

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: 151311      Period: From 01/01/2011 To 12/31/2011      Worksheet S Parts I-III Date/Time Prepared: 5/31/2012 11:24 am

**PART I - COST REPORT STATUS**

Provider use only      1.  Electronically filed cost report      Date: 5/31/2012      Time: 11:24 am  
 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      6. Date Received:      10. NPR Date:  
 (1) As Submitted      7. Contractor No.      11. Contractor's Vendor Code: 04  
 (2) Settled without Audit      8.  Initial Report for this Provider CCN      12.  If line 5, column 1 is 4: Enter number of times reopened = 0-9.  
 (3) Settled with Audit      9.  Final Report for this Provider CCN  
 (4) Reopened  
 (5) Amended

**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 IU HEALTH TIPTON 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

	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	-231,827	-825,053	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	41,271	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	-190,556	-825,053	0	0	200.00

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

Provider CCN: 151311

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

Worksheet S Parts I-III Date/Time Prepared: 5/31/2012 11:24 am

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1.  Electronically filed cost report Date: 5/31/2012 Time: 11:24 am

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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.

**PART II - CERTIFICATION**

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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 IU HEALTH TIPTON 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: 5/31/2012 Time: 11:24 am  
 OF7FwdRXmPOy4M1PB.GDccmM5nD5EO  
 ZkLI00Wbe7h6wOinFNI5yK:DK9BhXi  
 Gdzv0Wp02T0mGBEj

PI: Date: 5/31/2012 Time: 11:24 am  
 VSCLnj APSObMVs2uuSNT50BWxedsIO  
 jjquo0eW3xzKMVIJ68sF4JCL: r: vLg  
 iqOZQAY3S90Nu5C4

(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	-231,827	-825,053	0	0 1.00
2.00	Subprovider - IPF	0	0	0	0	0 2.00
3.00	Subprovider - IRF	0	0	0	0	0 3.00
4.00	SUBPROVIDER I	0	0	0	0	0 4.00
5.00	Swing bed - SNF	0	41,271	0	0	0 5.00
6.00	Swing bed - NF	0	0	0	0	0 6.00
7.00	SKILLED NURSING FACILITY	0	0	0	0	0 7.00
8.00	NURSING FACILITY	0	0	0	0	0 8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
12.00	CMHC I	0	0	0	0	0 12.00
200.00	Total	0	-190,556	-825,053	0	0 200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 151311			Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/31/2012 10:13 am			
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1000 SOUTH MAIN STREET			PO Box:						1.00
2.00	City: TIPTON			State: IN		Zip Code: 46072		County: TIPTON		2.00
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	IU HEALTH TIPTON HOSPITAL	151311	29020	1	11/12/2005	N	O	N	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF	IU HEALTH TIPTON HOSPITAL	15Z311	29020		11/12/2005	N	O	N	7.00
8.00	Swing Beds - NF						N		N	8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									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.					N				22.00
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.					3		N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0		24.00	
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	0	0	0	0	0	0		25.00	
						Urban/Rural S		Date of Geogr		
						1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.							2		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).							2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							0		35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 151311	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/31/2012 10:13 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete 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 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
<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)	N			63.00	
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4.			0.00	0.00	0.000000		65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000		67.00
						1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				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.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N		0	76.00
			1.00		
<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		Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	Y			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
			Physical	Occupational	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	N	N
			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		5,000,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	N			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: 151311		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/31/2012 10:13 am	
		1.00	2.00				
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	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	Contractor's Name: NATIONAL GOVERNMENT SERVICES, INC		Contractor's Number: 130			141.00
142.00	Street: 310 WEST 10TH ST	PO Box:					142.00
143.00	City: INDIANAPOLIS	State: 18		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.		N				145.00
						1.00	
						2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N					146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N					147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N					148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N					149.00
						Part A	Part B
						1.00	2.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N				155.00
156.00	Subprovider - IPF	N	N				156.00
157.00	Subprovider - IRF	N	N				157.00
158.00	SUBPROVIDER	N	N				158.00
159.00	SNF	N	N				159.00
160.00	HOME HEALTH AGENCY	N	N				160.00
161.00	CMHC		N				161.00
161.10	CORF		N				161.10
							1.00
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.		N				165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
							1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.		N				167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 151311	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/31/2012 10:13 am
			Y/N 1.00	Date 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 1.00	Date 2.00
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 1.00	Type 2.00
				Date 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	R	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 1.00	Legal Oper. 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.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
				Y/N 1.00
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/18/2012	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

		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				Y 22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N 23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N 24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N 25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N 26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N 27.00
<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.				N 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.				N 39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				N 40.00

		Part B		
		Y/N	Date	
		3.00	4.00	
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/18/2012	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: 151311

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2012 10:13 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	19	6,935	166,440.00		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)		19	6,935	166,440.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,190	52,560.00		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						13.00
14.00 Total (see instructions)		25	9,125	219,000.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY						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	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)		25				27.00
28.00 Observation Bed Days						28.00
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: 151311

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2012 10:13 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	2,295	145	3,366		1.00
2.00 HMO		115	25			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	1,464	6	1,656		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	3,759	151	5,022		7.00
8.00 INTENSIVE CARE UNIT	0	551	14	773		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0	4,310	165	5,795		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY						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		0	0		28.00
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)				31		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 151311

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2012 10:13 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	754	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	293.96	0.00	0	754	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY						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	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	293.96	0.00			27.00
28.00 Observation Bed Days						28.00
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: 151311

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2012 10:13 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)	43	1,400		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)	43	1,400		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				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
28.02 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 UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 151311	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/31/2012 10:13 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)		0.408157	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		419,336	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		5,591,146	6.00
7.00	Medicaid cost (line 1 times line 6)		2,282,065	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)		1,862,729	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone SCHIP		0	9.00
10.00	Stand-alone SCHIP charges		0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		2,384,916	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		973,420	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)		973,420	16.00
Uncompensated care (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		2,836,149	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
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	0	0	0
22.00	Partial payment by patients approved for charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	0	0	0
			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)		3,516,141	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		858,216	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		2,657,925	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		1,084,851	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		1,084,851	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		3,921,000	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 151311

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

Worksheet A  
Date/Time Prepared:  
5/31/2012 10:13 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		1,585,072	1,585,072	-81,824	1,503,248	1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT-INTERE		311,210	311,210	0	311,210	1.01
1.02 NEW CAP REL COSTS-BLDG & FIXT		0	0	0	0	1.02
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	0	4,049,861	4,049,861	34,222	4,084,083	4.00
5.01 COMMUNICATIONS	300,222	147,933	448,155	0	448,155	5.01
5.02 PATIENT ACCOUNTING	244,243	160,168	404,411	0	404,411	5.02
5.06 OTHER ADMINISTRATIVE AND GENERAL	1,892,512	1,494,916	3,387,428	-216,454	3,170,974	5.06
7.00 OPERATION OF PLANT	361,994	1,767,506	2,129,500	0	2,129,500	7.00
7.01 OPERATION OF PLANT-OFFSITE	0	0	0	0	0	7.01
8.00 LAUNDRY & LINEN SERVICE	37,111	68,550	105,661	0	105,661	8.00
9.00 HOUSEKEEPING	271,501	75,398	346,899	0	346,899	9.00
10.00 DIETARY	356,732	262,756	619,488	-327,092	292,396	10.00
11.00 CAFETERIA	0	0	0	327,092	327,092	11.00
13.00 NURSING ADMINISTRATION	19,109	3,102	22,211	164,636	186,847	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	2,049,212	2,049,212	0	2,049,212	14.00
15.00 PHARMACY	470,435	2,068,771	2,539,206	0	2,539,206	15.00
16.00 MEDICAL RECORDS & LIBRARY	549,818	266,567	816,385	0	816,385	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	1,566,438	62,096	1,628,534	0	1,628,534	30.00
31.00 INTENSIVE CARE UNIT	635,415	8,925	644,340	0	644,340	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	1,185,627	191,171	1,376,798	0	1,376,798	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 ANESTHESIOLOGY	213,781	246,916	460,697	0	460,697	53.00
54.00 RADIOLOGY-DIAGNOSTIC	842,321	1,681,810	2,524,131	0	2,524,131	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	934,115	1,003,771	1,937,886	0	1,937,886	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
64.00 INTRAVENOUS THERAPY	0	38,189	38,189	0	38,189	64.00
65.00 RESPIRATORY THERAPY	366,941	91,487	458,428	0	458,428	65.00
66.00 PHYSICAL THERAPY	718,349	113,330	831,679	-33,092	798,587	66.00
67.00 OCCUPATIONAL THERAPY	229,217	10,739	239,956	16,546	256,502	67.00
69.00 ELECTROCARDIOLOGY	360,126	42,553	402,679	0	402,679	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
73.02 ONCOLOGY	145,673	160,632	306,305	0	306,305	73.02
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	51,551	2,057	53,608	0	53,608	76.97
<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
90.01 OCCUPATIONAL MEDICINE	0	0	0	0	0	90.01
91.00 EMERGENCY	1,537,422	374,466	1,911,888	0	1,911,888	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	489,441	5,959	495,400	0	495,400	92.01
<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
118.00 SUBTOTALS (SUM OF LINES 1-117)	13,780,094	18,345,123	32,125,217	-115,966	32,009,251	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,364	17,364	0	17,364	190.00
190.01 MARKETING/PUBLIC RELATIONS	44,147	38,658	82,805	0	82,805	190.01
190.02 FOUNDATION/HEALTH MINISTRY	1,303	540	1,843	0	1,843	190.02
191.00 RESEARCH	0	0	0	0	0	191.00
191.04 MEALS ON WHEELS	0	0	0	0	0	191.04
191.05 DME/OXYGEN THERAPY	0	0	0	0	0	191.05
191.06 ASSISTED LIVING	0	0	0	138,319	138,319	191.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 151311	Period: From 01/01/2011 To 12/31/2011	Worksheet A Date/Time Prepared: 5/31/2012 10:13 am	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
191.07 O/P CLINIC - OCC/MED SERVICES	0	0	0	0	0	191.07
192.00 PHYSICIANS' PRIVATE OFFICES	3,536,880	1,042,432	4,579,312	16,546	4,595,858	192.00
192.01 OCCUPATIONAL MEDICINE	89,052	79,656	168,708	0	168,708	192.01
192.02 MEDICAL NETWORK	299,650	127,316	426,966	0	426,966	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 CLARIAN HOME HEALTH AGENCY	0	0	0	0	0	193.01
193.02 MED NETWORK	0	0	0	0	0	193.02
194.00 COMMUNITY FITNESS	53,378	84,779	138,157	-34,222	103,935	194.00
194.01 BEHAVIOR HEALTH SERVICES	0	0	0	0	0	194.01
194.02 COUNTY HEALTH DEPARTMENT	0	0	0	0	0	194.02
194.03 PUBLIC RELATIONS	0	0	0	-4,677	-4,677	194.03
194.04 FOUNDATION	0	0	0	0	0	194.04
194.05 LI FELINE	0	0	0	0	0	194.05
194.06 MILLERS-AUTUMNWOOD	0	0	0	0	0	194.06
194.07 VACANT OR SHELL SPACE	0	0	0	0	0	194.07
200.00 TOTAL (SUM OF LINES 118-199)	17,804,504	19,735,868	37,540,372	0	37,540,372	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 151311

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

Worksheet A  
Date/Time Prepared:  
5/31/2012 10:13 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	1,849,094	3,352,342	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT-INTERE	-3,132	308,078	1.01
1.02	NEW CAP REL COSTS-BLDG & FIXT	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	350,278	4,434,361	4.00
5.01	COMMUNICATIONS	-10,428	437,727	5.01
5.02	PATIENT ACCOUNTING	986,546	1,390,957	5.02
5.06	OTHER ADMINISTRATIVE AND GENERAL	-214,469	2,956,505	5.06
7.00	OPERATION OF PLANT	167,014	2,296,514	7.00
7.01	OPERATION OF PLANT-OFFSITE	0	0	7.01
8.00	LAUNDRY & LINEN SERVICE	0	105,661	8.00
9.00	HOUSEKEEPING	41,234	388,133	9.00
10.00	DIETARY	-34,997	257,399	10.00
11.00	CAFETERIA	-55,256	271,836	11.00
13.00	NURSING ADMINISTRATION	0	186,847	13.00
14.00	CENTRAL SERVICES & SUPPLY	-226	2,048,986	14.00
15.00	PHARMACY	-441,338	2,097,868	15.00
16.00	MEDICAL RECORDS & LIBRARY	-4,517	811,868	16.00
17.00	SOCIAL SERVICE	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	-45,560	1,582,974	30.00
31.00	INTENSIVE CARE UNIT	0	644,340	31.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0	1,376,798	50.00
51.00	RECOVERY ROOM	0	0	51.00
53.00	ANESTHESIOLOGY	-215,281	245,416	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-639,493	1,884,638	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	-123,441	1,814,445	60.00
60.01	BLOOD LABORATORY	0	0	60.01
64.00	INTRAVENOUS THERAPY	0	38,189	64.00
65.00	RESPIRATORY THERAPY	0	458,428	65.00
66.00	PHYSICAL THERAPY	-17,722	780,865	66.00
67.00	OCCUPATIONAL THERAPY	0	256,502	67.00
69.00	ELECTROCARDIOLOGY	0	402,679	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
73.02	ONCOLOGY	-87,563	218,742	73.02
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	CARDIOPULMONARY	0	0	76.00
76.97	CARDIAC REHABILITATION	0	53,608	76.97
<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
90.01	OCCUPATIONAL MEDICINE	0	0	90.01
91.00	EMERGENCY	-631,299	1,280,589	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	495,400	92.01
<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
118.00	SUBTOTALS (SUM OF LINES 1-117)	869,444	32,878,695	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,364	190.00
190.01	MARKETING/PUBLIC RELATIONS	0	82,805	190.01
190.02	FOUNDATION/HEALTH MINISTRY	0	1,843	190.02
191.00	RESEARCH	0	0	191.00
191.04	MEALS ON WHEELS	0	0	191.04
191.05	DME/OXYGEN THERAPY	0	0	191.05
191.06	ASSISTED LIVING	0	138,319	191.06
191.07	O/P CLINIC - OCC/MED SERVICES	0	0	191.07
192.00	PHYSICIANS' PRIVATE OFFICES	0	4,595,858	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 151311

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

Worksheet A  
Date/Time Prepared:  
5/31/2012 10:13 am

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
192.01	OCCUPATIONAL MEDICINE	0	168,708	192.01
192.02	MEDICAL NETWORK	0	426,966	192.02
193.00	NONPAID WORKERS	0	0	193.00
193.01	CLARIAN HOME HEALTH AGENCY	0	0	193.01
193.02	MED NETWORK	0	0	193.02
194.00	COMMUNITY FITNESS	0	103,935	194.00
194.01	BEHAVIOR HEALTH SERVICES	0	0	194.01
194.02	COUNTY HEALTH DEPARTMENT	0	0	194.02
194.03	PUBLIC RELATIONS	0	-4,677	194.03
194.04	FOUNDATION	0	0	194.04
194.05	LIFELINE	0	0	194.05
194.06	MILLERS-AUTUMWOOD	0	0	194.06
194.07	VACANT OR SHELL SPACE	0	0	194.07
200.00	TOTAL (SUM OF LINES 118-199)	869,444	38,409,816	200.00

RECLASSIFICATIONS

Provider CCN: 151311

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

Worksheet A-6

Date/Time Prepared:  
5/31/2012 10:13 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - CAFETERIA</b>					
1.00	CAFETERIA	11.00	188,356	138,736	1.00
	TOTALS		188,356	138,736	
<b>B - INSURANCE</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	56,495	1.00
	TOTALS		0	56,495	
<b>C - ASSISTED LIVING DEPRECIATION</b>					
1.00	ASSISTED LIVING	191.06	0	138,319	1.00
	TOTALS		0	138,319	
<b>D - VP NURSING</b>					
1.00	NURSING ADMINISTRATION	13.00	164,636	0	1.00
	TOTALS		164,636	0	
<b>E - ORTHOPEDIC CLERICAL</b>					
1.00	OCCUPATIONAL THERAPY	67.00	16,546	0	1.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	16,546	0	3.00
	TOTALS		33,092	0	
<b>F - FITNESS CENTER</b>					
1.00	EMPLOYEE BENEFITS	4.00	13,222	21,000	1.00
	TOTALS		13,222	21,000	
<b>H - TELEPHONE BOOKS</b>					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	4,677	1.00
	TOTALS		0	4,677	
500.00	Grand Total: Increases		399,306	359,227	500.00

RECLASSIFICATIONS

Provider CCN: 151311

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

Worksheet A-6

Date/Time Prepared:  
5/31/2012 10:13 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - CAFETERIA</b>							
1.00	DIETARY	10.00	188,356	138,736	0		1.00
	TOTALS		188,356	138,736			
<b>B - INSURANCE</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	56,495	12		1.00
	TOTALS		0	56,495			
<b>C - ASSISTED LIVING DEPRECIATION</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	138,319	9		1.00
	TOTALS		0	138,319			
<b>D - VP NURSING</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	164,636	0	0		1.00
	TOTALS		164,636	0			
<b>E - ORTHOPEDIC CLERICAL</b>							
1.00	PHYSICAL THERAPY	66.00	33,092	0	0		1.00
3.00		0.00	0	0	0		3.00
	TOTALS		33,092	0			
<b>F - FITNESS CENTER</b>							
1.00	COMMUNITY FITNESS	194.00	13,222	21,000	0		1.00
	TOTALS		13,222	21,000			
<b>H - TELEPHONE BOOKS</b>							
1.00	PUBLIC RELATIONS	194.03	0	4,677	0		1.00
	TOTALS		0	4,677			
500.00	Grand Total: Decreases		399,306	359,227			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 151311

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
5/31/2012 10:13 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	3.00	4.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	0	0	0	0	0	1.00
2.00	Land Improvements	147,000	0	0	0	0	2.00
3.00	Buildings and Fixtures	0	0	0	0	0	3.00
4.00	Building Improvements	1,231,000	31,000	0	31,000	0	4.00
5.00	Fixed Equipment	1,377,000	0	0	0	115,000	5.00
6.00	Movable Equipment	3,595,000	2,222,000	0	2,222,000	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	6,350,000	2,253,000	0	2,253,000	115,000	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	6,350,000	2,253,000	0	2,253,000	115,000	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	1,585,072	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT-INTERE	0	0	311,210	0	0	1.01
1.02	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,585,072	0	311,210	0	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	0	0	0	1.000000	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT-INTERE	0	0	0	0.000000	0	1.01
1.02	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 151311

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
5/31/2012 10:13 am

		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	0	0			1.00
2.00	Land Improvements	147,000	0			2.00
3.00	Buildings and Fixtures	0	0			3.00
4.00	Building Improvements	1,262,000	0			4.00
5.00	Fixed Equipment	1,262,000	0			5.00
6.00	Movable Equipment	5,817,000	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	8,488,000	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	8,488,000	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	1,585,072			1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT-INTERE	0	311,210			1.01
1.02	NEW CAP REL COSTS-BLDG & FIXT	0	0			1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0			2.00
3.00	Total (sum of lines 1-2)	0	1,896,282			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	3,301,006	0 1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT-INTERE	0	0	0	0	0 1.01
1.02	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0 1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0 2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,301,006	0 3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 151311

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		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	51,336	0	0	3,352,342	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT-INTERE	308,078	0	0	0	308,078	1.01
1.02	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	308,078	51,336	0	0	3,660,420	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 151311

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

Worksheet A-8

Date/Time Prepared:  
5/31/2012 10:13 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
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-5,159	NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
1.01 Investment income - NEW CAP REL COSTS-BLDG & FIXT-INTERE (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT-INTERE	1.01 1.01
1.02 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT	1.02 1.02
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00 Investment income - other (chapter 2)		0		0.00 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00 7.00
8.00 Television and radio service (chapter 21)		0		0.00 8.00
9.00 Parking lot (chapter 21)		0		0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-1,481,796		10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	1,809,805		12.00
13.00 Laundry and linen service		0		0.00 13.00
14.00 Cafeteria-employees and guests	B	-60,174	CAFETERIA	11.00 14.00
15.00 Rental of quarters to employee and others		0		0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients	B	-226	CENTRAL SERVICES & SUPPLY	14.00 16.00
17.00 Sale of drugs to other than patients	B	-441,338	PHARMACY	15.00 17.00
18.00 Sale of medical records and abstracts	B	-4,517	MEDICAL RECORDS & LIBRARY	16.00 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00 Vending machines		0		0.00 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***	114.00 25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	1,607,545	NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
26.01 Depreciation - NEW CAP REL COSTS-BLDG & FIXT-INTERE			NEW CAP REL COSTS-BLDG & FIXT-INTERE	1.01 26.01
26.02 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.02 26.02
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00 Non-physician Anesthetist			*** Cost Center Deleted ***	19.00 28.00
29.00 Physicians' assistant		0		0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		*** Cost Center Deleted ***	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0		0.00 32.00
33.00 MISC NON OPERATING INCOME	B	-210,205	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.00
34.00 MISC REVENUE	B	-34,997	DIETARY	10.00 34.00
35.00 MISC REVENUE	B	-45,560	ADULTS & PEDIATRICS	30.00 35.00
36.00 MISC REVENUE	B	-17,424	PHYSICAL THERAPY	66.00 36.00
37.00 AHA DUES RELATED TO LOBBYING	A	-1,149	OTHER ADMINISTRATIVE AND GENERAL	5.06 37.00
38.00 IHA DUES RELATED TO LOBBYING	A	-3,115	OTHER ADMINISTRATIVE AND GENERAL	5.06 38.00
39.00 TV AND VENDING	A	-1,029	OPERATION OF PLANT	7.00 39.00
40.00 ROC	A	-298	PHYSICAL THERAPY	66.00 40.00
41.00 CRNA	A	-215,281	ANESTHESIOLOGY	53.00 41.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 151311

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

Worksheet A-8

Date/Time Prepared:  
5/31/2012 10:13 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	
42.00 PATIENT PHONE - SALARY	A	-20,887	COMMUNICATIONS	5.01	42.00
43.00 PATIENT PHONE - BENEFITS	A	-4,751	EMPLOYEE BENEFITS	4.00	43.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		869,444			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 151311

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

Worksheet A-8

Date/Time Prepared:  
5/31/2012 10:13 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	12	1.00
1.01	Investment income - NEW CAP REL COSTS-BLDG & FIXT-INTERE (chapter 2)	0	1.01
1.02	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.02
2.00	Investment income - NEW 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	9	26.00
26.01	Depreciation - NEW CAP REL COSTS-BLDG & FIXT-INTERE	0	26.01
26.02	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.02
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	MISC NON OPERATING INCOME	0	33.00
34.00	MISC REVENUE	0	34.00
35.00	MISC REVENUE	0	35.00
36.00	MISC REVENUE	0	36.00
37.00	AHA DUES RELATED TO LOBBYING	0	37.00
38.00	IHA DUES RELATED TO LOBBYING	0	38.00
39.00	TV AND VENDING	0	39.00
40.00	ROC	0	40.00
41.00	CRNA	0	41.00
42.00	PATIENT PHONE - SALARY	0	42.00
43.00	PATIENT PHONE - BENEFITS	0	43.00
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: 151311

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

Worksheet A-8-1

Date/Time Prepared:  
5/31/2012 10:13 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	CAPITAL BUILDING - OTHER	1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	CAPITAL EQUIPMENT	2.00
3.00	1.01	NEW CAP REL COSTS-BLDG & FIXT-INTERE	INTEREST	3.00
4.00	4.00	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS	4.00
4.01	5.01	COMMUNICATIONS	NON-PATIENT PHONES	4.01
4.02	5.02	PATIENT ACCOUNTING	DATA PROCESSING	4.02
4.03	5.02	PATIENT ACCOUNTING	PURCHASING	4.03
4.04	5.02	PATIENT ACCOUNTING	OTHER A&G	4.04
4.05	7.00	OPERATION OF PLANT	MAINTENANCE & REPAIRS	4.05
4.06	7.00	OPERATION OF PLANT	OPERATION OF PLANT	4.06
4.07	9.00	HOUSEKEEPING	HOUSEKEEPING	4.07
4.08	11.00	CAFETERIA	CAFETERIA	4.08
4.09	0.00			4.09
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	IU HEALTH	100.00	6.00
7.00			0.00	7.00
8.00			0.00	8.00
9.00			0.00	9.00
10.00			0.00	10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

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

Provider CCN: 151311

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

Worksheet A-8-1

Date/Time Prepared: 5/31/2012 10:13 am

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	136,027	0	136,027	9	1.00
2.00	110,681	0	110,681	9	2.00
3.00	250,217	253,349	-3,132	11	3.00
4.00	420,543	65,514	355,029	0	4.00
4.01	10,459	0	10,459	0	4.01
4.02	391,280	0	391,280	0	4.02
4.03	1,258	0	1,258	0	4.03
4.04	1,136,818	542,810	594,008	0	4.04
4.05	2,012	0	2,012	0	4.05
4.06	166,031	0	166,031	0	4.06
4.07	41,234	0	41,234	0	4.07
4.08	4,918	0	4,918	0	4.08
4.09	0	0	0	0	4.09
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	2,671,478	861,673	1,809,805	5.00

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

Related Organization(s) and/or Home Office			
Name	Percentage of Ownership	Type of Business	
4.00	5.00	6.00	

**B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:**

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

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

6.00	IU HEALTH	100.00	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: 151311

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

Worksheet A-8-2

Date/Time Prepared:  
5/31/2012 10:13 am

		Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
		1.00	2.00	3.00	4.00	
1.00		50.00	OPERATING ROOM	7,500	0	1.00
2.00		53.00	ANESTHESIOLOGY	15,000	0	2.00
3.00		54.00	RADIOLOGY-DIAGNOSTIC	655,200	639,493	3.00
4.00		60.00	LABORATORY	169,795	123,441	4.00
5.00		66.00	PHYSICAL THERAPY	50,302	0	5.00
6.00		67.00	OCCUPATIONAL THERAPY	5,000	0	6.00
7.00		73.02	ONCOLOGY	87,563	87,563	7.00
8.00		91.00	EMERGENCY	1,124,779	631,299	8.00
9.00		0.00		0	0	9.00
10.00		0.00		0	0	10.00
200.00				2,115,139	1,481,796	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 151311

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

Worksheet A-8-2

Date/Time Prepared:  
5/31/2012 10:13 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	7,500	0	0	0	0	1.00
2.00	15,000	0	0	0	0	2.00
3.00	15,707	0	0	0	0	3.00
4.00	46,354	0	0	0	0	4.00
5.00	50,302	0	0	0	0	5.00
6.00	5,000	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	493,480	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	633,343		0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 151311

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

Worksheet A-8-2

Date/Time Prepared:  
5/31/2012 10:13 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
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 151311

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

Worksheet A-8-2

Date/Time Prepared:  
5/31/2012 10:13 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	0	1.00
2.00	0	0	2.00
3.00	0	639,493	3.00
4.00	0	123,441	4.00
5.00	0	0	5.00
6.00	0	0	6.00
7.00	0	87,563	7.00
8.00	0	631,299	8.00
9.00	0	0	9.00
10.00	0	0	10.00
200.00	0	1,481,796	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151311

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2012 10:13 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW BLDG & FIXT-INTERE	NEW BLDG & FIXT	NEW MVBLE EQUIP	
		0	1.00	1.01	1.02	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	3,352,342	3,352,342				1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT-INTERE	308,078	0	308,078			1.01
1.02 NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0		1.02
2.00 NEW CAP REL COSTS-MVBLE EQUIP	0				0	2.00
4.00 EMPLOYEE BENEFITS	4,434,361	0	0	0	0	4.00
5.01 COMMUNICATIONS	437,727	3,130	979	0	0	5.01
5.02 PATIENT ACCOUNTING	1,390,957	16,184	540	0	0	5.02
5.06 OTHER ADMINISTRATIVE AND GENERAL	2,956,505	282,802	20,750	0	0	5.06
7.00 OPERATION OF PLANT	2,296,514	492,034	32,734	0	0	7.00
7.01 OPERATION OF PLANT-OFFSITE	0	70,114	0	0	0	7.01
8.00 LAUNDRY & LINEN SERVICE	105,661	50,679	0	0	0	8.00
9.00 HOUSEKEEPING	388,133	50,921	1,013	0	0	9.00
10.00 DIETARY	257,399	72,012	0	0	0	10.00
11.00 CAFETERIA	271,836	30,845	0	0	0	11.00
13.00 NURSING ADMINISTRATION	186,847	8,908	0	0	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	2,048,986	50,667	9,665	0	0	14.00
15.00 PHARMACY	2,097,868	21,164	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	811,868	55,864	1,439	0	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	1,582,974	165,840	51,840	0	0	30.00
31.00 INTENSIVE CARE UNIT	644,340	68,277	21,343	0	0	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	1,376,798	352,929	69,906	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 ANESTHESIOLOGY	245,416	5,137	1,103	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,884,638	140,023	36,444	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	1,814,445	63,684	4,145	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
64.00 INTRAVENOUS THERAPY	38,189	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	458,428	9,633	0	0	0	65.00
66.00 PHYSICAL THERAPY	780,865	127,369	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	256,502	6,926	0	0	0	67.00
69.00 ELECTROCARDIOLOGY	402,679	87,193	635	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
73.02 ONCOLOGY	218,742	23,098	0	0	0	73.02
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	53,608	18,517	0	0	0	76.97
<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
90.01 OCCUPATIONAL MEDICINE	0	0	0	0	0	90.01
91.00 EMERGENCY	1,280,589	139,830	42,077	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	495,400	28,645	8,954	0	0	92.01
<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
118.00 SUBTOTALS (SUM OF LINES 1-117)	32,878,695	2,442,425	303,567	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,364	0	0	0	0	190.00
190.01 MARKETING/PUBLIC RELATIONS	82,805	0	0	0	0	190.01
190.02 FOUNDATION/HEALTH MINISTRY	1,843	0	0	0	0	190.02
191.00 RESEARCH	0	0	0	0	0	191.00
191.04 MEALS ON WHEELS	0	0	0	0	0	191.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151311

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

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW BLDG & FIXT-INTERE	NEW BLDG & FIXT	NEW MVBLE EQUIP	
	0	1.00	1.01	1.02	2.00	
191.05 DME/OXYGEN THERAPY	0	0	0	0	0	0 191.05
191.06 ASSISTED LIVING	138,319	0	0	0	0	0 191.06
191.07 O/P CLINIC - OCC/MED SERVICES	0	57,061	0	0	0	0 191.07
192.00 PHYSICIANS' PRIVATE OFFICES	4,595,858	229,585	0	0	0	0 192.00
192.01 OCCUPATIONAL MEDICINE	168,708	0	0	0	0	0 192.01
192.02 MEDICAL NETWORK	426,966	0	0	0	0	0 192.02
193.00 NONPAID WORKERS	0	0	0	0	0	0 193.00
193.01 CLARIAN HOME HEALTH AGENCY	0	24,028	0	0	0	0 193.01
193.02 MED NETWORK	0	0	0	0	0	0 193.02
194.00 COMMUNITY FITNESS	103,935	0	0	0	0	0 194.00
194.01 BEHAVIOR HEALTH SERVICES	0	0	0	0	0	0 194.01
194.02 COUNTY HEALTH DEPARTMENT	0	0	0	0	0	0 194.02
194.03 PUBLIC RELATIONS	-4,677	14,939	0	0	0	0 194.03
194.04 FOUNDATION	0	0	0	0	0	0 194.04
194.05 LI FELINE	0	0	0	0	0	0 194.05
194.06 MILLERS-AUTUMWOOD	0	0	0	0	0	0 194.06
194.07 VACANT OR SHELL SPACE	0	584,304	4,511	0	0	0 194.07
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)	38,409,816	3,352,342	308,078	0	0	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151311

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

Worksheet B  
Part I  
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5/31/2012 10:13 am

Cost Center Description		EMPLOYEE BENEFITS	COMMUNICATIONS	PATIENT ACCOUNTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		4.00	5.01	5.02	5A.02	5.06	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT-INTERE						1.01
1.02	NEW CAP REL COSTS-BLDG & FIXT						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	4,434,361					4.00
5.01	COMMUNICATIONS	72,447	514,283				5.01
5.02	PATIENT ACCOUNTING	58,609	34,166	1,500,456			5.02
5.06	OTHER ADMINISTRATIVE AND GENERAL	564,975	129,469	0	3,954,501	3,954,501	5.06
7.00	OPERATION OF PLANT	93,417	19,780	0	2,934,479	336,796	7.00
7.01	OPERATION OF PLANT-OFFSITE	0	0	0	70,114	8,047	7.01
8.00	LAUNDRY & LINEN SERVICE	8,905	0	0	165,245	18,965	8.00
9.00	HOUSEKEEPING	72,173	0	0	512,240	58,791	9.00
10.00	DIETARY	40,404	10,789	0	380,604	43,683	10.00
11.00	CAFETERIA	46,007	0	0	348,688	40,020	11.00
13.00	NURSING ADMINISTRATION	44,092	0	0	239,847	27,528	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	2,109,318	242,091	14.00
15.00	PHARMACY	112,886	5,395	0	2,237,313	256,781	15.00
16.00	MEDICAL RECORDS & LIBRARY	131,935	34,166	0	1,035,272	118,820	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	375,884	30,569	57,339	2,264,446	259,895	30.00
31.00	INTENSIVE CARE UNIT	152,475	16,184	13,276	915,895	105,119	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	284,504	55,744	271,705	2,411,586	276,783	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	ANESTHESIOLOGY	51,299	0	61,921	364,876	41,878	53.00
54.00	RADIOLOGY-DIAGNOSTIC	202,124	21,578	342,539	2,627,346	301,546	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	224,151	30,569	174,059	2,311,053	265,244	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
64.00	INTRAVENOUS THERAPY	0	0	20,713	58,902	6,760	64.00
65.00	RESPIRATORY THERAPY	88,052	5,395	26,921	588,429	67,535	65.00
66.00	PHYSICAL THERAPY	172,376	35,964	52,342	1,168,916	134,159	66.00
67.00	OCCUPATIONAL THERAPY	55,003	0	17,604	336,035	38,567	67.00
69.00	ELECTROCARDIOLOGY	86,416	21,578	68,277	666,778	76,527	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	161,991	161,991	18,592	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	147,527	147,527	16,932	73.00
73.02	ONCOLOGY	34,956	14,386	16,050	307,232	35,262	73.02
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	12,370	0	3,290	87,785	10,075	76.97
<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
90.01	OCCUPATIONAL MEDICINE	0	0	0	0	0	90.01
91.00	EMERGENCY	368,921	0	55,349	1,886,766	216,548	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	117,447	0	9,553	659,999	75,749	92.01
<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
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,471,828	465,732	1,500,456	30,953,183	3,098,693	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,596	0	20,960	2,406	190.00
190.01	MARKETING/PUBLIC RELATIONS	10,594	0	0	93,399	10,720	190.01
190.02	FOUNDATION/HEALTH MINISTRY	313	0	0	2,156	247	190.02
191.00	RESEARCH	0	0	0	0	0	191.00
191.04	MEALS ON WHEELS	0	0	0	0	0	191.04
191.05	DME/OXYGEN THERAPY	0	8,991	0	8,991	1,032	191.05
191.06	ASSISTED LIVING	0	0	0	138,319	15,875	191.06
191.07	O/P CLINIC - OCC/MED SERVICES	21,369	28,771	0	107,201	12,304	191.07
192.00	PHYSICIANS' PRIVATE OFFICES	848,717	0	0	5,674,160	651,230	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151311

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

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Cost Center Description	EMPLOYEE BENEFITS	COMMUNICATIONS	PATIENT ACCOUNTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
	4.00	5.01	5.02	5A.02	5.06	
192.01 OCCUPATIONAL MEDICINE	0	0	0	168,708	19,363	192.01
192.02 MEDICAL NETWORK	71,904	0	0	498,870	57,256	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 CLARIAN HOME HEALTH AGENCY	0	0	0	24,028	2,758	193.01
193.02 MED NETWORK	0	0	0	0	0	193.02
194.00 COMMUNITY FITNESS	9,636	0	0	113,571	13,035	194.00
194.01 BEHAVIOR HEALTH SERVICES	0	0	0	0	0	194.01
194.02 COUNTY HEALTH DEPARTMENT	0	0	0	0	0	194.02
194.03 PUBLIC RELATIONS	0	7,193	0	17,455	2,003	194.03
194.04 FOUNDATION	0	0	0	0	0	194.04
194.05 LI FELINE	0	0	0	0	0	194.05
194.06 MILLERS-AUTUMWOOD	0	0	0	0	0	194.06
194.07 VACANT OR SHELL SPACE	0	0	0	588,815	67,579	194.07
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)	4,434,361	514,283	1,500,456	38,409,816	3,954,501	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 151311		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/31/2012 10:13 am	
Cost Center Description	OPERATION OF PLANT	OPERATION OF PLANT-OFFSITE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
	7.00	7.01	8.00	9.00	10.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT-INTERE						1.01
1.02	NEW CAP REL COSTS-BLDG & FIXT						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	PATIENT ACCOUNTING						5.02
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	OPERATION OF PLANT	3,271,275					7.00
7.01	OPERATION OF PLANT-OFFSITE	0	78,161				7.01
8.00	LAUNDRY & LINEN SERVICE	106,310	0	290,520			8.00
9.00	HOUSEKEEPING	106,817	0	0	677,848		9.00
10.00	DIETARY	151,060	0	0	0	575,347	10.00
11.00	CAFETERIA	64,704	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	8,418	1,111	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	75,733	3,303	0	26,463	0	14.00
15.00	PHARMACY	39,045	582	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	117,187	0	0	3,942	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	347,885	0	113,627	141,949	388,724	30.00
31.00	INTENSIVE CARE UNIT	143,226	0	20,605	58,441	59,831	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	740,343	0	42,890	191,420	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	ANESTHESIOLOGY	10,776	0	0	3,021	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	290,382	359	19,505	99,791	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	133,591	0	1,494	11,349	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	20,207	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	266,194	107	13,508	0	0	66.00
67.00	OCCUPATIONAL THERAPY	14,528	0	0	0	0	67.00
69.00	ELECTROCARDIOLOGY	182,905	0	9,711	1,738	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
73.02	ONCOLOGY	48,274	22	934	0	0	73.02
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	30,907	859	0	0	0	76.97
<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
90.01	OCCUPATIONAL MEDICINE	0	0	0	0	0	90.01
91.00	EMERGENCY	291,320	217	42,579	115,216	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	59,836	27	12,740	24,518	0	92.01
<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
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,249,648	6,587	277,593	677,848	448,555	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	190.01
190.02	FOUNDATION/HEALTH MINISTRY	0	0	0	0	0	190.02
191.00	RESEARCH	0	0	0	0	0	191.00
191.04	MEALS ON WHEELS	0	0	0	0	126,792	191.04
191.05	DME/OXYGEN THERAPY	0	0	0	0	0	191.05
191.06	ASSISTED LIVING	0	0	0	0	0	191.06
191.07	O/P CLINIC - OCC/MED SERVICES	0	12,953	332	0	0	191.07
192.00	PHYSICIANS' PRIVATE OFFICES	21,627	49,776	6,121	0	0	192.00
192.01	OCCUPATIONAL MEDICINE	0	0	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151311

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

Worksheet B  
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Cost Center Description	OPERATION OF PLANT	OPERATION OF PLANT-OFFSITE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	7.00	7.01	8.00	9.00	10.00	
192.02 MEDICAL NETWORK	0	0	0	0	0	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 CLARIAN HOME HEALTH AGENCY	0	5,454	0	0	0	193.01
193.02 MED NETWORK	0	0	0	0	0	193.02
194.00 COMMUNITY FITNESS	0	0	6,474	0	0	194.00
194.01 BEHAVIOR HEALTH SERVICES	0	0	0	0	0	194.01
194.02 COUNTY HEALTH DEPARTMENT	0	0	0	0	0	194.02
194.03 PUBLIC RELATIONS	0	3,391	0	0	0	194.03
194.04 FOUNDATION	0	0	0	0	0	194.04
194.05 LI FELINE	0	0	0	0	0	194.05
194.06 MILLERS-AUTUMWOOD	0	0	0	0	0	194.06
194.07 VACANT OR SHELL SPACE	0	0	0	0	0	194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,271,275	78,161	290,520	677,848	575,347	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151311

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2012 10:13 am

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT-INTERE						1.01
1.02 NEW CAP REL COSTS-BLDG & FIXT						1.02
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 PATIENT ACCOUNTING						5.02
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00 OPERATION OF PLANT						7.00
7.01 OPERATION OF PLANT-OFFSITE						7.01
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	453,412					11.00
13.00 NURSING ADMINISTRATION	5,007	281,911				13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	2,456,908			14.00
15.00 PHARMACY	14,191	0	0	2,547,912		15.00
16.00 MEDICAL RECORDS & LIBRARY	25,700	0	0	0	1,300,921	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	71,439	73,398	0	0	49,714	30.00
31.00 INTENSIVE CARE UNIT	22,836	23,456	0	0	11,511	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	42,770	43,931	0	0	235,574	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 ANESTHESIOLOGY	1,933	1,985	0	0	53,687	53.00
54.00 RADIOLOGY-DIAGNOSTIC	29,324	30,120	0	0	296,982	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	16,371	16,815	0	0	150,913	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
64.00 INTRAVENOUS THERAPY	0	0	0	0	17,959	64.00
65.00 RESPIRATORY THERAPY	14,525	0	0	0	23,341	65.00
66.00 PHYSICAL THERAPY	30,988	0	0	0	45,381	66.00
67.00 OCCUPATIONAL THERAPY	6,559	0	0	0	15,263	67.00
69.00 ELECTROCARDIOLOGY	9,512	9,771	0	0	59,198	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	2,456,908	0	140,450	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	2,547,912	127,909	73.00
73.02 ONCOLOGY	21,543	22,128	0	0	13,915	73.02
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	1,936	1,988	0	0	2,852	76.97
<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
90.01 OCCUPATIONAL MEDICINE	0	0	0	0	0	90.01
91.00 EMERGENCY	34,046	34,970	0	0	47,989	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	22,732	23,349	0	0	8,283	92.01
<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
118.00 SUBTOTALS (SUM OF LINES 1-117)	371,412	281,911	2,456,908	2,547,912	1,300,921	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 MARKETING/PUBLIC RELATIONS	2,313	0	0	0	0	190.01
190.02 FOUNDATION/HEALTH MINISTRY	94	0	0	0	0	190.02
191.00 RESEARCH	0	0	0	0	0	191.00
191.04 MEALS ON WHEELS	0	0	0	0	0	191.04
191.05 DME/OXYGEN THERAPY	0	0	0	0	0	191.05
191.06 ASSISTED LIVING	0	0	0	0	0	191.06
191.07 O/P CLINIC - OCC/MED SERVICES	0	0	0	0	0	191.07
192.00 PHYSICIANS' PRIVATE OFFICES	59,653	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151311

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2012 10:13 am

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
192.01 OCCUPATIONAL MEDICINE	4,634	0	0	0	0	192.01
192.02 MEDICAL NETWORK	11,813	0	0	0	0	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 CLARIAN HOME HEALTH AGENCY	0	0	0	0	0	193.01
193.02 MED NETWORK	0	0	0	0	0	193.02
194.00 COMMUNITY FITNESS	3,493	0	0	0	0	194.00
194.01 BEHAVIOR HEALTH SERVICES	0	0	0	0	0	194.01
194.02 COUNTY HEALTH DEPARTMENT	0	0	0	0	0	194.02
194.03 PUBLIC RELATIONS	0	0	0	0	0	194.03
194.04 FOUNDATION	0	0	0	0	0	194.04
194.05 LI FELINE	0	0	0	0	0	194.05
194.06 MILLERS-AUTUMWOOD	0	0	0	0	0	194.06
194.07 VACANT OR SHELL SPACE	0	0	0	0	0	194.07
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)	453,412	281,911	2,456,908	2,547,912	1,300,921	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151311

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2012 10:13 am

Cost Center Description	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	17.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT-INTERE					1.01
1.02 NEW CAP REL COSTS-BLDG & FIXT					1.02
2.00 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.01 COMMUNICATIONS					5.01
5.02 PATIENT ACCOUNTING					5.02
5.06 OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00 OPERATION OF PLANT					7.00
7.01 OPERATION OF PLANT-OFFSITE					7.01
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
17.00 SOCIAL SERVICE	0				17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 ADULTS & PEDIATRICS	0	3,711,077	0	3,711,077	30.00
31.00 INTENSIVE CARE UNIT	0	1,360,920	0	1,360,920	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0	3,985,297	0	3,985,297	50.00
51.00 RECOVERY ROOM	0	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	478,156	0	478,156	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	3,695,355	0	3,695,355	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	0	0	59.00
60.00 LABORATORY	0	2,906,830	0	2,906,830	60.00
60.01 BLOOD LABORATORY	0	0	0	0	60.01
64.00 INTRAVENOUS THERAPY	0	83,621	0	83,621	64.00
65.00 RESPIRATORY THERAPY	0	714,037	0	714,037	65.00
66.00 PHYSICAL THERAPY	0	1,659,253	0	1,659,253	66.00
67.00 OCCUPATIONAL THERAPY	0	410,952	0	410,952	67.00
69.00 ELECTROCARDIOLOGY	0	1,016,140	0	1,016,140	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,777,941	0	2,777,941	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	2,840,280	0	2,840,280	73.00
73.02 ONCOLOGY	0	449,310	0	449,310	73.02
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 CARDIOPULMONARY	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	136,402	0	136,402	76.97
<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
90.01 OCCUPATIONAL MEDICINE	0	0	0	0	90.01
91.00 EMERGENCY	0	2,669,651	0	2,669,651	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	887,233	0	887,233	92.01
<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	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	29,782,455	0	29,782,455	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23,366	0	23,366	190.00
190.01 MARKETING/PUBLIC RELATIONS	0	106,432	0	106,432	190.01
190.02 FOUNDATION/HEALTH MINISTRY	0	2,497	0	2,497	190.02
191.00 RESEARCH	0	0	0	0	191.00
191.04 MEALS ON WHEELS	0	126,792	0	126,792	191.04
191.05 DME/OXYGEN THERAPY	0	10,023	0	10,023	191.05
191.06 ASSISTED LIVING	0	154,194	0	154,194	191.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151311

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2012 10:13 am

Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
191.07	O/P CLINIC - OCC/MED SERVICES	0	132,790	0	132,790	191.07
192.00	PHYSICIANS' PRIVATE OFFICES	0	6,462,567	0	6,462,567	192.00
192.01	OCCUPATIONAL MEDICINE	0	192,705	0	192,705	192.01
192.02	MEDICAL NETWORK	0	567,939	0	567,939	192.02
193.00	NONPAID WORKERS	0	0	0	0	193.00
193.01	CLARIAN HOME HEALTH AGENCY	0	32,240	0	32,240	193.01
193.02	MED NETWORK	0	0	0	0	193.02
194.00	COMMUNITY FITNESS	0	136,573	0	136,573	194.00
194.01	BEHAVIOR HEALTH SERVICES	0	0	0	0	194.01
194.02	COUNTY HEALTH DEPARTMENT	0	0	0	0	194.02
194.03	PUBLIC RELATIONS	0	22,849	0	22,849	194.03
194.04	FOUNDATION	0	0	0	0	194.04
194.05	LIFELINE	0	0	0	0	194.05
194.06	MILLERS-AUTUMNWOOD	0	0	0	0	194.06
194.07	VACANT OR SHELL SPACE	0	656,394	0	656,394	194.07
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	38,409,816	0	38,409,816	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151311

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2012 10:13 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW BLDG & FIXT-INTERE	NEW BLDG & FIXT	NEW MVBLE EQUIP	
		1.00	1.01	1.02	2.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT-INTERE					1.01
1.02	NEW CAP REL COSTS-BLDG & FIXT					1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	0	0	0	4.00
5.01	COMMUNICATIONS	0	3,130	979	0	5.01
5.02	PATIENT ACCOUNTING	0	16,184	540	0	5.02
5.06	OTHER ADMINISTRATIVE AND GENERAL	0	282,802	20,750	0	5.06
7.00	OPERATION OF PLANT	0	492,034	32,734	0	7.00
7.01	OPERATION OF PLANT-OFFSITE	0	70,114	0	0	7.01
8.00	LAUNDRY & LINEN SERVICE	0	50,679	0	0	8.00
9.00	HOUSEKEEPING	0	50,921	1,013	0	9.00
10.00	DIETARY	0	72,012	0	0	10.00
11.00	CAFETERIA	0	30,845	0	0	11.00
13.00	NURSING ADMINISTRATION	0	8,908	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	50,667	9,665	0	14.00
15.00	PHARMACY	0	21,164	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	55,864	1,439	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	0	165,840	51,840	0	30.00
31.00	INTENSIVE CARE UNIT	0	68,277	21,343	0	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0	352,929	69,906	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	51.00
53.00	ANESTHESIOLOGY	0	5,137	1,103	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	140,023	36,444	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	0	0	0	0	59.00
60.00	LABORATORY	0	63,684	4,145	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	60.01
64.00	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	9,633	0	0	65.00
66.00	PHYSICAL THERAPY	0	127,369	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	6,926	0	0	67.00
69.00	ELECTROCARDIOLOGY	0	87,193	635	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.02	ONCOLOGY	0	23,098	0	0	73.02
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	CARDIOPULMONARY	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0	18,517	0	0	76.97
<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
90.01	OCCUPATIONAL MEDICINE	0	0	0	0	90.01
91.00	EMERGENCY	0	139,830	42,077	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	28,645	8,954	0	92.01
<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	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	2,442,425	303,567	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	MARKETING/PUBLIC RELATIONS	0	0	0	0	190.01
190.02	FOUNDATION/HEALTH MINISTRY	0	0	0	0	190.02
191.00	RESEARCH	0	0	0	0	191.00
191.04	MEALS ON WHEELS	0	0	0	0	191.04
191.05	DME/OXYGEN THERAPY	0	0	0	0	191.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151311

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2012 10:13 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW BLDG & FIXT-INTERE	NEW BLDG & FIXT	NEW MVBLE EQUIP	
		1.00	1.01	1.02	2.00	
191.06 ASSISTED LIVING	0	0	0	0	0	191.06
191.07 O/P CLINIC - OCC/MED SERVICES	0	57,061	0	0	0	191.07
192.00 PHYSICIANS' PRIVATE OFFICES	0	229,585	0	0	0	192.00
192.01 OCCUPATIONAL MEDICINE	0	0	0	0	0	192.01
192.02 MEDICAL NETWORK	0	0	0	0	0	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 CLARIAN HOME HEALTH AGENCY	0	24,028	0	0	0	193.01
193.02 MED NETWORK	0	0	0	0	0	193.02
194.00 COMMUNITY FITNESS	0	0	0	0	0	194.00
194.01 BEHAVIOR HEALTH SERVICES	0	0	0	0	0	194.01
194.02 COUNTY HEALTH DEPARTMENT	0	0	0	0	0	194.02
194.03 PUBLIC RELATIONS	0	14,939	0	0	0	194.03
194.04 FOUNDATION	0	0	0	0	0	194.04
194.05 LI FELINE	0	0	0	0	0	194.05
194.06 MILLERS-AUTUMWOOD	0	0	0	0	0	194.06
194.07 VACANT OR SHELL SPACE	0	584,304	4,511	0	0	194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	3,352,342	308,078	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 151311		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/31/2012 10:13 am	
Cost Center Description		Subtotal	EMPLOYEE BENEFITS	COMMUNICATIONS	PATIENT ACCOUNTING	OTHER ADMINISTRATIVE AND GENERAL	
		2A	4.00	5.01	5.02	5.06	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT-INTERE						1.01
1.02	NEW CAP REL COSTS-BLDG & FIXT						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	0	0				4.00
5.01	COMMUNICATIONS	4,109	0	4,109			5.01
5.02	PATIENT ACCOUNTING	16,724	0	273	16,997		5.02
5.06	OTHER ADMINISTRATIVE AND GENERAL	303,552	0	1,037	0	304,589	5.06
7.00	OPERATION OF PLANT	524,768	0	158	0	25,941	7.00
7.01	OPERATION OF PLANT-OFFSITE	70,114	0	0	0	620	7.01
8.00	LAUNDRY & LINEN SERVICE	50,679	0	0	0	1,461	8.00
9.00	HOUSEKEEPING	51,934	0	0	0	4,528	9.00
10.00	DIETARY	72,012	0	86	0	3,365	10.00
11.00	CAFETERIA	30,845	0	0	0	3,082	11.00
13.00	NURSING ADMINISTRATION	8,908	0	0	0	2,120	13.00
14.00	CENTRAL SERVICES & SUPPLY	60,332	0	0	0	18,646	14.00
15.00	PHARMACY	21,164	0	43	0	19,778	15.00
16.00	MEDICAL RECORDS & LIBRARY	57,303	0	273	0	9,152	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	217,680	0	244	650	20,018	30.00
31.00	INTENSIVE CARE UNIT	89,620	0	129	150	8,097	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	422,835	0	445	3,080	21,318	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	ANESTHESIOLOGY	6,240	0	0	702	3,226	53.00
54.00	RADIOLOGY-DIAGNOSTIC	176,467	0	172	3,873	23,226	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	67,829	0	244	1,973	20,430	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
64.00	INTRAVENOUS THERAPY	0	0	0	235	521	64.00
65.00	RESPIRATORY THERAPY	9,633	0	43	305	5,202	65.00
66.00	PHYSICAL THERAPY	127,369	0	287	593	10,333	66.00
67.00	OCCUPATIONAL THERAPY	6,926	0	0	200	2,971	67.00
69.00	ELECTROCARDIOLOGY	87,828	0	172	774	5,894	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,836	1,432	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	1,672	1,304	73.00
73.02	ONCOLOGY	23,098	0	115	182	2,716	73.02
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	18,517	0	0	37	776	76.97
<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
90.01	OCCUPATIONAL MEDICINE	0	0	0	0	0	90.01
91.00	EMERGENCY	181,907	0	0	627	16,679	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	37,599	0	0	108	5,834	92.01
<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
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,745,992	0	3,721	16,997	238,670	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	29	0	185	190.00
190.01	MARKETING/PUBLIC RELATIONS	0	0	0	0	826	190.01
190.02	FOUNDATION/HEALTH MINISTRY	0	0	0	0	19	190.02
191.00	RESEARCH	0	0	0	0	0	191.00
191.04	MEALS ON WHEELS	0	0	0	0	0	191.04
191.05	DME/OXYGEN THERAPY	0	0	72	0	79	191.05
191.06	ASSISTED LIVING	0	0	0	0	1,223	191.06
191.07	O/P CLINIC - OCC/MED SERVICES	57,061	0	230	0	948	191.07
192.00	PHYSICIANS' PRIVATE OFFICES	229,585	0	0	0	50,163	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151311

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

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Cost Center Description	Subtotal	EMPLOYEE BENEFITS	COMMUNICATIONS	PATIENT ACCOUNTING	OTHER ADMINISTRATIVE AND GENERAL	
	2A	4.00	5.01	5.02	5.06	
192.01 OCCUPATIONAL MEDICINE	0	0	0	0	1,491	192.01
192.02 MEDICAL NETWORK	0	0	0	0	4,410	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 CLARIAN HOME HEALTH AGENCY	24,028	0	0	0	212	193.01
193.02 MED NETWORK	0	0	0	0	0	193.02
194.00 COMMUNITY FITNESS	0	0	0	0	1,004	194.00
194.01 BEHAVIOR HEALTH SERVICES	0	0	0	0	0	194.01
194.02 COUNTY HEALTH DEPARTMENT	0	0	0	0	0	194.02
194.03 PUBLIC RELATIONS	14,939	0	57	0	154	194.03
194.04 FOUNDATION	0	0	0	0	0	194.04
194.05 LI FELINE	0	0	0	0	0	194.05
194.06 MILLERS-AUTUMNWOOD	0	0	0	0	0	194.06
194.07 VACANT OR SHELL SPACE	588,815	0	0	0	5,205	194.07
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)	3,660,420	0	4,109	16,997	304,589	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 151311		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/31/2012 10:13 am	
Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT-OFFSITE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		7.00	7.01	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT-INTERE						1.01
1.02	NEW CAP REL COSTS-BLDG & FIXT						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	PATIENT ACCOUNTING						5.02
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	OPERATION OF PLANT	550,867					7.00
7.01	OPERATION OF PLANT-OFFSITE	0	70,734				7.01
8.00	LAUNDRY & LINEN SERVICE	17,902	0	70,042			8.00
9.00	HOUSEKEEPING	17,988	0	0	74,450		9.00
10.00	DIETARY	25,438	0	0	0	100,901	10.00
11.00	CAFETERIA	10,896	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	1,417	1,006	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	12,753	2,989	0	2,907	0	14.00
15.00	PHARMACY	6,575	526	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	19,734	0	0	433	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	58,582	0	27,395	15,591	68,172	30.00
31.00	INTENSIVE CARE UNIT	24,119	0	4,968	6,419	10,493	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	124,669	0	10,340	21,023	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	ANESTHESIOLOGY	1,815	0	0	332	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	48,899	325	4,702	10,960	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	22,496	0	360	1,246	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	3,403	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	44,826	97	3,257	0	0	66.00
67.00	OCCUPATIONAL THERAPY	2,446	0	0	0	0	67.00
69.00	ELECTROCARDIOLOGY	30,800	0	2,341	191	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
73.02	ONCOLOGY	8,129	20	225	0	0	73.02
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	5,205	777	0	0	0	76.97
<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
90.01	OCCUPATIONAL MEDICINE	0	0	0	0	0	90.01
91.00	EMERGENCY	49,057	196	10,265	12,655	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	10,076	25	3,072	2,693	0	92.01
<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
118.00	SUBTOTALS (SUM OF LINES 1-117)	547,225	5,961	66,925	74,450	78,665	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	190.01
190.02	FOUNDATION/HEALTH MINISTRY	0	0	0	0	0	190.02
191.00	RESEARCH	0	0	0	0	0	191.00
191.04	MEALS ON WHEELS	0	0	0	0	22,236	191.04
191.05	DME/OXYGEN THERAPY	0	0	0	0	0	191.05
191.06	ASSISTED LIVING	0	0	0	0	0	191.06
191.07	O/P CLINIC - OCC/MED SERVICES	0	11,722	80	0	0	191.07
192.00	PHYSICIANS' PRIVATE OFFICES	3,642	45,046	1,476	0	0	192.00
192.01	OCCUPATIONAL MEDICINE	0	0	0	0	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151311

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To 12/31/2011

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Cost Center Description	OPERATION OF PLANT	OPERATION OF PLANT-OFFSITE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	7.00	7.01	8.00	9.00	10.00	
192.02 MEDICAL NETWORK	0	0	0	0	0	0 192.02
193.00 NONPAID WORKERS	0	0	0	0	0	0 193.00
193.01 CLARIAN HOME HEALTH AGENCY	0	4,936	0	0	0	0 193.01
193.02 MED NETWORK	0	0	0	0	0	0 193.02
194.00 COMMUNITY FITNESS	0	0	1,561	0	0	0 194.00
194.01 BEHAVIOR HEALTH SERVICES	0	0	0	0	0	0 194.01
194.02 COUNTY HEALTH DEPARTMENT	0	0	0	0	0	0 194.02
194.03 PUBLIC RELATIONS	0	3,069	0	0	0	0 194.03
194.04 FOUNDATION	0	0	0	0	0	0 194.04
194.05 LI FELINE	0	0	0	0	0	0 194.05
194.06 MILLERS-AUTUMNWOOD	0	0	0	0	0	0 194.06
194.07 VACANT OR SHELL SPACE	0	0	0	0	0	0 194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	550,867	70,734	70,042	74,450	100,901	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT-INTERE						1.01
1.02 NEW CAP REL COSTS-BLDG & FIXT						1.02
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 PATIENT ACCOUNTING						5.02
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00 OPERATION OF PLANT						7.00
7.01 OPERATION OF PLANT-OFFSITE						7.01
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	44,823					11.00
13.00 NURSING ADMINISTRATION	495	13,946				13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	97,627			14.00
15.00 PHARMACY	1,403	0	0	49,489		15.00
16.00 MEDICAL RECORDS & LIBRARY	2,541	0	0	0	89,436	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	7,055	3,623	0	0	3,419	30.00
31.00 INTENSIVE CARE UNIT	2,258	1,161	0	0	792	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	4,229	2,175	0	0	16,200	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 ANESTHESIOLOGY	191	98	0	0	3,692	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,900	1,491	0	0	20,396	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	1,619	833	0	0	10,378	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
64.00 INTRAVENOUS THERAPY	0	0	0	0	1,235	64.00
65.00 RESPIRATORY THERAPY	1,436	0	0	0	1,605	65.00
66.00 PHYSICAL THERAPY	3,064	0	0	0	3,121	66.00
67.00 OCCUPATIONAL THERAPY	649	0	0	0	1,050	67.00
69.00 ELECTROCARDIOLOGY	941	484	0	0	4,071	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	97,627	0	9,658	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	49,489	8,796	73.00
73.02 ONCOLOGY	2,130	1,096	0	0	957	73.02
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	191	98	0	0	196	76.97
<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
90.01 OCCUPATIONAL MEDICINE	0	0	0	0	0	90.01
91.00 EMERGENCY	3,366	1,731	0	0	3,300	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	2,248	1,156	0	0	570	92.01
<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
118.00 SUBTOTALS (SUM OF LINES 1-117)	36,716	13,946	97,627	49,489	89,436	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 MARKETING/PUBLIC RELATIONS	229	0	0	0	0	190.01
190.02 FOUNDATION/HEALTH MINISTRY	9	0	0	0	0	190.02
191.00 RESEARCH	0	0	0	0	0	191.00
191.04 MEALS ON WHEELS	0	0	0	0	0	191.04
191.05 DME/OXYGEN THERAPY	0	0	0	0	0	191.05
191.06 ASSISTED LIVING	0	0	0	0	0	191.06
191.07 O/P CLINIC - OCC/MED SERVICES	0	0	0	0	0	191.07
192.00 PHYSICIANS' PRIVATE OFFICES	5,898	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
192.01 OCCUPATIONAL MEDICINE	458	0	0	0	0	0 192.01
192.02 MEDICAL NETWORK	1,168	0	0	0	0	0 192.02
193.00 NONPAID WORKERS	0	0	0	0	0	0 193.00
193.01 CLARIAN HOME HEALTH AGENCY	0	0	0	0	0	0 193.01
193.02 MED NETWORK	0	0	0	0	0	0 193.02
194.00 COMMUNITY FITNESS	345	0	0	0	0	0 194.00
194.01 BEHAVIOR HEALTH SERVICES	0	0	0	0	0	0 194.01
194.02 COUNTY HEALTH DEPARTMENT	0	0	0	0	0	0 194.02
194.03 PUBLIC RELATIONS	0	0	0	0	0	0 194.03
194.04 FOUNDATION	0	0	0	0	0	0 194.04
194.05 LI FELINE	0	0	0	0	0	0 194.05
194.06 MILLERS-AUTUMNWOOD	0	0	0	0	0	0 194.06
194.07 VACANT OR SHELL SPACE	0	0	0	0	0	0 194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	44,823	13,946	97,627	49,489	89,436	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151311

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Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT-INTERE					1.01
1.02	NEW CAP REL COSTS-BLDG & FIXT					1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.01	COMMUNICATIONS					5.01
5.02	PATIENT ACCOUNTING					5.02
5.06	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	OPERATION OF PLANT					7.00
7.01	OPERATION OF PLANT-OFFSITE					7.01
8.00	LAUNDRY & LINEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
10.00	DIETARY					10.00
11.00	CAFETERIA					11.00
13.00	NURSING ADMINISTRATION					13.00
14.00	CENTRAL SERVICES & SUPPLY					14.00
15.00	PHARMACY					15.00
16.00	MEDICAL RECORDS & LIBRARY					16.00
17.00	SOCIAL SERVICE	0				17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	0	422,429	0	422,429	30.00
31.00	INTENSIVE CARE UNIT	0	148,206	0	148,206	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0	626,314	0	626,314	50.00
51.00	RECOVERY ROOM	0	0	0	0	51.00
53.00	ANESTHESIOLOGY	0	16,296	0	16,296	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	293,411	0	293,411	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	0	0	59.00
60.00	LABORATORY	0	127,408	0	127,408	60.00
60.01	BLOOD LABORATORY	0	0	0	0	60.01
64.00	INTRAVENOUS THERAPY	0	1,991	0	1,991	64.00
65.00	RESPIRATORY THERAPY	0	21,627	0	21,627	65.00
66.00	PHYSICAL THERAPY	0	192,947	0	192,947	66.00
67.00	OCCUPATIONAL THERAPY	0	14,242	0	14,242	67.00
69.00	ELECTROCARDIOLOGY	0	133,496	0	133,496	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	110,553	0	110,553	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	61,261	0	61,261	73.00
73.02	ONCOLOGY	0	38,668	0	38,668	73.02
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	CARDIOPULMONARY	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0	25,797	0	25,797	76.97
<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
90.01	OCCUPATIONAL MEDICINE	0	0	0	0	90.01
91.00	EMERGENCY	0	279,783	0	279,783	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	63,381	0	63,381	92.01
<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	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	2,577,810	0	2,577,810	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	214	0	214	190.00
190.01	MARKETING/PUBLIC RELATIONS	0	1,055	0	1,055	190.01
190.02	FOUNDATION/HEALTH MINISTRY	0	28	0	28	190.02
191.00	RESEARCH	0	0	0	0	191.00
191.04	MEALS ON WHEELS	0	22,236	0	22,236	191.04
191.05	DME/OXYGEN THERAPY	0	151	0	151	191.05
191.06	ASSISTED LIVING	0	1,223	0	1,223	191.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151311

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2012 10:13 am

Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		17.00	24.00	25.00	26.00		
191.07	O/P CLINIC - OCC/MED SERVICES	0	70,041	0	70,041		191.07
192.00	PHYSICIANS' PRIVATE OFFICES	0	335,810	0	335,810		192.00
192.01	OCCUPATIONAL MEDICINE	0	1,949	0	1,949		192.01
192.02	MEDICAL NETWORK	0	5,578	0	5,578		192.02
193.00	NONPAID WORKERS	0	0	0	0		193.00
193.01	CLARIAN HOME HEALTH AGENCY	0	29,176	0	29,176		193.01
193.02	MED NETWORK	0	0	0	0		193.02
194.00	COMMUNITY FITNESS	0	2,910	0	2,910		194.00
194.01	BEHAVIOR HEALTH SERVICES	0	0	0	0		194.01
194.02	COUNTY HEALTH DEPARTMENT	0	0	0	0		194.02
194.03	PUBLIC RELATIONS	0	18,219	0	18,219		194.03
194.04	FOUNDATION	0	0	0	0		194.04
194.05	LIFELINE	0	0	0	0		194.05
194.06	MILLERS-AUTUMNWOOD	0	0	0	0		194.06
194.07	VACANT OR SHELL SPACE	0	594,020	0	594,020		194.07
200.00	Cross Foot Adjustments	0	0	0	0		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	0	3,660,420	0	3,660,420		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151311

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

Worksheet B-1

Date/Time Prepared:  
5/31/2012 10:13 am

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT-INTERE (SQUARE FEET)	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)		
	1.00	1.01	1.02	2.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	277,360					1.00
1.01	0	81,542				1.01
1.02	0	0	81,542			1.02
2.00				277,360		2.00
4.00	0	0	0	0	18,479,486	4.00
5.01	259	259	259	259	301,910	5.01
5.02	1,339	143	143	1,339	244,243	5.02
5.06	23,398	5,492	5,492	23,398	2,354,445	5.06
7.00	40,709	8,664	8,664	40,709	389,302	7.00
7.01	5,801	0	0	5,801	0	7.01
8.00	4,193	0	0	4,193	37,111	8.00
9.00	4,213	268	268	4,213	300,768	9.00
10.00	5,958	0	0	5,958	168,376	10.00
11.00	2,552	0	0	2,552	191,728	11.00
13.00	737	0	0	737	183,745	13.00
14.00	4,192	2,558	2,558	4,192	0	14.00
15.00	1,751	0	0	1,751	470,435	15.00
16.00	4,622	381	381	4,622	549,818	16.00
17.00	0	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	13,721	13,721	13,721	13,721	1,566,438	30.00
31.00	5,649	5,649	5,649	5,649	635,415	31.00
41.00	0	0	0	0	0	41.00
42.00	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	29,200	18,503	18,503	29,200	1,185,627	50.00
51.00	0	0	0	0	0	51.00
53.00	425	292	292	425	213,781	53.00
54.00	11,585	9,646	9,646	11,585	842,321	54.00
57.00	0	0	0	0	0	57.00
58.00	0	0	0	0	0	58.00
59.00	0	0	0	0	0	59.00
60.00	5,269	1,097	1,097	5,269	934,115	60.00
60.01	0	0	0	0	0	60.01
64.00	0	0	0	0	0	64.00
65.00	797	0	0	797	366,941	65.00
66.00	10,538	0	0	10,538	718,349	66.00
67.00	573	0	0	573	229,217	67.00
69.00	7,214	168	168	7,214	360,126	69.00
71.00	0	0	0	0	0	71.00
72.00	0	0	0	0	0	72.00
73.00	0	0	0	0	0	73.00
73.02	1,911	0	0	1,911	145,673	73.02
75.00	0	0	0	0	0	75.00
76.00	0	0	0	0	0	76.00
76.97	1,532	0	0	1,532	51,551	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	0	0	0	0	0	88.00
89.00	0	0	0	0	0	89.00
90.00	0	0	0	0	0	90.00
90.01	0	0	0	0	0	90.01
91.00	11,569	11,137	11,137	11,569	1,537,422	91.00
92.00	0	0	0	0	0	92.00
92.01	2,370	2,370	2,370	2,370	489,441	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	0	0	0	0	0	109.00
110.00	0	0	0	0	0	110.00
111.00	0	0	0	0	0	111.00
113.00	0	0	0	0	0	113.00
118.00	202,077	80,348	80,348	202,077	14,468,298	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	0	0	0	0	0	190.00
190.01	0	0	0	0	44,147	190.01
190.02	0	0	0	0	1,303	190.02
191.00	0	0	0	0	0	191.00
191.04	0	0	0	0	0	191.04
191.05	0	0	0	0	0	191.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151311

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

Worksheet B-1

Date/Time Prepared:  
5/31/2012 10:13 am

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT-INTERE (SQUARE FEET)	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)		
	1.00	1.01	1.02	2.00		
191.06 ASSISTED LIVING	0	0	0	0	0	191.06
191.07 O/P CLINIC - OCC/MED SERVICES	4,721	0	0	4,721	89,052	191.07
192.00 PHYSICIANS' PRIVATE OFFICES	18,995	0	0	18,995	3,536,880	192.00
192.01 OCCUPATIONAL MEDICINE	0	0	0	0	0	192.01
192.02 MEDICAL NETWORK	0	0	0	0	299,650	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 CLARIAN HOME HEALTH AGENCY	1,988	0	0	1,988	0	193.01
193.02 MED NETWORK	0	0	0	0	0	193.02
194.00 COMMUNITY FITNESS	0	0	0	0	40,156	194.00
194.01 BEHAVIOR HEALTH SERVICES	0	0	0	0	0	194.01
194.02 COUNTY HEALTH DEPARTMENT	0	0	0	0	0	194.02
194.03 PUBLIC RELATIONS	1,236	0	0	1,236	0	194.03
194.04 FOUNDATION	0	0	0	0	0	194.04
194.05 LI FELINE	0	0	0	0	0	194.05
194.06 MILLERS-AUTUMWOOD	0	0	0	0	0	194.06
194.07 VACANT OR SHELL SPACE	48,343	1,194	1,194	48,343	0	194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,352,342	308,078	0	0	4,434,361	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	12.086609	3.778151	0.000000	0.000000	0.239961	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151311

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

Worksheet B-1

Date/Time Prepared:  
5/31/2012 10:13 am

Cost Center Description	COMMUNICATIONS	PATIENT ACCOUNTING (GROSS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET HOSPITAL)	
	(NONPATIENT TELEPHONES)					
	5.01	5.02	5A.06	5.06	7.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT-INTERE						1.01
1.02 NEW CAP REL COSTS-BLDG & FIXT						1.02
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS	286					5.01
5.02 PATIENT ACCOUNTING	19	74,926,488				5.02
5.06 OTHER ADMINISTRATIVE AND GENERAL	72	0	-3,954,501	34,455,315		5.06
7.00 OPERATION OF PLANT	11	0	0	2,934,479	129,023	7.00
7.01 OPERATION OF PLANT-OFFSITE	0	0	0	70,114	0	7.01
8.00 LAUNDRY & LINEN SERVICE	0	0	0	165,245	4,193	8.00
9.00 HOUSEKEEPING	0	0	0	512,240	4,213	9.00
10.00 DIETARY	6	0	0	380,604	5,958	10.00
11.00 CAFETERIA	0	0	0	348,688	2,552	11.00
13.00 NURSING ADMINISTRATION	0	0	0	239,847	332	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	2,109,318	2,987	14.00
15.00 PHARMACY	3	0	0	2,237,313	1,540	15.00
16.00 MEDICAL RECORDS & LIBRARY	19	0	0	1,035,272	4,622	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	17	2,863,236	0	2,264,446	13,721	30.00
31.00 INTENSIVE CARE UNIT	9	662,948	0	915,895	5,649	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	31	13,567,608	0	2,411,586	29,200	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	3,092,028	0	364,876	425	53.00
54.00 RADIOLOGY-DIAGNOSTIC	12	17,105,824	0	2,627,346	11,453	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	17	8,691,657	0	2,311,053	5,269	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
64.00 INTRAVENOUS THERAPY	0	1,034,306	0	58,902	0	64.00
65.00 RESPIRATORY THERAPY	3	1,344,296	0	588,429	797	65.00
66.00 PHYSICAL THERAPY	20	2,613,688	0	1,168,916	10,499	66.00
67.00 OCCUPATIONAL THERAPY	0	879,049	0	336,035	573	67.00
69.00 ELECTROCARDIOLOGY	12	3,409,423	0	666,778	7,214	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,089,049	0	161,991	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	7,366,762	0	147,527	0	73.00
73.02 ONCOLOGY	8	801,442	0	307,232	1,904	73.02
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	164,269	0	87,785	1,219	76.97
<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
90.01 OCCUPATIONAL MEDICINE	0	0	0	0	0	90.01
91.00 EMERGENCY	0	2,763,877	0	1,886,766	11,490	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	477,026	0	659,999	2,360	92.01
<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
118.00 SUBTOTALS (SUM OF LINES 1-117)	259	74,926,488	-3,954,501	26,998,682	128,170	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2	0	0	20,960	0	190.00
190.01 MARKETING/PUBLIC RELATIONS	0	0	0	93,399	0	190.01
190.02 FOUNDATION/HEALTH MINISTRY	0	0	0	2,156	0	190.02
191.00 RESEARCH	0	0	0	0	0	191.00
191.04 MEALS ON WHEELS	0	0	0	0	0	191.04
191.05 DME/OXYGEN THERAPY	5	0	0	8,991	0	191.05
191.06 ASSISTED LIVING	0	0	0	138,319	0	191.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151311

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

Worksheet B-1

Date/Time Prepared:  
5/31/2012 10:13 am

Cost Center Description	COMMUNICATIONS	PATIENT ACCOUNTING (GROSS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET HOSPITAL)	
	(NONPATIENT TELEPHONES)					
	5.01	5.02	5A.06	5.06	7.00	
191.07 O/P CLINIC - OCC/MED SERVICES	16	0	0	107,201	0	191.07
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	5,674,160	853	192.00
192.01 OCCUPATIONAL MEDICINE	0	0	0	168,708	0	192.01
192.02 MEDICAL NETWORK	0	0	0	498,870	0	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 CLARIAN HOME HEALTH AGENCY	0	0	0	24,028	0	193.01
193.02 MED NETWORK	0	0	0	0	0	193.02
194.00 COMMUNITY FITNESS	0	0	0	113,571	0	194.00
194.01 BEHAVIOR HEALTH SERVICES	0	0	0	0	0	194.01
194.02 COUNTY HEALTH DEPARTMENT	0	0	0	0	0	194.02
194.03 PUBLIC RELATIONS	4	0	0	17,455	0	194.03
194.04 FOUNDATION	0	0	0	0	0	194.04
194.05 LI FELINE	0	0	0	0	0	194.05
194.06 MILLERS-AUTUMNWOOD	0	0	0	0	0	194.06
194.07 VACANT OR SHELL SPACE	0	0	0	588,815	0	194.07
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)	514,283	1,500,456		3,954,501	3,271,275	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1,798.192308	0.020026		0.114772	25.354200	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	4,109	16,997		304,589	550,867	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	14.367133	0.000227		0.008840	4.269526	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151311

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

Worksheet B-1

Date/Time Prepared:  
5/31/2012 10:13 am

Cost Center Description	OPERATION OF PLANT-OFFSITE (SQUARE FEET OFFSITE)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS of SERVICE)	
	7.01	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT-INTERE						1.01
1.02 NEW CAP REL COSTS-BLDG & FIXT						1.02
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 PATIENT ACCOUNTING						5.02
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00 OPERATION OF PLANT						7.00
7.01 OPERATION OF PLANT-OFFSITE	28,488					7.01
8.00 LAUNDRY & LINEN SERVICE	0	28,002				8.00
9.00 HOUSEKEEPING	0	0	65,522			9.00
10.00 DIETARY	0	0	0	33,570		10.00
11.00 CAFETERIA	0	0	0	0	45,749,287	11.00
13.00 NURSING ADMINISTRATION	405	0	0	0	505,209	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,204	0	2,558	0	0	14.00
15.00 PHARMACY	212	0	0	0	1,431,811	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	381	0	2,593,041	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	0	10,952	13,721	22,681	7,209,036	30.00
31.00 INTENSIVE CARE UNIT	0	1,986	5,649	3,491	2,304,137	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	4,134	18,503	0	4,315,453	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	0	292	0	195,000	53.00
54.00 RADIOLOGY-DIAGNOSTIC	131	1,880	9,646	0	2,958,694	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	144	1,097	0	1,651,796	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	1,465,582	65.00
66.00 PHYSICAL THERAPY	39	1,302	0	0	3,126,620	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	661,762	67.00
69.00 ELECTROCARDIOLOGY	0	936	168	0	959,790	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
73.02 ONCOLOGY	8	90	0	0	2,173,627	73.02
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	313	0	0	0	195,315	76.97
<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
90.01 OCCUPATIONAL MEDICINE	0	0	0	0	0	90.01
91.00 EMERGENCY	79	4,104	11,137	0	3,435,175	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	10	1,228	2,370	0	2,293,591	92.01
<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
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,401	26,756	65,522	26,172	37,475,639	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 MARKETING/PUBLIC RELATIONS	0	0	0	0	233,393	190.01
190.02 FOUNDATION/HEALTH MINISTRY	0	0	0	0	9,442	190.02
191.00 RESEARCH	0	0	0	0	0	191.00
191.04 MEALS ON WHEELS	0	0	0	7,398	0	191.04
191.05 DME/OXYGEN THERAPY	0	0	0	0	0	191.05
191.06 ASSISTED LIVING	0	0	0	0	0	191.06
191.07 O/P CLINIC - OCC/MED SERVICES	4,721	32	0	0	0	191.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151311

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

Worksheet B-1

Date/Time Prepared:  
5/31/2012 10:13 am

Cost Center Description	OPERATION OF PLANT-OFFSITE (SQUARE FEET OFFSITE)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS of SERVICE)	
	7.01	8.00	9.00	10.00	11.00	
192.00 PHYSICIANS' PRIVATE OFFICES	18,142	590	0	0	6,018,850	192.00
192.01 OCCUPATIONAL MEDICINE	0	0	0	0	467,594	192.01
192.02 MEDICAL NETWORK	0	0	0	0	1,191,939	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 CLARIAN HOME HEALTH AGENCY	1,988	0	0	0	0	193.01
193.02 MED NETWORK	0	0	0	0	0	193.02
194.00 COMMUNITY FITNESS	0	624	0	0	352,430	194.00
194.01 BEHAVIOR HEALTH SERVICES	0	0	0	0	0	194.01
194.02 COUNTY HEALTH DEPARTMENT	0	0	0	0	0	194.02
194.03 PUBLIC RELATIONS	1,236	0	0	0	0	194.03
194.04 FOUNDATION	0	0	0	0	0	194.04
194.05 LI FELINE	0	0	0	0	0	194.05
194.06 MILLERS-AUTUMNWOOD	0	0	0	0	0	194.06
194.07 VACANT OR SHELL SPACE	0	0	0	0	0	194.07
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)	78,161	290,520	677,848	575,347	453,412	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	2.743646	10.374973	10.345350	17.138725	0.009911	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	70,734	70,042	74,450	100,901	44,823	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	2.482940	2.501321	1.136260	3.005690	0.000980	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151311

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

Worksheet B-1

Date/Time Prepared:  
5/31/2012 10:13 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT-INTERE						1.01
1.02	NEW CAP REL COSTS-BLDG & FIXT						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	PATIENT ACCOUNTING						5.02
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
7.01	OPERATION OF PLANT-OFFSITE						7.01
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	27,691,614					13.00
14.00	CENTRAL SERVICES & SUPPLY	0	100				14.00
15.00	PHARMACY	0	0	100			15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	74,926,488		16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	7,209,036	0	0	2,863,236	0	30.00
31.00	INTENSIVE CARE UNIT	2,304,137	0	0	662,948	0	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	4,315,453	0	0	13,567,608	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	ANESTHESIOLOGY	195,000	0	0	3,092,028	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,958,694	0	0	17,105,824	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	1,651,796	0	0	8,691,657	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
64.00	INTRAVENOUS THERAPY	0	0	0	1,034,306	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	1,344,296	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	2,613,688	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	879,049	0	67.00
69.00	ELECTROCARDIOLOGY	959,790	0	0	3,409,423	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	100	0	8,089,049	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	100	7,366,762	0	73.00
73.02	ONCOLOGY	2,173,627	0	0	801,442	0	73.02
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	195,315	0	0	164,269	0	76.97
<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
90.01	OCCUPATIONAL MEDICINE	0	0	0	0	0	90.01
91.00	EMERGENCY	3,435,175	0	0	2,763,877	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	2,293,591	0	0	477,026	0	92.01
<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
118.00	SUBTOTALS (SUM OF LINES 1-117)	27,691,614	100	100	74,926,488	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	190.01
190.02	FOUNDATION/HEALTH MINISTRY	0	0	0	0	0	190.02
191.00	RESEARCH	0	0	0	0	0	191.00
191.04	MEALS ON WHEELS	0	0	0	0	0	191.04
191.05	DME/OXYGEN THERAPY	0	0	0	0	0	191.05
191.06	ASSISTED LIVING	0	0	0	0	0	191.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151311

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

Worksheet B-1

Date/Time Prepared:  
5/31/2012 10:13 am

Cost Center Description	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE	
	ADMINISTRATION	SERVICES &	(COSTED	RECORDS &	(TIME	
	(DIRECT	SUPPLY	REQUIS.)	LIBRARY	SPENT)	
	(NRSING HRS)	(COSTED		(GROSS		
	13.00	REQUIS.)	15.00	REVENUES)	17.00	
191.07 O/P CLINIC - OCC/MED SERVICES	0	0	0	0	0	0 191.07
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.00
192.01 OCCUPATIONAL MEDICINE	0	0	0	0	0	0 192.01
192.02 MEDICAL NETWORK	0	0	0	0	0	0 192.02
193.00 NONPAID WORKERS	0	0	0	0	0	0 193.00
193.01 CLARIAN HOME HEALTH AGENCY	0	0	0	0	0	0 193.01
193.02 MED NETWORK	0	0	0	0	0	0 193.02
194.00 COMMUNITY FITNESS	0	0	0	0	0	0 194.00
194.01 BEHAVIOR HEALTH SERVICES	0	0	0	0	0	0 194.01
194.02 COUNTY HEALTH DEPARTMENT	0	0	0	0	0	0 194.02
194.03 PUBLIC RELATIONS	0	0	0	0	0	0 194.03
194.04 FOUNDATION	0	0	0	0	0	0 194.04
194.05 LI FELINE	0	0	0	0	0	0 194.05
194.06 MILLERS-AUTUMWOOD	0	0	0	0	0	0 194.06
194.07 VACANT OR SHELL SPACE	0	0	0	0	0	0 194.07
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)	281,911	2,456,908	2,547,912	1,300,921		0 202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.010180	24,569.080000	25,479.120000	0.017363	0.000000	0 203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	13,946	97,627	49,489	89,436		0 204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000504	976.270000	494.890000	0.001194	0.000000	0 205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 151311		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/31/2012 10:13 am	
		Title XVIII		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		3,711,077	0	0	30.00	
31.00	INTENSIVE CARE UNIT		1,360,920	0	0	31.00	
41.00	SUBPROVIDER - IRF		0	0	0	41.00	
42.00	SUBPROVIDER		0	0	0	42.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM		3,985,297	0	0	50.00	
51.00	RECOVERY ROOM		0	0	0	51.00	
53.00	ANESTHESIOLOGY		478,156	0	0	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		3,695,355	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		2,906,830	0	0	60.00	
60.01	BLOOD LABORATORY		0	0	0	60.01	
64.00	INTRAVENOUS THERAPY		83,621	0	0	64.00	
65.00	RESPIRATORY THERAPY	0	714,037	0	0	65.00	
66.00	PHYSICAL THERAPY	0	1,659,253	0	0	66.00	
67.00	OCCUPATIONAL THERAPY	0	410,952	0	0	67.00	
69.00	ELECTROCARDIOLOGY		1,016,140	0	0	69.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		2,777,941	0	0	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT		0	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS		2,840,280	0	0	73.00	
73.02	ONCOLOGY		449,310	0	0	73.02	
75.00	ASC (NON-DISTINCT PART)		0	0	0	75.00	
76.00	CARDIOPULMONARY		0	0	0	76.00	
76.97	CARDIAC REHABILITATION		136,402	0	0	76.97	
<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	
90.01	OCCUPATIONAL MEDICINE		0	0	0	90.01	
91.00	EMERGENCY		2,669,651	0	0	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00	
92.01	OBSERVATION BEDS (DISTINCT PART)		887,233	0	0	92.01	
<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	
200.00	Subtotal (see instructions)		29,782,455	0	0	200.00	
201.00	Less Observation Beds		0	0	0	201.00	
202.00	Total (see instructions)		29,782,455	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 151311	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/31/2012 10:13 am	
			Title XVIII	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	2,863,236		2,863,236		30.00
31.00	INTENSIVE CARE UNIT	662,948		662,948		31.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	2,473,470	11,094,137	13,567,607	0.293736	50.00
51.00	RECOVERY ROOM	0	0	0	0.000000	51.00
53.00	ANESTHESIOLOGY	754,330	2,129,589	2,883,919	0.165801	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,417,292	13,938,378	15,355,670	0.240651	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	0	0	0	0.000000	59.00
60.00	LABORATORY	1,408,877	7,282,780	8,691,657	0.334439	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
64.00	INTRAVENOUS THERAPY	679,987	354,319	1,034,306	0.080847	64.00
65.00	RESPIRATORY THERAPY	1,083,747	260,549	1,344,296	0.531161	65.00
66.00	PHYSICAL THERAPY	672,938	1,940,750	2,613,688	0.634832	66.00
67.00	OCCUPATIONAL THERAPY	253,210	625,839	879,049	0.467496	67.00
69.00	ELECTROCARDIOLOGY	396,497	3,012,926	3,409,423	0.298039	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,771,879	4,317,169	8,089,048	0.343420	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	3,510,946	3,855,816	7,366,762	0.385553	73.00
73.02	ONCOLOGY	181,378	620,064	801,442	0.560627	73.02
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	CARDIOPULMONARY	0	0	0	0.000000	76.00
76.97	CARDIAC REHABILITATION	252	164,017	164,269	0.830358	76.97
<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
90.01	OCCUPATIONAL MEDICINE	0	0	0	0.000000	90.01
91.00	EMERGENCY	79,896	2,683,981	2,763,877	0.965908	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	5,230	471,796	477,026	1.859926	92.01
<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
200.00	Subtotal (see instructions)	20,216,113	52,752,110	72,968,223		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	20,216,113	52,752,110	72,968,223		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 151311	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/31/2012 10:13 am
		Title XVIII	Hospital	Cost
Cost Center Description	PPS Inpatient Ratio			
	11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
53.00	ANESTHESIOLOGY	0.000000		53.00
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
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
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
73.02	ONCOLOGY	0.000000		73.02
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	CARDIOPULMONARY	0.000000		76.00
76.97	CARDIAC REHABILITATION	0.000000		76.97
<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
90.01	OCCUPATIONAL MEDICINE	0.000000		90.01
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
<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
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 151311	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/31/2012 10:13 am
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Cost Center Description	Title XVIII				Hospital		Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Cost			
	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		0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0		0	51.00
53.00 ANESTHESIOLOGY	0	0	0	0	0		0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0		0	54.00
57.00 CT SCAN	0	0	0	0	0		0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0		0	59.00
60.00 LABORATORY	0	0	0	0	0		0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0		0	60.01
64.00 INTRAVENOUS THERAPY	0	0	0	0	0		0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0		0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0		0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0		0	67.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0		0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0		0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0		0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0		0	73.00
73.02 ONCOLOGY	0	0	0	0	0		0	73.02
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0		0	75.00
76.00 CARDIOPULMONARY	0	0	0	0	0		0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0		0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00 RURAL HEALTH CLINIC	0	0	0	0	0		0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		0	89.00
90.00 CLINIC	0	0	0	0	0		0	90.00
90.01 OCCUPATIONAL MEDICINE	0	0	0	0	0		0	90.01
91.00 EMERGENCY	0	0	0	0	0		0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0		0	92.01
200.00 Total (Lines 50-199)	0	0	0	0	0		0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 151311	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/31/2012 10:13 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Cost
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	13,567,607	0.000000	0.000000	1,433,739	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
53.00	ANESTHESIOLOGY	0	2,883,919	0.000000	0.000000	432,335	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	15,355,670	0.000000	0.000000	785,627	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	0	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	8,691,657	0.000000	0.000000	825,541	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
64.00	INTRAVENOUS THERAPY	0	1,034,306	0.000000	0.000000	355,515	64.00
65.00	RESPIRATORY THERAPY	0	1,344,296	0.000000	0.000000	397,313	65.00
66.00	PHYSICAL THERAPY	0	2,613,688	0.000000	0.000000	224,829	66.00
67.00	OCCUPATIONAL THERAPY	0	879,049	0.000000	0.000000	90,638	67.00
69.00	ELECTROCARDIOLOGY	0	3,409,423	0.000000	0.000000	212,856	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,089,048	0.000000	0.000000	2,703,340	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	7,366,762	0.000000	0.000000	1,605,997	73.00
73.02	ONCOLOGY	0	801,442	0.000000	0.000000	76,901	73.02
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	CARDIOPULMONARY	0	0	0.000000	0.000000	0	76.00
76.97	CARDIAC REHABILITATION	0	164,269	0.000000	0.000000	245	76.97
<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
90.01	OCCUPATIONAL MEDICINE	0	0	0.000000	0.000000	0	90.01
91.00	EMERGENCY	0	2,763,877	0.000000	0.000000	2,105	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	477,026	0.000000	0.000000	1,575	92.01
200.00	Total (Lines 50-199)	0	69,442,039			9,148,556	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 151311	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/31/2012 10:13 am
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Cost Center Description	Title XVIII			Hospital	Cost		
	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	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
57.00 CT SCAN	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	60.01
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
73.02 ONCOLOGY	0	0	0	0	0	0	73.02
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00 CARDIOPULMONARY	0	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	90.00
90.01 OCCUPATIONAL MEDICINE	0	0	0	0	0	0	90.01
91.00 EMERGENCY	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
200.00 Total (Lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 151311	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/31/2012 10:13 am
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Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Hospital	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
53.00 ANESTHESIOLOGY	0	0		53.00
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
64.00 INTRAVENOUS THERAPY	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0		65.00
66.00 PHYSICAL THERAPY	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0		67.00
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
73.02 ONCOLOGY	0	0		73.02
75.00 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 CARDIOPULMONARY	0	0		76.00
76.97 CARDIAC REHABILITATION	0	0		76.97
<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
90.01 OCCUPATIONAL MEDICINE	0	0		90.01
91.00 EMERGENCY	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00 Total (Lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 151311	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/31/2012 10:13 am
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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	0.293736	0	3,215,783	0	50.00
51.00	RECOVERY ROOM	0.000000	0	0	0	51.00
53.00	ANESTHESIOLOGY	0.165801	0	570,928	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.240651	0	5,264,760	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	0.000000	0	0	0	59.00
60.00	LABORATORY	0.334439	0	2,791,517	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
64.00	INTRAVENOUS THERAPY	0.080847	0	163,008	0	64.00
65.00	RESPIRATORY THERAPY	0.531161	0	139,636	0	65.00
66.00	PHYSICAL THERAPY	0.634832	0	784,088	0	66.00
67.00	OCCUPATIONAL THERAPY	0.467496	0	178,606	0	67.00
69.00	ELECTROCARDIOLOGY	0.298039	0	986,777	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.343420	0	1,118,909	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.385553	0	2,320,609	0	73.00
73.02	ONCOLOGY	0.560627	0	373,764	0	73.02
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00	CARDIOPULMONARY	0.000000	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0.830358	0	60,487	0	76.97
<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
90.01	OCCUPATIONAL MEDICINE	0.000000	0	0	0	90.01
91.00	EMERGENCY	0.965908	0	918,448	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	1.859926	0	267,720	0	92.01
200.00	Subtotal (see instructions)		0	19,155,040	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	19,155,040	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 151311	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/31/2012 10:13 am
	Title XVIII	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	944,591	0	50.00
51.00 RECOVERY ROOM	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	94,660	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	1,266,970	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	933,592	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
64.00 INTRAVENOUS THERAPY	0	13,179	0	64.00
65.00 RESPIRATORY THERAPY	0	74,169	0	65.00
66.00 PHYSICAL THERAPY	0	497,764	0	66.00
67.00 OCCUPATIONAL THERAPY	0	83,498	0	67.00
69.00 ELECTROCARDIOLOGY	0	294,098	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	384,256	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	894,718	0	73.00
73.02 ONCOLOGY	0	209,542	0	73.02
75.00 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 CARDIOPULMONARY	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	50,226	0	76.97
<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
90.01 OCCUPATIONAL MEDICINE	0	0	0	90.01
91.00 EMERGENCY	0	887,136	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	497,939	0	92.01
200.00 Subtotal (see instructions)	0	7,126,338	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	7,126,338	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 151311 Component CCN: 15Z311	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/31/2012 10:13 am
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see instructions)	Charges Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	Cost
		1.00	2.00	3.00	4.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0.293736	0	0	0	50.00
51.00	RECOVERY ROOM	0.000000	0	0	0	51.00
53.00	ANESTHESIOLOGY	0.165801	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.240651	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	0.000000	0	0	0	59.00
60.00	LABORATORY	0.334439	0	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
64.00	INTRAVENOUS THERAPY	0.080847	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0.531161	0	0	0	65.00
66.00	PHYSICAL THERAPY	0.634832	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.467496	0	0	0	67.00
69.00	ELECTROCARDIOLOGY	0.298039	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.343420	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.385553	0	0	0	73.00
73.02	ONCOLOGY	0.560627	0	0	0	73.02
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00	CARDIOPULMONARY	0.000000	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0.830358	0	0	0	76.97
<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
90.01	OCCUPATIONAL MEDICINE	0.000000	0	0	0	90.01
91.00	EMERGENCY	0.965908	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	1.859926	0	0	0	92.01
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: 151311	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/31/2012 10:13 am
		Component CCN: 15Z311	Title XVIII	Swing Beds - SNF 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	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
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
64.00 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
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
73.02 ONCOLOGY	0	0	0	73.02
75.00 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 CARDIOPULMONARY	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	76.97
<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
90.01 OCCUPATIONAL MEDICINE	0	0	0	90.01
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 151311	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/31/2012 10:13 am
Cost Center Description		Title XVIII	Hospital	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)			5,022 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,366 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)			3,366 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			1,656 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)			2,295 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)			1,464 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			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			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)			3,711,077 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)			1,223,718 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			2,487,359 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)			2,863,236 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			2,863,236 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.868723 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)			850.63 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			2,487,359 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)			738.96 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,695,913 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,695,913 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 151311	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/31/2012 10:13 am
Cost Center Description			Title XVIII		Hospital
	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	1,360,920	773	1,760.57	551	970,074
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)				3,042,154
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				5,708,141
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
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				0
52.00	Total Program excludable cost (sum of lines 50 and 51)				0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				0
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges				0
55.00	Target amount per discharge				0.00
56.00	Target amount (line 54 x line 55)				0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0
58.00	Bonus payment (see instructions)				0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0
62.00	Relief payment (see instructions)				0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				1,081,837
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				1,081,837
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)				70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				71.00
72.00	Program routine service cost (line 9 x line 71)				72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				76.00
77.00	Program capital-related costs (line 9 x line 76)				77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				80.00
81.00	Inpatient routine service cost per diem limitation				81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				82.00
83.00	Reasonable inpatient routine service costs (see instructions)				83.00
84.00	Program inpatient ancillary services (see instructions)				84.00
85.00	Utilization review - physician compensation (see instructions)				85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)				0
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 151311		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/31/2012 10:13 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: 151311	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/31/2012 10:13 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		1,593,709		30.00
31.00	INTENSIVE CARE UNIT		437,417		31.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.293736	1,433,739	421,141	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
53.00	ANESTHESIOLOGY	0.165801	432,335	71,682	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.240651	785,627	189,062	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	0.000000	0	0	59.00
60.00	LABORATORY	0.334439	825,541	276,093	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
64.00	INTRAVENOUS THERAPY	0.080847	355,515	28,742	64.00
65.00	RESPIRATORY THERAPY	0.531161	397,313	211,037	65.00
66.00	PHYSICAL THERAPY	0.634832	224,829	142,729	66.00
67.00	OCCUPATIONAL THERAPY	0.467496	90,638	42,373	67.00
69.00	ELECTROCARDIOLOGY	0.298039	212,856	63,439	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.343420	2,703,340	928,381	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.385553	1,605,997	619,197	73.00
73.02	ONCOLOGY	0.560627	76,901	43,113	73.02
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	CARDIOPULMONARY	0.000000	0	0	76.00
76.97	CARDIAC REHABILITATION	0.830358	245	203	76.97
<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
90.01	OCCUPATIONAL MEDICINE	0.000000	0	0	90.01
91.00	EMERGENCY	0.965908	2,105	2,033	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	1.859926	1,575	2,929	92.01
200.00	Total (sum of lines 50-94 and 96-98)		9,148,556	3,042,154	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)		9,148,556		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 151311	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 15Z311		Date/Time Prepared: 5/31/2012 10:13 am	
Cost Center Description		Title XVIII	Swing Beds - SNF	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.293736	0	0	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
53.00	ANESTHESIOLOGY	0.165801	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.240651	127,060	30,577	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	0.000000	0	0	59.00
60.00	LABORATORY	0.334439	193,738	64,794	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
64.00	INTRAVENOUS THERAPY	0.080847	110,702	8,950	64.00
65.00	RESPIRATORY THERAPY	0.531161	184,737	98,125	65.00
66.00	PHYSICAL THERAPY	0.634832	267,555	169,852	66.00
67.00	OCCUPATIONAL THERAPY	0.467496	94,318	44,093	67.00
69.00	ELECTROCARDIOLOGY	0.298039	17,267	5,146	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.343420	245,472	84,300	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.385553	778,872	300,296	73.00
73.02	ONCOLOGY	0.560627	12,766	7,157	73.02
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	CARDIOPULMONARY	0.000000	0	0	76.00
76.97	CARDIAC REHABILITATION	0.830358	0	0	76.97
<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
90.01	OCCUPATIONAL MEDICINE	0.000000	0	0	90.01
91.00	EMERGENCY	0.965908	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	1.859926	0	0	92.01
200.00	Total (sum of lines 50-94 and 96-98)		2,032,487	813,290	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)		2,032,487		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 151311	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/31/2012 10:13 am
		Title XVIII	Hospital	Cost
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			7,126,338 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)			7,126,338 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)			7,197,601 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)			41,347 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			3,322,347 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)			3,833,907 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)			3,833,907 30.00
31.00	Primary payer payments			2,622 31.00
32.00	Subtotal (line 30 minus line 31)			3,831,285 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)			774,878 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			774,878 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			459,779 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			4,606,163 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)			4,606,163 40.00
41.00	Interim payments			5,431,216 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)			-825,053 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: 151311	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/31/2012 10:13 am
		Title XVIII	Hospital
			Cost
			Overrides
			1.00
112.00	WORKSHEET OVERRIDE VALUES Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 151311

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/31/2012 10:13 am

		Title XVIII		Hospital		Cost	
		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		5,126,203		5,016,535		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		09/20/2011	279,270	09/20/2011	646,043		3.02
3.03		12/28/2011	50,905		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0	12/28/2011	231,362		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)		330,175		414,681		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)		5,456,378		5,431,216		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		231,827		825,053		6.02
7.00	Total Medicare program liability (see instructions)		5,224,551		4,606,163		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: 151311

Period:

Worksheet E-1

Component CCN: 15Z311

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

Part I  
Date/Time Prepared:  
5/31/2012 10:13 am

Title XVIII

Swing Beds - SNF

Cost

		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		1,719,372		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	09/20/2011	106,173		0	3.01
3.02		12/28/2011	16,536		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)		122,709		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)		1,842,081		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		41,271		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,883,352		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 - SWING BEDS		Provider CCN: 151311	Period: From 01/01/2011 To 12/31/2011	Worksheet E-2
		Component CCN: 15Z311		Date/Time Prepared: 5/31/2012 10:13 am
		Title XVIII	Swing Beds - SNF	Cost
		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)	1,092,655	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)	821,423	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	1,464	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)	1,914,078	0	8.00
9.00	Primary payer payments (see instructions)	3,983	0	9.00
10.00	Subtotal (line 8 minus line 9)	1,910,095	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)	1,910,095	0	12.00
13.00	Coinurance billed to program patients (from provider records) (exclude coinurance for physician professional services)	26,743	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)	1,883,352	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)	1,883,352	0	19.00
20.00	Interim payments	1,842,081	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)	41,271	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	0	23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 151311	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part V Date/Time Prepared: 5/31/2012 10:13 am
		Title XVIII	Hospital	Cost
				1.00
<b>PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT (CAHs)</b>				
1.00	Inpatient services			5,708,141 1.00
2.00	Nursing and Allied Health Managed Care payment (see instruction)			0 2.00
3.00	Organ acquisition			0 3.00
4.00	Subtotal (sum of lines 1 thru 3)			5,708,141 4.00
5.00	Primary payer payments			20,638 5.00
6.00	Total cost (line 4 less line 5) . For CAH (see instructions)			5,744,584 6.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
7.00	Routine service charges			0 7.00
8.00	Ancillary service charges			0 8.00
9.00	Organ acquisition charges, net of revenue			0 9.00
10.00	Total reasonable charges			0 10.00
<b>Customary charges</b>				
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 11.00
12.00	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 12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)			0.000000 13.00
14.00	Total customary charges (see instructions)			0 14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)			0 15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)			0 16.00
17.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 17.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)			5,744,584 19.00
20.00	Deductibles (exclude professional component)			602,522 20.00
21.00	Excess reasonable cost (from line 16)			0 21.00
22.00	Subtotal (line 19 minus line 20)			5,142,062 22.00
23.00	Coinsurance			849 23.00
24.00	Subtotal (line 22 minus line 23)			5,141,213 24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			83,338 25.00
26.00	Adjusted reimbursable bad debts (see instructions)			83,338 26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			63,323 27.00
28.00	Subtotal (sum of lines 24 and 25 or 26)			5,224,551 28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 29.00
29.99	Recovery of Accelerated Depreciation			0 29.99
30.00	Subtotal (line 28, plus or minus lines 29)			5,224,551 30.00
31.00	Interim payments			5,456,378 31.00
32.00	Tentative settlement (for contractor use only)			0 32.00
33.00	Balance due provider/program (line 30 minus the sum of lines 31, and 32)			-231,827 33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 34.00

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

Provider CCN: 151311

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

Worksheet G

Date/Time Prepared:  
5/31/2012 10:13 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	3,505,932	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	7,417,530	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-3,029,195	0	0	0	6.00
7.00	Inventory	1,288,394	0	0	0	7.00
8.00	Prepaid expenses	279,734	0	0	0	8.00
9.00	Other current assets	143,024	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)	9,605,419	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	147,308	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	-80,099	0	0	0	14.00
15.00	Buildings	566,163	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	695,403	0	0	0	17.00
18.00	Accumulated depreciation	-257,058	0	0	0	18.00
19.00	Fixed equipment	7,079,637	0	0	0	19.00
20.00	Accumulated depreciation	-2,875,689	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	5,275,665	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	13,044,842	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	12,629,278	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	25,674,120	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	40,555,204	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	1,873,212	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,342,704	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	2,160,183	0	0	0	43.00
44.00	Other current liabilities	1,123,097	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	6,499,196	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	21,399,413	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	69,353	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	21,468,766	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	27,967,962	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	12,587,242				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)	12,587,242	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	40,555,204	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 151311

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

Worksheet G-1

Date/Time Prepared:  
5/31/2012 10:13 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		8,724,458		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		3,831,889			2.00
3.00	Total (sum of line 1 and line 2)		12,556,347		0	3.00
4.00	TEMP RESTRICTED	18,123		0		4.00
5.00	PERM RESTRICTED	12,772		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		30,895		0	10.00
11.00	Subtotal (line 3 plus line 10)		12,587,242		0	11.00
12.00		0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		12,587,242		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 151311

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

Worksheet G-1

Date/Time Prepared:  
5/31/2012 10:13 am

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 151311

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

Worksheet G-2 Parts

Date/Time Prepared:  
5/31/2012 10:13 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	2,863,236		2,863,236	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	2,863,236		2,863,236	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	662,948		662,948	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)	662,948		662,948	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	3,526,184		3,526,184	17.00
18.00	Ancillary services	16,812,913	51,346,489	68,159,402	18.00
19.00	Outpatient services	85,126	3,155,777	3,240,903	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.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	126,351	5,939,413	6,065,764	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	20,550,574	60,441,679	80,992,253	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		37,540,372		29.00
30.00	BAD DEBTS	3,516,141			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)		3,516,141		36.00
37.00		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)		41,056,513		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 151311

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

Worksheet G-3

Date/Time Prepared:  
5/31/2012 10:13 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	80,992,253	1.00
2.00	Less contractual allowances and discounts on patients' accounts	37,805,802	2.00
3.00	Net patient revenues (line 1 minus line 2)	43,186,451	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	41,056,513	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,129,938	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	5,169	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER	1,696,782	24.00
25.00	Total other income (sum of lines 6-24)	1,701,951	25.00
26.00	Total (line 5 plus line 25)	3,831,889	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	3,831,889	29.00

SPECIAL REPORTS - CALCULATION OF MEDICARE UTILIZATION FOR CAH

Provider CCN: 151311

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

CAH MEDICARE IMPACT  
REPORT  
Date/Time Prepared:  
5/31/2012 10:13 am

Cost Center Description		Title XVIII Days (S-3, Pt I Col 6)	Total Days (S-3, Pt I Col 8)			Medicare Utilization	
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	2,295	3,366			0.681818	30.00
31.00	INTENSIVE CARE UNIT	551	773			0.712807	31.00
41.00	SUBPROVIDER - IRF	0	0			0	41.00
42.00	SUBPROVIDER	0	0			0	42.00
Cost Center Description		O/P Charges (D Pt V Col 2-4)	I/P Charges (D-4 Col 2)	Total Charges Title XVIII	Total Charges (C, Pt I Col 8)	Medicare Utilization	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	3,215,783	1,433,739	4,649,522	13,567,607	0.342693	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	ANESTHESIOLOGY	570,928	432,335	1,003,263	2,883,919	0.347882	53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,264,760	785,627	6,050,387	15,355,670	0.394016	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	2,791,517	825,541	3,617,058	8,691,657	0.416153	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
64.00	INTRAVENOUS THERAPY	163,008	355,515	518,523	1,034,306	0.501325	64.00
65.00	RESPIRATORY THERAPY	139,636	397,313	536,949	1,344,296	0.399428	65.00
66.00	PHYSICAL THERAPY	784,088	224,829	1,008,917	2,613,688	0.386013	66.00
67.00	OCCUPATIONAL THERAPY	178,606	90,638	269,244	879,049	0.30629	67.00
69.00	ELECTROCARDIOLOGY	986,777	212,856	1,199,633	3,409,423	0.351858	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,118,909	2,703,340	3,822,249	8,089,048	0.472521	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,320,609	1,605,997	3,926,606	7,366,762	0.533017	73.00
73.02	ONCOLOGY	373,764	76,901	450,665	801,442	0.562318	73.02
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	60,487	245	60,732	164,269	0.369711	76.97
<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
90.01	OCCUPATIONAL MEDICINE	0	0	0	0	0	90.01
91.00	EMERGENCY	918,448	2,105	920,553	2,763,877	0.333066	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	267,720	1,575	269,295	477,026	0.564529	92.01
200.00	Total	19,157,886	9,152,695	28,303,596	69,442,039		200.00

(\* ) Calculation of Medicare utilization is based on visits for the lines indicated.

SPECIAL REPORTS - CALCULATION OF MEDICARE UTILIZATION FOR CAH

Provider CCN: 151311

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

CAH MEDICARE IMPACT  
REPORT  
Date/Time Prepared:  
5/31/2012 10:13 am

Cost Center Description		Medicare Impact	
		6.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	ADULTS & PEDIATRICS	14,667	30.00
31.00	INTENSIVE CARE UNIT	14,029	31.00
41.00	SUBPROVIDER - IRF	0	41.00
42.00	SUBPROVIDER	0	42.00
		6.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	OPERATING ROOM	29,181	50.00
51.00	RECOVERY ROOM	0	51.00
53.00	ANESTHESIOLOGY	28,745	53.00
54.00	RADIOLOGY-DIAGNOSTIC	25,380	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	24,030	60.00
60.01	BLOOD LABORATORY	0	60.01
64.00	INTRAVENOUS THERAPY	19,947	64.00
65.00	RESPIRATORY THERAPY	25,036	65.00
66.00	PHYSICAL THERAPY	25,906	66.00
67.00	OCCUPATIONAL THERAPY	32,649	67.00
69.00	ELECTROCARDIOLOGY	28,421	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,163	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	18,761	73.00
73.02	ONCOLOGY	17,784	73.02
75.00	ASC (NON-DISTINCT PART)	0	75.00
76.00	CARDIOPULMONARY	0	76.00
76.97	CARDIAC REHABILITATION	27,048	76.97
<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
90.01	OCCUPATIONAL MEDICINE	0	90.01
91.00	EMERGENCY	30,024	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	17,714	92.01
200.00	Total		200.00

(\*) Calculation of Medicare utilization is based on visits for the lines indicated.

SPECIAL REPORTS - CAH RATE CALCULATIONS w/BAD DEBTS

Provider CCN: 151311

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

CAH RATE CALCULATION  
WITH BAD DEBTS  
Date/Time Prepared:  
5/31/2012 10:13 am

		1.00	
<b>PART I - CAH PER DIEM</b>			
1.00	Total M/C Part A I/P Cost (E-3 Pt V lines 5 + 6)	5,765,222	1.00
2.00	Adjusted Reimbursable Bad Debts (E-3 Pt V line 26)	83,338	2.00
3.00	Subtotal (line 1 + line 2)	5,848,560	3.00
4.00	Total M/C Routine Days (S-3 Pt I line 14 - lines 5 + 6, col 6)	2,846	4.00
5.00	CAH Per Diem (line 3 / line 4)	2,055.01	5.00
<b>PART II - CAH PART B RATE</b>			
6.00	Total M/C Pt B Cost (E Pt B line 21)	7,197,601	6.00
7.00	Adjusted Reimbursable Bad Debts (E Pt B line 35)	774,878	7.00
8.00	Subtotal (line 6 + line 7)	7,972,479	8.00
9.00	Total M/C Pt B Charges (D Pt V line 202 cols 3 + 4)	19,155,040	9.00
10.00	CAH Cost to Charge (line 8 / line 9)	0.42	10.00
<b>PART III - CAH SW/BED PART A RATE</b>			
11.00	Total Medicare SW/Bed Part A Cost (E-2 line 8, col 1)	1,914,078	11.00
12.00	SW/Bed Part A Reimbursable Bad Debts (E-2 line 17, col 1)	0	12.00
13.00	SW Subtotal (line 11 + line 12)	1,914,078	13.00
14.00	Total Medicare SW/Bed Days (S-3 Pt I line 5, col 6)	1,464	14.00
15.00	SW/Bed I/P Rate (line 13 / line 14)	1,307.43	15.00
<b>PART IV - CAH SW/BED PART B RATE</b>			
16.00	Total Medicare SW/Bed Part B Cost (D Pt V line 202, col 6)	0	16.00
17.00	SW/Bed Part B Reimbursable Bad Debts (E-2 line 17, col 2)	0	17.00
18.00	Subtotal (line 16 + line 17)	0	18.00
19.00	Total Medicare SW/Bed Part B Charges (D Pt V line 202, col 3)	0	19.00
20.00	Percent of SW/Bed Cost to Charges (line 18 / line 19) (Not to Exceed 100%)	0.00	20.00

SPECIAL REPORTS - CAH RCC CALCULATION

Provider CCN: 151311

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

CAH RCC Calculation  
Date/Time Prepared:  
5/31/2012 10:13 am

		1.00	
<b>PART I - CAH PART A PER DIEM</b>			
1.00	Total Medicare Part A I/P Cost (E-3 Pt V lines 5 + 6)	5,765,222	1.00
2.00	Total M/C Routine Days (S-3 Pt I line 14 - lines 5 + 6, col 6)	2,846	2.00
3.00	CAH Per Diem (line 1 / line 2)	2,025.73	3.00
<b>PART II - CAH PART B RATE</b>			
4.00	Total Medicare Part B Cost (E Pt B line 21)	7,197,601	4.00
5.00	Total Medicare Part B Charges (D Pt V line 202 cols 3 + 4)	19,155,040	5.00
6.00	CAH Cost To Charges (line 4 / line 5)	0.38	6.00
<b>PART III - CAH SW/BED PART A RATE</b>			
7.00	Total Medicare SW/Bed Part A Cost (E-2 line 8 col 1)	1,914,078	7.00
8.00	Total Medicare SW/Bed Days (S-3 Pt I line 5 col 6)	1,464	8.00
9.00	SW/Bed I/P Rate (line 7 / line 8)	1,307.43	9.00
<b>PART IV - CAH SW/BED PART B RATE</b>			
10.00	Total Medicare SW/Bed Part B Cost (D Pt V line 202 col 6)	0	10.00
11.00	Total Medicare SW/Bed Part B Charges (D Pt V line 202 col 3)	0	11.00
12.00	Percent of SW/Bed Cost to Charges (line 10 / line 11) (not to exceed 100%)	0.00	12.00

SPECIAL REPORTS - CAH 96 HR VERIFICATION REPORT

Provider CCN: 151311

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

CAH 96 Hr Verificat  
Date/Time Prepared:  
5/31/2012 10:13 am

		S-3 Pt 1 Col 4	S-3 Pt 1 Col 8	
Verification of Annual Average of 96 Hrs of Patient Care Per Patient for CAH		1.00	2.00	
1.00	Hospital Adults & Peds (S-3 Pt 1, line 1)	166,440.00	3,366.00	1.00
2.00	Intensive Care Unit (S-3 Pt 1, line 8)	52,560.00	773.00	2.00
3.00	Coronary Care Unit (S-3 Pt 1, line 9)	0.00	0.00	3.00
4.00	Burn ICU (S-3 Pt 1, line 10)	0.00	0.00	4.00
5.00	Surgical ICU (S-3 Pt 1, line 11)	0.00	0.00	5.00
6.00	Detoxification ICU (S-3 Pt 1, line 12)	0.00	0.00	6.00
7.00	Total Acute Days (lines 1 through 6)	219,000.00	4,139.00	7.00
8.00	Hosp Adults & Peds Discharges (S-3 Pt 1, line 14 col 15)	1,400.00	1,400.00	8.00
9.00	Computed Ave Length of Stay (line 7 / line 8)	156.43	2.96	9.00
10.00	Calculation of Average Hours per Stay (line 9 x 24 hours)		71.00	10.00
11.00	Did the CAH Meet the 96 Hour Requirement	NO		11.00

Date: 6/1/2012

To: \_\_\_\_\_

Provider No: 151311

Provider Name: IU HEALTH TIPTON HOSPITAL

Dept: \_\_\_\_\_

FYE: 12/31/2011

Was the Regional Office Informed?  YES  NO

Purpose: To ensure that the Inpatient Services rendered by the CAH Hospital do not exceed an annual average calculation of 96 hours per stay.

Procedures: Using the As-Filed Cost Report, calculate the Annual Average Hours by using the lines referenced above.

Sources: As-Filed Cost Report

Conclusion: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Note: CAH Beds used for Hospice and Swing Beds are not included in the Annual Average 96 Hours Calculation

SPECIAL REPORTS - COST TO CHARGE RATIO REPORT

Provider CCN: 151311

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

Cost to Charge Rati  
Date/Time Prepared:  
5/31/2012 10:13 am

		1.00	
1.00	Ref:	Change Req #7134	1.00
<b>I. COST TO CHARGE RATIO FOR PPS HOSPITALS</b>			
11.00	Total program (Title XVIII) inpatient operating cost excluding capital related, nonphysician anesthetist and medical education cost (Worksheet D-1, Part II, Line 53 minus Line 42 nursery costs)	0	11.00
12.00	Hospital Part A Title XVIII charges (Sum of routine charges and ancillary charges on Worksheet D-3 for hospital Title XVIII component)	11,179,682	12.00
13.00	Ratio of cost to charges (Line 1/Line 2) (Operating Max is 1.175)	0.000	13.00
<b>II. COST TO CHARGE RATIO FOR CAPITAL</b>			
21.00	Total medicare inpatient PPS capital related costs (W/S D Part I, Lines 25-30, and 43, columns 7; Plus D Part II, Line 200, column 5)	183,689	21.00
22.00	Total medicare inpatient PPS capital related costs (Worksheet L, Part III Line 1. If zero then L, Part II Line 3)	0	22.00
23.00	Hospital Part A Title XVIII charges (Sum of routine charges and ancillary charges on Worksheet D-3 for hospital Title XVIII component)	11,179,682	23.00
24.00	Ratio of cost to charges (Line 1/Line 3) (Capital Max is 0.159)	0.016	24.00
<b>III. MEDICAID PATIENT DAYS TO TOTAL DAYS</b>			
31.00	Medicaid Patient Days (S-2, Part I Columns 1-6 Line 24)	0	31.00
32.00	Total Days (S-3, Part I Column 8 Line 14 + Column 8 Line 32 minus sum of Lines 5-6, plus employee discount days Column 8 Line 30)	4,170	32.00
33.00	Medicaid Ratio (Line 1 divided by Line 2)	0.0000	33.00
<b>IV. BED SIZE</b>			
41.00	Bed Size (W/S E, Part A, Line 3 Logic)	20.46	41.00

SPECIAL REPORTS - HI TECH FISS DATA REPORT

Provider CCN: 151311

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

Worksheet HI TECH FI  
Date/Time Prepared:  
5/31/2012 10:13 am

		1.00	
1.00	Acceptance Date		1.00
1.01	Is this a CAH?	YES	1.01
CAH DATA FIELDS:			
2.00	Inpatient Days - Part A (S-3 Pt I col 6, lines 1 + 8-12)	2,846	2.00
3.00	Inpatient Days - Part C (S-3 Pt I col 6, line 2)	115	3.00
4.00	Total I/P Days (S-3 Pt I col 8, lines 1 + 8-12)	4,139	4.00
5.00	Total Charges (C Pt I col 8, line 200)	72,968,223	5.00
6.00	Charity Care (S-10 col 3, line 20)	0	6.00
		1.00	
7.00	Cost of EHR Equipment (obtained from provider)		7.00
		1.00	
NON-CAH DATA FIELDS:			
8.00	Total Discharges (S-3 Pt I col 15, line 14)		8.00
9.00	Inpatient Days - Part A (S-3 Pt I col 6, lines 1 + 8-12)		9.00
10.00	Inpatient Days - Part C (S-3 Pt I col 6, line 2)		10.00
11.00	Total I/P Days (S-3 Pt I col 8, lines 1 + 8-12)		11.00
12.00	Total Charges (C Pt I col 8, line 200)		12.00
13.00	Charity Care (S-10 col 3, line 20)		13.00
		1.00	
14.00	Input into FISS:		14.00
15.00	Date input into FISS:		15.00