGRAL TAC	0	0	27	0	0	0	194.10
194.11 IU HEALTH HOSPICE	2,957	0	19	0	0	0	194.11
194.12 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	0	194.12
194.13 EXECUTIVE PHYSICAL	0	0	0	0	0	0	194.13
194.14 NEW CASTLE ONCOLOGY	0	0	0	0	0	0	194.14
194.15 MARKETING/PUBLIC RELATIONS	3,098	381,937	34	0	0	0	194.15
194.16 JAY COUNTY HOSPITAL	0	163,250	0	0	0	0	194.16
194.17 CARDINAL HEALTH CHOICE	0	0	0	0	0	0	194.17
194.18 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	0	194.18
194.19 HEALTH CARE CONNECTIONS	0	0	0	0	0	0	194.19
194.20 MEALS ON WHEELS	0	0	0	0	0	0	194.20
194.21 ST MARY'S SCHOOL	0	0	0	0	0	0	194.21
194.22 THERAPIES TO OTHER ENTITIES	0	844,506	0	0	0	0	194.22
194.23 CANCER CENTER BOUTIQUE	852	51,002	3	0	0	0	194.23
194.24 BOSC BALL OUTPATIENT SURGERY	0	0	63	0	0	0	194.24
194.25 CARDINAL BEHAVIORAL HEALTH	9,168	0	28	0	0	0	194.25
194.26 BLACKFORD COMMUNITY HOSPITAL	0	129,526	0	0	0	0	194.26
194.27 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	0	194.27
194.28 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	0	194.28
194.29 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	0	194.29
194.30 CARDINAL HEALTH ALLIANCE	0	370,812	0	0	0	0	194.30
194.31 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.31
194.32 RENAL DIALYSIS	0	0	0	0	0	0	194.32
194.33 LAB CORP	0	0	0	0	0	0	194.33
194.34 H.O. MATERIALS MGMT	0	0	0	0	0	0	194.34
194.35 LEASED SPACE	0	0	0	0	0	0	194.35
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)	25,558,001	25,669,282	480,100	9,263,940	3,903,870		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	14.700267	0.262154	200.459290	0.008969	0.003779		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)		79,146	22,393	322,576	79,752		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)		0.000808	9.349896	0.000312	0.000077		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
	5.05	5A.06	5.06	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS/PHONES						5.01
5.02 DATA PROCESSING						5.02
5.04 ADMINISTRATION						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	1,032,906,531					5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	0	-24,273,571	289,837,201			5.06
6.00 MAINTENANCE & REPAIRS	0	0	19,988,360	781,698		6.00
7.00 OPERATION OF PLANT	0	0	6,312,547	1,004	780,694	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	1,222,248	0	0	8.00
9.00 HOUSEKEEPING	0	0	3,536,274	14,958	14,958	9.00
10.00 DIETARY	0	0	2,445,947	14,107	14,107	10.00
11.00 CAFETERIA	0	0	764,486	10,486	10,486	11.00
13.00 NURSING ADMINISTRATION	0	0	7,753,292	12,900	12,900	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	14,864,055	16,495	16,495	14.00
15.00 PHARMACY	0	0	6,358,767	6,885	6,885	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	47,083	0	1,355	1,355	16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	3,844,928	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,990,217	17,878	17,878	22.00
23.00 PARAMED ED PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	122,586,244	0	31,346,426	137,885	137,885	30.00
31.00 INTENSIVE CARE UNIT	37,743,929	0	9,653,076	27,825	27,825	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	8,657,815	0	3,274,549	9,384	9,384	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	11,163,022	0	2,996,936	6,246	6,246	43.00
44.00 SKILLED NURSING FACILITY	3,360,496	0	1,947,927	10,451	10,451	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	90,087,634	0	9,840,233	33,441	33,441	50.00
51.00 RECOVERY ROOM	9,419,034	0	2,311,515	11,479	11,479	51.00
52.00 DELIVERY ROOM & LABOR ROOM	19,376,882	0	3,304,128	13,218	13,218	52.00
54.00 RADIOLOGY-DIAGNOSTIC	145,993,182	0	14,531,230	59,600	59,600	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	46,330,720	0	3,407,572	13,578	13,578	59.00
60.00 LABORATORY	120,463,360	0	16,717,763	1,869	1,869	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING, & TRANS.	3,585,156	0	1,763,854	0	0	63.00
65.00 RESPIRATORY THERAPY	15,565,662	0	4,916,481	4,679	4,679	65.00
65.01 SLEEP LAB	6,561,345	0	1,082,237	203	203	65.01
66.00 PHYSICAL THERAPY	17,560,797	0	5,463,654	3,482	3,482	66.00
67.00 OCCUPATIONAL THERAPY	3,680,318	0	1,076,305	2,404	2,404	67.00
68.00 SPEECH PATHOLOGY	1,590,093	0	481,703	575	575	68.00
68.01 AUDIOLOGY	0	0	0	0	0	68.01
69.00 ELECTROCARDIOLOGY	43,873,845	0	3,891,839	19,413	19,413	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	25,981,246	0	13,139,937	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	69,942,503	0	11,028,969	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	98,683,505	0	17,772,160	0	0	73.00
73.01 HOSPITAL BASED RETAIL PHARMACIES	15,024,014	0	16,967,569	393	393	73.01
74.00 RENAL DIALYSIS	2,725,358	0	1,159,576	2,715	2,715	74.00
76.00 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	840,428	0	92,814	520	520	76.97
76.98 HYPERBARIC OXYGEN THERAPY	7,374,401	0	1,281,959	487	487	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.02 PAIN CLINIC	1,307,861	0	646,653	0	0	90.02
90.03 ONCOLOGY CLINIC	7,470,654	0	582,406	499	499	90.03
91.00 EMERGENCY	91,940,148	0	9,951,627	35,234	35,234	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
115.00 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1

Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
	5.05	5A.06	5.06	6.00	7.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,028,889,652	-24,226,488	259,712,219	491,648	490,644	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	547,465	1,601	1,601	190.00
191.00 RESEARCH	0	0	428,527	1,269	1,269	191.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 BSU PHARMACY	590,730	0	856,252	0	0	194.01
194.02 PAVILLION PHARMACY	3,297,578	0	3,666,542	2,540	2,540	194.02
194.03 VENDING	0	0	0	0	0	194.03
194.04 CARELINE	0	0	0	0	0	194.04
194.05 WELLNESS CENTER	0	0	130,312	5,037	5,037	194.05
194.06 PHYSICIAN PRACTICE CLINICS	128,571	0	1,891,740	18,514	18,514	194.06
194.07 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 RENTAL PROPERTY	0	0	3,848,001	245,014	245,014	194.08
194.09 ADVERTISING	0	0	0	0	0	194.09
194.10 INTEGRALTC	0	0	6,095	0	0	194.10
194.11 IU HEALTH HOSPICE	0	0	44,222	2,957	2,957	194.11
194.12 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 MARKETING/PUBLIC RELATIONS	0	0	790,165	3,098	3,098	194.15
194.16 JAY COUNTY HOSPITAL	0	0	216,065	0	0	194.16
194.17 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 THERAPIES TO OTHER ENTITIES	0	0	1,231,909	0	0	194.22
194.23 CANCER CENTER BOUTIQUE	0	0	158,690	852	852	194.23
194.24 BOSCO BALL OUTPATIENT SURGERY	0	0	12,703	0	0	194.24
194.25 CARDINAL BEHAVIORAL HEALTH	0	0	153,729	9,168	9,168	194.25
194.26 BLACKFORD COMMUNITY HOSPITAL	0	0	15,646,313	0	0	194.26
194.27 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 HOME OFFICE CARDINAL HEALTH INITIATIVE	0	0	0	0	0	194.29
194.30 CARDINAL HEALTH ALLIANCE	0	0	496,252	0	0	194.30
194.31 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 LAB CORP	0	0	0	0	0	194.33
194.34 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 LEASED SPACE	0	0	0	0	0	194.35
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)	5,805,813		24,273,571	21,662,365	6,869,039	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.005621		0.083749	27.711936	8.798632	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	3,388		584,644	13,028,415	44,808	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000003		0.002017	16.666814	0.057395	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
	8.00	9.00	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS/PHONES						5.01
5.02 DATA PROCESSING						5.02
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE	430,655					8.00
9.00 HOUSEKEEPING	93	30,769				9.00
10.00 DIETARY	75	28	297,096			10.00
11.00 CAFETERIA	0	296	0	153,074		11.00
13.00 NURSING ADMINISTRATION	690	136	0	7,963	80,714	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	140	0	3,248	0	14.00
15.00 PHARMACY	15	140	0	6,001	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	7	0	16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	5,729	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	668	0	1,939	0	22.00
23.00 PARAMED ED PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	201,309	12,454	193,864	35,198	35,198	30.00
31.00 INTENSIVE CARE UNIT	42,657	2,148	18,903	10,592	10,592	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	17,188	1,307	17,971	2,726	2,726	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	4,671	416	0	2,948	2,948	43.00
44.00 SKILLED NURSING FACILITY	12,394	544	23,946	3,071	3,071	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	29,271	1,616	0	9,932	9,932	50.00
51.00 RECOVERY ROOM	13,251	96	0	2,658	2,658	51.00
52.00 DELIVERY ROOM & LABOR ROOM	14,454	1,536	19,861	3,236	3,236	52.00
54.00 RADIOLOGY-DIAGNOSTIC	24,087	1,413	0	10,989	0	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	1,972	440	0	2,426	0	59.00
60.00 LABORATORY	0	728	0	6	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	68	116	0	5,661	0	65.00
65.01 SLEEP LAB	0	0	0	1,254	0	65.01
66.00 PHYSICAL THERAPY	2,667	476	0	6,430	0	66.00
67.00 OCCUPATIONAL THERAPY	0	28	0	1,215	0	67.00
68.00 SPEECH PATHOLOGY	42	28	0	536	0	68.00
68.01 AUDIOLOGY	0	0	0	0	0	68.01
69.00 ELECTROCARDIOLOGY	4,500	300	0	4,243	0	69.00
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
73.01 HOSPITAL BASED RETAIL PHARMACIES	0	56	0	3,733	0	73.01
74.00 RENAL DIALYSIS	1,995	0	0	0	0	74.00
76.00 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	228	0	80	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	22	0	0	752	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.02 PAIN CLINIC	0	0	0	1,122	0	90.02
90.03 ONCOLOGY CLINIC	0	0	0	439	0	90.03
91.00 EMERGENCY	57,225	3,456	0	10,353	10,353	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
115.00 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	13.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	428,646	28,794	274,545	144,487	80,714	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	158	0	190.00
191.00	RESEARCH	0	0	0	445	0	191.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	BSU PHARMACY	0	0	0	274	0	194.01
194.02	PAVILLION PHARMACY	0	0	0	718	0	194.02
194.03	VENDING	0	0	0	0	0	194.03
194.04	CARELINE	0	0	0	0	0	194.04
194.05	WELLNESS CENTER	2,009	80	0	104	0	194.05
194.06	PHYSICIAN PRACTICE CLINICS	0	36	0	3,560	0	194.06
194.07	PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	RENTAL PROPERTY	0	397	0	0	0	194.08
194.09	ADVERTISING	0	0	0	0	0	194.09
194.10	INTEGRALAC	0	663	10,587	0	0	194.10
194.11	IU HEALTH HOSPICE	0	112	0	0	0	194.11
194.12	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14	NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	MARKETING/PUBLIC RELATIONS	0	32	0	760	0	194.15
194.16	JAY COUNTY HOSPITAL	0	0	0	104	0	194.16
194.17	CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	THERAPIES TO OTHER ENTITIES	0	0	0	1,756	0	194.22
194.23	CANCER CENTER BOUTIQUE	0	0	0	166	0	194.23
194.24	BOSC BALL OUTPATIENT SURGERY	0	655	0	0	0	194.24
194.25	CARDINAL BEHAVIORAL HEALTH	0	0	11,964	0	0	194.25
194.26	BLACKFORD COMMUNITY HOSPITAL	0	0	0	104	0	194.26
194.27	MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	CARDINAL HEALTH ALLIANCE	0	0	0	438	0	194.30
194.31	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	LAB CORP	0	0	0	0	0	194.33
194.34	H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	LEASED SPACE	0	0	0	0	0	194.35
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,324,610	4,378,844	3,170,063	1,253,485	8,960,292	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3.075803	142.313497	10.670164	8.188752	111.012860	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,465	479,147	449,775	336,584	445,247	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.005724	15.572394	1.513905	2.198832	5.516354	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description	INTERNS & RESIDENTS					
	CENTRAL SERVICES & SUPPLY (TIME STUDY)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	14.00	15.00	16.00	21.00	22.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS/PHONES						5.01
5.02 DATA PROCESSING						5.02
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY	5,408					14.00
15.00 PHARMACY	0	32,578,690				15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	1,032,906,531			16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	5,420		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	5,420	22.00
23.00 PARAMED ED PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	3,714	12,813	122,586,244	2,722	2,722	30.00
31.00 INTENSIVE CARE UNIT	356	2,018	37,743,929	445	445	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	32	208	8,657,815	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	383	293	11,163,022	21	21	43.00
44.00 SKILLED NURSING FACILITY	142	818	3,360,496	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	44	152,292	90,087,634	348	348	50.00
51.00 RECOVERY ROOM	49	314	9,419,034	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	418	2,257	19,376,882	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	5	30,313	145,993,182	86	86	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	2,662	46,330,720	0	0	59.00
60.00 LABORATORY	0	775	120,463,360	530	530	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0	3,585,156	0	0	63.00
65.00 RESPIRATORY THERAPY	0	7,095	15,565,662	48	48	65.00
65.01 SLEEP LAB	0	12	6,561,345	0	0	65.01
66.00 PHYSICAL THERAPY	0	281	17,560,797	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	3,680,318	0	0	67.00
68.00 SPEECH PATHOLOGY	0	52	1,590,093	0	0	68.00
68.01 AUDIOLOGY	0	0	0	0	0	68.01
69.00 ELECTROCARDIOLOGY	61	90,941	43,873,845	81	81	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	25,981,246	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	69,942,503	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	15,457,147	98,683,505	0	0	73.00
73.01 HOSPITAL BASED RETAIL PHARMACIES	0	13,478,499	15,024,014	0	0	73.01
74.00 RENAL DIALYSIS	0	21	2,725,358	0	0	74.00
76.00 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	840,428	0	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	8,661	7,374,401	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.02 PAIN CLINIC	0	14,925	1,307,861	0	0	90.02
90.03 ONCOLOGY CLINIC	0	87	7,470,654	517	517	90.03
91.00 EMERGENCY	204	3,797	91,940,148	230	230	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description	CENTRAL SERVICES & SUPPLY (TIME STUDY)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	14.00	15.00	16.00	21.00	22.00	
113.00 INTEREST EXPENSE						113.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	5,408	29,266,281	1,028,889,652	5,028	5,028	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	24	24	191.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 BSU PHARMACY	0	453,992	590,730	0	0	194.01
194.02 PAVILLION PHARMACY	0	2,752,035	3,297,578	0	0	194.02
194.03 VENDING	0	0	0	0	0	194.03
194.04 CARELINE	0	0	0	0	0	194.04
194.05 WELLNESS CENTER	0	0	0	0	0	194.05
194.06 PHYSICIAN PRACTICE CLINICS	0	106,113	128,571	149	149	194.06
194.07 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 RENTAL PROPERTY	0	0	0	219	219	194.08
194.09 ADVERTISING	0	0	0	0	0	194.09
194.10 INTEGRALTAC	0	0	0	0	0	194.10
194.11 IU HEALTH HOSPICE	0	0	0	0	0	194.11
194.12 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.15
194.16 JAY COUNTY HOSPITAL	0	0	0	0	0	194.16
194.17 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 THERAPIES TO OTHER ENTITIES	0	0	0	0	0	194.22
194.23 CANCER CENTER BOUTIQUE	0	0	0	0	0	194.23
194.24 BOSCO BALL OUTPATIENT SURGERY	0	0	0	0	0	194.24
194.25 CARDINAL BEHAVIORAL HEALTH	0	219	0	0	0	194.25
194.26 BLACKFORD COMMUNITY HOSPITAL	0	50	0	0	0	194.26
194.27 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 LAB CORP	0	0	0	0	0	194.33
194.34 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 LEASED SPACE	0	0	0	0	0	194.35
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)	16,757,667	7,211,794	2,446	4,213,850	2,920,575	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	3,098.681028	0.221365	0.000002	777.463100	538.851476	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	558,658	248,524	43,643	22,545	582,665	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	103.302145	0.007628	0.000001	4.159594	107.502768	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description		PARAMED PRGM (100% RADIOLOGY)	
		23.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
4.00	EMPLOYEE BENEFITS		4.00
5.01	COMMUNICATIONS/PHONES		5.01
5.02	DATA PROCESSING		5.02
5.04	ADMINISTRATIVE		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	MAINTENANCE & REPAIRS		6.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	PARAMED PRGM	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	ADULTS & PEDIATRICS	0	30.00
31.00	INTENSIVE CARE UNIT	0	31.00
40.00	SUBPROVIDER - I/PF	0	40.00
41.00	SUBPROVIDER - I/RF	0	41.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	0	43.00
44.00	SKILLED NURSING FACILITY	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	OPERATING ROOM	0	50.00
51.00	RECOVERY ROOM	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	54.00
57.00	CT SCAN	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	CARDIAC CATHETERIZATION	0	59.00
60.00	LABORATORY	0	60.00
60.01	BLOOD LABORATORY	0	60.01
63.00	BLOOD STORING, PROCESSING, & TRANS.	0	63.00
65.00	RESPIRATORY THERAPY	0	65.00
65.01	SLEEP LAB	0	65.01
66.00	PHYSICAL THERAPY	0	66.00
67.00	OCCUPATIONAL THERAPY	0	67.00
68.00	SPEECH PATHOLOGY	0	68.00
68.01	AUDIOLOGY	0	68.01
69.00	ELECTROCARDIOLOGY	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	73.00
73.01	HOSPITAL BASED RETAIL PHARMACIES	0	73.01
74.00	RENAL DIALYSIS	0	74.00
76.00	CARDIOPULMONARY	0	76.00
76.97	CARDIAC REHABILITATION	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	RURAL HEALTH CLINIC	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	CLINIC	0	90.00
90.02	PAIN CLINIC	0	90.02
90.03	ONCOLOGY CLINIC	0	90.03
91.00	EMERGENCY	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10	CORF	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00	PANCREAS ACQUISITION	0	109.00
110.00	INTESTINAL ACQUISITION	0	110.00
111.00	ISLET ACQUISITION	0	111.00
113.00	INTEREST EXPENSE	0	113.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1

Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description	PARAMED ED PRGM (100% RADIOLOGY)		
	23.00		
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		190.00
191.00 RESEARCH	0		191.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0		194.00
194.01 BSU PHARMACY	0		194.01
194.02 PAVILLION PHARMACY	0		194.02
194.03 VENDING	0		194.03
194.04 CARELINE	0		194.04
194.05 WELLNESS CENTER	0		194.05
194.06 PHYSICIAN PRACTICE CLINICS	0		194.06
194.07 PERINATAL CLINIC	0		194.07
194.08 RENTAL PROPERTY	0		194.08
194.09 ADVERTISING	0		194.09
194.10 INTEGRAL TAC	0		194.10
194.11 IU HEALTH HOSPICE	0		194.11
194.12 POB MEDICAL PAVILLION CONDOS	0		194.12
194.13 EXECUTIVE PHYSICAL	0		194.13
194.14 NEW CASTLE ONCOLOGY	0		194.14
194.15 MARKETING/PUBLIC RELATIONS	0		194.15
194.16 JAY COUNTY HOSPITAL	0		194.16
194.17 CARDINAL HEALTH CHOICE	0		194.17
194.18 CHV CARDINAL HEALTH VENTURES	0		194.18
194.19 HEALTH CARE CONNECTIONS	0		194.19
194.20 MEALS ON WHEELS	0		194.20
194.21 ST MARY'S SCHOOL	0		194.21
194.22 THERAPIES TO OTHER ENTITIES	0		194.22
194.23 CANCER CENTER BOUTIQUE	0		194.23
194.24 BOSC BALL OUTPATIENT SURGERY	0		194.24
194.25 CARDINAL BEHAVIORAL HEALTH	0		194.25
194.26 BLACKFORD COMMUNITY HOSPITAL	0		194.26
194.27 MIDWEST HEALTH STRATEGIES	0		194.27
194.28 CARDINAL SELECT RISK RETENTION GRP	0		194.28
194.29 HOME OFFICE CARDINAL HEALTH INITIATI	0		194.29
194.30 CARDINAL HEALTH ALLIANCE	0		194.30
194.31 OTHER NONREIMBURSABLE COST CENTERS	0		194.31
194.32 RENAL DIALYSIS	0		194.32
194.33 LAB CORP	0		194.33
194.34 H. O. MATERIALS MGMT	0		194.34
194.35 LEASED SPACE	0		194.35
200.00 Cross Foot Adjustments			200.00
201.00 Negative Cost Centers			201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150089

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/29/2012 10:03 am

		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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	59,173,271		59,173,271	0	59,173,271	30.00
31.00	INTENSIVE CARE UNIT	14,482,245		14,482,245	0	14,482,245	31.00
40.00	SUBPROVIDER - 1PF	0		0	0	0	40.00
41.00	SUBPROVIDER - 1RF	4,746,194		4,746,194	0	4,746,194	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	NURSERY	5,087,828		5,087,828	0	5,087,828	43.00
44.00	SKILLED NURSING FACILITY	3,669,954		3,669,954	0	3,669,954	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	13,559,449		13,559,449	0	13,559,449	50.00
51.00	RECOVERY ROOM	3,447,387		3,447,387	0	3,447,387	51.00
52.00	DELIVERY ROOM & LABOR ROOM	6,219,938		6,219,938	0	6,219,938	52.00
54.00	RADIOLOGY-DIAGNOSTIC	18,312,273		18,312,273	0	18,312,273	54.00
57.00	CT SCAN	0		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	4,277,925		4,277,925	0	4,277,925	59.00
60.00	LABORATORY	18,290,164		18,290,164	0	18,290,164	60.00
60.01	BLOOD LABORATORY	0		0	0	0	60.01
63.00	BLOOD STORING, PROCESSING, & TRANS.	1,911,582		1,911,582	0	1,911,582	63.00
65.00	RESPIRATORY THERAPY	5,563,740	0	5,563,740	0	5,563,740	65.00
65.01	SLEEP LAB	1,190,570	0	1,190,570	0	1,190,570	65.01
66.00	PHYSICAL THERAPY	6,177,055	0	6,177,055	0	6,177,055	66.00
67.00	OCCUPATIONAL THERAPY	1,268,156	0	1,268,156	0	1,268,156	67.00
68.00	SPEECH PATHOLOGY	551,556	0	551,556	0	551,556	68.00
68.01	AUDIOLOGY	0	0	0	0	0	68.01
69.00	ELECTROCARDIOLOGY	5,227,076		5,227,076	0	5,227,076	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,240,446		14,240,446	0	14,240,446	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	11,952,774		11,952,774	0	11,952,774	72.00
73.00	DRUGS CHARGED TO PATIENTS	22,682,440		22,682,440	0	22,682,440	73.00
73.01	HOSPITAL BASED RETAIL PHARMACIES	21,425,172		21,425,172	0	21,425,172	73.01
74.00	RENAL DIALYSIS	1,361,961		1,361,961	0	1,361,961	74.00
76.00	CARDIOPULMONARY	0		0	0	0	76.00
76.97	CARDIAC REHABILITATION	152,676		152,676	0	152,676	76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,415,261		1,415,261	0	1,415,261	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	CLINIC	0		0	0	0	90.00
90.02	PAIN CLINIC	713,305		713,305	0	713,305	90.02
90.03	ONCOLOGY CLINIC	653,030		653,030	0	653,030	90.03
91.00	EMERGENCY	14,606,577		14,606,577	0	14,606,577	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	3,239,662		3,239,662	0	3,239,662	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0		0		0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0		0		0	109.00
110.00	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	ISLET ACQUISITION	0		0		0	111.00
113.00	INTEREST EXPENSE	0		0		0	113.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
200.00	Subtotal (see instructions)	265,599,667	0	265,599,667	0	265,599,667	200.00
201.00	Less Observation Beds	3,239,662		3,239,662		3,239,662	201.00
202.00	Total (see instructions)	262,360,005	0	262,360,005	0	262,360,005	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150089

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/29/2012 10:03 am

		Title XVII			Hospital	PPS
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	117,773,091		117,773,091		30.00
31.00	INTENSIVE CARE UNIT	37,745,277		37,745,277		31.00
40.00	SUBPROVIDER - IPF	0		0		40.00
41.00	SUBPROVIDER - IRF	8,657,815		8,657,815		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	11,163,022		11,163,022		43.00
44.00	SKILLED NURSING FACILITY	3,360,496		3,360,496		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	67,663,830	22,423,804	90,087,634	0.150514	50.00
51.00	RECOVERY ROOM	6,035,459	3,383,574	9,419,033	0.366002	51.00
52.00	DELIVERY ROOM & LABOR ROOM	17,606,143	1,770,739	19,376,882	0.320998	52.00
54.00	RADIOLOGY-DIAGNOSTIC	37,536,778	108,456,404	145,993,182	0.125432	54.00
57.00	CT SCAN	0	0	0	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	26,849,947	19,480,772	46,330,719	0.092335	59.00
60.00	LABORATORY	71,631,604	48,831,756	120,463,360	0.151832	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	BLOOD STORING, PROCESSING, & TRANS.	2,854,555	730,601	3,585,156	0.533194	63.00
65.00	RESPIRATORY THERAPY	14,531,388	1,034,273	15,565,661	0.357437	65.00
65.01	SLEEP LAB	21,214	6,540,131	6,561,345	0.181452	65.01
66.00	PHYSICAL THERAPY	5,692,904	11,867,893	17,560,797	0.351753	66.00
67.00	OCCUPATIONAL THERAPY	3,357,765	322,553	3,680,318	0.344578	67.00
68.00	SPEECH PATHOLOGY	1,288,669	301,424	1,590,093	0.346870	68.00
68.01	AUDIOLOGY	0	0	0	0.000000	68.01
69.00	ELECTROCARDIOLOGY	28,707,959	15,165,886	43,873,845	0.119139	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,092,197	9,889,049	25,981,246	0.548105	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	51,445,746	18,496,757	69,942,503	0.170894	72.00
73.00	DRUGS CHARGED TO PATIENTS	64,567,324	34,116,181	98,683,505	0.229850	73.00
73.01	HOSPITAL BASED RETAIL PHARMACIES	0	15,024,014	15,024,014	1.426062	73.01
74.00	RENAL DIALYSIS	2,237,574	487,784	2,725,358	0.499737	74.00
76.00	CARDIOPULMONARY	0	0	0	0.000000	76.00
76.97	CARDIAC REHABILITATION	187,049	653,379	840,428	0.181665	76.97
76.98	HYPERBARIC OXYGEN THERAPY	68,248	7,306,153	7,374,401	0.191915	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0	0.000000	90.00
90.02	PAIN CLINIC	5,011	1,302,850	1,307,861	0.545398	90.02
90.03	ONCOLOGY CLINIC	15,634	7,455,019	7,470,653	0.087413	90.03
91.00	EMERGENCY	24,624,921	67,315,227	91,940,148	0.158870	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	728,063	4,085,487	4,813,550	0.673030	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
113.00	INTEREST EXPENSE					113.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
200.00	Subtotal (see instructions)	622,449,683	406,441,710	1,028,891,393		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	622,449,683	406,441,710	1,028,891,393		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 10:03 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.150514		50.00
51.00	RECOVERY ROOM	0.366002		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.320998		52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.125432		54.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.092335		59.00
60.00	LABORATORY	0.151832		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
63.00	BLOOD STORING, PROCESSING, & TRANS.	0.533194		63.00
65.00	RESPIRATORY THERAPY	0.357437		65.00
65.01	SLEEP LAB	0.181452		65.01
66.00	PHYSICAL THERAPY	0.351753		66.00
67.00	OCCUPATIONAL THERAPY	0.344578		67.00
68.00	SPEECH PATHOLOGY	0.346870		68.00
68.01	AUDIOLOGY	0.000000		68.01
69.00	ELECTROCARDIOLOGY	0.119139		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.548105		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.170894		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.229850		73.00
73.01	HOSPITAL BASED RETAIL PHARMACIES	1.426062		73.01
74.00	RENAL DIALYSIS	0.499737		74.00
76.00	CARDIOPULMONARY	0.000000		76.00
76.97	CARDIAC REHABILITATION	0.181665		76.97
76.98	HYPERBARI C OXYGEN THERAPY	0.191915		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.000000		90.00
90.02	PAIN CLINIC	0.545398		90.02
90.03	ONCOLOGY CLINIC	0.087413		90.03
91.00	EMERGENCY	0.158870		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.673030		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF			99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)			115.00
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: 150089

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/29/2012 10:03 am

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	59,173,271		59,173,271	0	0	30.00
31.00	INTENSIVE CARE UNIT	14,482,245		14,482,245	0	0	31.00
40.00	SUBPROVIDER - 1PF	0		0	0	0	40.00
41.00	SUBPROVIDER - 1RF	4,746,194		4,746,194	0	0	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	NURSERY	5,087,828		5,087,828	0	0	43.00
44.00	SKILLED NURSING FACILITY	3,669,954		3,669,954	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	13,559,449		13,559,449	0	0	50.00
51.00	RECOVERY ROOM	3,447,387		3,447,387	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	6,219,938		6,219,938	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	18,312,273		18,312,273	0	0	54.00
57.00	CT SCAN	0		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	4,277,925		4,277,925	0	0	59.00
60.00	LABORATORY	18,290,164		18,290,164	0	0	60.00
60.01	BLOOD LABORATORY	0		0	0	0	60.01
63.00	BLOOD STORING, PROCESSING, & TRANS.	1,911,582		1,911,582	0	0	63.00
65.00	RESPIRATORY THERAPY	5,563,740	0	5,563,740	0	0	65.00
65.01	SLEEP LAB	1,190,570	0	1,190,570	0	0	65.01
66.00	PHYSICAL THERAPY	6,177,055	0	6,177,055	0	0	66.00
67.00	OCCUPATIONAL THERAPY	1,268,156	0	1,268,156	0	0	67.00
68.00	SPEECH PATHOLOGY	551,556	0	551,556	0	0	68.00
68.01	AUDIOLOGY	0	0	0	0	0	68.01
69.00	ELECTROCARDIOLOGY	5,227,076		5,227,076	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,240,446		14,240,446	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	11,952,774		11,952,774	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	22,682,440		22,682,440	0	0	73.00
73.01	HOSPITAL BASED RETAIL PHARMACIES	21,425,172		21,425,172	0	0	73.01
74.00	RENAL DIALYSIS	1,361,961		1,361,961	0	0	74.00
76.00	CARDIOPULMONARY	0		0	0	0	76.00
76.97	CARDIAC REHABILITATION	152,676		152,676	0	0	76.97
76.98	HYPERBARI C OXYGEN THERAPY	1,415,261		1,415,261	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	CLINIC	0		0	0	0	90.00
90.02	PAIN CLINIC	713,305		713,305	0	0	90.02
90.03	ONCOLOGY CLINIC	653,030		653,030	0	0	90.03
91.00	EMERGENCY	14,606,577		14,606,577	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	3,239,662		3,239,662	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0		0		0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0		0		0	109.00
110.00	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	ISLET ACQUISITION	0		0		0	111.00
113.00	INTEREST EXPENSE						113.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
200.00	Subtotal (see instructions)	265,599,667	0	265,599,667	0	0	200.00
201.00	Less Observation Beds	3,239,662		3,239,662			201.00
202.00	Total (see instructions)	262,360,005	0	262,360,005	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150089		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/29/2012 10:03 am	
		Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	117,773,091		117,773,091			30.00
31.00	INTENSIVE CARE UNIT	37,745,277		37,745,277			31.00
40.00	SUBPROVIDER - IPF	0		0			40.00
41.00	SUBPROVIDER - IRF	8,657,815		8,657,815			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	11,163,022		11,163,022			43.00
44.00	SKILLED NURSING FACILITY	3,360,496		3,360,496			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	67,663,830	22,423,804	90,087,634	0.150514	0.000000	50.00
51.00	RECOVERY ROOM	6,035,459	3,383,574	9,419,033	0.366002	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	17,606,143	1,770,739	19,376,882	0.320998	0.000000	52.00
54.00	RADIOLOGY-DIAGNOSTIC	37,536,778	108,456,404	145,993,182	0.125432	0.000000	54.00
57.00	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	26,849,947	19,480,772	46,330,719	0.092335	0.000000	59.00
60.00	LABORATORY	71,631,604	48,831,756	120,463,360	0.151832	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
63.00	BLOOD STORING, PROCESSING, & TRANS.	2,854,555	730,601	3,585,156	0.533194	0.000000	63.00
65.00	RESPIRATORY THERAPY	14,531,388	1,034,273	15,565,661	0.357437	0.000000	65.00
65.01	SLEEP LAB	21,214	6,540,131	6,561,345	0.181452	0.000000	65.01
66.00	PHYSICAL THERAPY	5,692,904	11,867,893	17,560,797	0.351753	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	3,357,765	322,553	3,680,318	0.344578	0.000000	67.00
68.00	SPEECH PATHOLOGY	1,288,669	301,424	1,590,093	0.346870	0.000000	68.00
68.01	AUDIOLOGY	0	0	0	0.000000	0.000000	68.01
69.00	ELECTROCARDIOLOGY	28,707,959	15,165,886	43,873,845	0.119139	0.000000	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,092,197	9,889,049	25,981,246	0.548105	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	51,445,746	18,496,757	69,942,503	0.170894	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	64,567,324	34,116,181	98,683,505	0.229850	0.000000	73.00
73.01	HOSPITAL BASED RETAIL PHARMACIES	0	15,024,014	15,024,014	1.426062	0.000000	73.01
74.00	RENAL DIALYSIS	2,237,574	487,784	2,725,358	0.499737	0.000000	74.00
76.00	CARDIOPULMONARY	0	0	0	0.000000	0.000000	76.00
76.97	CARDIAC REHABILITATION	187,049	653,379	840,428	0.181665	0.000000	76.97
76.98	HYPERBARIC OXYGEN THERAPY	68,248	7,306,153	7,374,401	0.191915	0.000000	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	CLINIC	0	0	0	0.000000	0.000000	90.00
90.02	PAIN CLINIC	5,011	1,302,850	1,307,861	0.545398	0.000000	90.02
90.03	ONCOLOGY CLINIC	15,634	7,455,019	7,470,653	0.087413	0.000000	90.03
91.00	EMERGENCY	24,624,921	67,315,227	91,940,148	0.158870	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	728,063	4,085,487	4,813,550	0.673030	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0			99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
113.00	INTEREST EXPENSE						113.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
200.00	Subtotal (see instructions)	622,449,683	406,441,710	1,028,891,393			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	622,449,683	406,441,710	1,028,891,393			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 10:03 am
		Title XIX	Hospital	Cost
Cost Center Description	PPS Inpatient Ratio			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	11.00		30.00
31.00	INTENSIVE CARE UNIT			31.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
63.00	BLOOD STORING, PROCESSING, & TRANS.	0.000000		63.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
65.01	SLEEP LAB	0.000000		65.01
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
68.01	AUDIOLOGY	0.000000		68.01
69.00	ELECTROCARDIOLOGY	0.000000		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
73.01	HOSPITAL BASED RETAIL PHARMACIES	0.000000		73.01
74.00	RENAL DIALYSIS	0.000000		74.00
76.00	CARDIOPULMONARY	0.000000		76.00
76.97	CARDIAC REHABILITATION	0.000000		76.97
76.98	HYPERBARI C OXYGEN THERAPY	0.000000		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	CLINIC	0.000000		90.00
90.02	PAIN CLINIC	0.000000		90.02
90.03	ONCOLOGY CLINIC	0.000000		90.03
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF			99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)			115.00
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: 150089

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

Worksheet C Part II Date/Time Prepared: 5/29/2012 10:03 am

Cost Center Description		Title XIX			Hospital Cost		
		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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	14,017,526	1,217,894	12,799,632	0	0	50.00
51.00	RECOVERY ROOM	3,447,387	397,634	3,049,753	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	6,219,938	553,913	5,666,025	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	18,425,476	2,014,940	16,410,536	0	0	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	4,277,925	465,569	3,812,356	0	0	59.00
60.00	LABORATORY	18,987,810	151,589	18,836,221	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING, & TRANS.	1,911,582	4,968	1,906,614	0	0	63.00
65.00	RESPIRATORY THERAPY	5,626,923	180,279	5,446,644	0	0	65.00
65.01	SLEEP LAB	1,190,570	14,635	1,175,935	0	0	65.01
66.00	PHYSICAL THERAPY	6,177,055	151,935	6,025,120	0	0	66.00
67.00	OCCUPATIONAL THERAPY	1,268,156	82,928	1,185,228	0	0	67.00
68.00	SPEECH PATHOLOGY	551,556	21,590	529,966	0	0	68.00
68.01	AUDIOLOGY	0	0	0	0	0	68.01
69.00	ELECTROCARDIOLOGY	5,333,698	658,286	4,675,412	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,240,446	36,714	14,203,732	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	11,952,774	49,733	11,903,041	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	22,682,440	192,551	22,489,889	0	0	73.00
73.01	HOSPITAL BASED RETAIL PHARMACIES	21,425,172	166,386	21,258,786	0	0	73.01
74.00	RENAL DIALYSIS	1,361,961	88,794	1,273,167	0	0	74.00
76.00	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	152,676	20,654	132,022	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,415,261	22,915	1,392,346	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.02	PAIN CLINIC	713,305	4,642	708,663	0	0	90.02
90.03	ONCOLOGY CLINIC	1,333,564	21,004	1,312,560	0	0	90.03
91.00	EMERGENCY	14,909,330	1,323,631	13,585,699	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	3,239,662	306,903	2,932,759	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
200.00	Subtotal (sum of lines 50 thru 199)	180,862,193	8,150,087	172,712,106	0	0	200.00
201.00	Less Observation Beds	3,239,662	306,903	2,932,759	0	0	201.00
202.00	Total (line 200 minus line 201)	177,622,531	7,843,184	169,779,347	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 150089

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

Worksheet C Part II Date/Time Prepared: 5/29/2012 10:03 am

Cost Center Description		Title XIX			Hospital	Cost
		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)		
		6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	14,017,526	90,087,634	0.155599		50.00
51.00	RECOVERY ROOM	3,447,387	9,419,033	0.366002		51.00
52.00	DELIVERY ROOM & LABOR ROOM	6,219,938	19,376,882	0.320998		52.00
54.00	RADIOLOGY-DIAGNOSTIC	18,425,476	145,993,182	0.126208		54.00
57.00	CT SCAN	0	0	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	4,277,925	46,330,719	0.092335		59.00
60.00	LABORATORY	18,987,810	120,463,360	0.157623		60.00
60.01	BLOOD LABORATORY	0	0	0.000000		60.01
63.00	BLOOD STORING, PROCESSING, & TRANS.	1,911,582	3,585,156	0.533194		63.00
65.00	RESPIRATORY THERAPY	5,626,923	15,565,661	0.361496		65.00
65.01	SLEEP LAB	1,190,570	6,561,345	0.181452		65.01
66.00	PHYSICAL THERAPY	6,177,055	17,560,797	0.351753		66.00
67.00	OCCUPATIONAL THERAPY	1,268,156	3,680,318	0.344578		67.00
68.00	SPEECH PATHOLOGY	551,556	1,590,093	0.346870		68.00
68.01	AUDIOLOGY	0	0	0.000000		68.01
69.00	ELECTROCARDIOLOGY	5,333,698	43,873,845	0.121569		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,240,446	25,981,246	0.548105		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	11,952,774	69,942,503	0.170894		72.00
73.00	DRUGS CHARGED TO PATIENTS	22,682,440	98,683,505	0.229850		73.00
73.01	HOSPITAL BASED RETAIL PHARMACIES	21,425,172	15,024,014	1.426062		73.01
74.00	RENAL DIALYSIS	1,361,961	2,725,358	0.499737		74.00
76.00	CARDIOPULMONARY	0	0	0.000000		76.00
76.97	CARDIAC REHABILITATION	152,676	840,428	0.181665		76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,415,261	7,374,401	0.191915		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	CLINIC	0	0	0.000000		90.00
90.02	PAIN CLINIC	713,305	1,307,861	0.545398		90.02
90.03	ONCOLOGY CLINIC	1,333,564	7,470,653	0.178507		90.03
91.00	EMERGENCY	14,909,330	91,940,148	0.162163		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	3,239,662	4,813,550	0.673030		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0.000000		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0	0	0.000000		109.00
110.00	INTESTINAL ACQUISITION	0	0	0.000000		110.00
111.00	ISLET ACQUISITION	0	0	0.000000		111.00
113.00	INTEREST EXPENSE					113.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000		115.00
200.00	Subtotal (sum of lines 50 thru 199)	180,862,193	0			200.00
201.00	Less Observation Beds	3,239,662	0			201.00
202.00	Total (line 200 minus line 201)	177,622,531	850,191,692			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150089

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

Worksheet D  
Part I  
Date/Time Prepared:  
5/29/2012 10:03 am

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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	5,605,655	0	5,605,655	64,184	87.34	30.00
31.00	INTENSIVE CARE UNIT	1,095,394		1,095,394	9,163	119.55	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	378,215	0	378,215	5,085	74.38	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	277,410		277,410	3,662	75.75	43.00
44.00	SKILLED NURSING FACILITY	418,048		418,048	6,649	62.87	44.00
200.00	Total (Lines 30-199)	7,774,722		7,774,722	88,743		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/29/2012 10:03 am
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 ADULTS & PEDIATRICS	29,539	2,579,936		30.00
31.00 INTENSIVE CARE UNIT	5,317	635,647		31.00
40.00 SUBPROVIDER - IPF	0	0		40.00
41.00 SUBPROVIDER - IRF	3,408	253,487		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	5,332	335,223		44.00
200.00 Total (Lines 30-199)	43,596	3,804,293		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150089

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

Worksheet D  
Part II  
Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description		Title XVII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	1,217,894	90,087,634	0.013519	33,374,174	451,185	50.00
51.00	RECOVERY ROOM	397,634	9,419,033	0.042216	2,843,167	120,027	51.00
52.00	DELIVERY ROOM & LABOR ROOM	553,913	19,376,882	0.028586	83,236	2,379	52.00
54.00	RADIOLOGY-DIAGNOSTIC	2,014,940	145,993,182	0.013802	20,319,642	280,452	54.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	465,569	46,330,719	0.010049	13,234,866	132,997	59.00
60.00	LABORATORY	151,589	120,463,360	0.001258	36,830,836	46,333	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING, & TRANS.	4,968	3,585,156	0.001386	1,670,863	2,316	63.00
65.00	RESPIRATORY THERAPY	180,279	15,565,661	0.011582	8,246,465	95,511	65.00
65.01	SLEEP LAB	14,635	6,561,345	0.002230	17,559	39	65.01
66.00	PHYSICAL THERAPY	151,935	17,560,797	0.008652	1,803,502	15,604	66.00
67.00	OCCUPATIONAL THERAPY	82,928	3,680,318	0.022533	531,628	11,979	67.00
68.00	SPEECH PATHOLOGY	21,590	1,590,093	0.013578	472,243	6,412	68.00
68.01	AUDIOLOGY	0	0	0.000000	0	0	68.01
69.00	ELECTROCARDIOLOGY	658,286	43,873,845	0.015004	17,133,245	257,067	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	36,714	25,981,246	0.001413	8,571,498	12,112	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	49,733	69,942,503	0.000711	26,431,789	18,793	72.00
73.00	DRUGS CHARGED TO PATIENTS	192,551	98,683,505	0.001951	30,807,459	60,105	73.00
73.01	HOSPITAL BASED RETAIL PHARMACIES	166,386	15,024,014	0.011075	0	0	73.01
74.00	RENAL DIALYSIS	88,794	2,725,358	0.032581	1,547,122	50,407	74.00
76.00	CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	CARDIAC REHABILITATION	20,654	840,428	0.024576	113,873	2,799	76.97
76.98	HYPERBARIC OXYGEN THERAPY	22,915	7,374,401	0.003107	55,331	172	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	0	0	0.000000	0	0	90.00
90.02	PAIN CLINIC	4,642	1,307,861	0.003549	2,523	9	90.02
90.03	ONCOLOGY CLINIC	21,004	7,470,653	0.002812	11,844	33	90.03
91.00	EMERGENCY	1,323,631	91,940,148	0.014397	13,274,766	191,117	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	306,903	4,813,550	0.063758	407,856	26,004	92.00
200.00	Total (Lines 50-199)	8,150,087	850,191,692		217,785,487	1,783,852	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150089		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/29/2012 10:03 am	
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
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/29/2012 10:03 am
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Cost Center Description	Title XVIII		Hospital		PPS	
	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
	6.00	7.00	8.00	9.00	11.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	64,184	0.00	29,539	0	0	30.00
31.00 INTENSIVE CARE UNIT	9,163	0.00	5,317	0	0	31.00
40.00 SUBPROVIDER - IPF	0	0.00	0	0	0	40.00
41.00 SUBPROVIDER - IRF	5,085	0.00	3,408	0	0	41.00
42.00 SUBPROVIDER	0	0.00	0	0	0	42.00
43.00 NURSERY	3,662	0.00	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	6,649	0.00	5,332	0	0	44.00
200.00 Total (Lines 30-199)	88,743		43,596	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/29/2012 10:03 am
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost		
	12.00	13.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 ADULTS & PEDIATRICS	0	0		30.00
31.00 INTENSIVE CARE UNIT	0	0		31.00
40.00 SUBPROVIDER - IPF	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
200.00 Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150089

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	SLEEP LAB	0	0	0	0	0	65.01
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
68.01	AUDIOLOGY	0	0	0	0	0	68.01
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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
73.01	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.02	PAIN CLINIC	0	0	0	0	0	90.02
90.03	ONCOLOGY CLINIC	0	0	0	0	0	90.03
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150089

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/29/2012 10:03 am

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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	90,087,634	0.000000	0.000000	33,374,174	50.00
51.00	RECOVERY ROOM	0	9,419,033	0.000000	0.000000	2,843,167	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	19,376,882	0.000000	0.000000	83,236	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	145,993,182	0.000000	0.000000	20,319,642	54.00
57.00	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	46,330,719	0.000000	0.000000	13,234,866	59.00
60.00	LABORATORY	0	120,463,360	0.000000	0.000000	36,830,836	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	BLOOD STORING, PROCESSING, & TRANS.	0	3,585,156	0.000000	0.000000	1,670,863	63.00
65.00	RESPIRATORY THERAPY	0	15,565,661	0.000000	0.000000	8,246,465	65.00
65.01	SLEEP LAB	0	6,561,345	0.000000	0.000000	17,559	65.01
66.00	PHYSICAL THERAPY	0	17,560,797	0.000000	0.000000	1,803,502	66.00
67.00	OCCUPATIONAL THERAPY	0	3,680,318	0.000000	0.000000	531,628	67.00
68.00	SPEECH PATHOLOGY	0	1,590,093	0.000000	0.000000	472,243	68.00
68.01	AUDIOLOGY	0	0	0.000000	0.000000	0	68.01
69.00	ELECTROCARDIOLOGY	0	43,873,845	0.000000	0.000000	17,133,245	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	25,981,246	0.000000	0.000000	8,571,498	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	69,942,503	0.000000	0.000000	26,431,789	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	98,683,505	0.000000	0.000000	30,807,459	73.00
73.01	HOSPITAL BASED RETAIL PHARMACIES	0	15,024,014	0.000000	0.000000	0	73.01
74.00	RENAL DIALYSIS	0	2,725,358	0.000000	0.000000	1,547,122	74.00
76.00	CARDIOPULMONARY	0	0	0.000000	0.000000	0	76.00
76.97	CARDIAC REHABILITATION	0	840,428	0.000000	0.000000	113,873	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	7,374,401	0.000000	0.000000	55,331	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	0	0.000000	0.000000	0	90.00
90.02	PAIN CLINIC	0	1,307,861	0.000000	0.000000	2,523	90.02
90.03	ONCOLOGY CLINIC	0	7,470,653	0.000000	0.000000	11,844	90.03
91.00	EMERGENCY	0	91,940,148	0.000000	0.000000	13,274,766	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,813,550	0.000000	0.000000	407,856	92.00
200.00	Total (Lines 50-199)	0	850,191,692			217,785,487	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150089

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description		Title XVIII			Hospital		PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	7,513,968	0	0	0	50.00
51.00	RECOVERY ROOM	0	1,231,898	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	18,382	0	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	39,086,961	0	0	0	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	7,102,319	0	0	0	59.00
60.00	LABORATORY	0	799,345	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING, & TRANS.	0	421,425	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	310,517	0	0	0	65.00
65.01	SLEEP LAB	0	2,301,789	0	0	0	65.01
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	10,322	0	0	0	68.00
68.01	AUDIOLOGY	0	0	0	0	0	68.01
69.00	ELECTROCARDIOLOGY	0	7,646,522	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,051,368	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	9,950,823	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	12,087,938	0	0	0	73.00
73.01	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00	RENAL DIALYSIS	0	388,446	0	0	0	74.00
76.00	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0	392,506	0	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	3,192,734	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.02	PAIN CLINIC	0	555,182	0	0	0	90.02
90.03	ONCOLOGY CLINIC	0	3,316,079	0	0	0	90.03
91.00	EMERGENCY	0	14,170,021	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,256,021	0	0	0	92.00
200.00	Total (Lines 50-199)	0	116,804,566	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150089

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
Title XVIII Hospital PPS				
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	0	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	0	60.00
60.01	BLOOD LABORATORY	0	0	60.01
63.00	BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
65.00	RESPIRATORY THERAPY	0	0	65.00
65.01	SLEEP LAB	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
68.01	AUDIOLOGY	0	0	68.01
69.00	ELECTROCARDIOLOGY	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
73.01	HOSPITAL BASED RETAIL PHARMACIES	0	0	73.01
74.00	RENAL DIALYSIS	0	0	74.00
76.00	CARDIOPULMONARY	0	0	76.00
76.97	CARDIAC REHABILITATION	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
90.02	PAIN CLINIC	0	0	90.02
90.03	ONCOLOGY CLINIC	0	0	90.03
91.00	EMERGENCY	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 10:03 am
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Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				PPS
		PPS Reimbursed Services (see instructions)	Cost		Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
			Reimbursed Services Subject To Ded. & Coins. (see instructions)	Reimbursed Services Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0.150514	7,513,968	0	0		50.00
51.00 RECOVERY ROOM	0.366002	1,231,898	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.320998	18,382	0	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	0.125432	39,086,961	0	0		54.00
57.00 CT SCAN	0.000000	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0.092335	7,102,319	0	0		59.00
60.00 LABORATORY	0.151832	799,345	0	0		60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0		60.01
63.00 BLOOD STORING, PROCESSING, & TRANS.	0.533194	421,425	0	0		63.00
65.00 RESPIRATORY THERAPY	0.357437	310,517	0	0		65.00
65.01 SLEEP LAB	0.181452	2,301,789	0	0		65.01
66.00 PHYSICAL THERAPY	0.351753	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0.344578	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0.346870	10,322	0	0		68.00
68.01 AUDIOLOGY	0.000000	0	0	0		68.01
69.00 ELECTROCARDIOLOGY	0.119139	7,646,522	0	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.548105	5,051,368	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.170894	9,950,823	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.229850	12,087,938	0	99,749		73.00
73.01 HOSPITAL BASED RETAIL PHARMACIES	1.426062	0	0	0		73.01
74.00 RENAL DIALYSIS	0.499737	388,446	0	0		74.00
76.00 CARDIOPULMONARY	0.000000	0	0	0		76.00
76.97 CARDIAC REHABILITATION	0.181665	392,506	0	0		76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.191915	3,192,734	0	0		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0.000000					88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00 CLINIC	0.000000	0	0	0		90.00
90.02 PAIN CLINIC	0.545398	555,182	0	0		90.02
90.03 ONCOLOGY CLINIC	0.087413	3,316,079	0	0		90.03
91.00 EMERGENCY	0.158870	14,170,021	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.673030	1,256,021	0	0		92.00
200.00 Subtotal (see instructions)		116,804,566	0	99,749		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		116,804,566	0	99,749		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 10:03 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	1,130,957	0	0		50.00
51.00 RECOVERY ROOM	450,877	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	5,901	0	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	4,902,756	0	0		54.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	655,793	0	0		59.00
60.00 LABORATORY	121,366	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
63.00 BLOOD STORING, PROCESSING, & TRANS.	224,701	0	0		63.00
65.00 RESPIRATORY THERAPY	110,990	0	0		65.00
65.01 SLEEP LAB	417,664	0	0		65.01
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	3,580	0	0		68.00
68.01 AUDIOLOGY	0	0	0		68.01
69.00 ELECTROCARDIOLOGY	910,999	0	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,768,680	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	1,700,536	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	2,778,413	0	22,927		73.00
73.01 HOSPITAL BASED RETAIL PHARMACIES	0	0	0		73.01
74.00 RENAL DIALYSIS	194,121	0	0		74.00
76.00 CARDIOPULMONARY	0	0	0		76.00
76.97 CARDIAC REHABILITATION	71,305	0	0		76.97
76.98 HYPERBARIC OXYGEN THERAPY	612,734	0	0		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
90.02 PAIN CLINIC	302,795	0	0		90.02
90.03 ONCOLOGY CLINIC	289,868	0	0		90.03
91.00 EMERGENCY	2,251,191	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	845,340	0	0		92.00
200.00 Subtotal (see instructions)	20,750,567	0	22,927		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	20,750,567	0	22,927		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150089		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/29/2012 10:03 am	
		Component CCN: 15T089		Title XVIII		Subprovider - IRF PPS	
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	1,217,894	90,087,634	0.013519	123,648	1,672	50.00
51.00	RECOVERY ROOM	397,634	9,419,033	0.042216	6,859	290	51.00
52.00	DELIVERY ROOM & LABOR ROOM	553,913	19,376,882	0.028586	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	2,014,940	145,993,182	0.013802	261,373	3,607	54.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	465,569	46,330,719	0.010049	2,549	26	59.00
60.00	LABORATORY	151,589	120,463,360	0.001258	813,714	1,024	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING, & TRANS.	4,968	3,585,156	0.001386	13,367	19	63.00
65.00	RESPIRATORY THERAPY	180,279	15,565,661	0.011582	107,166	1,241	65.00
65.01	SLEEP LAB	14,635	6,561,345	0.002230	0	0	65.01
66.00	PHYSICAL THERAPY	151,935	17,560,797	0.008652	1,413,405	12,229	66.00
67.00	OCCUPATIONAL THERAPY	82,928	3,680,318	0.022533	1,561,364	35,182	67.00
68.00	SPEECH PATHOLOGY	21,590	1,590,093	0.013578	255,088	3,464	68.00
68.01	AUDIOLOGY	0	0	0.000000	0	0	68.01
69.00	ELECTROCARDIOLOGY	658,286	43,873,845	0.015004	55,914	839	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	36,714	25,981,246	0.001413	19,968	28	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	49,733	69,942,503	0.000711	2,059	1	72.00
73.00	DRUGS CHARGED TO PATIENTS	192,551	98,683,505	0.001951	1,033,282	2,016	73.00
73.01	HOSPITAL BASED RETAIL PHARMACIES	166,386	15,024,014	0.011075	0	0	73.01
74.00	RENAL DIALYSIS	88,794	2,725,358	0.032581	83,753	2,729	74.00
76.00	CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	CARDIAC REHABILITATION	20,654	840,428	0.024576	0	0	76.97
76.98	HYPERBARI C OXYGEN THERAPY	22,915	7,374,401	0.003107	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	0	0	0.000000	0	0	90.00
90.02	PAIN CLINIC	4,642	1,307,861	0.003549	0	0	90.02
90.03	ONCOLOGY CLINIC	21,004	7,470,653	0.002812	0	0	90.03
91.00	EMERGENCY	1,323,631	91,940,148	0.014397	13,104	189	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	306,903	4,813,550	0.063758	0	0	92.00
200.00	Total (Lines 50-199)	8,150,087	850,191,692		5,766,613	64,556	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150089 Component CCN: 15T089	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 10:03 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 SLEEP LAB	0	0	0	0	0	65.01
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
68.01 AUDIOLOGY	0	0	0	0	0	68.01
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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
73.01 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.02 PAIN CLINIC	0	0	0	0	0	90.02
90.03 ONCOLOGY CLINIC	0	0	0	0	0	90.03
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150089 Component CCN: 15T089	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 10:03 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 + col. 7)		
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	90,087,634	0.000000	0.000000	123,648	50.00
51.00 RECOVERY ROOM	0	9,419,033	0.000000	0.000000	6,859	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	19,376,882	0.000000	0.000000	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	145,993,182	0.000000	0.000000	261,373	54.00
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	46,330,719	0.000000	0.000000	2,549	59.00
60.00 LABORATORY	0	120,463,360	0.000000	0.000000	813,714	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	3,585,156	0.000000	0.000000	13,367	63.00
65.00 RESPIRATORY THERAPY	0	15,565,661	0.000000	0.000000	107,166	65.00
65.01 SLEEP LAB	0	6,561,345	0.000000	0.000000	0	65.01
66.00 PHYSICAL THERAPY	0	17,560,797	0.000000	0.000000	1,413,405	66.00
67.00 OCCUPATIONAL THERAPY	0	3,680,318	0.000000	0.000000	1,561,364	67.00
68.00 SPEECH PATHOLOGY	0	1,590,093	0.000000	0.000000	255,088	68.00
68.01 AUDIOLOGY	0	0	0.000000	0.000000	0	68.01
69.00 ELECTROCARDIOLOGY	0	43,873,845	0.000000	0.000000	55,914	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	25,981,246	0.000000	0.000000	19,968	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	69,942,503	0.000000	0.000000	2,059	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	98,683,505	0.000000	0.000000	1,033,282	73.00
73.01 HOSPITAL BASED RETAIL PHARMACIES	0	15,024,014	0.000000	0.000000	0	73.01
74.00 RENAL DIALYSIS	0	2,725,358	0.000000	0.000000	83,753	74.00
76.00 CARDIOPULMONARY	0	0	0.000000	0.000000	0	76.00
76.97 CARDIAC REHABILITATION	0	840,428	0.000000	0.000000	0	76.97
76.98 HYPERBARI C OXYGEN THERAPY	0	7,374,401	0.000000	0.000000	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	0	0.000000	0.000000	0	90.00
90.02 PAIN CLINIC	0	1,307,861	0.000000	0.000000	0	90.02
90.03 ONCOLOGY CLINIC	0	7,470,653	0.000000	0.000000	0	90.03
91.00 EMERGENCY	0	91,940,148	0.000000	0.000000	13,104	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,813,550	0.000000	0.000000	0	92.00
200.00 Total (Lines 50-199)	0	850,191,692			5,766,613	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150089 Component CCN: 15T089	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 10:03 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 SLEEP LAB	0	0	0	0	0	65.01
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
68.01 AUDIOLOGY	0	0	0	0	0	68.01
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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
73.01 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.02 PAIN CLINIC	0	0	0	0	0	90.02
90.03 ONCOLOGY CLINIC	0	0	0	0	0	90.03
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150089 Component CCN: 15T089	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 10:03 am PPS
		Title XVIII	Subprovider - IRF

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	0	0	50.00
51.00 RECOVERY ROOM	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 BLOOD LABORATORY	0	0	60.01
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	65.00
65.01 SLEEP LAB	0	0	65.01
66.00 PHYSICAL THERAPY	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	68.00
68.01 AUDIOLOGY	0	0	68.01
69.00 ELECTROCARDIOLOGY	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
73.01 HOSPITAL BASED RETAIL PHARMACIES	0	0	73.01
74.00 RENAL DIALYSIS	0	0	74.00
76.00 CARDIOPULMONARY	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
90.02 PAIN CLINIC	0	0	90.02
90.03 ONCOLOGY CLINIC	0	0	90.03
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150089 Component CCN: 155296	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 10:03 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 SLEEP LAB	0	0	0	0	0	65.01
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
68.01 AUDIOLOGY	0	0	0	0	0	68.01
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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
73.01 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.02 PAIN CLINIC	0	0	0	0	0	90.02
90.03 ONCOLOGY CLINIC	0	0	0	0	0	90.03
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150089 Component CCN: 155296	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 10:03 am
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	90,087,634	0.000000	0.000000	131,865	50.00
51.00 RECOVERY ROOM	0	9,419,033	0.000000	0.000000	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	19,376,882	0.000000	0.000000	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	145,993,182	0.000000	0.000000	415,005	54.00
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	46,330,719	0.000000	0.000000	39,722	59.00
60.00 LABORATORY	0	120,463,360	0.000000	0.000000	1,430,634	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	3,585,156	0.000000	0.000000	33,513	63.00
65.00 RESPIRATORY THERAPY	0	15,565,661	0.000000	0.000000	389,835	65.00
65.01 SLEEP LAB	0	6,561,345	0.000000	0.000000	3,655	65.01
66.00 PHYSICAL THERAPY	0	17,560,797	0.000000	0.000000	552,544	66.00
67.00 OCCUPATIONAL THERAPY	0	3,680,318	0.000000	0.000000	169,424	67.00
68.00 SPEECH PATHOLOGY	0	1,590,093	0.000000	0.000000	65,960	68.00
68.01 AUDIOLOGY	0	0	0.000000	0.000000	0	68.01
69.00 ELECTROCARDIOLOGY	0	43,873,845	0.000000	0.000000	29,296	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	25,981,246	0.000000	0.000000	43,624	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	69,942,503	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	98,683,505	0.000000	0.000000	2,319,923	73.00
73.01 HOSPITAL BASED RETAIL PHARMACIES	0	15,024,014	0.000000	0.000000	0	73.01
74.00 RENAL DIALYSIS	0	2,725,358	0.000000	0.000000	3,221	74.00
76.00 CARDIOPULMONARY	0	0	0.000000	0.000000	0	76.00
76.97 CARDIAC REHABILITATION	0	840,428	0.000000	0.000000	0	76.97
76.98 HYPERBARI C OXYGEN THERAPY	0	7,374,401	0.000000	0.000000	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	0	0.000000	0.000000	0	90.00
90.02 PAIN CLINIC	0	1,307,861	0.000000	0.000000	0	90.02
90.03 ONCOLOGY CLINIC	0	7,470,653	0.000000	0.000000	0	90.03
91.00 EMERGENCY	0	91,940,148	0.000000	0.000000	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,813,550	0.000000	0.000000	0	92.00
200.00 Total (Lines 50-199)	0	850,191,692			5,628,221	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150089 Component CCN: 155296	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 10:03 am
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 SLEEP LAB	0	0	0	0	0	65.01
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
68.01 AUDIOLOGY	0	0	0	0	0	68.01
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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
73.01 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.02 PAIN CLINIC	0	0	0	0	0	90.02
90.03 ONCOLOGY CLINIC	0	0	0	0	0	90.03
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150089 Component CCN: 155296	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 10:03 am PPS
		Title XVIII	Skilled Nursing Facility

Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
	23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	0	0	50.00
51.00 RECOVERY ROOM	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 BLOOD LABORATORY	0	0	60.01
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	65.00
65.01 SLEEP LAB	0	0	65.01
66.00 PHYSICAL THERAPY	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	68.00
68.01 AUDIOLOGY	0	0	68.01
69.00 ELECTROCARDIOLOGY	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
73.01 HOSPITAL BASED RETAIL PHARMACIES	0	0	73.01
74.00 RENAL DIALYSIS	0	0	74.00
76.00 CARDIOPULMONARY	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
90.02 PAIN CLINIC	0	0	90.02
90.03 ONCOLOGY CLINIC	0	0	90.03
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 10:03 am		
		Component CCN: 155296	Title XVIII	Skilled Nursing Facility	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		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0.150514	0	0	0	50.00
51.00	RECOVERY ROOM	0.366002	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.320998	0	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.125432	0	0	0	54.00
57.00	CT SCAN	0.000000	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.092335	0	0	0	59.00
60.00	LABORATORY	0.151832	0	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING, & TRANS.	0.533194	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0.357437	0	0	0	65.00
65.01	SLEEP LAB	0.181452	0	0	0	65.01
66.00	PHYSICAL THERAPY	0.351753	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.344578	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.346870	0	0	0	68.00
68.01	AUDIOLOGY	0.000000	0	0	0	68.01
69.00	ELECTROCARDIOLOGY	0.119139	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.548105	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.170894	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.229850	0	0	0	73.00
73.01	HOSPITAL BASED RETAIL PHARMACIES	1.426062	0	0	0	73.01
74.00	RENAL DIALYSIS	0.499737	0	0	0	74.00
76.00	CARDIOPULMONARY	0.000000	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0.181665	0	0	0	76.97
76.98	HYPERBARI C OXYGEN THERAPY	0.191915	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	0.000000	0	0	0	90.00
90.02	PAIN CLINIC	0.545398	0	0	0	90.02
90.03	ONCOLOGY CLINIC	0.087413	0	0	0	90.03
91.00	EMERGENCY	0.158870	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.673030	0	0	0	92.00
200.00	Subtotal (see instructions)		0	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150089 Component CCN: 155296	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 10:03 am PPS
Title XVIII		Skilled Nursing Facility	

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Co-ins. (see instructions)	Cost Services Not Subject To Ded. & Co-ins. (see instructions)		
	5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0	0	0		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0	0		63.00
65.00 RESPIRATORY THERAPY	0	0	0		65.00
65.01 SLEEP LAB	0	0	0		65.01
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
68.01 AUDIOLOGY	0	0	0		68.01
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
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
73.01 HOSPITAL BASED RETAIL PHARMACIES	0	0	0		73.01
74.00 RENAL DIALYSIS	0	0	0		74.00
76.00 CARDIOPULMONARY	0	0	0		76.00
76.97 CARDIAC REHABILITATION	0	0	0		76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
90.02 PAIN CLINIC	0	0	0		90.02
90.03 ONCOLOGY CLINIC	0	0	0		90.03
91.00 EMERGENCY	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00 Subtotal (see instructions)	0	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)	0	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 10:03 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Cost	
		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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0.150514	0	1,424,455	0	50.00
51.00	RECOVERY ROOM	0.366002	0	226,180	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.320998	0	102,378	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.125432	0	9,029,262	0	54.00
57.00	CT SCAN	0.000000	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.092335	0	890,987	0	59.00
60.00	LABORATORY	0.151832	0	4,081,612	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING, & TRANS.	0.533194	0	83,734	0	63.00
65.00	RESPIRATORY THERAPY	0.357437	0	124,210	0	65.00
65.01	SLEEP LAB	0.181452	0	510,548	0	65.01
66.00	PHYSICAL THERAPY	0.351753	0	967,919	0	66.00
67.00	OCCUPATIONAL THERAPY	0.344578	0	19,225	0	67.00
68.00	SPEECH PATHOLOGY	0.346870	0	10,818	0	68.00
68.01	AUDIOLOGY	0.000000	0	0	0	68.01
69.00	ELECTROCARDIOLOGY	0.119139	0	1,022,006	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.548105	0	572,096	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.170894	0	611,748	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.229850	0	2,538,611	0	73.00
73.01	HOSPITAL BASED RETAIL PHARMACIES	1.426062	0	0	0	73.01
74.00	RENAL DIALYSIS	0.499737	0	83,481	0	74.00
76.00	CARDIOPULMONARY	0.000000	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0.181665	0	15,098	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.191915	0	1,271,812	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	0.000000	0	0	0	90.00
90.02	PAIN CLINIC	0.545398	0	148,591	0	90.02
90.03	ONCOLOGY CLINIC	0.087413	0	783,158	0	90.03
91.00	EMERGENCY	0.158870	0	6,869,823	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.673030	0	344,246	0	92.00
200.00	Subtotal (see instructions)		0	31,731,998	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	31,731,998	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 10:03 am
	Title XIX	Hospital	Cost

Cost Center Description	Costs			
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)	
	5.00	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	0	214,400	0	50.00
51.00 RECOVERY ROOM	0	82,782	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	32,863	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	1,132,558	0	54.00
57.00 CT SCAN	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	82,269	0	59.00
60.00 LABORATORY	0	619,719	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	44,646	0	63.00
65.00 RESPIRATORY THERAPY	0	44,397	0	65.00
65.01 SLEEP LAB	0	92,640	0	65.01
66.00 PHYSICAL THERAPY	0	340,468	0	66.00
67.00 OCCUPATIONAL THERAPY	0	6,625	0	67.00
68.00 SPEECH PATHOLOGY	0	3,752	0	68.00
68.01 AUDIOLOGY	0	0	0	68.01
69.00 ELECTROCARDIOLOGY	0	121,761	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	313,569	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	104,544	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	583,500	0	73.00
73.01 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	73.01
74.00 RENAL DIALYSIS	0	41,719	0	74.00
76.00 CARDIOPULMONARY	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	2,743	0	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0	244,080	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 CLINIC	0	0	0	90.00
90.02 PAIN CLINIC	0	81,041	0	90.02
90.03 ONCOLOGY CLINIC	0	68,458	0	90.03
91.00 EMERGENCY	0	1,091,409	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	231,688	0	92.00
200.00 Subtotal (see instructions)	0	5,581,631	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	5,581,631	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2012 10:03 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		64,184	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		64,184	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)		64,184	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)		29,539	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		59,173,271	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)		59,173,271	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		128,936,114	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		128,936,114	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.458935	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)		2,008.85	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)		59,173,271	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		921.93	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		27,232,890	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)		27,232,890	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150089		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/29/2012 10:03 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	14,482,245	9,163	1,580.51	5,317	8,403,572		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					41,804,309		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					77,440,771		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)					3,215,583		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,783,852		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,999,435		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					72,441,336		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					3,514		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					921.93		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,239,662		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150089		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 10:03 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,605,655	59,173,271	0.094733	3,239,662	306,903	90.00
91.00	Nursing School cost	0	59,173,271	0.000000	3,239,662	0	91.00
92.00	Allied health cost	0	59,173,271	0.000000	3,239,662	0	92.00
93.00	All other Medical Education	0	59,173,271	0.000000	3,239,662	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15T089		Date/Time Prepared: 5/29/2012 10:03 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,085	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,085	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)		5,085	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)		3,408	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,746,194	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,746,194	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		8,657,815	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		8,657,815	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.548198	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)		1,702.62	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,746,194	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		933.37	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,180,925	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)		3,180,925	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150089		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 15T089				Date/Time Prepared: 5/29/2012 10:03 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,646,179		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,827,104		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					253,487		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					64,556		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					318,043		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,509,061		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15T089		Date/Time Prepared: 5/29/2012 10:03 am
		Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
	1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
90.00 Capital-related cost	378,215	4,746,194	0.079688	0	0
91.00 Nursing School cost	0	4,746,194	0.000000	0	0
92.00 Allied health cost	0	4,746,194	0.000000	0	0
93.00 All other Medical Education	0	4,746,194	0.000000	0	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 155296		Date/Time Prepared: 5/29/2012 10:03 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,649	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,649	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		6,649	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		5,332	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,669,954	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)		3,669,954	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		3,360,496	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,360,496	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.092087	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)		505.41	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)		3,669,954	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1	
		Component CCN: 155296		Date/Time Prepared: 5/29/2012 10:03 am	
		Title XVIII	Skilled Nursing Facility	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)				42.00
	Intensive Care Type Inpatient Hospital Units				
43.00	INTENSIVE CARE UNIT				43.00
44.00	CORONARY CARE UNIT				44.00
45.00	BURN INTENSIVE CARE UNIT				45.00
46.00	SURGICAL INTENSIVE CARE UNIT				46.00
47.00	OTHER SPECIAL CARE (SPECIFY)				47.00
	Cost Center Description				
					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				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)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				53.00
	TARGET AMOUNT AND LIMIT COMPUTATION				
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				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				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				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)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				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)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				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)				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)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				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)				3,669,954 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				551.96 71.00
72.00	Program routine service cost (line 9 x line 71)				2,943,051 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				2,943,051 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)				0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0 80.00
81.00	Inpatient routine service cost per diem limitation				0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)				2,943,051 83.00
84.00	Program inpatient ancillary services (see instructions)				1,288,524 84.00
85.00	Utilization review - physician compensation (see instructions)				0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				4,231,575 86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST				
87.00	Total observation bed days (see instructions)				0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0 89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 155296		Date/Time Prepared: 5/29/2012 10:03 am
		Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	0	0	0.000000	0	0 90.00
91.00	Nursing School cost	0	0	0.000000	0	0 91.00
92.00	Allied health cost	0	0	0.000000	0	0 92.00
93.00	All other Medical Education	0	0	0.000000	0	0 93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/29/2012 10:03 am
Cost Center Description		Cost		
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		64,184	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		64,184	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)		64,184	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)		4,337	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)		3,662	15.00
16.00	Nursery days (title V or XIX only)		262	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		59,173,271	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)		59,173,271	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		128,936,114	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		128,936,114	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.458935	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)		2,008.85	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)		59,173,271	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		921.93	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,998,410	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)		3,998,410	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/29/2012 10:03 am		
Cost Center Description			Title XIX	Hospital	Cost		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	5,087,828	3,662	1,389.36	262	364,012	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	14,482,245	9,163	1,580.51	655	1,035,234	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,648,339	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					11,045,995	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,514	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					921.93	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,239,662	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150089		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 10:03 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150089	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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		57,236,766		30.00
31.00	INTENSIVE CARE UNIT		21,824,976		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.150514	33,374,174	5,023,280	50.00
51.00	RECOVERY ROOM	0.366002	2,843,167	1,040,605	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.320998	83,236	26,719	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.125432	20,319,642	2,548,733	54.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.092335	13,234,866	1,222,041	59.00
60.00	LABORATORY	0.151832	36,830,836	5,592,099	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING, & TRANS.	0.533194	1,670,863	890,894	63.00
65.00	RESPIRATORY THERAPY	0.357437	8,246,465	2,947,592	65.00
65.01	SLEEP LAB	0.181452	17,559	3,186	65.01
66.00	PHYSICAL THERAPY	0.351753	1,803,502	634,387	66.00
67.00	OCCUPATIONAL THERAPY	0.344578	531,628	183,187	67.00
68.00	SPEECH PATHOLOGY	0.346870	472,243	163,807	68.00
68.01	AUDIOLOGY	0.000000	0	0	68.01
69.00	ELECTROCARDIOLOGY	0.119139	17,133,245	2,041,238	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.548105	8,571,498	4,698,081	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.170894	26,431,789	4,517,034	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.229850	30,807,459	7,081,094	73.00
73.01	HOSPITAL BASED RETAIL PHARMACIES	1.426062	0	0	73.01
74.00	RENAL DIALYSIS	0.499737	1,547,122	773,154	74.00
76.00	CARDIOPULMONARY	0.000000	0	0	76.00
76.97	CARDIAC REHABILITATION	0.181665	113,873	20,687	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.191915	55,331	10,619	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.02	PAIN CLINIC	0.545398	2,523	1,376	90.02
90.03	ONCOLOGY CLINIC	0.087413	11,844	1,035	90.03
91.00	EMERGENCY	0.158870	13,274,766	2,108,962	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.673030	407,856	274,499	92.00
200.00	Total (sum of lines 50-94 and 96-98)		217,785,487	41,804,309	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)		217,785,487		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 15T089		Date/Time Prepared: 5/29/2012 10:03 am	
		Title XVIIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		5,773,479		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.150514	123,648	18,611	50.00
51.00	RECOVERY ROOM	0.366002	6,859	2,510	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.320998	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.125432	261,373	32,785	54.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.092335	2,549	235	59.00
60.00	LABORATORY	0.151832	813,714	123,548	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING, & TRANS.	0.533194	13,367	7,127	63.00
65.00	RESPIRATORY THERAPY	0.357437	107,166	38,305	65.00
65.01	SLEEP LAB	0.181452	0	0	65.01
66.00	PHYSICAL THERAPY	0.351753	1,413,405	497,169	66.00
67.00	OCCUPATIONAL THERAPY	0.344578	1,561,364	538,012	67.00
68.00	SPEECH PATHOLOGY	0.346870	255,088	88,482	68.00
68.01	AUDIOLOGY	0.000000	0	0	68.01
69.00	ELECTROCARDIOLOGY	0.119139	55,914	6,662	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.548105	19,968	10,945	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.170894	2,059	352	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.229850	1,033,282	237,500	73.00
73.01	HOSPITAL BASED RETAIL PHARMACIES	1.426062	0	0	73.01
74.00	RENAL DIALYSIS	0.499737	83,753	41,854	74.00
76.00	CARDIOPULMONARY	0.000000	0	0	76.00
76.97	CARDIAC REHABILITATION	0.181665	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.191915	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.02	PAIN CLINIC	0.545398	0	0	90.02
90.03	ONCOLOGY CLINIC	0.087413	0	0	90.03
91.00	EMERGENCY	0.158870	13,104	2,082	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.673030	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		5,766,613	1,646,179	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		5,766,613		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 155296		Date/Time Prepared: 5/29/2012 10:03 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.150514	131,865	19,848	50.00
51.00	RECOVERY ROOM	0.366002	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.320998	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.125432	415,005	52,055	54.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.092335	39,722	3,668	59.00
60.00	LABORATORY	0.151832	1,430,634	217,216	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING, & TRANS.	0.533194	33,513	17,869	63.00
65.00	RESPIRATORY THERAPY	0.357437	389,835	139,341	65.00
65.01	SLEEP LAB	0.181452	3,655	663	65.01
66.00	PHYSICAL THERAPY	0.351753	552,544	194,359	66.00
67.00	OCCUPATIONAL THERAPY	0.344578	169,424	58,380	67.00
68.00	SPEECH PATHOLOGY	0.346870	65,960	22,880	68.00
68.01	AUDIOLOGY	0.000000	0	0	68.01
69.00	ELECTROCARDIOLOGY	0.119139	29,296	3,490	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.548105	43,624	23,911	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.170894	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.229850	2,319,923	533,234	73.00
73.01	HOSPITAL BASED RETAIL PHARMACIES	1.426062	0	0	73.01
74.00	RENAL DIALYSIS	0.499737	3,221	1,610	74.00
76.00	CARDIOPULMONARY	0.000000	0	0	76.00
76.97	CARDIAC REHABILITATION	0.181665	0	0	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.191915	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.02	PAIN CLINIC	0.545398	0	0	90.02
90.03	ONCOLOGY CLINIC	0.087413	0	0	90.03
91.00	EMERGENCY	0.158870	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.673030	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		5,628,221	1,288,524	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		5,628,221		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Title XIX		Hospital	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		10,702,501		30.00
31.00	INTENSIVE CARE UNIT		3,115,970		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		465,437		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		1,317,201		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.150514	3,146,139	473,538	50.00
51.00	RECOVERY ROOM	0.366002	329,896	120,743	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.320998	807,959	259,353	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.125432	2,826,478	354,531	54.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.092335	1,305,328	120,527	59.00
60.00	LABORATORY	0.151832	5,759,585	874,489	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING, & TRANS.	0.533194	194,845	103,890	63.00
65.00	RESPIRATORY THERAPY	0.357437	1,260,245	450,458	65.00
65.01	SLEEP LAB	0.181452	0	0	65.01
66.00	PHYSICAL THERAPY	0.351753	252,237	88,725	66.00
67.00	OCCUPATIONAL THERAPY	0.344578	179,870	61,979	67.00
68.00	SPEECH PATHOLOGY	0.346870	101,023	35,042	68.00
68.01	AUDIOLOGY	0.000000	0	0	68.01
69.00	ELECTROCARDIOLOGY	0.119139	1,892,480	225,468	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.548105	751,805	412,068	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.170894	2,099,507	358,793	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.229850	5,513,724	1,267,329	73.00
73.01	HOSPITAL BASED RETAIL PHARMACIES	1.426062	0	0	73.01
74.00	RENAL DIALYSIS	0.499737	148,136	74,029	74.00
76.00	CARDIOPULMONARY	0.000000	0	0	76.00
76.97	CARDIAC REHABILITATION	0.181665	10,251	1,862	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.191915	2,888	554	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.02	PAIN CLINIC	0.545398	1,627	887	90.02
90.03	ONCOLOGY CLINIC	0.087413	1,123	98	90.03
91.00	EMERGENCY	0.158870	2,091,397	332,260	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.673030	47,124	31,716	92.00
200.00	Total (sum of lines 50-94 and 96-98)		28,723,667	5,648,339	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)		28,723,667		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/29/2012 10:03 am
		Title VIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		53,721,746	1.00
2.00	Outlier payments for discharges. (see instructions)		2,187,452	2.00
3.00	Managed Care Simulated Payments		4,643,035	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		265.37	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		50.70	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		6.00	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)		56.70	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		52.85	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)		52.85	12.00
13.00	Total allowable FTE count for the prior year.		50.70	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.		50.70	14.00
15.00	Sum of lines 12 through 14 divided by 3.		51.42	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		-1.00	17.00
18.00	Adjusted rolling average FTE count		50.42	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.189999	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.195557	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.189999	21.00
22.00	IME payment adjustment (see instructions)		5,751,207	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (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)		5,751,207	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.76	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		22.64	31.00
32.00	Sum of lines 30 and 31		28.40	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.64	33.00
34.00	Disproportionate share adjustment (see instructions)		6,790,429	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
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)		68,450,834	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)		68,450,834	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		5,113,021	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).		2,216,575	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: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/29/2012 10:03 am
		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)			75,780,430 59.00
60.00	Primary payer payments			15,829 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			75,764,601 61.00
62.00	Deductibles billed to program beneficiaries			6,146,016 62.00
63.00	Coinsurance billed to program beneficiaries			173,479 63.00
64.00	Allowable bad debts (see instructions)			1,137,242 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			796,069 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,064,975 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			70,241,175 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)			70,241,175 71.00
72.00	Interim payments			70,300,484 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)			-59,309 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			5,850,298 75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 10:03 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		22,927	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		20,750,567	2.00
3.00	PPS payments		20,264,905	3.00
4.00	Outlier payment (see instructions)		446,239	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)		22,927	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		99,749	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)		99,749	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		99,749	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		76,822	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)		22,927	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)		20,711,144	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,400,660	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)		16,333,411	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		530,979	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)		16,864,390	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		16,864,390	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		878,553	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		614,987	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		809,529	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		17,479,377	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)		17,479,377	40.00
41.00	Interim payments		17,653,599	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)		-174,222	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 10:03 am
		Title XVIII	Hospital
			PPS
			Overrides
WORKSHEET OVERRIDE VALUES			1.00
112.00	Override of Ancillary service charges (line 12)		0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 10:03 am
		Component CCN: 15T089	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
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
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150089 Component CCN: 15T089	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 10:03 am
	Title XVIII	Subprovider - IRF	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 10:03 am
		Component CCN: 155296	Title XVIII	Skilled Nursing Facility PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			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
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
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
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			0 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			0 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			0 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			0 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			0 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)			0 40.00
41.00	Interim payments			0 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)			0 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150089 Component CCN: 155296	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 10:03 am
	Title XVIII	Skilled Nursing Facility	PPS
			Overrides 1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150089

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/29/2012 10:03 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		71,029,977		17,906,249	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	12/20/2011	0		19,930	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	09/30/2011	172,202		272,580	3.50
3.51		12/20/2011	557,291		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)		-729,493		-252,650	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)		70,300,484		17,653,599	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		59,309		174,222	6.02
7.00	Total Medicare program liability (see instructions)		70,241,175		17,479,377	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150089  
Component CCN: 15T089

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/29/2012 10:03 am  
PPS

Title XVIII

Subprovider -  
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		5,216,552		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	09/30/2011	32,472		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		32,472		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		5,249,024		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		2,092		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		5,251,116		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150089

Period:

Worksheet E-1

Component CCN:

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

Part I  
Date/Time Prepared:  
5/29/2012 10:03 am

Title XVIII

Swing Beds - SNF

		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		0		0	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		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		0		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150089  
Component CCN: 155296

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/29/2012 10:03 am  
PPS

Title XVIII

Skilled Nursing  
Facility

		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				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,391,214		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,391,214		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		8,659		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,399,873		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet E-1 Part II Date/Time Prepared: 5/29/2012 10:03 am
		Title XVIII	Hospital	PPS
				1.00
<b>DATA COLLECTION NEEDED FOR THE HIT CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			19,106 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			34,856 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			2,993 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			69,833 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,028,891,393 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			0 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)			3,030,500 8.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
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)			3,030,500 32.00
				Overrides
				1.00
<b>CONTRACTOR OVERRIDES</b>				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

Provider CCN: 150089

Period:

Worksheet E-2

Component CCN:

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

Date/Time Prepared:  
5/29/2012 10:03 am

Title XVIII

Swing Beds - SNF

		Part A	Part B	
		1.00	2.00	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	0	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, column 3, line 200 for Part A, and sum of Wkst. D, Part V, columns 5 and 7, line 202 for Part B) (For CAH, see instructions)	0	0	3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	0	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	0	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	0	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	0	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	0	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	0	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
17.00	Reimbursable bad debts (see instructions)	0	0	17.00
18.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (sum of lines 15 and 17, plus/minus line 16)	0	0	19.00
20.00	Interim payments	0	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program (line 19 minus the sum of lines 20 and 21)	0	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2	0	0	23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part III Date/Time Prepared: 5/29/2012 10:03 am
		Component CCN: 15T089	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)		4,431,603	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0424	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		221,695	3.00
4.00	Outlier Payments		613,376	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		57.92	5.00
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		13.931507	10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$ .		0.000000	11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).		0	12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)		5,266,674	13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)		0	14.00
15.00	Organ acquisition		0	15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	16.00
17.00	Subtotal (see instructions)		5,266,674	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		5,266,674	19.00
20.00	Deductibles		18,080	20.00
21.00	Subtotal (line 19 minus line 20)		5,248,594	21.00
22.00	Coinsurance		3,679	22.00
23.00	Subtotal (line 21 minus line 22)		5,244,915	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		8,858	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		6,201	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		8,771	26.00
27.00	Subtotal (sum of lines 23 and 25)		5,251,116	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		0	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.99	Recovery of Accelerated Depreciation		0	31.99
32.00	Total amount payable to the provider (see instructions)		5,251,116	32.00
33.00	Interim payments		5,249,024	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)		2,092	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150089 Component CCN: 155296	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VI Date/Time Prepared: 5/29/2012 10:03 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		1,523,792	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,523,792	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		132,577	7.00
8.00	Allowable bad debts (see instructions)		9,764	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		6,077	9.00
10.00	Allowable reimbursable bad debts (see instructions)		8,658	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		1,399,873	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		1,399,873	15.00
16.00	Interim payments		1,391,214	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)		8,659	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2012 10:03 am
		Title XIX	Hospital	Cost
				1.00
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services		11,045,995	1.00
2.00	Medical and other services		5,581,631	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		16,627,626	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)		16,627,626	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		60,455,665	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)		60,455,665	12.00
<b>CUSTOMARY CHRGES</b>				
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)		60,455,665	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		43,828,039	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)		16,627,626	21.00
<b>PROSPECTIVE PAYMENT AMOUNT</b>				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		16,627,626	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		16,627,626	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)		16,627,626	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		16,627,626	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)		16,627,626	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus 41)		16,627,626	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2012 10:03 am
		Title XIX	Subprovider - IRF	Cost
				1.00
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services		0	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	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)		0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		0	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)		0	12.00
<b>CUSTOMARY CHRGES</b>				
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)		0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	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)		0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT</b>				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		0	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)		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		0	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)		0	40.00
41.00	Interim payments		0	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: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/29/2012 10:03 am	
		Title XVII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			57.92	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))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			6.00	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)			63.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			54.16	6.00
7.00	Enter the lesser of line 5 or line 6			54.16	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.	39.10	12.96	52.06	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.	39.10	12.96	52.06	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	39.10	12.96		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	38.07	20.47		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	39.94	21.36		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	39.04	18.26		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	-1.00		16.00
17.00	Adjusted rolling average FTE count	39.04	17.26		17.00
18.00	Per resident amount	91,018.11	86,186.13		18.00
19.00	Approved amount for resident costs	3,553,347	1,487,573	5,040,920	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)			4.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			74,532.41	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)			5,040,920	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days	38,264	2,993		26.00
27.00	Total Inpatient Days	74,918	74,918		27.00
28.00	Ratio of inpatient days to total inpatient days	0.510745	0.039950		28.00
29.00	Program direct GME amount	2,574,625	201,385		29.00
30.00	Reduction for nursing/allied health		28,456		30.00
31.00	Net Program direct GME amount			2,747,554	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4  Date/Time Prepared: 5/29/2012 10:03 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		2,725,358	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)		7,453,241	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)		86,734,718	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)		15,829	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		86,718,889	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		20,773,494	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		20,773,494	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		107,492,383	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.806745	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.193255	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		2,747,554	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		2,216,575	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		530,979	50.00

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

Provider CCN: 150089

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

Worksheet G  
Date/Time Prepared:  
5/29/2012 10:03 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	39,574,456	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	39,311,102	0	0	0	4.00
5.00	Other receivable	2,251,690	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	5,674,482	0	0	0	7.00
8.00	Prepaid expenses	1,779,810	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	88,591,540	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	2,580,410	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	256,891,453	0	0	0	15.00
16.00	Accumulated depreciation	-116,000,485	0	0	0	16.00
17.00	Leasehold improvements	7,212,503	0	0	0	17.00
18.00	Accumulated depreciation	-4,894,593	0	0	0	18.00
19.00	Fixed equipment	18,163,685	0	0	0	19.00
20.00	Accumulated depreciation	-13,826,494	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	141,581,673	0	0	0	23.00
24.00	Accumulated depreciation	-117,685,622	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)	174,022,530	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	26,221,012	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	20,630,967	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	46,851,979	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	309,466,049	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	16,374,850	0	0	0	37.00
38.00	Salaries, wages, and fees payable	15,293,715	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	7,910,012	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	39,578,577	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	105,669,081	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	72,964,458	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	178,633,539	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	218,212,116	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	91,253,933				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)	91,253,933	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	309,466,049	0	0	0	60.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150089

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

Worksheet G-2 Parts  
Date/Time Prepared:  
5/29/2012 10:03 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	128,936,114		128,936,114	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	8,657,815		8,657,815	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	3,360,496		3,360,496	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)	140,954,425		140,954,425	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	37,745,277		37,745,277	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	37,745,277		37,745,277	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	178,699,702		178,699,702	17.00
18.00	Ancillary services	443,729,338	397,682,096	841,411,434	18.00
19.00	Outpatient services	20,645	8,757,869	8,778,514	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
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN CLINICS	809	4,019,057	4,019,866	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	622,450,494	410,459,022	1,032,909,516	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		299,831,139		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)		299,831,139		43.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150089	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/29/2012 10:03 am
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		4,312,000	1.00
2.00	Capital DRG outlier payments		212,865	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		191.32	3.00
4.00	Number of interns & residents (see instructions)		50.42	4.00
5.00	Indirect medical education percentage (see instructions)		7.72	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		332,886	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.76	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		22.64	8.00
9.00	Sum of lines 7 and 8		28.40	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.92	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		255,270	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		5,113,021	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00