

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/30/2013 11:53 am
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/30/2013 Time: 11:53 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMMUNITY HOSPITALS OF INDIANA INC ( 150074 ) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and 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, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-239,510	-166,397	1,557,891	23,999,115	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	-239,510	-166,397	1,557,891	23,999,115	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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CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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Encryption Information  
 ECR: Date: 5/30/2013 Time: 11:53 am  
 : QZIGXwUN62dv5Tp2mMQFaP: 7V7AtO  
 dl qZ40f8C2xI . ZHBLui PdCdNesUa. O  
 DC. w12ye. : 0v28pm  
 PI: Date: 5/30/2013 Time: 11:53 am  
 do6dy2eSY1Fsz5wNdCkrKxM1K9. TQO  
 gRbrj ORUG: xUzahy0vh0sY: 62nvyuJ  
 qd280ni az: OzERKG

(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			
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4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
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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	-239,510	-166,397	1,557,891	23,999,115	200.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 150074		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 11:52 am				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1500 NORTH RITTER AVE			PO Box:						1.00		
2.00	City: INDIANAPOLIS			State: IN		Zip Code: 46219		County: MARION		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			COMMUNITY HOSPITALS OF INDIANA INC	150074	26900	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											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											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
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)						01/01/2012	12/31/2012		20.00		
21.00	Type of Control (see instructions)						2		21.00			
Inpatient PPS Information												
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days					
1.00		2.00	3.00	4.00	5.00	6.00						
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			8,374	3,749	6	28	6,704	0	24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.			0	0	0	0	0	0	25.00		
							Urban/Rural	Date of Geogr				
							1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1			26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1			27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0			35.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 11:52 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
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.					39.00
		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	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	Y	21.42	21.51		61.00
<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)	1.00				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 in column 1. If yes, complete lines 64-67. (see instructions)	Y				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, 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		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet S-2  
Part I  
Date/Time Prepared:  
5/30/2013 11:52 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	2.84	21.91	0.114747	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, 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. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.	FAMILY PRACTICE	1350	3.86	17.63	0.179618	67.00

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		1.00	2.00	3.00				
<b>Inpatient Psychiatric Facility PPS</b>								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N					70.00	
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0		71.00	
<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)				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 and "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)(ii)? Enter "Y" for yes and "N" for no.							86.00
		V		XIX				
		1.00		2.00				
<b>Title V and XIX 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		N				90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N				91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N			92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N				93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N				94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00			0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N				96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00			0.00	97.00	
<b>Rural Providers</b>								
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N						105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)							106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)							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	Respiratory			
		1.00	2.00	3.00	4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.							109.00
		1.00		2.00		3.00		
<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. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 11:52 am	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0		0
				1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) 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 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
<b>All Providers</b>					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		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:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				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, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y	145.00
				1.00	2.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
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	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150074			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 11:52 am	
							1.00	
<b>Multi campus</b>								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.75	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/30/2013 11:52 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			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.	N			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	Type	Date
			1.00	2.00	3.00
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	Legal Oper.	
			1.00	2.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	N			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
			Y/N		
			1.00		
PS&R Data					
		Description	Part A		Part B
		0	Y/N	Date	Y/N
			1.00	2.00	3.00
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N			N
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			N
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			N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/30/2013 11:52 am

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	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				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<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.				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				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				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.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				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.				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?				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.				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.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RONALD	HELMS		41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH NETWORK			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-355-5501	RHELMS@COMMUNITY.COM		43.00

		Part B	
		Date	
		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)		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)		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.		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.		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:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HFS Supplemental Information		Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part IX Date/Time Prepared: 5/30/2013 11:52 am
		Title V	Title XIX	
		1.00	2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient	Outpatient	
		1.00	2.00	
<b>CRITICAL ACCESS HOSPITALS</b>				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
<b>RCE DISALLOWANCE</b>				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
<b>PASS THROUGH COST</b>				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2013 11:52 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Visi ts / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	193	70,638	0.00	0	1.00
2.00 HMO						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		193	70,638	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,392	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	23	8,418	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		228	83,448	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPI CE						24.00
25.00 CMHC - CMHC	99.00				0	25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		228				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00
	I/P Days / O/P Visi ts / Tri ps			Full Time Equivalents		
Component	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payrol l	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	17,818	7,998	53,010			1.00
2.00 HMO	5,421	10,258				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	17,818	7,998	53,010			7.00
8.00 INTENSIVE CARE UNIT	1,363	0	3,016			8.00
9.00 CORONARY CARE UNIT	3,165	0	6,202			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		371	3,055			13.00
14.00 Total (see instructions)	22,346	8,369	65,283	21.49	2,606.35	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPI CE						24.00
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2013 11:52 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
27.00	Total (sum of lines 14-26)					27.00
28.00		466	1,789	21.49	2,606.35	28.00
29.00	0					29.00
30.00			556			30.00
31.00			0			31.00
32.00		234	287			32.00
33.00	0					33.00
Component	Full Time Equivalents	Discharges				
	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
	11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)					1.00
2.00		0	4,430	0	13,426	2.00
3.00			1,156			3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	0.00	0	4,430	0	13,426	14.00
15.00						15.00
16.00						16.00
17.00						17.00
18.00						18.00
19.00						19.00
20.00						20.00
21.00						21.00
22.00						22.00
23.00						23.00
24.00						24.00
25.00	0.00					25.00
26.00						26.00
26.25						26.25
27.00	0.00					27.00
28.00						28.00
29.00						29.00
30.00						30.00
31.00						31.00
32.00						32.00
33.00						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150074		Period: From 01/01/2012 To 12/31/2012		Worksheet S-3 Part II Date/Time Prepared: 5/30/2013 11:52 am		
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)			
	1.00	2.00	3.00	4.00	5.00	6.00			
<b>PART II - WAGE DATA</b>									
<b>SALARIES</b>									
1.00	Total salaries (see instructions)	200.00	157,656,738	994,375	158,651,113	5,382,116.00	29.48		
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00		
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00		
4.00	Physician-Part A - Administrative		325,911	0	325,911	12,978.00	25.11		
4.01	Physicians - Part A - Teaching		1,802,832	0	1,802,832	20,923.00	86.17		
5.00	Physician-Part B		292,103	0	292,103	1,738.00	168.07		
6.00	Non-physician-Part B		0	0	0	0.00	0.00		
7.00	Interns & residents (in an approved program)	21.00	2,557,812	-1,448,423	1,109,389	39,091.00	28.38		
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00		
8.00	Home office personnel		0	0	0	0.00	0.00		
9.00	SNF	44.00	0	0	0	0.00	0.00		
10.00	Excluded area salaries (see instructions)		23,765,975	3,167,348	26,933,323	803,440.00	33.52		
<b>OTHER WAGES &amp; RELATED COSTS</b>									
11.00	Contract labor (see instructions)		6,307,124	0	6,307,124	77,778.00	81.09		
12.00	Contract management and administrative services		0	0	0	0.00	0.00		
13.00	Contract Labor: Physician-Part A - Administrative		1,196,904	0	1,196,904	16,996.00	70.42		
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00		
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00		
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00		
<b>WAGE-RELATED COSTS</b>									
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		38,839,661	0	38,839,661		17.00		
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0		18.00		
19.00	Excluded areas		6,877,298	0	6,877,298		19.00		
20.00	Non-physician anesthetist Part A		0	0	0		20.00		
21.00	Non-physician anesthetist Part B		103,130	0	103,130		21.00		
22.00	Physician Part A - Administrative		0	0	0		22.00		
22.01	Physician Part A - Teaching		253,822	0	253,822		22.01		
23.00	Physician Part B		0	0	0		23.00		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		24.00		
25.00	Interns & residents (in an approved program)		467,275	0	467,275		25.00		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>									
26.00	Employee Benefits	4.00	3,985,689	-101,381	3,884,308	94,302.00	41.19		
27.00	Administrative & General	5.00	18,590,300	1,992,203	20,582,503	714,573.00	28.80		
28.00	Administrative & General under contract (see inst.)		3,952,324	0	3,952,324	36,516.00	108.24		
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00		
30.00	Operation of Plant	7.00	5,235,347	-333,622	4,901,725	176,760.00	27.73		
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00		
32.00	Housekeeping	9.00	1,753,166	-113,326	1,639,840	120,386.00	13.62		
33.00	Housekeeping under contract (see instructions)		371,717	0	371,717	9,360.00	39.71		
34.00	Dietary	10.00	1,590,804	-1,177,303	413,501	97,264.00	4.25		
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00		
36.00	Cafeteria	11.00	0	1,092,641	1,092,641	63,788.00	17.13		
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00		
38.00	Nursing Administration	13.00	7,338,515	-562,265	6,776,250	177,558.00	38.16		
39.00	Central Services and Supply	14.00	2,486,891	-4,323	2,482,568	21,047.00	117.95		
40.00	Pharmacy	15.00	3,540,506	-320,049	3,220,457	52,516.00	61.32		
41.00	Medical Records & Medical Records Library	16.00	4,683,190	-31,657	4,651,533	217,659.00	21.37		

HOSPITAL WAGE INDEX INFORMATION		Worksheet A		Amount		Reclassification of Salaries		Adjusted Salaries		Paid Hours		Average Hourly Wage	
		Line Number	Reported	(from Worksheet A-6)	(col. 2 ± col. 3)							(col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00		6.00					
42.00	Social Service	17.00	2,045,973	-102,023	1,943,950	57,748.00		33.66		42.00			
43.00	Other General Service	18.00	0	0	0	0.00		0.00		43.00			

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/30/2013 11:52 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	157,328,032	2,442,798	159,770,830	5,366,240.00	29.77	1.00
2.00	Excluded area salaries (see instructions)	23,765,975	3,167,348	26,933,323	803,440.00	33.52	2.00
3.00	Subtotal salaries (line 1 minus line 2)	133,562,057	-724,550	132,837,507	4,562,800.00	29.11	3.00
4.00	Subtotal other wages & related costs (see inst.)	7,504,028	0	7,504,028	94,774.00	79.18	4.00
5.00	Subtotal wage-related costs (see inst.)	38,839,661	0	38,839,661	0.00	29.24	5.00
6.00	Total (sum of lines 3 thru 5)	179,905,746	-724,550	179,181,196	4,657,574.00	38.47	6.00
7.00	Total overhead cost (see instructions)	55,574,422	338,895	55,913,317	1,839,477.00	30.40	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2013 11:52 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			7,576,285 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			4,835,505 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			85,991 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			21,745,458 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			274,034 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			666,887 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			0 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			469,858 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			10,673,502 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			213,668 22.00
23.00	Tuition Reimbursement			0 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			46,541,188 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part V Date/Time Prepared: 5/30/2013 11:52 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF			0 3.00
4.00	Subprovider - IRF			0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA			0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet S-10

Date/Time Prepared:  
5/30/2013 11:52 am

				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.290842	1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		41,500,043		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		3,385,893		5.00
6.00	Medicaid charges		135,222,078		6.00
7.00	Medicaid cost (line 1 times line 6)		39,328,260		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)		0		8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00
				Uninsured patients	
				Insured patients	
				Total (col. 1 + col. 2)	
				1.00	2.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	29,925,310	5,220,228	35,145,538	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	8,703,537	1,518,262	10,221,799	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	8,703,537	1,518,262	10,221,799	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			17,545,210	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			612,977	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			16,932,233	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			4,924,605	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			15,146,404	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			15,146,404	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet A  
Date/Time Prepared:  
5/30/2013 11:52 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	6,297,600	6,297,600	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	9,780,179	9,780,179	2.00
4.00	00400	EMPLOYEE BENEFITS	3,985,689	20,163,176	24,148,865	2,104,849	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	18,590,300	77,864,682	96,454,982	-29,173,373	5.00
7.00	00700	OPERATION OF PLANT	5,235,347	3,141,785	8,377,132	-31,803	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	733,444	733,444	-100	8.00
9.00	00900	HOUSEKEEPING	1,753,166	908,156	2,661,322	-134,227	9.00
10.00	01000	DIETARY	1,590,804	805,513	2,396,317	-1,570,881	10.00
11.00	01100	CAFETERIA	0	0	0	1,981,748	11.00
13.00	01300	NURSING ADMINISTRATION	7,338,515	-3,269,044	4,069,471	-601,716	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,486,891	-569,679	1,917,212	790,424	14.00
15.00	01500	PHARMACY	3,540,506	4,806,175	8,346,681	-3,182,938	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,683,190	-1,707,190	2,976,000	-26,562	16.00
17.00	01700	SOCIAL SERVICE	2,045,973	392,005	2,437,978	-103,225	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	909,848	249,002	1,158,850	-84,420	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,557,812	4,178,587	6,736,399	-5,628,672	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	5,071,996	22.00
23.00	02300	ALLIED HEALTH-EMS PROGRAM	384,106	-35,931	348,175	-32,363	23.00
23.01	02301	ALLIED HEALTH-RADIOLOGY SCHOOL	164,137	-130,315	33,822	60,371	23.01
23.02	02302	ALLIED HEALTH-PHARMACY RESIDENCY	0	0	0	92,067	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	26,800,383	2,391,039	29,191,422	-5,067,310	30.00
31.00	03100	INTENSIVE CARE UNIT	2,371,640	679,752	3,051,392	-235,455	31.00
32.00	03200	CORONARY CARE UNIT	2,979,667	623,141	3,602,808	-137,352	32.00
43.00	04300	NURSERY	0	0	0	1,239,284	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,780,206	11,801,598	13,581,804	-10,082,020	50.00
51.00	05100	RECOVERY ROOM	943,618	356,901	1,300,519	-21,861	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,744,451	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,063,299	1,594,844	4,658,143	-1,270,995	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,838,879	4,303,353	6,142,232	-837,687	55.00
57.00	05700	CT SCAN	812,190	762,998	1,575,188	-126,649	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	566,344	604,262	1,170,606	-236,020	58.00
59.00	05900	CARDIAC CATHETERIZATION	437,561	2,005,414	2,442,975	-1,803,888	59.00
60.00	06000	LABORATORY	0	7,466,013	7,466,013	-13,178	60.00
64.00	06400	INTRAVENOUS THERAPY	302,331	56,564	358,895	-44,498	64.00
65.00	06500	RESPIRATORY THERAPY	1,987,357	245,805	2,233,162	-148,478	65.00
66.00	06600	PHYSICAL THERAPY	4,012,562	925,390	4,937,952	-1,254,574	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,216,817	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	119,965	68.00
69.00	06900	ELECTROCARDIOLOGY	576,180	852,024	1,428,204	-45,804	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,549,220	-163,435	1,385,785	-238,391	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,405,935	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,704,086	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	29,705,102	73.00
74.00	07400	RENAL DIALYSIS	0	743,685	743,685	-503	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03020	ENDOSCOPY	299,685	143,340	443,025	-69,637	76.00
76.01	03330	GALLAHUE MENTAL HEALTH CTR	13,133,254	5,751,391	18,884,645	-935,770	76.01
76.02	03331	HRC NEUROPSYCHOLOGY	760,713	141,142	901,855	-71,560	76.02
76.03	03950	LUTHERWOOD SERVICES	928,214	206,963	1,135,177	-43,828	76.03
76.04	03951	CENTER FOR WOUND HEALING	301,137	1,472,974	1,774,111	-814,469	76.04
76.05	03480	ONCOLOGY	4,017,244	36,004,151	40,021,395	-23,226,389	76.05
76.06	03952	IMAGING CENTERS	424,440	1,591,379	2,015,819	-268,112	76.06
76.07	03953	BREAST DIAGNOSTIC CENTER	0	2,028,974	2,028,974	-7,269	76.07
76.97	07697	CARDIAC REHABILITATION	175,588	34,634	210,222	-11,034	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	669,583	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	CLEARAVISTA WOMEN'S CARE	0	0	0	1,289	90.01
90.02	04951	COUNTY LINE MEDICAL PAVILION	0	0	0	1,289	90.02
90.03	04952	DIABETES & ENDOCRINOLOGY SPECIALISTS	0	0	0	1,289	90.03
90.04	04953	FAMILY MEDICINE OF GREENFIELD	0	0	0	1,289	90.04
90.05	04954	GEIST FAMILY MEDICINE AND PEDIATRICS	0	0	0	1,289	90.05
90.06	04955	INTERNAL MEDICINE ASSOCIATES	0	0	0	1,289	90.06
90.07	04956	OLIO ROAD FAMILY CARE	0	0	0	1,289	90.07
90.08	04957	CARDIOVASCULAR EAST	0	0	0	1,289	90.08
90.09	04958	CARDIOVASCULAR NORTH	0	0	0	1,289	90.09
90.10	04959	CARDIOVASCULAR SOUTH	0	0	0	1,289	90.10
90.11	04960	NORTHEAST FAMILY PHYSICIANS	0	0	0	1,289	90.11
90.12	04961	ANDERSON FAMILY HEALTH	0	0	0	1,289	90.12

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet A  
Date/Time Prepared:  
5/30/2013 11:52 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	
90.13	04962	BROADWAY FAMILY MEDICINE	0	0	0	1,289	1,289	90.13
90.14	04963	CASTLETON FAMILY PHYSICIANS	0	0	0	1,289	1,289	90.14
90.15	04964	FALLCREEK FAMILY MEDICINE	0	0	0	1,289	1,289	90.15
90.16	04965	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	0	1,289	1,289	90.16
90.17	04966	INTERNAL MEDICINE OF CARMEL	0	0	0	1,289	1,289	90.17
90.18	04967	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	0	1,289	1,289	90.18
90.19	04968	INTERNAL MEDICINE	0	0	0	1,289	1,289	90.19
90.20	04969	DIABETES INTERNAL MEDICINE & ENDOCRINOLOGY	0	0	0	1,289	1,289	90.20
90.21	04970	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.21
90.22	04971	HEALTHY HEARTS CENTER	1,029,828	214,824	1,244,652	-40,898	1,203,754	90.22
90.23	04972	FP AND MATERNITY CARE CENTER	1,271,108	1,254,258	2,525,366	-305,368	2,219,998	90.23
90.24	04973	PALLIATIVE CARE	415,895	-209,917	205,978	-23,142	182,836	90.24
90.25	04974	INFUSION CENTERS	227,859	3,068,910	3,296,769	-2,885,085	411,684	90.25
90.26	04975	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.26
90.27	04977	DIABETIC CARE CENTER	385,919	16,682	402,601	-28,300	374,301	90.27
91.00	09100	EMERGENCY	5,780,401	2,382,821	8,163,222	-432,979	7,730,243	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	134,439,006	196,882,240	331,321,246	-13,288,546	318,032,700	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,753,293	2,522,663	4,275,956	-164,503	4,111,453	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH SALES	7,662,166	11,433,714	19,095,880	-2,439,532	16,656,348	194.01
194.02	07952	MEDCHECK & EXPRESS CLINICS	9,564,015	3,161,942	12,725,957	-636,909	12,089,048	194.02
194.03	07953	SCHOOL BASED CLINICS	708,464	174,737	883,201	-79,309	803,892	194.03
194.04	07954	OFFSITE EMPLOYER CLINICS	857,949	379,331	1,237,280	-101,156	1,136,124	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	PAVILIONS	88,050	1,670,682	1,758,732	-110,410	1,648,322	194.06
194.07	07957	LIFE CHECK	77,450	33,542	110,992	-11,809	99,183	194.07
194.08	07958	RESEARCH, COFFEE CART	2,506,345	1,188,665	3,695,010	-306,701	3,388,309	194.08
194.09	07959	ADMINISTRATION	0	-28,334	-28,334	17,138,875	17,110,541	194.09
200.00		TOTAL (SUM OF LINES 118-199)	157,656,738	217,419,182	375,075,920	0	375,075,920	200.00
Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation				
			6.00	7.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	5,495	6,303,095				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	216,887	9,997,066				2.00
4.00	00400	EMPLOYEE BENEFITS	-12,097	26,241,617				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-43,519,688	23,761,921				5.00
7.00	00700	OPERATION OF PLANT	14,594	8,359,923				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	733,344				8.00
9.00	00900	HOUSEKEEPING	0	2,527,095				9.00
10.00	01000	DIETARY	-116,613	708,823				10.00
11.00	01100	CAFETERIA	0	1,981,748				11.00
13.00	01300	NURSING ADMINISTRATION	6,410	3,474,165				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,707,636				14.00
15.00	01500	PHARMACY	-1,814,457	3,349,286				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,949,438				16.00
17.00	01700	SOCIAL SERVICE	0	2,334,753				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-1,074,430	0				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-61,201	1,046,526				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-279,804	4,792,192				22.00
23.00	02300	ALLIED HEALTH-EMS PROGRAM	0	315,812				23.00
23.01	02301	ALLIED HEALTH-RADIOLOGY SCHOOL	-23,881	70,312				23.01
23.02	02302	ALLIED HEALTH-PHARMACY RESIDENCY	0	92,067				23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	-1,374,537	22,749,575				30.00
31.00	03100	INTENSIVE CARE UNIT	-3,340	2,812,597				31.00
32.00	03200	CORONARY CARE UNIT	83,966	3,549,422				32.00
43.00	04300	NURSERY	0	1,239,284				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,499,784				50.00
51.00	05100	RECOVERY ROOM	0	1,278,658				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,744,451				52.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet A  
Date/Time Prepared:  
5/30/2013 11:52 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	-125,107	3,262,041	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,304,545	55.00
57.00	05700	CT SCAN	0	1,448,539	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	934,586	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	639,087	59.00
60.00	06000	LABORATORY	-906,762	6,546,073	60.00
64.00	06400	INTRAVENOUS THERAPY	0	314,397	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,084,684	65.00
66.00	06600	PHYSICAL THERAPY	0	3,683,378	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,216,817	67.00
68.00	06800	SPEECH PATHOLOGY	0	119,965	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,382,400	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,206	1,158,600	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,405,935	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,704,086	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	29,705,102	73.00
74.00	07400	RENAL DIALYSIS	0	743,182	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	ENDOSCOPY	0	373,388	76.00
76.01	03330	GALLAHUE MENTAL HEALTH CTR	-7,884,732	10,064,143	76.01
76.02	03331	HRC NEUROPSYCHOLOGY	-135	830,160	76.02
76.03	03950	LUTHERWOOD SERVICES	-715,899	375,450	76.03
76.04	03951	CENTER FOR WOUND HEALING	0	959,642	76.04
76.05	03480	ONCOLOGY	-642,769	16,152,237	76.05
76.06	03952	IMAGING CENTERS	-9,250	1,738,457	76.06
76.07	03953	BREAST DIAGNOSTIC CENTER	0	2,021,705	76.07
76.97	07697	CARDIAC REHABILITATION	0	199,188	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	669,583	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	04950	CLEARAVISTA WOMEN'S CARE	0	1,289	90.01
90.02	04951	COUNTY LINE MEDICAL PAVILION	0	1,289	90.02
90.03	04952	DIABETES & ENDOCRINOLOGY SPECIALISTS	0	1,289	90.03
90.04	04953	FAMILY MEDICINE OF GREENFIELD	0	1,289	90.04
90.05	04954	GEIST FAMILY MEDICINE AND PEDIATRICS	0	1,289	90.05
90.06	04955	INTERNAL MEDICINE ASSOCIATES	0	1,289	90.06
90.07	04956	OLIO ROAD FAMILY CARE	0	1,289	90.07
90.08	04957	CARDIOVASCULAR EAST	0	1,289	90.08
90.09	04958	CARDIOVASCULAR NORTH	0	1,289	90.09
90.10	04959	CARDIOVASCULAR SOUTH	0	1,289	90.10
90.11	04960	NORTHEAST FAMILY PHYSICIANS	0	1,289	90.11
90.12	04961	ANDERSON FAMILY HEALTH	0	1,289	90.12
90.13	04962	BROADWAY FAMILY MEDICINE	0	1,289	90.13
90.14	04963	CASTLETON FAMILY PHYSICIANS	0	1,289	90.14
90.15	04964	FALLCREEK FAMILY MEDICINE	0	1,289	90.15
90.16	04965	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	1,289	90.16
90.17	04966	INTERNAL MEDICINE OF CARMEL	0	1,289	90.17
90.18	04967	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	1,289	90.18
90.19	04968	INTERNAL MEDICINE	0	1,289	90.19
90.20	04969	DIABETES INTERNAL MEDICINE & ENDOCR	0	1,289	90.20
90.21	04970	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.21
90.22	04971	HEALTHY HEARTS CENTER	0	1,203,754	90.22
90.23	04972	FP AND MATERNITY CARE CENTER	-36,322	2,183,676	90.23
90.24	04973	PALLIATIVE CARE	0	182,836	90.24
90.25	04974	INFUSION CENTERS	-213,176	198,508	90.25
90.26	04975	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.26
90.27	04977	DIABETIC CARE CENTER	-267	374,034	90.27
91.00	09100	EMERGENCY	-588,681	7,141,562	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-59,064,590	258,968,110	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-20,921	4,090,532	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH SALES	256	16,656,604	194.01
194.02	07952	MEDCHECK & EXPRESS CLINICS	-209,449	11,879,599	194.02
194.03	07953	SCHOOL BASED CLINICS	0	803,892	194.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet A  
Date/Time Prepared:  
5/30/2013 11:52 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.04	07954	OFFSITE EMPLOYER CLINICS	-23	1,136,101	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.05
194.06	07956	PAVILLIONS	0	1,648,322	194.06
194.07	07957	LIFECHECK	-67,901	31,282	194.07
194.08	07958	RESEARCH, COFFEE CART	-555,196	2,833,113	194.08
194.09	07959	ADMINISTRATION	28,334	17,138,875	194.09
200.00		TOTAL (SUM OF LINES 118-199)	-59,889,490	315,186,430	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet Non-CMS W Date/Time Prepared: 5/30/2013 11:52 am
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
23.00	ALLIED HEALTH-EMS PROGRAM	02300		23.00
23.01	ALLIED HEALTH-RADIOLOGY SCHOOL	02301		23.01
23.02	ALLIED HEALTH-PHARMACY RESIDENCY	02302		23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
32.00	CORONARY CARE UNIT	03200		32.00
43.00	NURSERY	04300		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
64.00	INTRAVENOUS THERAPY	06400		64.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
75.00	ASC (NON-DISTINCT PART)	07500		75.00
76.00	ENDOSCOPY	03020		76.00
76.01	GALLAHUE MENTAL HEALTH CTR	03330		76.01
76.02	HRC NEUROPSYCHOLOGY	03331		76.02
76.03	LUTHERWOOD SERVICES	03950		76.03
76.04	CENTER FOR WOUND HEALING	03951		76.04
76.05	ONCOLOGY	03480		76.05
76.06	IMAGING CENTERS	03952		76.06
76.07	BREAST DIAGNOSTIC CENTER	03953		76.07
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
76.98	HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	CLINIC	09000		90.00
90.01	CLEARAVISTA WOMEN'S CARE	04950		90.01
90.02	COUNTY LINE MEDICAL PAVILION	04951		90.02
90.03	DIABETES & ENDOCRINOLOGY SPECIALISTS	04952		90.03
90.04	FAMILY MEDICINE OF GREENFIELD	04953		90.04
90.05	GEIST FAMILY MEDICINE AND PEDIATRICS	04954		90.05
90.06	INTERNAL MEDICINE ASSOCIATES	04955		90.06
90.07	OLIO ROAD FAMILY CARE	04956		90.07
90.08	CARDIOVASCULAR EAST	04957		90.08
90.09	CARDIOVASCULAR NORTH	04958		90.09
90.10	CARDIOVASCULAR SOUTH	04959		90.10
90.11	NORTHEAST FAMILY PHYSICIANS	04960		90.11
90.12	ANDERSON FAMILY HEALTH	04961		90.12

COST CENTERS USED IN COST REPORT		Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet Non-CMS W Date/Time Prepared: 5/30/2013 11:52 am
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Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
90.13	BROADWAY FAMILY MEDICINE	04962		90.13
90.14	CASTLETON FAMILY PHYSICIANS	04963		90.14
90.15	FALLCREEK FAMILY MEDICINE	04964		90.15
90.16	FAMILY PRACTICE ASSOCIATES OF ELWOOD	04965		90.16
90.17	INTERNAL MEDICINE OF CARMEL	04966		90.17
90.18	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	04967		90.18
90.19	INTERNAL MEDICINE	04968		90.19
90.20	DIABETES INTERNAL MEDICINE & ENDOCRINE	04969		90.20
90.21	OTHER OUTPATIENT SERVICE COST CENTER	04970		90.21
90.22	HEALTHY HEARTS CENTER	04971		90.22
90.23	FP AND MATERNITY CARE CENTER	04972		90.23
90.24	PALLIATIVE CARE	04973		90.24
90.25	INFUSION CENTERS	04974		90.25
90.26	OTHER OUTPATIENT SERVICE COST CENTER	04975		90.26
90.27	DIABETIC CARE CENTER	04977		90.27
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
OTHER REIMBURSABLE COST CENTERS				
98.00	OTHER REIMBURSABLE COST CENTERS	05950		98.00
99.00	CMHC	09900		99.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
193.00	NONPAID WORKERS	19300		193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	07950		194.00
194.01	OCCUPATIONAL HEALTH SALES	07951		194.01
194.02	MEDCHECK & EXPRESS CLINICS	07952		194.02
194.03	SCHOOL BASED CLINICS	07953		194.03
194.04	OFFSITE EMPLOYER CLINICS	07954		194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	07955		194.05
194.06	PAVILIONS	07956		194.06
194.07	LIFECHECK	07957		194.07
194.08	RESEARCH, COFFEE CART	07958		194.08
194.09	ADMINISTRATION	07959		194.09
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet A-6

Date/Time Prepared:  
5/30/2013 11:52 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>A - Labor and Delivery Salary</b>						
1.00	NURSERY	43.00		975,895	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00		1,373,697	2.00	
			0	2,349,592		
<b>B - Labor and Delivery Other</b>						
1.00	NURSERY	43.00		263,389	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00		370,754	2.00	
			0	634,143		
<b>C - Chargeable Medical Supplies</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	6,405,935	1.00	
2.00	CENTER FOR WOUND HEALING	76.04	0	73,627	2.00	
3.00	DIABETIC CARE CENTER	90.27	0	824	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
	<b>TOTALS</b>		0	6,480,386		
<b>D - Depreciation Expense</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	14,825,412	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
TOTALS					14,825,412
<b>E - Radiology Support Salary</b>					
1.00	RADIOLOGY-THERAPEUTIC	55.00		134,961	1.00
2.00	CT SCAN	57.00		27,524	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		11,173	3.00
					173,658
<b>F - Radiology Support Other</b>					
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	351,405	1.00
2.00	CT SCAN	57.00	0	71,666	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	29,093	3.00
					452,164
<b>G - Capital Insurance Costs</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	152,765	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	222,004	2.00
					374,769
<b>H - Implantable Device Reclass</b>					
1.00	CENTRAL SERVICES & SUPPLY	14.00		998,007	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		10,704,086	2.00
3.00					3.00
					11,702,093
<b>I - Interest Expense</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	877,598	1.00
					877,598
<b>J - INTERNS AND RESIDENTS</b>					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,420,845	2,651,151	1.00
					2,420,845 2,651,151
<b>K - ADMIN SALARY RECLASS</b>					
1.00	CLEARAVISTA WOMEN'S CARE	90.01	1,289		1.00
2.00	COUNTY LINE MEDICAL PAVILION	90.02	1,289		2.00
3.00	DIABETES & ENDOCRINOLOGY SPECIALISTS	90.03	1,289		3.00
4.00	FAMILY MEDICINE OF GREENFIELD	90.04	1,289		4.00
5.00	GEIST FAMILY MEDICINE AND PEDIATRICS	90.05	1,289		5.00
6.00	INTERNAL MEDICINE ASSOCIATES	90.06	1,289		6.00
7.00	OLIO ROAD FAMILY CARE	90.07	1,289		7.00
8.00	CARDIOVASCULAR EAST	90.08	1,289		8.00
9.00	CARDIOVASCULAR NORTH	90.09	1,289		9.00
10.00	CARDIOVASCULAR SOUTH	90.10	1,289		10.00
11.00	NORTHEAST FAMILY PHYSICIANS	90.11	1,289		11.00
12.00	ANDERSON FAMILY HEALTH	90.12	1,289		12.00

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
13.00	BROADWAY FAMILY MEDICINE	90.13	1,289		13.00
14.00	CASTLETON FAMILY PHYSICIANS	90.14	1,289		14.00
15.00	FALLCREEK FAMILY MEDICINE	90.15	1,289		15.00
16.00	FAMILY PRACTICE ASSOCIATES OF ELWOOD	90.16	1,289		16.00
17.00	INTERNAL MEDICINE OF CARMEL	90.17	1,289		17.00
18.00	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	90.18	1,289		18.00
19.00	INTERNAL MEDICINE	90.19	1,289		19.00
20.00	DIABETES INTERNAL MEDICINE & ENDOCRINE	90.20	1,289		20.00
			25,780	0	
<b>M - Depreciation by CC</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,267,237	1.00
2.00		0.00	0	0	2.00
<b>TOTALS</b>			0	5,267,237	
<b>N - Cafeteria Salary</b>					
1.00	CAFETERIA	11.00	1,092,641	0	1.00
			1,092,641	0	
<b>O - Cafeteria Recl ass</b>					
1.00	CAFETERIA	11.00	0	889,107	1.00
			0	889,107	
<b>P - Benefit Allocation</b>					
1.00	EMPLOYEE BENEFITS	4.00	0	2,363,624	1.00
2.00					2.00
3.00					3.00
			0	2,363,624	
<b>Q - PTO Allocation</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	5,869,757	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
TOTALS			5,869,757	0	
R - Pharm Resident Costs					
1.00	ALLIED HEALTH-PHARMACY	23.02	55,827		1.00
	RESIDENCY				
			55,827	0	
S - Pharmacy Residency Recl ass					
1.00	ALLIED HEALTH-PHARMACY	23.02		36,240	1.00
	RESIDENCY				
			0	36,240	
T - Drugs Charges to Pat					
1.00	CARDIAC CATHETERIZATION	59.00	0	20,486	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	29,705,102	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
TOTALS			0	29,725,588	
U - Therapy Salary					
1.00	OCCUPATIONAL THERAPY	67.00	0	1,063,744	1.00
2.00	SPEECH PATHOLOGY	68.00	0	104,874	2.00
TOTALS			0	1,168,618	
V - Therapy Other					
1.00	PHYSICAL THERAPY	66.00		317,756	1.00
2.00	OCCUPATIONAL THERAPY	67.00		153,073	2.00
3.00	SPEECH PATHOLOGY	68.00		15,091	3.00
			0	485,920	
W - Plant Operations Expense					
1.00	OPERATION OF PLANT	7.00	0	696,783	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
<b>TOTALS</b>					696,783	
<b>X - Dietary Food Service Allocation</b>						
1.00	DIETARY	10.00	0	506,409		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
<b>TOTALS</b>					506,409	
<b>Y - ISC LLC Salary Recl ass</b>						
1.00	ADMINISTRATION	194.09	3,842,046	0		1.00
					3,842,046	
<b>Z - Recl ass ISC LLC Other Expense</b>						
1.00	ADMINISTRATION	194.09	0	13,296,829		1.00
					13,296,829	
<b>AA - HBOT SALARY RECLASS</b>						
1.00		0.00	0	0		1.00
3.00	HYPERBARIC OXYGEN THERAPY	76.98	118,657	0		3.00
<b>TOTALS</b>					118,657	0
<b>AB - HBOT Other</b>						
1.00	HYPERBARIC OXYGEN THERAPY	76.98	0	550,926		1.00
					550,926	
<b>AC - Radiology School Allied Health</b>						
1.00	ALLIED HEALTH-RADIOLOGY SCHOOL	23.01	69,830	0		1.00
					69,830	0
<b>AD - Radiology School Allied Health</b>						
1.00	ALLIED HEALTH-RADIOLOGY SCHOOL	23.01	0	5,774		1.00
					5,774	

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
AG - EIB LIABILITY RECLASS					
1.00	EMPLOYEE BENEFITS	4.00	0	1,564	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	9,728	2.00
3.00	OPERATION OF PLANT	7.00	0	6,002	3.00
4.00	HOUSEKEEPING	9.00	0	6,246	4.00
5.00	NURSING ADMINISTRATION	13.00	0	12,855	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,323	6.00
7.00	PHARMACY	15.00	0	5,030	7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,120	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	8,559	9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	13,666	10.00
11.00	CT SCAN	57.00	0	2,432	11.00
12.00	PHYSICAL THERAPY	66.00	0	1,755	12.00
13.00	GALLAHUE MENTAL HEALTH CTR	76.01	0	37,171	13.00
14.00	MEDCHECK & EXPRESS CLINICS	194.02	0	563	14.00
TOTALS			0	115,014	
500.00	Grand Total: Increases		13,495,383	95,629,035	500.00

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - Labor and Delivery Salary</b>							
1.00	ADULTS & PEDIATRICS	30.00		2,349,592			1.00
2.00			0	2,349,592			2.00
<b>B - Labor and Delivery Other</b>							
1.00	ADULTS & PEDIATRICS	30.00		634,143			1.00
2.00			0	634,143			2.00
<b>C - Chargeable Medical Supplies</b>							
1.00	EMPLOYEE BENEFITS	4.00	0	1,546	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,260,363	0		2.00
3.00	OPERATION OF PLANT	7.00	0	84,612	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	1,080	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	165,153	0		5.00
6.00	PHARMACY	15.00	0	134,807	0		6.00
7.00	NONPHYSICIAN ANESTHETISTS	19.00	0	10,469	0		7.00
8.00	ALLIED HEALTH-EMS PROGRAM	23.00	0	395	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	94,588	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	25,312	0		10.00
11.00	CORONARY CARE UNIT	32.00	0	8,360	0		11.00
12.00	OPERATING ROOM	50.00	0	2,493,992	0		12.00
13.00	RECOVERY ROOM	51.00	0	19,621	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,144	0		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	399,031	0		15.00
16.00	CT SCAN	57.00	0	95,015	0		16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,241	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	246,099	0		18.00
19.00	LABORATORY	60.00	0	60	0		19.00
20.00	INTRAVENOUS THERAPY	64.00	0	22,751	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	29,992	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	1,384	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	340	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	11,766	0		24.00
25.00	ENDOSCOPY	76.00	0	30,410	0		25.00
26.00	GALLAHUE MENTAL HEALTH CTR	76.01	0	531	0		26.00
27.00	ONCOLOGY	76.05	0	65,332	0		27.00
28.00	IMAGING CENTERS	76.06	0	1,707	0		28.00
29.00	BREAST DIAGNOSTIC CENTER	76.07	0	777	0		29.00
30.00	CARDIAC REHABILITATION	76.97	0	1,344	0		30.00
31.00	HEALTHY HEARTS CENTER	90.22	0	11	0		31.00
32.00	FP AND MATERNITY CARE CENTER	90.23	0	1,256	0		32.00
33.00	INFUSION CENTERS	90.25	0	174	0		33.00
34.00	EMERGENCY	91.00	0	118,841	0		34.00
35.00	OCCUPATIONAL HEALTH SALES	194.01	0	14,262	0		35.00
36.00	MEDCHECK & EXPRESS CLINICS	194.02	0	33,690	0		36.00
37.00	SCHOOL BASED CLINICS	194.03	0	1,716	0		37.00
38.00	OFFSITE EMPLOYER CLINICS	194.04	0	1,713	0		38.00
39.00	RESEARCH, COFFEE CART	194.08	0	94,501	0		39.00
<b>TOTALS</b>			0	6,480,386			
<b>D - Depreciation Expense</b>							
1.00	EMPLOYEE BENEFITS	4.00	0	19,428	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	10,481,405	0		2.00
3.00	OPERATION OF PLANT	7.00	0	316,289	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	100	0		4.00
5.00	HOUSEKEEPING	9.00	0	15,157	0		5.00
6.00	DIETARY	10.00	0	7,688	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	45,348	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	22,456	0		8.00
9.00	PHARMACY	15.00	0	52,204	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	25	0		10.00
11.00	SOCIAL SERVICE	17.00	0	56	0		11.00
12.00	NONPHYSICIAN ANESTHETISTS	19.00	0	7,435	0		12.00
13.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,526	0		13.00
14.00	ALLIED HEALTH-EMS PROGRAM	23.00	0	5,740	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	199,204	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	69,553	0		16.00
17.00	CORONARY CARE UNIT	32.00	0	26,581	0		17.00
18.00	OPERATING ROOM	50.00	0	354,203	0		18.00
19.00	RECOVERY ROOM	51.00	0	1,805	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	370,702	0		20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	815,165	0		21.00
22.00	CT SCAN	57.00	0	81,009	0		22.00

RECLASSIFICATIONS

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
23.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	233,315	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	200,719	0		24.00
25.00	LABORATORY	60.00	0	7,458	0		25.00
26.00	RESPIRATORY THERAPY	65.00	0	60,981	0		26.00
27.00	PHYSICAL THERAPY	66.00	0	71,195	0		27.00
28.00	ELECTROCARDIOLOGY	69.00	0	13,106	0		28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	134,572	0		29.00
30.00	RENAL DIALYSIS	74.00	0	503	0		30.00
31.00	ENDOSCOPY	76.00	0	23,933	0		31.00
32.00	GALLAHUE MENTAL HEALTH CTR	76.01	0	115,722	0		32.00
33.00	HRC NEUROPSYCHOLOGY	76.02	0	1,329	0		33.00
34.00	LUTHERWOOD SERVICES	76.03	0	3,449	0		34.00
35.00	CENTER FOR WOUND HEALING	76.04	0	26,975	0		35.00
36.00	ONCOLOGY	76.05	0	167,745	0		36.00
37.00	IMAGING CENTERS	76.06	0	257,530	0		37.00
38.00	CARDIAC REHABILITATION	76.97	0	3,621	0		38.00
39.00	HEALTHY HEARTS CENTER	90.22	0	2,086	0		39.00
40.00	FP AND MATERNITY CARE CENTER	90.23	0	98,928	0		40.00
41.00	INFUSION CENTERS	90.25	0	977	0		41.00
42.00	DIABETIC CARE CENTER	90.27	0	4,421	0		42.00
43.00	EMERGENCY	91.00	0	103,660	0		43.00
44.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	37,356	0		44.00
45.00	OCCUPATIONAL HEALTH SALES	194.01	0	24,390	0		45.00
46.00	MEDCHECK & EXPRESS CLINICS	194.02	0	167,706	0		46.00
47.00	SCHOOL BASED CLINICS	194.03	0	818	0		47.00
48.00	OFFSITE EMPLOYER CLINICS	194.04	0	23,797	0		48.00
49.00	PAVILLIONS	194.06	0	109,746	0		49.00
50.00	LIFECHECK	194.07	0	2,850	0		50.00
51.00	RESEARCH, COFFEE CART	194.08	0	33,445	0		51.00
TOTALS			0	14,825,412			
<b>E - Radiology Support Salary</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00		173,658			1.00
2.00							2.00
3.00			0	173,658			3.00
<b>F - Radiology Support Other</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	452,164	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
TOTALS			0	452,164			
<b>G - Capital Insurance Costs</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	374,769	12		1.00
2.00		0.00	0	0	12		2.00
TOTALS			0	374,769			
<b>H - Implantable Device Reclass</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00		3,140,068			1.00
2.00	OPERATING ROOM	50.00		7,203,916			2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	1,358,109			3.00
				11,702,093			
<b>I - Interest Expense</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	877,598	11		1.00
TOTALS			0	877,598			
<b>J - INTERNS AND RESIDENTS</b>							
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,311,456	3,760,540	0		1.00
TOTALS			1,311,456	3,760,540			
<b>K - ADMIN SALARY RECLASS</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	25,780				1.00
2.00							2.00
3.00							3.00
4.00							4.00
5.00							5.00
6.00							6.00
7.00							7.00
8.00							8.00
9.00							9.00
10.00							10.00
11.00							11.00
12.00							12.00
13.00							13.00
14.00							14.00
15.00							15.00
16.00							16.00

RECLASSIFICATIONS

Provider CCN: 150074

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
17.00						17.00
18.00						18.00
19.00						19.00
20.00						20.00
		25,780	0			
M - Depreciation by CC						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,267,237	9	1.00
2.00		0.00	0	0	9	2.00
	TOTALS		0	5,267,237		
N - Cafeteria Salary						
1.00	DIETARY	10.00	1,092,641			1.00
			1,092,641	0		
O - Cafeteria Recl ass						
1.00	DIETARY	10.00		889,107		1.00
			0	889,107		
P - Benefit Allocation						
1.00	ADMINISTRATIVE & GENERAL	5.00		56,168		1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00		374,416		2.00
3.00	OCCUPATIONAL HEALTH SALES	194.01		1,933,040		3.00
			0	2,363,624		
Q - PTO Allocation						
1.00	EMPLOYEE BENEFITS	4.00	99,817	0	0	1.00
2.00	OPERATION OF PLANT	7.00	327,620	0	0	2.00
3.00	HOUSEKEEPING	9.00	107,080	0	0	3.00
4.00	DIETARY	10.00	84,662	0	0	4.00
5.00	NURSING ADMINISTRATION	13.00	549,410	0	0	5.00
6.00	PHARMACY	15.00	259,192	0	0	6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	26,537	0	0	7.00
8.00	SOCIAL SERVICE	17.00	102,023	0	0	8.00
9.00	NONPHYSICIAN ANESTHETISTS	19.00	65,032	0	0	9.00
10.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	136,967	0	0	10.00
11.00	ALLIED HEALTH-EMS PROGRAM	23.00	24,864	0	0	11.00
12.00	ALLIED HEALTH-RADIOLOGY SCHOOL	23.01	15,233	0	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	1,080,894	0	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	131,990	0	0	14.00
15.00	CORONARY CARE UNIT	32.00	91,849	0	0	15.00
17.00	OPERATING ROOM	50.00	3,033	0	0	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	164,026	0	0	18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	90,249	0	0	19.00
20.00	CT SCAN	57.00	31,777	0	0	20.00
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	21,479	0	0	21.00
22.00	CARDIAC CATHETERIZATION	59.00	14,235	0	0	22.00
23.00	INTRAVENOUS THERAPY	64.00	21,747	0	0	23.00
24.00	RESPIRATORY THERAPY	65.00	50,189	0	0	24.00
25.00	PHYSICAL THERAPY	66.00	320,689	0	0	25.00
26.00	ELECTROCARDIOLOGY	69.00	14,936	0	0	26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	72,027	0	0	27.00
28.00	GALLAHUE MENTAL HEALTH CTR	76.01	617,099	0	0	28.00
29.00	HRC NEUROPSYCHOLOGY	76.02	69,185	0	0	29.00
30.00	LUTHERWOOD SERVICES	76.03	40,379	0	0	30.00
31.00	CENTER FOR WOUND HEALING	76.04	6,610	0	0	31.00
32.00	ONCOLOGY	76.05	113,097	0	0	32.00
33.00	IMAGING CENTERS	76.06	3,040	0	0	33.00
34.00	CARDIAC REHABILITATION	76.97	5,706	0	0	34.00
35.00	HEALTHY HEARTS CENTER	90.22	38,446	0	0	35.00
36.00	FP AND MATERNITY CARE CENTER	90.23	72,649	0	0	36.00
37.00	PALLIATIVE CARE	90.24	23,142	0	0	37.00
38.00	INFUSION CENTERS	90.25	2,041	0	0	38.00
39.00	DIABETIC CARE CENTER	90.27	23,573	0	0	39.00
40.00	EMERGENCY	91.00	187,538	0	0	40.00
41.00	PHYSICIANS' PRIVATE OFFICES	192.00	63,954	0	0	41.00
42.00	OCCUPATIONAL HEALTH SALES	194.01	250,586	0	0	42.00
43.00	MEDCHECK & EXPRESS CLINICS	194.02	223,216	0	0	43.00
44.00	SCHOOL BASED CLINICS	194.03	44,454	0	0	44.00
45.00	OFFSITE EMPLOYER CLINICS	194.04	32,487	0	0	45.00
46.00	LIFECHECK	194.07	8,959	0	0	46.00
47.00	RESEARCH, COFFEE CART	194.08	136,039	0	0	47.00
	TOTALS		5,869,757	0		

RECLASSIFICATIONS

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Decreases						
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.	
6.00	7.00	8.00	9.00	10.00		
<b>R - Pharm Resident Costs</b>						
1.00	PHARMACY	15.00	55,827			1.00
			55,827	0		
<b>S - Pharmacy Residency Recl ass</b>						
1.00	PHARMACY	15.00		36,240		1.00
			0	36,240		
<b>T - Drugs Charges to Pat</b>						
1.00	EMPLOYEE BENEFITS	4.00	0	136,249	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	356,378	0	2.00
3.00	OPERATION OF PLANT	7.00	0	65	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,151	0	4.00
5.00	PHARMACY	15.00	0	2,640,916	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	545	0	6.00
7.00	OPERATING ROOM	50.00	0	692	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	22	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0	51	0	9.00
10.00	PHYSICAL THERAPY	66.00	0	1,649	0	10.00
11.00	ELECTROCARDIOLOGY	69.00	0	15,904	0	11.00
12.00	ELECTROENCEPHALOGRAPHY	70.00	0	747	0	12.00
13.00	GALLAHUE MENTAL HEALTH CTR	76.01	0	76,198	0	13.00
14.00	CENTER FOR WOUND HEALING	76.04	0	184,107	0	14.00
15.00	ONCOLOGY	76.05	0	22,866,830	0	15.00
16.00	IMAGING CENTERS	76.06	0	43	0	16.00
17.00	HEALTHY HEARTS CENTER	90.22	0	147	0	17.00
18.00	FP AND MATERNITY CARE CENTER	90.23	0	123,381	0	18.00
19.00	INFUSION CENTERS	90.25	0	2,873,320	0	19.00
20.00	EMERGENCY	91.00	0	17	0	20.00
21.00	OCCUPATIONAL HEALTH SALES	194.01	0	205,832	0	21.00
22.00	MEDCHECK & EXPRESS CLINICS	194.02	0	166,186	0	22.00
23.00	SCHOOL BASED CLINICS	194.03	0	32,020	0	23.00
24.00	OFFSITE EMPLOYER CLINICS	194.04	0	41,138	0	24.00
	<b>TOTALS</b>		0	29,725,588		
<b>U - Therapy Salary</b>						
1.00	PHYSICAL THERAPY	66.00	0	1,168,618	0	1.00
2.00		0.00	0	0	0	2.00
	<b>TOTALS</b>		0	1,168,618		
<b>V - Therapy Other</b>						
1.00	ADULTS & PEDIATRICS	30.00		485,920		1.00
2.00						2.00
3.00						3.00
			0	485,920		
<b>W - Plant Operations Expense</b>						
1.00	EMPLOYEE BENEFITS	4.00	0	1,735	14	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	331,426	0	2.00
3.00	HOUSEKEEPING	9.00	0	11,990	0	3.00
4.00	DIETARY	10.00	0	3,192	0	4.00
5.00	NURSING ADMINISTRATION	13.00	0	939	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	16,462	0	6.00
7.00	NONPHYSICIAN ANESTHETISTS	19.00	0	1,484	0	7.00
8.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,662	0	8.00
9.00	ALLIED HEALTH-EMS PROGRAM	23.00	0	1,364	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	0	14,390	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	1,759	0	11.00
12.00	CORONARY CARE UNIT	32.00	0	2,466	0	12.00
13.00	OPERATING ROOM	50.00	0	25,631	0	13.00
14.00	RECOVERY ROOM	51.00	0	120	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	24,213	0	15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	6,150	0	16.00
17.00	CT SCAN	57.00	0	17,158	0	17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	20,077	0	18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	2,897	0	19.00
20.00	LABORATORY	60.00	0	5,650	0	20.00
21.00	RESPIRATORY THERAPY	65.00	0	7,284	0	21.00
22.00	PHYSICAL THERAPY	66.00	0	4,828	0	22.00
23.00	ELECTROCARDIOLOGY	69.00	0	1,518	0	23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	13,880	0	24.00
25.00	ENDOSCOPY	76.00	0	15,294	0	25.00
26.00	GALLAHUE MENTAL HEALTH CTR	76.01	0	57,951	0	26.00
27.00	CENTER FOR WOUND HEALING	76.04	0	101	0	27.00
28.00	ONCOLOGY	76.05	0	9,239	0	28.00
29.00	IMAGING CENTERS	76.06	0	5,113	0	29.00
30.00	BREAST DIAGNOSTIC CENTER	76.07	0	6,492	0	30.00

RECLASSIFICATIONS

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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
31.00	CARDIAC REHABILITATION	76.97	0	198	0	31.00	
32.00	HEALTHY HEARTS CENTER	90.22	0	27	0	32.00	
33.00	FP AND MATERNITY CARE CENTER	90.23	0	7,829	0	33.00	
34.00	INFUSION CENTERS	90.25	0	8,573	0	34.00	
35.00	EMERGENCY	91.00	0	9,583	0	35.00	
36.00	OCCUPATIONAL HEALTH SALES	194.01	0	11,422	0	36.00	
37.00	MEDCHECK & EXPRESS CLINICS	194.02	0	33,658	0	37.00	
38.00	SCHOOL BASED CLINICS	194.03	0	225	0	38.00	
39.00	OFFSITE EMPLOYER CLINICS	194.04	0	1,632	0	39.00	
40.00	RESEARCH, COFFEE CART	194.08	0	11,171	0	40.00	
	TOTALS		0	696,783			
<b>X - Dietary Food Service Allocation</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	300	0	1.00	
2.00	NURSING ADMINISTRATION	13.00	0	4,939	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	361	0	3.00	
4.00	PHARMACY	15.00	0	3,752	0	4.00	
5.00	SOCIAL SERVICE	17.00	0	1,146	0	5.00	
6.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	42,105	0	6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	208,034	0	7.00	
8.00	INTENSIVE CARE UNIT	31.00	0	6,841	0	8.00	
9.00	CORONARY CARE UNIT	32.00	0	8,096	0	9.00	
10.00	OPERATING ROOM	50.00	0	553	0	10.00	
11.00	RECOVERY ROOM	51.00	0	315	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,462	0	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	13,407	0	13.00	
14.00	CT SCAN	57.00	0	880	0	14.00	
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	174	0	15.00	
16.00	CARDIAC CATHETERIZATION	59.00	0	2,315	0	16.00	
17.00	LABORATORY	60.00	0	10	0	17.00	
18.00	RESPIRATORY THERAPY	65.00	0	32	0	18.00	
19.00	PHYSICAL THERAPY	66.00	0	3,967	0	19.00	
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,399	0	20.00	
21.00	GALLAHUE MENTAL HEALTH CTR	76.01	0	68,269	0	21.00	
22.00	HRC NEUROPSYCHOLOGY	76.02	0	1,046	0	22.00	
23.00	CENTER FOR WOUND HEALING	76.04	0	720	0	23.00	
24.00	ONCOLOGY	76.05	0	4,146	0	24.00	
25.00	IMAGING CENTERS	76.06	0	679	0	25.00	
26.00	CARDIAC REHABILITATION	76.97	0	165	0	26.00	
27.00	HEALTHY HEARTS CENTER	90.22	0	181	0	27.00	
28.00	FP AND MATERNITY CARE CENTER	90.23	0	1,325	0	28.00	
29.00	DIABETIC CARE CENTER	90.27	0	1,130	0	29.00	
30.00	EMERGENCY	91.00	0	13,340	0	30.00	
31.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	63,193	0	31.00	
32.00	MEDCHECK & EXPRESS CLINICS	194.02	0	12,453	0	32.00	
33.00	SCHOOL BASED CLINICS	194.03	0	76	0	33.00	
34.00	OFFSITE EMPLOYER CLINICS	194.04	0	389	0	34.00	
35.00	PAVILLIONS	194.06	0	664	0	35.00	
36.00	RESEARCH, COFFEE CART	194.08	0	31,545	0	36.00	
	TOTALS		0	506,409			
<b>Y - ISC LLC Salary Recl ass</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	3,842,046	0		1.00	
			3,842,046	0			
<b>Z - Recl ass ISC LLC Other Expense</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00		13,296,829		1.00	
				13,296,829			
<b>AA - HBOT SALARY RECLASS</b>							
1.00	CENTER FOR WOUND HEALING	0.00	0	0	0	1.00	
3.00	CENTER FOR WOUND HEALING	76.04	118,657	0	0	3.00	
	TOTALS		118,657	0			
<b>AB - HBOT Other</b>							
1.00	CENTER FOR WOUND HEALING	76.04		550,926		1.00	
				550,926			
<b>AC - Radiology School Allied Health</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	69,830			1.00	
			69,830	0			
<b>AD - Radiology School Allied Health</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00		5,774		1.00	
				5,774			
<b>AG - EIB LIABILITY RECLASS</b>							
1.00	EMPLOYEE BENEFITS	4.00	1,564	0	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	9,728	0	0	2.00	
3.00	OPERATION OF PLANT	7.00	6,002	0	0	3.00	

RECLASSIFICATIONS

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet A-6

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		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
4.00	HOUSEKEEPING	9.00	6,246	0	0			4.00
5.00	NURSING ADMINISTRATION	13.00	12,855	0	0			5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	4,323	0	0			6.00
7.00	PHARMACY	15.00	5,030	0	0			7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	5,120	0	0			8.00
9.00	ADULTS & PEDIATRICS	30.00	8,559	0	0			9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	13,666	0	0			10.00
11.00	CT SCAN	57.00	2,432	0	0			11.00
12.00	PHYSICAL THERAPY	66.00	1,755	0	0			12.00
13.00	GALLAHUE MENTAL HEALTH CTR	76.01	37,171	0	0			13.00
14.00	MEDCHECK & EXPRESS CLINICS	194.02	563	0	0			14.00
	TOTALS		115,014	0	0			
500.00	Grand Total: Decreases		12,501,008	96,623,410				500.00

RECLASSIFICATIONS

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
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Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
<b>A - Labor and Delivery Salary</b>						
1.00	NURSERY	43.00	ADULTS & PEDIATRICS	30.00		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00				2.00
					0	0
<b>B - Labor and Delivery Other</b>						
1.00	NURSERY	43.00	ADULTS & PEDIATRICS	30.00		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00				2.00
					0	0
<b>C - Chargeable Medical Supplies</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	EMPLOYEE BENEFITS	4.00		1.00
2.00	CENTER FOR WOUND HEALING	76.04	ADMINISTRATIVE & GENERAL	5.00		2.00
3.00	DIABETIC CARE CENTER	90.27	OPERATION OF PLANT	7.00		3.00
4.00		0.00	NURSING ADMINISTRATION	13.00		4.00
5.00		0.00	CENTRAL SERVICES & SUPPLY	14.00		5.00
6.00		0.00	PHARMACY	15.00		6.00
7.00		0.00	NONPHYSICIAN ANESTHETISTS	19.00		7.00
8.00		0.00	ALLIED HEALTH-EMS PROGRAM	23.00		8.00
9.00		0.00	ADULTS & PEDIATRICS	30.00		9.00
10.00		0.00	INTENSIVE CARE UNIT	31.00		10.00
11.00		0.00	CORONARY CARE UNIT	32.00		11.00
12.00		0.00	OPERATING ROOM	50.00		12.00
13.00		0.00	RECOVERY ROOM	51.00		13.00
14.00		0.00	RADIOLOGY-DIAGNOSTIC	54.00		14.00
15.00		0.00	RADIOLOGY-THERAPEUTIC	55.00		15.00
16.00		0.00	CT SCAN	57.00		16.00
17.00		0.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		17.00
18.00		0.00	CARDIAC CATHETERIZATION	59.00		18.00
19.00		0.00	LABORATORY	60.00		19.00
20.00		0.00	INTRAVENOUS THERAPY	64.00		20.00
21.00		0.00	RESPIRATORY THERAPY	65.00		21.00
22.00		0.00	PHYSICAL THERAPY	66.00		22.00
23.00		0.00	ELECTROCARDIOLOGY	69.00		23.00
24.00		0.00	ELECTROENCEPHALOGRAPHY	70.00		24.00
25.00		0.00	ENDOSCOPY	76.00		25.00
26.00		0.00	GALLAHUE MENTAL HEALTH CTR	76.01		26.00
27.00		0.00	ONCOLOGY	76.05		27.00
28.00		0.00	IMAGING CENTERS	76.06		28.00
29.00		0.00	BREAST DIAGNOSTIC CENTER	76.07		29.00
30.00		0.00	CARDIAC REHABILITATION	76.97		30.00
31.00		0.00	HEALTHY HEARTS CENTER	90.22		31.00
32.00		0.00	FP AND MATERNITY CARE CENTER	90.23		32.00
33.00		0.00	INFUSION CENTERS	90.25		33.00
34.00		0.00	EMERGENCY	91.00		34.00
35.00		0.00	OCCUPATIONAL HEALTH SALES	194.01		35.00
36.00		0.00	MEDCHECK & EXPRESS CLINICS	194.02		36.00
37.00		0.00	SCHOOL BASED CLINICS	194.03		37.00
38.00		0.00	OFFSITE EMPLOYER CLINICS	194.04		38.00
39.00		0.00	RESEARCH, COFFEE CART	194.08		39.00
<b>TOTALS</b>			<b>TOTALS</b>			<b>0</b>
<b>D - Depreciation Expense</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	EMPLOYEE BENEFITS	4.00		1.00
2.00		0.00	ADMINISTRATIVE & GENERAL	5.00		2.00
3.00		0.00	OPERATION OF PLANT	7.00		3.00
4.00		0.00	LAUNDRY & LINEN SERVICE	8.00		4.00
5.00		0.00	HOUSEKEEPING	9.00		5.00
6.00		0.00	DIETARY	10.00		6.00
7.00		0.00	NURSING ADMINISTRATION	13.00		7.00
8.00		0.00	CENTRAL SERVICES & SUPPLY	14.00		8.00
9.00		0.00	PHARMACY	15.00		9.00
10.00		0.00	MEDICAL RECORDS & LIBRARY	16.00		10.00
11.00		0.00	SOCIAL SERVICE	17.00		11.00
12.00		0.00	NONPHYSICIAN ANESTHETISTS	19.00		12.00
13.00		0.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00		13.00
14.00		0.00	ALLIED HEALTH-EMS PROGRAM	23.00		14.00
15.00		0.00	ADULTS & PEDIATRICS	30.00		15.00
16.00		0.00	INTENSIVE CARE UNIT	31.00		16.00
17.00		0.00	CORONARY CARE UNIT	32.00		17.00
18.00		0.00	OPERATING ROOM	50.00		18.00
19.00		0.00	RECOVERY ROOM	51.00		19.00
20.00		0.00	RADIOLOGY-DIAGNOSTIC	54.00		20.00
21.00		0.00	RADIOLOGY-THERAPEUTIC	55.00		21.00

RECLASSIFICATIONS

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

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Increases				Decreases			
Cost Center	Line #	Salary		Cost Center	Line #	Salary	
2.00	3.00	4.00		6.00	7.00	8.00	
22.00	0.00			0	57.00	0	22.00
23.00	0.00			0	58.00	0	23.00
24.00	0.00			0	59.00	0	24.00
25.00	0.00			0	60.00	0	25.00
26.00	0.00			0	65.00	0	26.00
27.00	0.00			0	66.00	0	27.00
28.00	0.00			0	69.00	0	28.00
29.00	0.00			0	70.00	0	29.00
30.00	0.00			0	74.00	0	30.00
31.00	0.00			0	76.00	0	31.00
32.00	0.00			0	76.01	0	32.00
33.00	0.00			0	76.02	0	33.00
34.00	0.00			0	76.03	0	34.00
35.00	0.00			0	76.04	0	35.00
36.00	0.00			0	76.05	0	36.00
37.00	0.00			0	76.06	0	37.00
38.00	0.00			0	76.97	0	38.00
39.00	0.00			0	90.22	0	39.00
40.00	0.00			0	90.23	0	40.00
41.00	0.00			0	90.25	0	41.00
42.00	0.00			0	90.27	0	42.00
43.00	0.00			0	91.00	0	43.00
44.00	0.00			0	192.00	0	44.00
45.00	0.00			0	194.01	0	45.00
46.00	0.00			0	194.02	0	46.00
47.00	0.00			0	194.03	0	47.00
48.00	0.00			0	194.04	0	48.00
49.00	0.00			0	194.06	0	49.00
50.00	0.00			0	194.07	0	50.00
51.00	0.00			0	194.08	0	51.00
TOTALS				TOTALS			
E - Radiology Support Salary							
1.00	55.00				54.00		1.00
2.00	57.00						2.00
3.00	58.00						3.00
TOTALS				TOTALS			
F - Radiology Support Other							
1.00	55.00				54.00		1.00
2.00	57.00				0.00		2.00
3.00	58.00				0.00		3.00
TOTALS				TOTALS			
G - Capital Insurance Costs							
1.00	1.00				5.00		1.00
2.00	2.00				0.00		2.00
TOTALS				TOTALS			
H - Implantable Device Recl ass							
1.00	14.00				5.00		1.00
2.00	72.00				50.00		2.00
3.00					59.00		3.00
TOTALS				TOTALS			
I - Interest Expense							
1.00	1.00				5.00		1.00
TOTALS				TOTALS			
J - INTERNS AND RESIDENTS							
1.00	22.00	2,420,845			21.00	1,311,456	1.00
TOTALS				TOTALS			
K - ADMIN SALARY RECLASS							
1.00	90.01	1,289			5.00	25,780	1.00
2.00	90.02	1,289					2.00
3.00	90.03	1,289					3.00
4.00	90.04	1,289					4.00
5.00	90.05	1,289					5.00
6.00	90.06	1,289					6.00
7.00	90.07	1,289					7.00
8.00	90.08	1,289					8.00
9.00	90.09	1,289					9.00

RECLASSIFICATIONS

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From 01/01/2012  
To 12/31/2012

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
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Increases				Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
10.00	CARDIOVASCULAR SOUTH	90.10	1,289				10.00
11.00	NORTHEAST FAMILY PHYSICIANS	90.11	1,289				11.00
12.00	ANDERSON FAMILY HEALTH	90.12	1,289				12.00
13.00	BROADWAY FAMILY MEDICINE	90.13	1,289				13.00
14.00	CASTLETON FAMILY PHYSICIANS	90.14	1,289				14.00
15.00	FALLCREEK FAMILY MEDICINE	90.15	1,289				15.00
16.00	FAMILY PRACTICE ASSOCIATES OF ELWOOD	90.16	1,289				16.00
17.00	INTERNAL MEDICINE OF CARMEL	90.17	1,289				17.00
18.00	NORTHEAST OTOLARNGOLOGY	90.18	1,289				18.00
19.00	NOBLESVILLE INTERNAL MEDICINE	90.19	1,289				19.00
20.00	DIABETES INTERNAL MEDICINE & ENDOCRINE	90.20	1,289				20.00
			25,780			25,780	
M - Depreciation by CC							
1.00	CAP REL COSTS-BLDG & FIXT	1.00		CAP REL COSTS-MVBLE EQUIP	2.00		1.00
	TOTALS			TOTALS			
N - Cafeteria Salary							
1.00	CAFETERIA	11.00	1,092,641	DIETARY	10.00	1,092,641	1.00
			1,092,641			1,092,641	
O - Cafeteria Recl ass							
1.00	CAFETERIA	11.00		DIETARY	10.00		1.00
			0			0	
P - Benefit Allocation							
1.00	EMPLOYEE BENEFITS	4.00		ADMINISTRATIVE & GENERAL	5.00		1.00
2.00				I&R SERVICES-SALARY & FRINGES APPRVD	21.00		2.00
3.00				OCCUPATIONAL HEALTH SALES	194.01		3.00
			0			0	
Q - PTO Allocation							
1.00	ADMINISTRATIVE & GENERAL	5.00	5,869,757	EMPLOYEE BENEFITS	4.00	99,817	1.00
2.00		0.00		OPERATION OF PLANT	7.00	327,620	2.00
3.00		0.00		HOUSEKEEPING	9.00	107,080	3.00
4.00		0.00		DIETARY	10.00	84,662	4.00
5.00		0.00		NURSING ADMINISTRATION	13.00	549,410	5.00
6.00		0.00		PHARMACY	15.00	259,192	6.00
7.00		0.00		MEDICAL RECORDS & LIBRARY	16.00	26,537	7.00
8.00		0.00		SOCIAL SERVICE	17.00	102,023	8.00
9.00		0.00		NONPHYSICIAN ANESTHETISTS	19.00	65,032	9.00
10.00		0.00		I&R SERVICES-SALARY & FRINGES APPRVD	21.00	136,967	10.00
11.00		0.00		ALLIED HEALTH-EMS PROGRAM	23.00	24,864	11.00
12.00		0.00		ALLIED HEALTH-RADIOLOGY SCHOOL	23.01	15,233	12.00
13.00		0.00		ADULTS & PEDIATRICS	30.00	1,080,894	13.00
14.00		0.00		INTENSIVE CARE UNIT	31.00	131,990	14.00
15.00		0.00		CORONARY CARE UNIT	32.00	91,849	15.00
17.00		0.00		OPERATING ROOM	50.00	3,033	17.00
18.00		0.00		RADIOLOGY-DIAGNOSTIC	54.00	164,026	18.00
19.00		0.00		RADIOLOGY-THERAPEUTIC	55.00	90,249	19.00
20.00		0.00		CT SCAN	57.00	31,777	20.00
21.00		0.00		MAGNETIC RESONANCE IMAGING (MRI)	58.00	21,479	21.00
22.00		0.00		CARDIAC CATHETERIZATION	59.00	14,235	22.00
23.00		0.00		INTRAVENOUS THERAPY	64.00	21,747	23.00
24.00		0.00		RESPIRATORY THERAPY	65.00	50,189	24.00
25.00		0.00		PHYSICAL THERAPY	66.00	320,689	25.00
26.00		0.00		ELECTROCARDIOLOGY	69.00	14,936	26.00
27.00		0.00		ELECTROENCEPHALOGRAPHY	70.00	72,027	27.00
28.00		0.00		GALLAHUE MENTAL HEALTH CTR	76.01	617,099	28.00
29.00		0.00		HRC NEUROPSYCHOLOGY	76.02	69,185	29.00
30.00		0.00		LUTHERWOOD SERVICES	76.03	40,379	30.00
31.00		0.00		CENTER FOR WOUND HEALING	76.04	6,610	31.00
32.00		0.00		ONCOLOGY	76.05	113,097	32.00
33.00		0.00		IMAGING CENTERS	76.06	3,040	33.00
34.00		0.00		CARDIAC REHABILITATION	76.97	5,706	34.00
35.00		0.00		HEALTHY HEARTS CENTER	90.22	38,446	35.00
36.00		0.00		FP AND MATERNITY CARE CENTER	90.23	72,649	36.00
37.00		0.00		PALLIATIVE CARE	90.24	23,142	37.00
38.00		0.00		INFUSION CENTERS	90.25	2,041	38.00
39.00		0.00		DIABETIC CARE CENTER	90.27	23,573	39.00
40.00		0.00		EMERGENCY	91.00	187,538	40.00
41.00		0.00		PHYSICIANS' PRIVATE OFFICES	192.00	63,954	41.00

RECLASSIFICATIONS

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Period:  
From 01/01/2012  
To 12/31/2012

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
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Increases				Decreases			
Cost Center	Line #	Salary		Cost Center	Line #	Salary	
2.00	3.00	4.00		6.00	7.00	8.00	
42.00		0.00		OCCUPATIONAL HEALTH SALES	194.01	250,586	42.00
43.00		0.00		MEDCHECK & EXPRESS CLINICS	194.02	223,216	43.00
44.00		0.00		SCHOOL BASED CLINICS	194.03	44,454	44.00
45.00		0.00		OFFSITE EMPLOYER CLINICS	194.04	32,487	45.00
46.00		0.00		LIFECHECK	194.07	8,959	46.00
47.00		0.00		RESEARCH, COFFEE CART	194.08	136,039	47.00
TOTALS			5,869,757	TOTALS		5,869,757	
<b>R - Pharm Resident Costs</b>							
1.00	ALLIED HEALTH-PHARMACY RESIDENCY	23.02	55,827	PHARMACY	15.00	55,827	1.00
			55,827			55,827	
<b>S - Pharmacy Residency Recl ass</b>							
1.00	ALLIED HEALTH-PHARMACY RESIDENCY	23.02		PHARMACY	15.00		1.00
			0			0	
<b>T - Drugs Charges to Pat</b>							
1.00	CARDIAC CATHETERIZATION	59.00		EMPLOYEE BENEFITS	4.00		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00		ADMINISTRATIVE & GENERAL	5.00		2.00
3.00		0.00		OPERATION OF PLANT	7.00		3.00
4.00		0.00		CENTRAL SERVICES & SUPPLY	14.00		4.00
5.00		0.00		PHARMACY	15.00		5.00
6.00		0.00		ADULTS & PEDIATRICS	30.00		6.00
7.00		0.00		OPERATING ROOM	50.00		7.00
8.00		0.00		RADIOLOGY-DIAGNOSTIC	54.00		8.00
9.00		0.00		RADIOLOGY-THERAPEUTIC	55.00		9.00
10.00		0.00		PHYSICAL THERAPY	66.00		10.00
11.00		0.00		ELECTROCARDIOLOGY	69.00		11.00
12.00		0.00		ELECTROENCEPHALOGRAPHY	70.00		12.00
13.00		0.00		GALLAHUE MENTAL HEALTH CTR	76.01		13.00
14.00		0.00		CENTER FOR WOUND HEALING	76.04		14.00
15.00		0.00		ONCOLOGY	76.05		15.00
16.00		0.00		IMAGING CENTERS	76.06		16.00
17.00		0.00		HEALTHY HEARTS CENTER	90.22		17.00
18.00		0.00		FP AND MATERNITY CARE CENTER	90.23		18.00
19.00		0.00		INFUSION CENTERS	90.25		19.00
20.00		0.00		EMERGENCY	91.00		20.00
21.00		0.00		OCCUPATIONAL HEALTH SALES	194.01		21.00
22.00		0.00		MEDCHECK & EXPRESS CLINICS	194.02		22.00
23.00		0.00		SCHOOL BASED CLINICS	194.03		23.00
24.00		0.00		OFFSITE EMPLOYER CLINICS	194.04		24.00
TOTALS				TOTALS			0
<b>U - Therapy Salary</b>							
1.00	OCCUPATIONAL THERAPY	67.00		PHYSICAL THERAPY	66.00		1.00
2.00	SPEECH PATHOLOGY	68.00			0.00		2.00
TOTALS				TOTALS			0
<b>V - Therapy Other</b>							
1.00	PHYSICAL THERAPY	66.00		ADULTS & PEDIATRICS	30.00		1.00
2.00	OCCUPATIONAL THERAPY	67.00					2.00
3.00	SPEECH PATHOLOGY	68.00					3.00
			0				0
<b>W - Plant Operations Expense</b>							
1.00	OPERATION OF PLANT	7.00		EMPLOYEE BENEFITS	4.00		1.00
2.00		0.00		ADMINISTRATIVE & GENERAL	5.00		2.00
3.00		0.00		HOUSEKEEPING	9.00		3.00
4.00		0.00		DIETARY	10.00		4.00
5.00		0.00		NURSING ADMINISTRATION	13.00		5.00
6.00		0.00		CENTRAL SERVICES & SUPPLY	14.00		6.00
7.00		0.00		NONPHYSICIAN ANESTHETISTS	19.00		7.00
8.00		0.00		I&R SERVICES-SALARY & FRINGES APPRVD	21.00		8.00
9.00		0.00		ALLIED HEALTH-EMS PROGRAM	23.00		9.00
10.00		0.00		ADULTS & PEDIATRICS	30.00		10.00
11.00		0.00		INTENSIVE CARE UNIT	31.00		11.00
12.00		0.00		CORONARY CARE UNIT	32.00		12.00
13.00		0.00		OPERATING ROOM	50.00		13.00
14.00		0.00		RECOVERY ROOM	51.00		14.00
15.00		0.00		RADIOLOGY-DIAGNOSTIC	54.00		15.00
16.00		0.00		RADIOLOGY-THERAPEUTIC	55.00		16.00
17.00		0.00		CT SCAN	57.00		17.00
18.00		0.00		MAGNETIC RESONANCE IMAGING (MRI)	58.00		18.00
19.00		0.00		CARDIAC CATHETERIZATION	59.00		19.00
20.00		0.00		LABORATORY	60.00		20.00
21.00		0.00		RESPIRATORY THERAPY	65.00		21.00

RECLASSIFICATIONS

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet A-6  
Non-CMS Worksheet  
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Increases				Decreases			
Cost Center	Line #	Salary		Cost Center	Line #	Salary	
2.00	3.00	4.00		6.00	7.00	8.00	
22.00		0.00		0 PHYSICAL THERAPY	66.00	0	22.00
23.00		0.00		0 ELECTROCARDIOLOGY	69.00	0	23.00
24.00		0.00		0 ELECTROENCEPHALOGRAPHY	70.00	0	24.00
25.00		0.00		0 ENDOSCOPY	76.00	0	25.00
26.00		0.00		0 GALLAHUE MENTAL HEALTH CTR	76.01	0	26.00
27.00		0.00		0 CENTER FOR WOUND HEALING	76.04	0	27.00
28.00		0.00		0 ONCOLOGY	76.05	0	28.00
29.00		0.00		0 IMAGING CENTERS	76.06	0	29.00
30.00		0.00		0 BREAST DIAGNOSTIC CENTER	76.07	0	30.00
31.00		0.00		0 CARDIAC REHABILITATION	76.97	0	31.00
32.00		0.00		0 HEALTHY HEARTS CENTER	90.22	0	32.00
33.00		0.00		0 FP AND MATERNITY CARE CENTER	90.23	0	33.00
34.00		0.00		0 INFUSION CENTERS	90.25	0	34.00
35.00		0.00		0 EMERGENCY	91.00	0	35.00
36.00		0.00		0 OCCUPATIONAL HEALTH SALES	194.01	0	36.00
37.00		0.00		0 MEDCHECK & EXPRESS CLINICS	194.02	0	37.00
38.00		0.00		0 SCHOOL BASED CLINICS	194.03	0	38.00
39.00		0.00		0 OFFSITE EMPLOYER CLINICS	194.04	0	39.00
40.00		0.00		0 RESEARCH, COFFEE CART	194.08	0	40.00
TOTALS				TOTALS			
X - Dietary Food Service Allocation							
1.00	DIETARY	10.00		0 ADMINISTRATIVE & GENERAL	5.00	0	1.00
2.00		0.00		0 NURSING ADMINISTRATION	13.00	0	2.00
3.00		0.00		0 CENTRAL SERVICES & SUPPLY	14.00	0	3.00
4.00		0.00		0 PHARMACY	15.00	0	4.00
5.00		0.00		0 SOCIAL SERVICE	17.00	0	5.00
6.00		0.00		0 I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	6.00
7.00		0.00		0 ADULTS & PEDIATRICS	30.00	0	7.00
8.00		0.00		0 INTENSIVE CARE UNIT	31.00	0	8.00
9.00		0.00		0 CORONARY CARE UNIT	32.00	0	9.00
10.00		0.00		0 OPERATING ROOM	50.00	0	10.00
11.00		0.00		0 RECOVERY ROOM	51.00	0	11.00
12.00		0.00		0 RADIOLOGY-DIAGNOSTIC	54.00	0	12.00
13.00		0.00		0 RADIOLOGY-THERAPEUTIC	55.00	0	13.00
14.00		0.00		0 CT SCAN	57.00	0	14.00
15.00		0.00		0 MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	15.00
16.00		0.00		0 CARDIAC CATHETERIZATION	59.00	0	16.00
17.00		0.00		0 LABORATORY	60.00	0	17.00
18.00		0.00		0 RESPIRATORY THERAPY	65.00	0	18.00
19.00		0.00		0 PHYSICAL THERAPY	66.00	0	19.00
20.00		0.00		0 ELECTROENCEPHALOGRAPHY	70.00	0	20.00
21.00		0.00		0 GALLAHUE MENTAL HEALTH CTR	76.01	0	21.00
22.00		0.00		0 HRC NEUROPSYCHOLOGY	76.02	0	22.00
23.00		0.00		0 CENTER FOR WOUND HEALING	76.04	0	23.00
24.00		0.00		0 ONCOLOGY	76.05	0	24.00
25.00		0.00		0 IMAGING CENTERS	76.06	0	25.00
26.00		0.00		0 CARDIAC REHABILITATION	76.97	0	26.00
27.00		0.00		0 HEALTHY HEARTS CENTER	90.22	0	27.00
28.00		0.00		0 FP AND MATERNITY CARE CENTER	90.23	0	28.00
29.00		0.00		0 DIABETIC CARE CENTER	90.27	0	29.00
30.00		0.00		0 EMERGENCY	91.00	0	30.00
31.00		0.00		0 PHYSICIANS' PRIVATE OFFICES	192.00	0	31.00
32.00		0.00		0 MEDCHECK & EXPRESS CLINICS	194.02	0	32.00
33.00		0.00		0 SCHOOL BASED CLINICS	194.03	0	33.00
34.00		0.00		0 OFFSITE EMPLOYER CLINICS	194.04	0	34.00
35.00		0.00		0 PAVILLIONS	194.06	0	35.00
36.00		0.00		0 RESEARCH, COFFEE CART	194.08	0	36.00
TOTALS				TOTALS			
Y - ISC LLC Salary Recl ass							
1.00	ADMINISTRATION	194.09	3,842,046	ADMINISTRATIVE & GENERAL	5.00	3,842,046	1.00
				3,842,046			
Z - Recl ass ISC LLC Other Expense							
1.00	ADMINISTRATION	194.09	0	ADMINISTRATIVE & GENERAL	5.00	0	1.00
AA - HBOT SALARY RECLASS							
1.00		0.00	0		0.00	0	1.00
3.00	HYPERBARIC OXYGEN THERAPY	76.98	118,657	CENTER FOR WOUND HEALING	76.04	118,657	3.00
TOTALS				TOTALS			
				118,657			
AB - HBOT Other							
1.00	HYPERBARIC OXYGEN THERAPY	76.98	0	CENTER FOR WOUND HEALING	76.04	0	1.00
				0			

RECLASSIFICATIONS

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet A-6  
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Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
AC - Radiology School Allied Health						
1.00	ALLIED HEALTH-RADIOLOGY SCHOOL	23.01	69,830	RADIOLOGY-DIAGNOSTIC	54.00	69,830 1.00
			69,830			69,830
AD - Radiology School Allied Health						
1.00	ALLIED HEALTH-RADIOLOGY SCHOOL	23.01		RADIOLOGY-DIAGNOSTIC	54.00	1.00
			0			0
AG - EIB LIABILITY RECLASS						
1.00	EMPLOYEE BENEFITS	4.00	0	EMPLOYEE BENEFITS	4.00	1,564 1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	ADMINISTRATIVE & GENERAL	5.00	9,728 2.00
3.00	OPERATION OF PLANT	7.00	0	OPERATION OF PLANT	7.00	6,002 3.00
4.00	HOUSEKEEPING	9.00	0	HOUSEKEEPING	9.00	6,246 4.00
5.00	NURSING ADMINISTRATION	13.00	0	NURSING ADMINISTRATION	13.00	12,855 5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	CENTRAL SERVICES & SUPPLY	14.00	4,323 6.00
7.00	PHARMACY	15.00	0	PHARMACY	15.00	5,030 7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	MEDICAL RECORDS & LIBRARY	16.00	5,120 8.00
9.00	ADULTS & PEDIATRICS	30.00	0	ADULTS & PEDIATRICS	30.00	8,559 9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	RADIOLOGY-THERAPEUTIC	55.00	13,666 10.00
11.00	CT SCAN	57.00	0	CT SCAN	57.00	2,432 11.00
12.00	PHYSICAL THERAPY	66.00	0	PHYSICAL THERAPY	66.00	1,755 12.00
13.00	GALLAHUE MENTAL HEALTH CTR	76.01	0	GALLAHUE MENTAL HEALTH CTR	76.01	37,171 13.00
14.00	MEDCHECK & EXPRESS CLINICS	194.02	0	MEDCHECK & EXPRESS CLINICS	194.02	563 14.00
	TOTALS		0	TOTALS		115,014
500.00	Grand Total: Increases		13,495,383	Grand Total: Decreases		12,501,008 500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet A-7  
Part I  
Date/Time Prepared:  
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	2,210,933	1	0	1	1.00
2.00	Land Improvements	4,080,044	1	0	1	2.00
3.00	Buildings and Fixtures	163,053,337	10,422,083	0	10,422,083	3.00
4.00	Building Improvements	13,719,598	912,355	0	912,355	4.00
5.00	Fixed Equipment	14,310,591	1	0	1	5.00
6.00	Movable Equipment	249,676,221	0	0	0	6.00
7.00	HIT designated Assets	516,000	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	447,566,724	11,334,441	0	11,334,441	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	447,566,724	11,334,441	0	11,334,441	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	2,210,934	0			1.00
2.00	Land Improvements	4,080,045	0			2.00
3.00	Buildings and Fixtures	173,475,420	0			3.00
4.00	Building Improvements	14,626,880	0			4.00
5.00	Fixed Equipment	14,265,239	0			5.00
6.00	Movable Equipment	249,676,221	0			6.00
7.00	HIT designated Assets	516,000	0			7.00
8.00	Subtotal (sum of lines 1-7)	458,850,739	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	458,850,739	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet A-7  
Part II  
Date/Time Prepared:  
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet A-7  
Part III  
Date/Time Prepared:  
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		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	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	209,174,518	0	209,174,518	0.455866	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	249,676,221	0	249,676,221	0.544134	0	2.00
3.00	Total (sum of lines 1-2)	458,850,739	0	458,850,739	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,503,792	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	9,775,062	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	15,278,854	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	646,538	152,765	0	0	6,303,095	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	222,004	0	0	9,997,066	2.00
3.00	Total (sum of lines 1-2)	646,538	374,769	0	0	16,300,161	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet A-8

Date/Time Prepared:  
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst. A-7 Ref.			
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-7,218		ADMINISTRATIVE & GENERAL	5.00		0	7.00
8.00 Television and radio service (chapter 21)	A	-13,455		CAP REL COSTS-MVBLE EQUIP	2.00		9	8.00
9.00 Parking lot (chapter 21)			0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-2,556,876					0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-3,125,457					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests			0		0.00		0	14.00
15.00 Rental of quarters to employee and others			0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00		0	16.00
17.00 Sale of drugs to other than patients			0		0.00		0	17.00
18.00 Sale of medical records and abstracts			0		0.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines			0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist	A	-988,172		NONPHYSICIAN ANESTHETISTS	19.00		0	28.00
29.00 Physicians' assistant			0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00			30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00		0	33.00
33.22 Misc Rev MACL	B	-186,087		ADMINISTRATIVE & GENERAL	5.00		0	33.22
33.23 Misc Rev MACL	B	-20,000		OPERATION OF PLANT	7.00		0	33.23

ADJUSTMENTS TO EXPENSES

Provider CCN: 150074

Period:  
From 01/01/2012  
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Worksheet A-8

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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.24	Misc Rev MACL	B	-11,485	DIETARY	10.00	0 33.24
33.25	Misc Rev MACL	B	-1,563,844	PHARMACY	15.00	0 33.25
33.26	Misc Rev MACL	B	-2,181	ALLIED HEALTH-RADIOLOGY SCHOOL	23.01	0 33.26
33.27	Misc Rev MACL	B	-3,340	INTENSIVE CARE UNIT	31.00	0 33.27
33.28	Misc Rev MACL	B	-27,988	GALLAHUE MENTAL HEALTH CTR	76.01	0 33.28
33.29	Misc Revenue - Acct 35200	B	-12,097	EMPLOYEE BENEFITS	4.00	0 33.29
33.30	Misc Revenue - Acct 35200	B	-18,696	DIETARY	10.00	0 33.30
33.31	Misc Revenue - Acct 35200	B	-21,700	ALLIED HEALTH-RADIOLOGY SCHOOL	23.01	0 33.31
33.32	Misc Revenue - Acct 35200	B	-1,385	ADULTS & PEDIATRICS	30.00	0 33.32
33.33	Misc Revenue - Acct 35200	B	-125,107	RADIOLOGY-DIAGNOSTIC	54.00	0 33.33
33.34	Leased Equipment CBI	B	-4,280,258	ADMINISTRATIVE & GENERAL	5.00	0 33.34
33.35	Space Rental Revenue CBI	B	-968,495	ADMINISTRATIVE & GENERAL	5.00	0 33.35
33.36	Outside Corp Revenue	B	-1,457	LABORATORY	60.00	0 33.36
34.00	HAF Tax Offset	A	-15,808,892	ADMINISTRATIVE & GENERAL	5.00	0 34.00
38.00	Bad Debt Expense	A	-18,464,699	ADMINISTRATIVE & GENERAL	5.00	0 38.00
38.01	Bad Debt Expense	A	-135	HRC NEUROPSYCHOLOGY	76.02	0 38.01
38.02	Bad Debt Expense	A	-36,322	FP AND MATERNITY CARE CENTER	90.23	0 38.02
38.03	Bad Debt Expense	A	-213,176	INFUSION CENTERS	90.25	0 38.03
38.04	Bad Debt Expense	A	-30	DIABETIC CARE CENTER	90.27	0 38.04
38.05	Bad Debt Expense	A	-274	PHYSICIANS' PRIVATE OFFICES	192.00	0 38.05
38.06	Bad Debt Expense	A	256	OCCUPATIONAL HEALTH SALES	194.01	0 38.06
38.07	Bad Debt Expense	A	-209,449	MEDCHECK & EXPRESS CLINICS	194.02	0 38.07
38.08	Bad Debt Expense	A	-23	OFFSITE EMPLOYER CLINICS	194.04	0 38.08
38.09	Bad Debt Expense	A	-26,356	RESEARCH, COFFEE CART	194.08	0 38.09
38.10	Bad Debt Expense	A	28,334	ADMINISTRATION	194.09	0 38.10
49.00	Purchased Discounts	B	-89,356	ADMINISTRATIVE & GENERAL	5.00	0 49.00
49.01	Oper Fund Interest Income	B	-338,221	ADMINISTRATIVE & GENERAL	5.00	0 49.01
49.02	Trustee Fund Interest Income	B	-40,990	ADMINISTRATIVE & GENERAL	5.00	0 49.02
49.03	Space Rental Income IHH and OLI	B	-9,250	IMAGING CENTERS	76.06	0 49.03
49.04	Space Rental Income IHH and OLI	B	-36,000	DIETARY	10.00	0 49.04
49.08	Meals on Wheels Cost	A	-50,385	DIETARY	10.00	0 49.08
49.10	Pharmacy Residency	A	-250,613	PHARMACY	15.00	0 49.10
49.11	Depreciation Carryforward	A	236,555	CAP REL COSTS-BLDG & FIXT	1.00	9 49.11
49.12	Depreciation Carryforward	A	230,342	CAP REL COSTS-MVBLE EQUIP	2.00	9 49.12
49.13	00 Non-Allow Interest Expense	A	-4,534	CAP REL COSTS-BLDG & FIXT	1.00	11 49.13
49.14	00 Non-Allow Interest Expense	A	-33,260	ADMINISTRATIVE & GENERAL	5.00	0 49.14
49.15	97 Non-Allow Interest Expense	A	-2,726	CAP REL COSTS-BLDG & FIXT	1.00	11 49.15
49.16	97 Non-Allow Interest Expense	A	-29,407	ADMINISTRATIVE & GENERAL	5.00	0 49.16
49.19	95 Non-Allow Interest Expense	A	-46,730	CAP REL COSTS-BLDG & FIXT	1.00	11 49.19
49.20	95 Non-Allow Interest Expense	A	-38,471	ADMINISTRATIVE & GENERAL	5.00	0 49.20
49.21	92 Non-Allow Interest Expense	A	-4,053	CAP REL COSTS-BLDG & FIXT	1.00	11 49.21
49.22	92 Non-Allow Interest Expense	A	-47	DIETARY	10.00	0 49.22
49.23	92A Non-Allow Interest Expense	A	-8,848	CAP REL COSTS-BLDG & FIXT	1.00	11 49.23
49.24	92A Non-Allow Interest Expense	A	-6,613	ADMINISTRATIVE & GENERAL	5.00	0 49.24
49.25	12A Non-Allow Interest Expense	A	-124,010	CAP REL COSTS-BLDG & FIXT	1.00	11 49.25
49.26	12A Non-Allow Interest Expense	A	-110,190	ADMINISTRATIVE & GENERAL	5.00	0 49.26
49.27	LOC Non-Allow Interest Expense	A	-40,159	CAP REL COSTS-BLDG & FIXT	1.00	11 49.27
49.28	LOC Non-Allow Interest Expense	A	-1,884	ADMINISTRATIVE & GENERAL	5.00	0 49.28
49.29	Gallahue Professional Fee	A	-1,339,158	ADULTS & PEDIATRICS	30.00	0 49.29
49.30	Gallahue Professional Fee	A	-7,856,744	GALLAHUE MENTAL HEALTH CTR	76.01	0 49.30
49.31	Gallahue Professional Fee	A	-715,899	LUTHERWOOD SERVICES	76.03	0 49.31
49.32	Gallahue Professional Fee	A	-67,901	LIFECHECK	194.07	0 49.32
49.33	Gallahue Professional Fee	A	-528,840	RESEARCH, COFFEE CART	194.08	0 49.33
49.49	Medical Director Allocation	A	83,966	CORONARY CARE UNIT	32.00	0 49.49
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-59,889,490			50.00

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

Provider CCN: 150074

Period: From 01/01/2012 To 12/31/2012

Worksheet A-8-1

Date/Time Prepared: 5/30/2013 11:52 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	5.00	ADMINISTRATIVE & GENERAL	MARKETING	589,183	2,591,624 1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	BOARD MEETING EXPENSE	0	45,564 2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	1400 RITTER POB SPACE RENTAL	190,955	148,626 3.00
3.01	7.00	OPERATION OF PLANT	1400 RITTER POB SPACE RENTAL	156,060	121,466 3.01
3.02	13.00	NURSING ADMINISTRATION	1400 RITTER POB SPACE RENTAL	28,915	22,505 3.02
3.03	70.00	ELECTROENCEPHALOGRAPHY	1400 RITTER POB SPACE RENTAL	91,704	71,376 3.03
3.04	76.05	ONCOLOGY	1400 RITTER POB SPACE RENTAL	108,383	108,383 3.04
3.05	192.00	PHYSICIANS' PRIVATE OFFICES	1400 RITTER POB SPACE RENTAL	47,657	68,304 3.05
3.06	76.05	ONCOLOGY	1550 S. COUNTY LINE POB SPACE RENTAL	68,234	55,128 3.06
3.07	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	INTERNS AND RESIDENTS	4,792,192	5,071,996 3.07
3.08	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	INTERNS AND RESIDENTS	1,048,188	1,109,389 3.08
4.00	60.00	LABORATORY	PURCHASED LAB (MACL)	4,161,601	4,994,168 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			11,283,072	14,408,529 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	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
<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	CHNW	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet A-8-1

Date/Time Prepared:  
5/30/2013 11:52 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-2,002,441	0		1.00
2.00	-45,564	0		2.00
3.00	42,329	0		3.00
3.01	34,594	0		3.01
3.02	6,410	0		3.02
3.03	20,328	0		3.03
3.04	0	0		3.04
3.05	-20,647	0		3.05
3.06	13,106	0		3.06
3.07	-279,804	0		3.07
3.08	-61,201	0		3.08
4.00	-832,567	0		4.00
5.00	-3,125,457			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	Type of Business		
	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			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet A-8-2

Date/Time Prepared:  
5/30/2013 11:52 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	1,109,971	1,109,971	0	0	0	1.00
2.00	19.00	NONPHYSICIAN ANESTHETISTS	86,258	86,258	0	0	0	2.00
3.00	30.00	DR. B	127,200	0	127,200	177,200	1,272	3.00
4.00	30.00	DR. C	25,000	0	25,000	177,200	250	4.00
5.00	30.00	DR. D	32,500	0	32,500	177,200	247	5.00
6.00	50.00	DR. E	30,000	0	30,000	208,000	650	6.00
7.00	60.00	DR. F	125,004	0	125,004	215,700	504	7.00
8.00	70.00	DR. G	10,400	0	10,400	177,200	104	8.00
9.00	70.00	DR. H	51,200	0	51,200	177,200	512	9.00
10.00	76.05	DR. H	655,875	655,875	0	177,200	0	10.00
11.00	90.27	DR. I	1,600	0	1,600	177,200	16	11.00
12.00	91.00	DR. J	759,066	559,066	200,000	177,200	2,000	12.00
13.00	23.00	DR. K	24,000	0	24,000	177,200	360	13.00
200.00			3,038,074	2,411,170	626,904		5,915	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	2.00
3.00	30.00	DR. B	108,365	5,418	0	0	0	3.00
4.00	30.00	DR. C	21,298	1,065	0	0	0	4.00
5.00	30.00	DR. D	21,043	1,052	0	0	0	5.00
6.00	50.00	DR. E	65,000	3,250	0	0	0	6.00
7.00	60.00	DR. F	52,266	2,613	0	0	0	7.00
8.00	70.00	DR. G	8,860	443	0	0	0	8.00
9.00	70.00	DR. H	43,618	2,181	0	0	0	9.00
10.00	76.05	DR. H	0	0	0	0	0	10.00
11.00	90.27	DR. I	1,363	68	0	0	0	11.00
12.00	91.00	DR. J	170,385	8,519	0	0	0	12.00
13.00	23.00	DR. K	30,669	1,533	0	0	0	13.00
200.00			522,867	26,142	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	1,109,971	1.00
2.00	19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	86,258	2.00
3.00	30.00	DR. B	0	108,365	18,835	18,835	3.00
4.00	30.00	DR. C	0	21,298	3,702	3,702	4.00
5.00	30.00	DR. D	0	21,043	11,457	11,457	5.00
6.00	50.00	DR. E	0	65,000	0	0	6.00
7.00	60.00	DR. F	0	52,266	72,738	72,738	7.00
8.00	70.00	DR. G	0	8,860	1,540	1,540	8.00
9.00	70.00	DR. H	0	43,618	7,582	7,582	9.00
10.00	76.05	DR. H	0	0	0	655,875	10.00
11.00	90.27	DR. I	0	1,363	237	237	11.00
12.00	91.00	DR. J	0	170,385	29,615	588,681	12.00
13.00	23.00	DR. K	0	30,669	0	0	13.00
200.00			0	522,867	145,706	2,556,876	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2013 11:52 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT	6,303,095	6,303,095				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	9,997,066		9,997,066			2.00
4.00 00400 EMPLOYEE BENEFITS	26,241,617	98,619	13,067	26,353,303		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	23,761,921	1,307,849	7,051,331	3,504,727	35,625,828	5.00
7.00 00700 OPERATION OF PLANT	8,359,923	879,334	212,782	834,651	10,286,690	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	733,344	0	67	0	733,411	8.00
9.00 00900 HOUSEKEEPING	2,527,095	120,331	10,197	279,227	2,936,850	9.00
10.00 01000 DIETARY	708,823	90,407	6,987	70,410	876,627	10.00
11.00 01100 CAFETERIA	1,981,748	167,169	3,357	186,052	2,338,326	11.00
13.00 01300 NURSING ADMINISTRATION	3,474,165	95,831	30,508	1,153,840	4,754,344	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	2,707,636	30,390	15,107	422,724	3,175,857	14.00
15.00 01500 PHARMACY	3,349,286	66,043	35,120	548,370	3,998,819	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,949,438	220,131	17	792,049	3,961,635	16.00
17.00 01700 SOCIAL SERVICE	2,334,753	47,216	38	331,010	2,713,017	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	5,002	143,853	148,855	19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	1,046,526	16,545	1,027	188,903	1,253,001	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	4,792,192	0	0	412,214	5,204,406	22.00
23.00 02300 ALLIED HEALTH-EMS PROGRAM	315,812	49,651	3,862	61,171	430,496	23.00
23.01 02301 ALLIED HEALTH-RADIOLOGY SCHOOL	70,312	12,977	0	37,245	120,534	23.01
23.02 02302 ALLIED HEALTH-PHARMACY RESIDENCY	92,067	3,616	0	9,506	105,189	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	22,749,575	990,810	83,271	4,378,064	28,201,720	30.00
31.00 03100 INTENSIVE CARE UNIT	2,812,597	97,349	46,792	381,361	3,338,099	31.00
32.00 03200 CORONARY CARE UNIT	3,549,422	129,491	17,882	491,729	4,188,524	32.00
43.00 04300 NURSERY	1,239,284	76,120	21,076	0	1,336,480	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	3,499,784	259,705	238,289	302,612	4,300,390	50.00
51.00 05100 RECOVERY ROOM	1,278,658	79,197	1,214	160,676	1,519,745	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,744,451	107,145	29,667	0	1,881,263	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,262,041	233,968	242,902	481,789	4,220,700	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	5,304,545	159,078	553,441	295,424	6,312,488	55.00
57.00 05700 CT SCAN	1,448,539	23,102	55,527	132,472	1,659,640	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	934,586	42,049	157,380	92,778	1,226,793	58.00
59.00 05900 CARDIAC CATHETERIZATION	639,087	44,026	135,033	72,083	890,229	59.00
60.00 06000 LABORATORY	6,546,073	78,008	5,017	0	6,629,098	60.00
64.00 06400 INTRAVENOUS THERAPY	314,397	4,741	0	47,777	366,915	64.00
65.00 06500 RESPIRATORY THERAPY	2,084,684	30,623	50,782	329,855	2,495,944	65.00
66.00 06600 PHYSICAL THERAPY	3,683,378	140,901	33,006	628,342	4,485,627	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,216,817	45,175	13,555	0	1,275,547	67.00
68.00 06800 SPEECH PATHOLOGY	119,965	4,452	1,336	0	125,753	68.00
69.00 06900 ELECTROCARDIOLOGY	1,382,400	10,390	8,817	95,567	1,497,174	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,158,600	22,547	80,776	251,532	1,513,455	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,405,935	0	0	0	6,405,935	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	10,704,086	0	0	0	10,704,086	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	29,705,102	0	0	0	29,705,102	73.00
74.00 07400 RENAL DIALYSIS	743,182	0	338	0	743,520	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020 ENDOSCOPY	373,388	0	16,101	51,029	440,518	76.00
76.01 03330 GALLAHUE MENTAL HEALTH CTR	10,064,143	51,845	77,852	2,124,884	12,318,724	76.01
76.02 03331 HRC NEUROPSYCHOLOGY	830,160	5,384	894	117,751	954,189	76.02
76.03 03950 LUTHERWOOD SERVICES	375,450	0	2,320	151,178	528,948	76.03
76.04 03951 CENTER FOR WOUND HEALING	959,642	27,409	29,381	29,947	1,046,379	76.04
76.05 03480 ONCOLOGY	16,152,237	0	112,850	664,786	16,929,873	76.05
76.06 03952 IMAGING CENTERS	1,738,457	0	173,253	71,755	1,983,465	76.06
76.07 03953 BREAST DIAGNOSTIC CENTER	2,021,705	20,940	0	0	2,042,645	76.07
76.97 07697 CARDIAC REHABILITATION	199,188	31,419	2,436	28,927	261,970	76.97
76.98 07698 HYPERBARIIC OXYGEN THERAPY	669,583	16,874	6,914	20,205	713,576	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 CLEARAVISTA WOMEN'S CARE	1,289	0	0	219	1,508	90.01
90.02 04951 COUNTY LINE MEDICAL PAVILION	1,289	0	0	219	1,508	90.02
90.03 04952 DIABETES & ENDOCRINOLOGY SPECIALISTS	1,289	0	0	219	1,508	90.03
90.04 04953 FAMILY MEDICINE OF GREENFIELD	1,289	0	0	219	1,508	90.04
90.05 04954 GUEST FAMILY MEDICINE AND PEDIATRICS	1,289	0	0	219	1,508	90.05
90.06 04955 INTERNAL MEDICINE ASSOCIATES	1,289	0	0	219	1,508	90.06
90.07 04956 OLIO ROAD FAMILY CARE	1,289	0	0	219	1,508	90.07
90.08 04957 CARDIOVASCULAR EAST	1,289	0	0	219	1,508	90.08
90.09 04958 CARDIOVASCULAR NORTH	1,289	0	0	219	1,508	90.09

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2013 11:52 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
90.10	04959	CARDIOVASCULAR SOUTH	1,289	0	0	219	1,508	90.10
90.11	04960	NORTHEAST FAMILY PHYSICIANS	1,289	0	0	219	1,508	90.11
90.12	04961	ANDERSON FAMILY HEALTH	1,289	0	0	219	1,508	90.12
90.13	04962	BROADWAY FAMILY MEDICINE	1,289	0	0	219	1,508	90.13
90.14	04963	CASTLETON FAMILY PHYSICIANS	1,289	0	0	219	1,508	90.14
90.15	04964	FALLCREEK FAMILY MEDICINE	1,289	0	0	219	1,508	90.15
90.16	04965	FAMILY PRACTICE ASSOCIATES OF ELWOOD	1,289	0	0	219	1,508	90.16
90.17	04966	INTERNAL MEDICINE OF CARMEL	1,289	0	0	219	1,508	90.17
90.18	04967	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	1,289	0	0	219	1,508	90.18
90.19	04968	INTERNAL MEDICINE	1,289	0	0	219	1,508	90.19
90.20	04969	DIABETES INTERNAL MEDICINE & ENDOCRINOLOGY	1,289	0	0	219	1,508	90.20
90.21	04970	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.21
90.22	04971	HEALTHY HEARTS CENTER	1,203,754	40,185	1,403	168,810	1,414,152	90.22
90.23	04972	FP AND MATERNITY CARE CENTER	2,183,676	0	66,554	204,070	2,454,300	90.23
90.24	04973	PALLIATIVE CARE	182,836	0	0	66,877	249,713	90.24
90.25	04974	INFUSION CENTERS	198,508	0	657	38,452	237,617	90.25
90.26	04975	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.26
90.27	04977	DIABETIC CARE CENTER	374,034	0	2,974	61,699	438,707	90.27
91.00	09100	EMERGENCY	7,141,562	213,791	69,737	952,336	8,377,426	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	11800	SUBTOTALS (SUM OF LINES 1-117)	258,968,110	6,192,833	9,727,896	21,875,099	254,110,474	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,090,532	32,246	25,131	287,656	4,435,565	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH SALES	16,656,604	63,223	16,408	1,262,022	17,998,257	194.01
194.02	07952	MEDCHECK & EXPRESS CLINICS	11,879,599	0	112,824	1,590,427	13,582,850	194.02
194.03	07953	SCHOOL BASED CLINICS	803,892	0	550	113,066	917,508	194.03
194.04	07954	OFFSITE EMPLOYER CLINICS	1,136,101	0	16,009	140,557	1,292,667	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	PAVILLIONS	1,648,322	0	73,831	14,993	1,737,146	194.06
194.07	07957	LIFECHECK	31,282	0	1,917	11,662	44,861	194.07
194.08	07958	RESEARCH, COFFEE CART	2,833,113	14,793	22,500	403,609	3,274,015	194.08
194.09	07959	ADMINISTRATION	17,138,875	0	0	654,212	17,793,087	194.09
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	315,186,430	6,303,095	9,997,066	26,353,303	315,186,430	202.00
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
4.00	00400	EMPLOYEE BENEFITS	0	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	35,625,828	0	0	0	0	5.00
7.00	00700	OPERATION OF PLANT	1,310,884	11,597,574	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	93,462	0	826,873	0	0	8.00
9.00	00900	HOUSEKEEPING	374,257	347,384	0	3,658,491	0	9.00
10.00	01000	DIETARY	111,713	260,996	0	84,874	1,334,210	10.00
11.00	01100	CAFETERIA	297,985	482,603	0	156,939	0	11.00
13.00	01300	NURSING ADMINISTRATION	605,870	276,655	3,873	89,966	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	404,715	87,733	0	28,530	0	14.00
15.00	01500	PHARMACY	509,589	190,661	0	62,002	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	504,851	635,498	0	206,660	0	16.00
17.00	01700	SOCIAL SERVICE	345,733	136,309	0	44,327	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	18,969	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	159,676	47,764	3,612	15,533	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	663,223	0	0	0	0	22.00
23.00	02300	ALLIED HEALTH-EMS PROGRAM	54,860	143,338	0	46,613	0	23.00
23.01	02301	ALLIED HEALTH-RADIOLOGY SCHOOL	15,360	37,464	0	12,183	0	23.01
23.02	02302	ALLIED HEALTH-PHARMACY RESIDENCY	13,405	10,439	0	3,395	0	23.02

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150074			Period: From 01/01/2012 To 12/31/2012		Worksheet B Part I Date/Time Prepared: 5/30/2013 11:52 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	3,593,886	2,860,381	357,083	930,178	1,138,326	30.00
31.00	03100	INTENSIVE CARE UNIT	425,391	281,039	31,142	91,392	64,078	31.00
32.00	03200	CORONARY CARE UNIT	533,765	373,829	74,583	121,567	131,806	32.00
43.00	04300	NURSERY	170,314	219,751	23,204	71,462	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	548,020	749,747	37,830	243,813	0	50.00
51.00	05100	RECOVERY ROOM	193,669	228,636	0	74,351	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	239,739	309,317	32,662	100,588	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	537,865	675,445	24,308	219,650	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	804,432	459,243	22,396	149,343	0	55.00
57.00	05700	CT SCAN	211,496	66,693	24,426	21,688	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	156,336	121,393	13,506	39,476	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	113,446	127,100	5,844	41,332	0	59.00
60.00	06000	LABORATORY	844,779	225,202	0	73,234	0	60.00
64.00	06400	INTRAVENOUS THERAPY	46,758	13,687	0	4,451	0	64.00
65.00	06500	RESPIRATORY THERAPY	318,071	88,406	0	28,749	0	65.00
66.00	06600	PHYSICAL THERAPY	571,626	406,770	0	132,279	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	162,549	130,417	0	42,411	0	67.00
68.00	06800	SPEECH PATHOLOGY	16,025	12,851	0	4,179	0	68.00
69.00	06900	ELECTROCARDIOLOGY	190,792	29,995	0	9,754	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	192,867	65,092	6,416	21,168	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	816,340	0	1,725	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,364,075	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,785,502	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	94,750	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	ENDOSCOPY	56,137	0	0	0	0	76.00
76.01	03330	GALLAHUE MENTAL HEALTH CTR	1,569,837	149,671	0	48,672	0	76.01
76.02	03331	HRC NEUROPSYCHOLOGY	121,597	15,542	0	5,054	0	76.02
76.03	03950	LUTHERWOOD SERVICES	67,406	0	0	0	0	76.03
76.04	03951	CENTER FOR WOUND HEALING	133,345	79,127	0	25,732	0	76.04
76.05	03480	ONCOLOGY	2,157,458	0	6,716	0	0	76.05
76.06	03952	IMAGING CENTERS	252,763	0	0	0	0	76.06
76.07	03953	BREAST DIAGNOSTIC CENTER	260,304	60,453	0	19,659	0	76.07
76.97	07697	CARDIAC REHABILITATION	33,384	90,703	0	29,496	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	90,935	48,715	0	15,842	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	CLEARAVISTA WOMEN'S CARE	192	0	0	0	0	90.01
90.02	04951	COUNTY LINE MEDICAL PAVILION	192	0	0	0	0	90.02
90.03	04952	DIABETES & ENDOCRINOLOGY SPECIALISTS	192	0	0	0	0	90.03
90.04	04953	FAMILY MEDICINE OF GREENFIELD	192	0	0	0	0	90.04
90.05	04954	GEIST FAMILY MEDICINE AND PEDIATRICS	192	0	0	0	0	90.05
90.06	04955	INTERNAL MEDICINE ASSOCIATES	192	0	0	0	0	90.06
90.07	04956	OLIO ROAD FAMILY CARE	192	0	0	0	0	90.07
90.08	04957	CARDIOVASCULAR EAST	192	0	0	0	0	90.08
90.09	04958	CARDIOVASCULAR NORTH	192	0	0	0	0	90.09
90.10	04959	CARDIOVASCULAR SOUTH	192	0	0	0	0	90.10
90.11	04960	NORTHEAST FAMILY PHYSICIANS	192	0	0	0	0	90.11
90.12	04961	ANDERSON FAMILY HEALTH	192	0	0	0	0	90.12
90.13	04962	BROADWAY FAMILY MEDICINE	192	0	0	0	0	90.13
90.14	04963	CASTLETON FAMILY PHYSICIANS	192	0	0	0	0	90.14
90.15	04964	FALLCREEK FAMILY MEDICINE	192	0	0	0	0	90.15
90.16	04965	FAMILY PRACTICE ASSOCIATES OF ELWOOD	192	0	0	0	0	90.16
90.17	04966	INTERNAL MEDICINE OF CARMEL	192	0	0	0	0	90.17
90.18	04967	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	192	0	0	0	0	90.18
90.19	04968	INTERNAL MEDICINE	192	0	0	0	0	90.19
90.20	04969	DIABETES INTERNAL MEDICINE & ENDOCRINOLOGY	192	0	0	0	0	90.20
90.21	04970	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.21
90.22	04971	HEALTHY HEARTS CENTER	180,212	116,011	549	37,726	0	90.22
90.23	04972	FP AND MATERNITY CARE CENTER	312,764	0	0	0	0	90.23
90.24	04973	PALLIATIVE CARE	31,822	0	0	0	0	90.24
90.25	04974	INFUSION CENTERS	30,281	0	0	0	0	90.25
90.26	04975	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.26
90.27	04977	DIABETIC CARE CENTER	55,907	0	0	0	0	90.27
91.00	09100	EMERGENCY	1,067,577	617,196	155,342	200,708	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	27,842,614	11,279,256	825,217	3,554,976	1,334,210	118.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/30/2013 11:52 am			
Cost Center Description				ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
				5.00	7.00	8.00	9.00	10.00	
<b>NONREIMBURSABLE COST CENTERS</b>									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	565,246	93,092	0	0	30,273	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH SALES	2,293,608	182,519	0	0	59,354	0	194.01
194.02	07952	MEDCHECK & EXPRESS CLINICS	1,730,930	0	0	0	0	0	194.02
194.03	07953	SCHOOL BASED CLINICS	116,923	0	0	0	0	0	194.03
194.04	07954	OFFSITE EMPLOYER CLINICS	164,731	0	0	0	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.05
194.06	07956	PAVILLIONS	221,373	0	0	0	0	0	194.06
194.07	07957	LIFECHECK	5,717	0	0	0	0	0	194.07
194.08	07958	RESEARCH, COFFEE CART	417,224	42,707	1,656	0	13,888	0	194.08
194.09	07959	ADMINISTRATION	2,267,462	0	0	0	0	0	194.09
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)	35,625,828	11,597,574	826,873	3,658,491	1,334,210	0	202.00
<b>Cost Center Description</b>				<b>CAFETERIA</b>	<b>NURSING ADMINISTRATION</b>	<b>CENTRAL SERVICES &amp; SUPPLY</b>	<b>PHARMACY</b>	<b>MEDICAL RECORDS &amp; LIBRARY</b>	
				11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>									
1.00	00100	CAP REL COSTS-BLDG & FIXT							1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP							2.00
4.00	00400	EMPLOYEE BENEFITS							4.00
5.00	00500	ADMINISTRATIVE & GENERAL							5.00
7.00	00700	OPERATION OF PLANT							7.00
8.00	00800	LAUNDRY & LINEN SERVICE							8.00
9.00	00900	HOUSEKEEPING							9.00
10.00	01000	DIETARY							10.00
11.00	01100	CAFETERIA	3,275,853						11.00
13.00	01300	NURSING ADMINISTRATION	232,330	5,963,038					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	151,015	0	3,847,850				14.00
15.00	01500	PHARMACY	69,699	0	210,012	5,040,782			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	253,240	0	4,039	0	5,565,923		16.00
17.00	01700	SOCIAL SERVICE	65,052	0	3,141	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	11,617	0	2,978	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	44,143	0	4,681	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	39,496	0	0	0	0	0	22.00
23.00	02300	ALLIED HEALTH-EMS PROGRAM	4,647	53,432	4,267	0	0	0	23.00
23.01	02301	ALLIED HEALTH-RADIOLOGY SCHOOL	6,970	53,432	207	0	0	0	23.01
23.02	02302	ALLIED HEALTH-PHARMACY RESIDENCY	2,323	53,432	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	741,130	3,419,664	96,877	91	542,966		30.00
31.00	03100	INTENSIVE CARE UNIT	69,699	320,593	18,186	0	58,128		31.00
32.00	03200	CORONARY CARE UNIT	102,225	470,204	15,000	0	77,995		32.00
43.00	04300	NURSERY	32,526	149,610	11,817	0	56,153		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	67,376	309,907	769,745	121	191,104		50.00
51.00	05100	RECOVERY ROOM	30,203	0	7,937	0	62,810		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	46,466	213,729	16,634	0	79,043		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	65,052	0	19,223	0	145,042		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	99,902	0	66,066	0	280,134		55.00
57.00	05700	CT SCAN	32,526	0	18,657	0	267,716		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	20,910	0	6,146	0	104,134		58.00
59.00	05900	CARDIAC CATHETERIZATION	13,940	0	125,744	0	77,770		59.00
60.00	06000	LABORATORY	0	0	81,214	0	452,352		60.00
64.00	06400	INTRAVENOUS THERAPY	9,293	0	5,477	0	4,867		64.00
65.00	06500	RESPIRATORY THERAPY	65,052	0	14,712	129	103,052		65.00
66.00	06600	PHYSICAL THERAPY	78,992	0	12,153	284	57,782		66.00
67.00	06700	OCCUPATIONAL THERAPY	30,203	0	0	0	22,592		67.00
68.00	06800	SPEECH PATHOLOGY	2,323	0	0	0	10,256		68.00
69.00	06900	ELECTROCARDIOLOGY	23,233	0	2,040	2,743	65,894		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	51,113	0	7,606	0	52,934		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	210,610		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	175,134		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	455,439	769,139		73.00
74.00	07400	RENAL DIALYSIS	0	0	94	0	15,780		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
76.00	03020	ENDOSCOPY	0	0	10,438	0	14,724		76.00
76.01	03330	GALLAHUE MENTAL HEALTH CTR	355,465	0	23,566	13,141	90,108		76.01
76.02	03331	HRC NEUROPSYCHOLOGY	20,910	0	2,882	0	10,473		76.02
76.03	03950	LUTHERWOOD SERVICES	0	0	701	0	12,424		76.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2013 11:52 am

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
76.04	03951	CENTER FOR WOUND HEALING	11,617	0	56,939	31,750	24,552	76.04
76.05	03480	ONCOLOGY	120,812	0	1,766,029	3,943,490	786,617	76.05
76.06	03952	IMAGING CENTERS	0	0	3,699	0	42,688	76.06
76.07	03953	BREAST DIAGNOSTIC CENTER	0	0	520	0	23,918	76.07
76.97	07697	CARDIAC REHABILITATION	6,970	0	926	0	3,897	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	13,400	0	15,616	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	CLEARAVISTA WOMEN'S CARE	0	0	0	0	0	90.01
90.02	04951	COUNTY LINE MEDICAL PAVILION	0	0	0	0	0	90.02
90.03	04952	DIABETES & ENDOCRINOLOGY SPECIALISTS	0	0	0	0	0	90.03
90.04	04953	FAMILY MEDICINE OF GREENFIELD	0	0	0	0	0	90.04
90.05	04954	GEIST FAMILY MEDICINE AND PEDIATRICS	0	0	0	0	0	90.05
90.06	04955	INTERNAL MEDICINE ASSOCIATES	0	0	0	0	0	90.06
90.07	04956	OLIO ROAD FAMILY CARE	0	0	0	0	0	90.07
90.08	04957	CARDIOVASCULAR EAST	0	0	0	0	0	90.08
90.09	04958	CARDIOVASCULAR NORTH	0	0	0	0	0	90.09
90.10	04959	CARDIOVASCULAR SOUTH	0	0	0	0	0	90.10
90.11	04960	NORTHEAST FAMILY PHYSICIANS	0	0	0	0	0	90.11
90.12	04961	ANDERSON FAMILY HEALTH	0	0	0	0	0	90.12
90.13	04962	BROADWAY FAMILY MEDICINE	0	0	0	0	0	90.13
90.14	04963	CASTLETON FAMILY PHYSICIANS	0	0	0	0	0	90.14
90.15	04964	FALLCREEK FAMILY MEDICINE	0	0	0	0	0	90.15
90.16	04965	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	0	0	0	90.16
90.17	04966	INTERNAL MEDICINE OF CARMEL	0	0	0	0	0	90.17
90.18	04967	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	0	0	0	90.18
90.19	04968	INTERNAL MEDICINE	0	0	0	0	0	90.19
90.20	04969	DIABETES INTERNAL MEDICINE & ENDOCR	0	0	0	0	0	90.20
90.21	04970	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.21
90.22	04971	HEALTHY HEARTS CENTER	37,173	0	6,290	25	13,246	90.22
90.23	04972	FP AND MATERNITY CARE CENTER	0	0	17,933	21,278	31,919	90.23
90.24	04973	PALLIATIVE CARE	9,293	0	117	0	1,008	90.24
90.25	04974	INFUSION CENTERS	0	0	219,061	495,518	21,503	90.25
90.26	04975	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.26
90.27	04977	DIABETIC CARE CENTER	0	0	446	0	4,169	90.27
91.00	09100	EMERGENCY	199,804	919,035	73,738	0	585,674	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,224,740	5,963,038	3,721,338	4,964,009	5,565,923	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	20,910	0	13,578	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH SALES	0	0	37,168	35,497	0	194.01
194.02	07952	MEDCHECK & EXPRESS CLINICS	0	0	41,073	28,660	0	194.02
194.03	07953	SCHOOL BASED CLINICS	0	0	4,996	5,522	0	194.03
194.04	07954	OFFSITE EMPLOYER CLINICS	0	0	4,961	7,094	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	PAVILLIONS	0	0	2,696	0	0	194.06
194.07	07957	LIFECHECK	0	0	260	0	0	194.07
194.08	07958	RESEARCH, COFFEE CART	30,203	0	21,780	0	0	194.08
194.09	07959	ADMINISTRATION	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,275,853	5,963,038	3,847,850	5,040,782	5,565,923	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2013 11:52 am

Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		ALLIED HEALTH-EMS PROGRAM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			17.00	19.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	3,307,579					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	182,419				19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,528,410			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	5,907,125		22.00
23.00 02300 ALLIED HEALTH-EMS PROGRAM	0	0	0	0	737,653	23.00
23.01 02301 ALLIED HEALTH-RADIOLOGY SCHOOL	0	0	0	0	0	23.01
23.02 02302 ALLIED HEALTH-PHARMACY RESIDENCY	0	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	2,685,765	0	353,473	1,366,131	0	30.00
31.00 03100 INTENSIVE CARE UNIT	152,806	0	10,874	42,027	0	31.00
32.00 03200 CORONARY CARE UNIT	314,226	0	0	0	0	32.00
43.00 04300 NURSERY	154,782	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	182,419	10,429	40,309	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	35,460	137,049	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	10,874	42,027	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020 ENDOSCOPY	0	0	1,231	4,758	0	76.00
76.01 03330 GALLAHUE MENTAL HEALTH CTR	0	0	16,311	63,040	0	76.01
76.02 03331 HRC NEUROPSYCHOLOGY	0	0	0	0	0	76.02
76.03 03950 LUTHERWOOD SERVICES	0	0	0	0	0	76.03
76.04 03951 CENTER FOR WOUND HEALING	0	0	0	0	0	76.04
76.05 03480 ONCOLOGY	0	0	0	0	0	76.05
76.06 03952 IMAGING CENTERS	0	0	0	0	0	76.06
76.07 03953 BREAST DIAGNOSTIC CENTER	0	0	16,311	63,040	0	76.07
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 CLEARAVISTA WOMEN'S CARE	0	0	5,437	21,013	0	90.01
90.02 04951 COUNTY LINE MEDICAL PAVILION	0	0	0	0	0	90.02
90.03 04952 DIABETES & ENDOCRINOLOGY SPECIALISTS	0	0	0	0	0	90.03
90.04 04953 FAMILY MEDICINE OF GREENFIELD	0	0	0	0	0	90.04
90.05 04954 GEIST FAMILY MEDICINE AND PEDIATRICS	0	0	0	0	0	90.05
90.06 04955 INTERNAL MEDICINE ASSOCIATES	0	0	0	0	0	90.06
90.07 04956 OLIO ROAD FAMILY CARE	0	0	0	0	0	90.07
90.08 04957 CARDIOVASCULAR EAST	0	0	0	0	0	90.08
90.09 04958 CARDIOVASCULAR NORTH	0	0	0	0	0	90.09
90.10 04959 CARDIOVASCULAR SOUTH	0	0	0	0	0	90.10
90.11 04960 NORTHEAST FAMILY PHYSICIANS	0	0	0	0	0	90.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

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5/30/2013 11:52 am

Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		ALLIED HEALTH-EMS PROGRAM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			17.00	19.00		
90.12 04961 ANDERSON FAMILY HEALTH	0	0	0	0	0	90.12
90.13 04962 BROADWAY FAMILY MEDICINE	0	0	0	0	0	90.13
90.14 04963 CASTLETON FAMILY PHYSICIANS	0	0	0	0	0	90.14
90.15 04964 FALLCREEK FAMILY MEDICINE	0	0	0	0	0	90.15
90.16 04965 FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	0	0	0	90.16
90.17 04966 INTERNAL MEDICINE OF CARMEL	0	0	0	0	0	90.17
90.18 04967 NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	0	0	0	90.18
90.19 04968 INTERNAL MEDICINE	0	0	0	0	0	90.19
90.20 04969 DIABETES INTERNAL MEDICINE & ENDOCRINE	0	0	0	0	0	90.20
90.21 04970 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.21
90.22 04971 HEALTHY HEARTS CENTER	0	0	0	0	0	90.22
90.23 04972 FP AND MATERNITY CARE CENTER	0	0	967,271	3,738,390	0	90.23
90.24 04973 PALLIATIVE CARE	0	0	0	0	0	90.24
90.25 04974 INFUSION CENTERS	0	0	0	0	0	90.25
90.26 04975 OTHER OUTPATIENT SERVICE COST CENTER	0	0	8,173	31,586	0	90.26
90.27 04977 DIABETIC CARE CENTER	0	0	92,566	357,755	0	90.27
91.00 09100 EMERGENCY	0	0	0	0	737,653	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,307,579	182,419	1,528,410	5,907,125	737,653	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 OCCUPATIONAL HEALTH SALES	0	0	0	0	0	194.01
194.02 07952 MEDCHECK & EXPRESS CLINICS	0	0	0	0	0	194.02
194.03 07953 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04 07954 OFFSITE EMPLOYER CLINICS	0	0	0	0	0	194.04
194.05 07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 07956 PAVILIONS	0	0	0	0	0	194.06
194.07 07957 LI FE CHECK	0	0	0	0	0	194.07
194.08 07958 RESEARCH, COFFEE CART	0	0	0	0	0	194.08
194.09 07959 ADMINISTRATION	0	0	0	0	0	194.09
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,307,579	182,419	1,528,410	5,907,125	737,653	202.00
Cost Center Description	ALLIED HEALTH-RADIOLOGY SCHOOL	ALLIED HEALTH-PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23.01	23.02	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00 02300 ALLIED HEALTH-EMS PROGRAM						23.00
23.01 02301 ALLIED HEALTH-RADIOLOGY SCHOOL	246,150					23.01
23.02 02302 ALLIED HEALTH-PHARMACY RESIDENCY	0	188,183				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	46,287,671	-1,719,604	44,568,067	30.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

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Cost Center Description			ALLIED HEALTH-RADIOLOGY SCHOOL	ALLIED HEALTH-PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.02	24.00	25.00	26.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	4,903,454	-52,901	4,850,553	31.00
32.00	03200	CORONARY CARE UNIT	0	0	6,403,724	0	6,403,724	32.00
43.00	04300	NURSERY	0	0	2,226,099	0	2,226,099	43.00
ANCLLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	7,451,210	-50,738	7,400,472	50.00
51.00	05100	RECOVERY ROOM	0	0	2,117,351	0	2,117,351	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	3,091,950	-172,509	2,919,441	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	246,150	0	6,153,435	0	6,153,435	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	8,194,004	0	8,194,004	55.00
57.00	05700	CT SCAN	0	0	2,302,842	0	2,302,842	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,688,694	0	1,688,694	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,395,405	0	1,395,405	59.00
60.00	06000	LABORATORY	0	0	8,305,879	0	8,305,879	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	451,448	0	451,448	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	3,114,115	0	3,114,115	65.00
66.00	06600	PHYSICAL THERAPY	0	0	5,745,513	0	5,745,513	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,663,719	0	1,663,719	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	171,387	0	171,387	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,874,526	-52,901	1,821,625	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,910,651	0	1,910,651	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	7,434,610	0	7,434,610	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	12,243,295	0	12,243,295	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	188,183	34,903,365	0	34,903,365	73.00
74.00	07400	RENAL DIALYSIS	0	0	854,144	0	854,144	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	ENDOSCOPY	0	0	527,806	-5,989	521,817	76.00
76.01	03330	GALLAHUE MENTAL HEALTH CTR	0	0	14,648,535	-79,351	14,569,184	76.01
76.02	03331	HRC NEUROPSYCHOLOGY	0	0	1,130,647	0	1,130,647	76.02
76.03	03950	LUTHERWOOD SERVICES	0	0	609,479	0	609,479	76.03
76.04	03951	CENTER FOR WOUND HEALING	0	0	1,409,441	0	1,409,441	76.04
76.05	03480	ONCOLOGY	0	0	25,710,995	0	25,710,995	76.05
76.06	03952	IMAGING CENTERS	0	0	2,282,615	0	2,282,615	76.06
76.07	03953	BREAST DIAGNOSTIC CENTER	0	0	2,486,850	-79,351	2,407,499	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	427,346	0	427,346	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	898,084	0	898,084	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	CLEARAVISTA WOMEN'S CARE	0	0	28,150	-26,450	1,700	90.01
90.02	04951	COUNTY LINE MEDICAL PAVILION	0	0	1,700	0	1,700	90.02
90.03	04952	DIABETES & ENDOCRINOLOGY SPECIALISTS	0	0	1,700	0	1,700	90.03
90.04	04953	FAMILY MEDICINE OF GREENFIELD	0	0	1,700	0	1,700	90.04
90.05	04954	GEIST FAMILY MEDICINE AND PEDIATRICS	0	0	1,700	0	1,700	90.05
90.06	04955	INTERNAL MEDICINE ASSOCIATES	0	0	1,700	0	1,700	90.06
90.07	04956	OLIO ROAD FAMILY CARE	0	0	1,700	0	1,700	90.07
90.08	04957	CARDIOVASCULAR EAST	0	0	1,700	0	1,700	90.08
90.09	04958	CARDIOVASCULAR NORTH	0	0	1,700	0	1,700	90.09
90.10	04959	CARDIOVASCULAR SOUTH	0	0	1,700	0	1,700	90.10
90.11	04960	NORTHEAST FAMILY PHYSICIANS	0	0	1,700	0	1,700	90.11
90.12	04961	ANDERSON FAMILY HEALTH	0	0	1,700	0	1,700	90.12
90.13	04962	BROADWAY FAMILY MEDICINE	0	0	1,700	0	1,700	90.13
90.14	04963	CASTLETON FAMILY PHYSICIANS	0	0	1,700	0	1,700	90.14
90.15	04964	FALLCREEK FAMILY MEDICINE	0	0	1,700	0	1,700	90.15
90.16	04965	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	1,700	0	1,700	90.16
90.17	04966	INTERNAL MEDICINE OF CARMEL	0	0	1,700	0	1,700	90.17
90.18	04967	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	1,700	0	1,700	90.18
90.19	04968	INTERNAL MEDICINE	0	0	1,700	0	1,700	90.19
90.20	04969	DIABETES INTERNAL MEDICINE & ENDOCRINOLOGY	0	0	1,700	0	1,700	90.20
90.21	04970	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.21
90.22	04971	HEALTHY HEARTS CENTER	0	0	1,805,384	0	1,805,384	90.22
90.23	04972	FP AND MATERNITY CARE CENTER	0	0	7,543,855	-4,705,661	2,838,194	90.23
90.24	04973	PALLIATIVE CARE	0	0	291,953	0	291,953	90.24
90.25	04974	INFUSION CENTERS	0	0	1,003,980	0	1,003,980	90.25
90.26	04975	OTHER OUTPATIENT SERVICE COST CENTER	0	0	39,759	-39,759	0	90.26
90.27	04977	DIABETIC CARE CENTER	0	0	949,550	-450,321	499,229	90.27
91.00	09100	EMERGENCY	0	0	12,934,153	0	12,934,153	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2013 11:52 am

Cost Center Description		ALLIED HEALTH-RADIOLOGICAL SCHOOL	ALLIED HEALTH-PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	23.02	24.00	25.00	26.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	246,150	188,183	245,649,373	-7,435,535	238,213,838	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	5,158,664	0	5,158,664	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH SALES	0	0	20,606,403	0	20,606,403	194.01
194.02	07952 MEDCHECK & EXPRESS CLINICS	0	0	15,383,513	0	15,383,513	194.02
194.03	07953 SCHOOL BASED CLINICS	0	0	1,044,949	0	1,044,949	194.03
194.04	07954 OFFSITE EMPLOYER CLINICS	0	0	1,469,453	0	1,469,453	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956 PAVILLIONS	0	0	1,961,215	0	1,961,215	194.06
194.07	07957 LIFE CHECK	0	0	50,838	0	50,838	194.07
194.08	07958 RESEARCH, COFFEE CART	0	0	3,801,473	0	3,801,473	194.08
194.09	07959 ADMINISTRATION	0	0	20,060,549	0	20,060,549	194.09
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	246,150	188,183	315,186,430	-7,435,535	307,750,895	202.00

COST ALLOCATION STATISTICS

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet Non-CMS W

Date/Time Prepared:  
5/30/2013 11:52 am

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-5	ACCUM. COST	5.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	10	MEALS SERVED	10.00
11.00	CAFETERIA	11	FTE'S	11.00
13.00	NURSING ADMINISTRATION	13	DIRECT NURS. HRS.	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
15.00	PHARMACY	15	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	16.00
17.00	SOCIAL SERVICE	P	TOTAL PATIENT DAYS	17.00
19.00	NONPHYSICIAN ANESTHETISTS	19	ASSIGNED TIME	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	22.00
23.00	ALLIED HEALTH-EMS PROGRAM	23	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/30/2013 11:52 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	98,619	13,067	111,686	111,686 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,307,849	7,051,331	8,359,180	14,861 5.00
7.00 00700	OPERATION OF PLANT	0	879,334	212,782	1,092,116	3,539 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	67	67	0 8.00
9.00 00900	HOUSEKEEPING	0	120,331	10,197	130,528	1,184 9.00
10.00 01000	DIETARY	0	90,407	6,987	97,394	299 10.00
11.00 01100	CAFETERIA	0	167,169	3,357	170,526	789 11.00
13.00 01300	NURSING ADMINISTRATION	0	95,831	30,508	126,339	4,892 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	30,390	15,107	45,497	1,792 14.00
15.00 01500	PHARMACY	0	66,043	35,120	101,163	2,325 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	220,131	17	220,148	3,358 16.00
17.00 01700	SOCIAL SERVICE	0	47,216	38	47,254	1,404 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	5,002	5,002	610 19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	16,545	1,027	17,572	801 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	1,748 22.00
23.00 02300	ALLIED HEALTH-EMS PROGRAM	0	49,651	3,862	53,513	259 23.00
23.01 02301	ALLIED HEALTH-RADIOLOGY SCHOOL	0	12,977	0	12,977	158 23.01
23.02 02302	ALLIED HEALTH-PHARMACY RESIDENCY	0	3,616	0	3,616	40 23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	990,810	83,271	1,074,081	18,505 30.00
31.00 03100	INTENSIVE CARE UNIT	0	97,349	46,792	144,141	1,617 31.00
32.00 03200	CORONARY CARE UNIT	0	129,491	17,882	147,373	2,085 32.00
43.00 04300	NURSERY	0	76,120	21,076	97,196	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	259,705	238,289	497,994	1,283 50.00
51.00 05100	RECOVERY ROOM	0	79,197	1,214	80,411	681 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	107,145	29,667	136,812	0 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	233,968	242,902	476,870	2,043 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	159,078	553,441	712,519	1,253 55.00
57.00 05700	CT SCAN	0	23,102	55,527	78,629	562 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	42,049	157,380	199,429	393 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	44,026	135,033	179,059	306 59.00
60.00 06000	LABORATORY	0	78,008	5,017	83,025	0 60.00
64.00 06400	INTRAVENOUS THERAPY	0	4,741	0	4,741	203 64.00
65.00 06500	RESPIRATORY THERAPY	0	30,623	50,782	81,405	1,399 65.00
66.00 06600	PHYSICAL THERAPY	0	140,901	33,006	173,907	2,664 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	45,175	13,555	58,730	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	4,452	1,336	5,788	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	10,390	8,817	19,207	405 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	22,547	80,776	103,323	1,067 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	338	338	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00 03020	ENDOSCOPY	0	0	16,101	16,101	216 76.00
76.01 03330	GALLAHUE MENTAL HEALTH CTR	0	51,845	77,852	129,697	9,010 76.01
76.02 03331	HRC NEUROPSYCHOLOGY	0	5,384	894	6,278	499 76.02
76.03 03950	LUTHERWOOD SERVICES	0	0	2,320	2,320	641 76.03
76.04 03951	CENTER FOR WOUND HEALING	0	27,409	29,381	56,790	127 76.04
76.05 03480	ONCOLOGY	0	0	112,850	112,850	2,819 76.05
76.06 03952	IMAGING CENTERS	0	0	173,253	173,253	304 76.06
76.07 03953	BREAST DIAGNOSTIC CENTER	0	20,940	0	20,940	0 76.07
76.97 07697	CARDIAC REHABILITATION	0	31,419	2,436	33,855	123 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	16,874	6,914	23,788	86 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 04950	CLEARAVISTA WOMEN'S CARE	0	0	0	0	1 90.01
90.02 04951	COUNTY LINE MEDICAL PAVILION	0	0	0	0	1 90.02
90.03 04952	DIABETES & ENDOCRINOLOGY SPECIALISTS	0	0	0	0	1 90.03
90.04 04953	FAMILY MEDICINE OF GREENFIELD	0	0	0	0	1 90.04
90.05 04954	GEIST FAMILY MEDICINE AND PEDIATRICS	0	0	0	0	1 90.05
90.06 04955	INTERNAL MEDICINE ASSOCIATES	0	0	0	0	1 90.06
90.07 04956	OLIO ROAD FAMILY CARE	0	0	0	0	1 90.07
90.08 04957	CARDIOVASCULAR EAST	0	0	0	0	1 90.08
90.09 04958	CARDIOVASCULAR NORTH	0	0	0	0	1 90.09
90.10 04959	CARDIOVASCULAR SOUTH	0	0	0	0	1 90.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2013 11:52 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
90.11 04960 NORTHEAST FAMILY PHYSICIANS	0	0	0	0	1	90.11
90.12 04961 ANDERSON FAMILY HEALTH	0	0	0	0	1	90.12
90.13 04962 BROADWAY FAMILY MEDICINE	0	0	0	0	1	90.13
90.14 04963 CASTLETON FAMILY PHYSICIANS	0	0	0	0	1	90.14
90.15 04964 FALLCREEK FAMILY MEDICINE	0	0	0	0	1	90.15
90.16 04965 FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	0	0	1	90.16
90.17 04966 INTERNAL MEDICINE OF CARMEL	0	0	0	0	1	90.17
90.18 04967 NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	0	0	1	90.18
90.19 04968 INTERNAL MEDICINE	0	0	0	0	1	90.19
90.20 04969 DIABETES INTERNAL MEDICINE & ENDOCRI	0	0	0	0	1	90.20
90.21 04970 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.21
90.22 04971 HEALTHY HEARTS CENTER	0	40,185	1,403	41,588	716	90.22
90.23 04972 FP AND MATERNITY CARE CENTER	0	0	66,554	66,554	865	90.23
90.24 04973 PALLIATIVE CARE	0	0	0	0	284	90.24
90.25 04974 INFUSION CENTERS	0	0	657	657	163	90.25
90.26 04975 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.26
90.27 04977 DIABETIC CARE CENTER	0	0	2,974	2,974	262	90.27
91.00 09100 EMERGENCY	0	213,791	69,737	283,528	4,038	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	6,192,833	9,727,896	15,920,729	92,698	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	32,246	25,131	57,377	1,220	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 OCCUPATIONAL HEALTH SALES	0	63,223	16,408	79,631	5,351	194.01
194.02 07952 MEDCHECK & EXPRESS CLINICS	0	0	112,824	112,824	6,744	194.02
194.03 07953 SCHOOL BASED CLINICS	0	0	550	550	479	194.03
194.04 07954 OFFSITE EMPLOYER CLINICS	0	0	16,009	16,009	596	194.04
194.05 07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 07956 PAVILLIONS	0	0	73,831	73,831	64	194.06
194.07 07957 LIFE CHECK	0	0	1,917	1,917	49	194.07
194.08 07958 RESEARCH, COFFEE CART	0	14,793	22,500	37,293	1,711	194.08
194.09 07959 ADMINISTRATION	0	0	0	0	2,774	194.09
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	6,303,095	9,997,066	16,300,161	111,686	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/30/2013 11:52 am		
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		5.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	8,374,041			5.00
7.00	00700	OPERATION OF PLANT	308,128	1,403,783		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	21,969	0	22,036	8.00
9.00	00900	HOUSEKEEPING	87,970	42,048	0	261,730
10.00	01000	DIETARY	26,258	31,591	0	6,072
11.00	01100	CAFETERIA	70,042	58,415	0	11,228
13.00	01300	NURSING ADMINISTRATION	142,412	33,487	103	6,436
14.00	01400	CENTRAL SERVICES & SUPPLY	95,130	10,619	0	2,041
15.00	01500	PHARMACY	119,781	23,078	0	4,436
16.00	01600	MEDICAL RECORDS & LIBRARY	118,667	76,921	0	14,785
17.00	01700	SOCIAL SERVICE	81,266	16,499	0	3,171
19.00	01900	NONPHYSICIAN ANESTHETISTS	4,459	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	37,532	5,781	96	1,111
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	155,893	0	0	0
23.00	02300	ALLIED HEALTH-EMS PROGRAM	12,895	17,350	0	3,335
23.01	02301	ALLIED HEALTH-RADIOLOGY SCHOOL	3,610	4,535	0	872
23.02	02302	ALLIED HEALTH-PHARMACY RESIDENCY	3,151	1,264	0	243
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	844,754	346,221	9,516	66,545
31.00	03100	INTENSIVE CARE UNIT	99,989	34,017	830	6,538
32.00	03200	CORONARY CARE UNIT	125,463	45,249	1,988	8,697
43.00	04300	NURSERY	40,033	26,599	618	5,112
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	128,814	90,750	1,008	17,442
51.00	05100	RECOVERY ROOM	45,522	27,674	0	5,319
52.00	05200	DELIVERY ROOM & LABOR ROOM	56,351	37,440	870	7,196
54.00	05400	RADIOLOGY-DIAGNOSTIC	126,427	81,757	648	15,714
55.00	05500	RADIOLOGY-THERAPEUTIC	189,084	55,587	597	10,684
57.00	05700	CT SCAN	49,713	8,073	651	1,552
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	36,747	14,694	360	2,824
59.00	05900	CARDIAC CATHETERIZATION	26,666	15,384	156	2,957
60.00	06000	LABORATORY	198,568	27,259	0	5,239
64.00	06400	INTRAVENOUS THERAPY	10,991	1,657	0	318
65.00	06500	RESPIRATORY THERAPY	74,764	10,701	0	2,057
66.00	06600	PHYSICAL THERAPY	134,362	49,236	0	9,463
67.00	06700	OCCUPATIONAL THERAPY	38,208	15,786	0	3,034
68.00	06800	SPEECH PATHOLOGY	3,767	1,556	0	299
69.00	06900	ELECTROCARDIOLOGY	44,846	3,631	0	698
70.00	07000	ELECTROENCEPHALOGRAPHY	45,334	7,879	171	1,514
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	191,883	0	46	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	320,630	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	889,874	0	0	0
74.00	07400	RENAL DIALYSIS	22,271	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0
76.00	03020	ENDOSCOPY	13,195	0	0	0
76.01	03330	GALLAHUE MENTAL HEALTH CTR	368,995	18,116	0	3,482
76.02	03331	HRC NEUROPSYCHOLOGY	28,582	1,881	0	362
76.03	03950	LUTHERWOOD SERVICES	15,844	0	0	0
76.04	03951	CENTER FOR WOUND HEALING	31,343	9,578	0	1,841
76.05	03480	ONCOLOGY	507,117	0	179	0
76.06	03952	IMAGING CENTERS	59,413	0	0	0
76.07	03953	BREAST DIAGNOSTIC CENTER	61,185	7,317	0	1,406
76.07	07697	CARDIAC REHABILITATION	7,847	10,979	0	2,110
76.08	07698	HYPERBARIC OXYGEN THERAPY	21,374	5,897	0	1,133
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	0	0	0	0
90.01	04950	CLEARAVISTA WOMEN'S CARE	45	0	0	0
90.02	04951	COUNTY LINE MEDICAL PAVILION	45	0	0	0
90.03	04952	DIABETES & ENDOCRINOLOGY SPECIALISTS	45	0	0	0
90.04	04953	FAMILY MEDICINE OF GREENFIELD	45	0	0	0
90.05	04954	GEIST FAMILY MEDICINE AND PEDIATRICS	45	0	0	0
90.06	04955	INTERNAL MEDICINE ASSOCIATES	45	0	0	0
90.07	04956	OLIO ROAD FAMILY CARE	45	0	0	0
90.08	04957	CARDIOVASCULAR EAST	45	0	0	0
90.09	04958	CARDIOVASCULAR NORTH	45	0	0	0
90.10	04959	CARDIOVASCULAR SOUTH	45	0	0	0
90.11	04960	NORTHEAST FAMILY PHYSICIANS	45	0	0	0
90.12	04961	ANDERSON FAMILY HEALTH	45	0	0	0
90.13	04962	BROADWAY FAMILY MEDICINE	45	0	0	0
90.14	04963	CASTLETON FAMILY PHYSICIANS	45	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2013 11:52 am

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
90.15	04964	FALLCREEK FAMILY MEDICINE	45	0	0	0	0	90.15
90.16	04965	FAMILY PRACTICE ASSOCIATES OF ELWOOD	45	0	0	0	0	90.16
90.17	04966	INTERNAL MEDICINE OF CARMEL	45	0	0	0	0	90.17
90.18	04967	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	45	0	0	0	0	90.18
90.19	04968	INTERNAL MEDICINE	45	0	0	0	0	90.19
90.20	04969	DIABETES INTERNAL MEDICINE & ENDOCRINE	45	0	0	0	0	90.20
90.21	04970	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.21
90.22	04971	HEALTHY HEARTS CENTER	42,360	14,042	15	2,699	0	90.22
90.23	04972	FP AND MATERNITY CARE CENTER	73,516	0	0	0	0	90.23
90.24	04973	PALLIATIVE CARE	7,480	0	0	0	0	90.24
90.25	04974	INFUSION CENTERS	7,118	0	0	0	0	90.25
90.26	04975	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.26
90.27	04977	DIABETIC CARE CENTER	13,141	0	0	0	0	90.27
91.00	09100	EMERGENCY	250,937	74,706	4,140	14,359	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,544,571	1,365,254	21,992	254,324	161,614	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	132,863	11,268	0	2,166	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH SALES	539,120	22,092	0	4,246	0	194.01
194.02	07952	MEDCHECK & EXPRESS CLINICS	406,861	0	0	0	0	194.02
194.03	07953	SCHOOL BASED CLINICS	27,483	0	0	0	0	194.03
194.04	07954	OFFSITE EMPLOYER CLINICS	38,721	0	0	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	PAVILLIONS	52,034	0	0	0	0	194.06
194.07	07957	LIFECHECK	1,344	0	0	0	0	194.07
194.08	07958	RESEARCH, COFFEE CART	98,070	5,169	44	994	0	194.08
194.09	07959	ADMINISTRATION	532,974	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	8,374,041	1,403,783	22,036	261,730	161,614	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150074		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/30/2013 11:52 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	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	311,000					11.00
13.00	01300	22,057	335,726				13.00
14.00	01400	14,337	0	169,416			14.00
15.00	01500	6,617	0	9,246	266,646		15.00
16.00	01600	24,042	0	178	0	458,099	16.00
17.00	01700	6,176	0	138	0	0	17.00
19.00	01900	1,103	0	131	0	0	19.00
21.00	02100	4,191	0	206	0	0	21.00
22.00	02200	3,750	0	0	0	0	22.00
23.00	02300	441	3,008	188	0	0	23.00
23.01	02301	662	3,008	9	0	0	23.01
23.02	02302	221	3,008	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	70,361	192,532	4,265	5	44,661	30.00
31.00	03100	6,617	18,050	801	0	4,781	31.00
32.00	03200	9,705	26,473	660	0	6,415	32.00
43.00	04300	3,088	8,423	520	0	4,619	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	6,396	17,448	33,888	6	15,719	50.00
51.00	05100	2,867	0	349	0	5,166	51.00
52.00	05200	4,411	12,033	732	0	6,502	52.00
54.00	05400	6,176	0	846	0	11,930	54.00
55.00	05500	9,484	0	2,909	0	23,042	55.00
57.00	05700	3,088	0	821	0	22,021	57.00
58.00	05800	1,985	0	271	0	8,565	58.00
59.00	05900	1,323	0	5,536	0	6,397	59.00
60.00	06000	0	0	3,575	0	37,208	60.00
64.00	06400	882	0	241	0	400	64.00
65.00	06500	6,176	0	648	7	8,476	65.00
66.00	06600	7,499	0	535	15	4,753	66.00
67.00	06700	2,867	0	0	0	1,858	67.00
68.00	06800	221	0	0	0	844	68.00
69.00	06900	2,206	0	90	145	5,420	69.00
70.00	07000	4,852	0	335	0	4,354	70.00
71.00	07100	0	0	0	0	17,324	71.00
72.00	07200	0	0	0	0	14,406	72.00
73.00	07300	0	0	0	24,090	63,265	73.00
74.00	07400	0	0	4	0	1,298	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	0	0	460	0	1,211	76.00
76.01	03330	33,747	0	1,038	695	7,412	76.01
76.02	03331	1,985	0	127	0	861	76.02
76.03	03950	0	0	31	0	1,022	76.03
76.04	03951	1,103	0	2,507	1,679	2,020	76.04
76.05	03480	11,470	0	77,763	208,607	64,982	76.05
76.06	03952	0	0	163	0	3,511	76.06
76.07	03953	0	0	23	0	1,967	76.07
76.97	07697	662	0	41	0	321	76.97
76.98	07698	0	0	590	0	1,284	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	0	0	0	90.01
90.02	04951	0	0	0	0	0	90.02
90.03	04952	0	0	0	0	0	90.03
90.04	04953	0	0	0	0	0	90.04
90.05	04954	0	0	0	0	0	90.05
90.06	04955	0	0	0	0	0	90.06
90.07	04956	0	0	0	0	0	90.07
90.08	04957	0	0	0	0	0	90.08
90.09	04958	0	0	0	0	0	90.09
90.10	04959	0	0	0	0	0	90.10
90.11	04960	0	0	0	0	0	90.11
90.12	04961	0	0	0	0	0	90.12
90.13	04962	0	0	0	0	0	90.13

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet B  
Part II  
Date/Time Prepared:  
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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	
90.14	04963 CASTLETON FAMILY PHYSICIANS	0	0	0	0	0	90.14
90.15	04964 FALLCREEK FAMILY MEDICINE	0	0	0	0	0	90.15
90.16	04965 FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	0	0	0	90.16
90.17	04966 INTERNAL MEDICINE OF CARMEL	0	0	0	0	0	90.17
90.18	04967 NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	0	0	0	90.18
90.19	04968 INTERNAL MEDICINE	0	0	0	0	0	90.19
90.20	04969 DIABETES INTERNAL MEDICINE & ENDOCRINE	0	0	0	0	0	90.20
90.21	04970 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.21
90.22	04971 HEALTHY HEARTS CENTER	3,529	0	277	1	1,090	90.22
90.23	04972 FP AND MATERNITY CARE CENTER	0	0	790	1,125	2,625	90.23
90.24	04973 PALLIATIVE CARE	882	0	5	0	83	90.24
90.25	04974 INFUSION CENTERS	0	0	9,644	26,210	1,769	90.25
90.26	04975 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.26
90.27	04977 DIABETIC CARE CENTER	0	0	20	0	343	90.27
91.00	09100 EMERGENCY	18,969	51,743	3,246	0	48,174	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	306,148	335,726	163,847	262,585	458,099	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,985	0	598	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH SALES	0	0	1,636	1,878	0	194.01
194.02	07952 MEDCHECK & EXPRESS CLINICS	0	0	1,808	1,516	0	194.02
194.03	07953 SCHOOL BASED CLINICS	0	0	220	292	0	194.03
194.04	07954 OFFSITE EMPLOYER CLINICS	0	0	218	375	0	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956 PAVILLIONS	0	0	119	0	0	194.06
194.07	07957 LI FE CHECK	0	0	11	0	0	194.07
194.08	07958 RESEARCH, COFFEE CART	2,867	0	959	0	0	194.08
194.09	07959 ADMINISTRATION	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	311,000	335,726	169,416	266,646	458,099	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/30/2013 11:52 am
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Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		ALLIED HEALTH-EMS PROGRAM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			17.00	19.00		21.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE	155,908				17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	11,305			19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		67,290		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0			161,391	22.00
23.00 02300	ALLIED HEALTH-EMS PROGRAM	0				23.00
23.01 02301	ALLIED HEALTH-RADIOLOGY SCHOOL	0				23.01
23.02 02302	ALLIED HEALTH-PHARMACY RESIDENCY	0				23.02
90.00 03000	ADULTS & PEDIATRICS	126,597				30.00
31.00 03100	INTENSIVE CARE UNIT	7,203				31.00
32.00 03200	CORONARY CARE UNIT	14,812				32.00
43.00 04300	NURSERY	7,296				43.00
90.00 05000	OPERATING ROOM	0				50.00
51.00 05100	RECOVERY ROOM	0				51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0				52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0				54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0				55.00
57.00 05700	CT SCAN	0				57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0				58.00
59.00 05900	CARDIAC CATHETERIZATION	0				59.00
60.00 06000	LABORATORY	0				60.00
64.00 06400	INTRAVENOUS THERAPY	0				64.00
65.00 06500	RESPIRATORY THERAPY	0				65.00
66.00 06600	PHYSICAL THERAPY	0				66.00
67.00 06700	OCCUPATIONAL THERAPY	0				67.00
68.00 06800	SPEECH PATHOLOGY	0				68.00
69.00 06900	ELECTROCARDIOLOGY	0				69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0				70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0				71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0				72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0				73.00
74.00 07400	RENAL DIALYSIS	0				74.00
75.00 07500	ASC (NON-DISTINCT PART)	0				75.00
76.00 03020	ENDOSCOPY	0				76.00
76.01 03330	GALLAHUE MENTAL HEALTH CTR	0				76.01
76.02 03331	HRC NEUROPSYCHOLOGY	0				76.02
76.03 03950	LUTHERWOOD SERVICES	0				76.03
76.04 03951	CENTER FOR WOUND HEALING	0				76.04
76.05 03480	ONCOLOGY	0				76.05
76.06 03952	IMAGING CENTERS	0				76.06
76.07 03953	BREAST DIAGNOSTIC CENTER	0				76.07
76.97 07697	CARDIAC REHABILITATION	0				76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0				76.98
90.00 09000	CLINIC	0				90.00
90.01 04950	CLEARAVISTA WOMEN'S CARE	0				90.01
90.02 04951	COUNTY LINE MEDICAL PAVILION	0				90.02
90.03 04952	DIABETES & ENDOCRINOLOGY SPECIALISTS	0				90.03
90.04 04953	FAMILY MEDICINE OF GREENFIELD	0				90.04
90.05 04954	GEIST FAMILY MEDICINE AND PEDIATRICS	0				90.05
90.06 04955	INTERNAL MEDICINE ASSOCIATES	0				90.06
90.07 04956	OLIO ROAD FAMILY CARE	0				90.07
90.08 04957	CARDIOVASCULAR EAST	0				90.08
90.09 04958	CARDIOVASCULAR NORTH	0				90.09
90.10 04959	CARDIOVASCULAR SOUTH	0				90.10
90.11 04960	NORTHEAST FAMILY PHYSICIANS	0				90.11

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2013 11:52 am

Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		ALLIED HEALTH-EMS PROGRAM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			17.00	19.00		
90.12 04961 ANDERSON FAMILY HEALTH	0	0				90.12
90.13 04962 BROADWAY FAMILY MEDICINE	0					90.13
90.14 04963 CASTLETON FAMILY PHYSICIANS	0					90.14
90.15 04964 FALLCREEK FAMILY MEDICINE	0					90.15
90.16 04965 FAMILY PRACTICE ASSOCIATES OF ELWOOD	0					90.16
90.17 04966 INTERNAL MEDICINE OF CARMEL	0					90.17
90.18 04967 NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0					90.18
90.19 04968 INTERNAL MEDICINE	0					90.19
90.20 04969 DIABETES INTERNAL MEDICINE & ENDOCRIN	0					90.20
90.21 04970 OTHER OUTPATIENT SERVICE COST CENTER	0					90.21
90.22 04971 HEALTHY HEARTS CENTER	0					90.22
90.23 04972 FP AND MATERNITY CARE CENTER	0					90.23
90.24 04973 PALLIATIVE CARE	0					90.24
90.25 04974 INFUSION CENTERS	0					90.25
90.26 04975 OTHER OUTPATIENT SERVICE COST CENTER	0					90.26
90.27 04977 DIABETIC CARE CENTER	0					90.27
91.00 09100 EMERGENCY	0					91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0					98.00
99.00 09900 CMHC	0					99.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	155,908	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
191.00 19100 RESEARCH	0					191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0					192.00
193.00 19300 NONPAID WORKERS	0					193.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0					194.00
194.01 07951 OCCUPATIONAL HEALTH SALES	0					194.01
194.02 07952 MEDCHECK & EXPRESS CLINICS	0					194.02
194.03 07953 SCHOOL BASED CLINICS	0					194.03
194.04 07954 OFFSITE EMPLOYER CLINICS	0					194.04
194.05 07955 OTHER NONREIMBURSABLE COST CENTERS	0					194.05
194.06 07956 PAVILIONS	0					194.06
194.07 07957 LI FE CHECK	0					194.07
194.08 07958 RESEARCH, COFFEE CART	0					194.08
194.09 07959 ADMINISTRATION	0					194.09
200.00 Cross Foot Adjustments		11,305	67,290	161,391	90,989	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	155,908	11,305	67,290	161,391	90,989	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/30/2013 11:52 am		
Cost Center Description			ALLIED HEALTH-RADIOLOGY SCHOOL	ALLIED HEALTH-PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.01	23.02	24.00	25.00	26.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	ALLIED HEALTH-EMS PROGRAM					23.00
23.01	02301	ALLIED HEALTH-RADIOLOGY SCHOOL	25,831				23.01
23.02	02302	ALLIED HEALTH-PHARMACY RESIDENCY		11,543			23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS			2,935,929	0	30.00
31.00	03100	INTENSIVE CARE UNIT			332,346	0	31.00
32.00	03200	CORONARY CARE UNIT			404,886	0	32.00
43.00	04300	NURSERY			193,504	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM			810,748	0	50.00
51.00	05100	RECOVERY ROOM			167,989	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			262,347	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			722,411	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			1,005,159	0	55.00
57.00	05700	CT SCAN			165,110	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			265,268	0	58.00
59.00	05900	CARDIAC CATHETERIZATION			237,784	0	59.00
60.00	06000	LABORATORY			354,874	0	60.00
64.00	06400	INTRAVENOUS THERAPY			19,433	0	64.00
65.00	06500	RESPIRATORY THERAPY			185,633	0	65.00
66.00	06600	PHYSICAL THERAPY			382,434	0	66.00
67.00	06700	OCCUPATIONAL THERAPY			120,483	0	67.00
68.00	06800	SPEECH PATHOLOGY			12,475	0	68.00
69.00	06900	ELECTROCARDIOLOGY			76,648	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			168,829	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			209,253	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			335,036	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			977,229	0	73.00
74.00	07400	RENAL DIALYSIS			23,911	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)			0	0	75.00
76.00	03020	ENDOSCOPY			31,183	0	76.00
76.01	03330	GALLAHUE MENTAL HEALTH CTR			572,192	0	76.01
76.02	03331	HRC NEUROPSYCHOLOGY			40,575	0	76.02
76.03	03950	LUTHERWOOD SERVICES			19,858	0	76.03
76.04	03951	CENTER FOR WOUND HEALING			106,988	0	76.04
76.05	03480	ONCOLOGY			985,787	0	76.05
76.06	03952	IMAGING CENTERS			236,644	0	76.06
76.07	03953	BREAST DIAGNOSTIC CENTER			92,838	0	76.07
76.97	07697	CARDIAC REHABILITATION			55,938	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY			54,152	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC			0	0	90.00
90.01	04950	CLEARAVISTA WOMEN'S CARE			46	0	90.01
90.02	04951	COUNTY LINE MEDICAL PAVILION			46	0	90.02
90.03	04952	DIABETES & ENDOCRINOLOGY SPECIALISTS			46	0	90.03
90.04	04953	FAMILY MEDICINE OF GREENFIELD			46	0	90.04
90.05	04954	GEIST FAMILY MEDICINE AND PEDIATRICS			46	0	90.05
90.06	04955	INTERNAL MEDICINE ASSOCIATES			46	0	90.06
90.07	04956	OLIO ROAD FAMILY CARE			46	0	90.07
90.08	04957	CARDIOVASCULAR EAST			46	0	90.08
90.09	04958	CARDIOVASCULAR NORTH			46	0	90.09
90.10	04959	CARDIOVASCULAR SOUTH			46	0	90.10
90.11	04960	NORTHEAST FAMILY PHYSICIANS			46	0	90.11

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2013 11:52 am

Cost Center Description		ALLIED HEALTH-RADIOLOGY SCHOOL	ALLIED HEALTH-PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	23.02	24.00	25.00	26.00	
90.12	04961	ANDERSON FAMILY HEALTH		46	0	46	90.12
90.13	04962	BROADWAY FAMILY MEDICINE		46	0	46	90.13
90.14	04963	CASTLETON FAMILY PHYSICIANS		46	0	46	90.14
90.15	04964	FALLCREEK FAMILY MEDICINE		46	0	46	90.15
90.16	04965	FAMILY PRACTICE ASSOCIATES OF ELWOOD		46	0	46	90.16
90.17	04966	INTERNAL MEDICINE OF CARMEL		46	0	46	90.17
90.18	04967	NORTHEAST OTOLARNGOLOGY NOBLESVILLE		46	0	46	90.18
90.19	04968	INTERNAL MEDICINE		46	0	46	90.19
90.20	04969	DIABETES INTERNAL MEDICINE & ENDOCRINE		46	0	46	90.20
90.21	04970	OTHER OUTPATIENT SERVICE COST CENTER		0	0	0	90.21
90.22	04971	HEALTHY HEARTS CENTER		106,317	0	106,317	90.22
90.23	04972	FP AND MATERNITY CARE CENTER		145,475	0	145,475	90.23
90.24	04973	PALLIATIVE CARE		8,734	0	8,734	90.24
90.25	04974	INFUSION CENTERS		45,561	0	45,561	90.25
90.26	04975	OTHER OUTPATIENT SERVICE COST CENTER		0	0	0	90.26
90.27	04977	DIABETIC CARE CENTER		16,740	0	16,740	90.27
91.00	09100	EMERGENCY		753,840	0	753,840	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	05950	OTHER REIMBURSABLE COST CENTERS		0	0	0	98.00
99.00	09900	CMHC		0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	13,643,461	0	13,643,461
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		0	0	0	190.00
191.00	19100	RESEARCH		0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		207,477	0	207,477	192.00
193.00	19300	NONPAID WORKERS		0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS		0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH SALES		653,954	0	653,954	194.01
194.02	07952	MEDCHECK & EXPRESS CLINICS		529,753	0	529,753	194.02
194.03	07953	SCHOOL BASED CLINICS		29,024	0	29,024	194.03
194.04	07954	OFFSITE EMPLOYER CLINICS		55,919	0	55,919	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS		0	0	0	194.05
194.06	07956	PAVILLIONS		126,048	0	126,048	194.06
194.07	07957	LIFECHECK		3,321	0	3,321	194.07
194.08	07958	RESEARCH, COFFEE CART		147,107	0	147,107	194.08
194.09	07959	ADMINISTRATION		535,748	0	535,748	194.09
200.00		Cross Foot Adjustments	25,831	11,543	368,349	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	25,831	11,543	16,300,161	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet B-1

Date/Time Prepared:  
5/30/2013 11:52 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	784,412				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		14,860,075			2.00
4.00 00400	EMPLOYEE BENEFITS	12,273	19,424	154,766,805		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	162,760	10,481,407	20,582,503	-35,625,828	5.00
7.00 00700	OPERATION OF PLANT	109,432	316,289	4,901,725	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	100	0	0	8.00
9.00 00900	HOUSEKEEPING	14,975	15,157	1,639,840	0	9.00
10.00 01000	DIETARY	11,251	10,386	413,501	0	10.00
11.00 01100	CAFETERIA	20,804	4,990	1,092,641	0	11.00
13.00 01300	NURSING ADMINISTRATION	11,926	45,348	6,776,250	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	3,782	22,456	2,482,568	0	14.00
15.00 01500	PHARMACY	8,219	52,204	3,220,457	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	27,395	25	4,651,533	0	16.00
17.00 01700	SOCIAL SERVICE	5,876	56	1,943,950	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	7,435	844,816	0	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,059	1,526	1,109,389	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	2,420,845	0	22.00
23.00 02300	ALLIED HEALTH-EMS PROGRAM	6,179	5,740	359,242	0	23.00
23.01 02301	ALLIED HEALTH-RADIOLOGY SCHOOL	1,615	0	218,734	0	23.01
23.02 02302	ALLIED HEALTH-PHARMACY RESIDENCY	450	0	55,827	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	123,305	123,777	25,710,930	0	30.00
31.00 03100	INTENSIVE CARE UNIT	12,115	69,553	2,239,650	0	31.00
32.00 03200	CORONARY CARE UNIT	16,115	26,581	2,887,818	0	32.00
43.00 04300	NURSERY	9,473	31,329	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	32,320	354,203	1,777,173	0	50.00
51.00 05100	RECOVERY ROOM	9,856	1,805	943,618	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	13,334	44,099	0	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	29,117	361,060	2,829,443	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	19,797	822,659	1,734,964	0	55.00
57.00 05700	CT SCAN	2,875	82,537	777,981	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	5,233	233,936	544,865	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	5,479	200,719	423,326	0	59.00
60.00 06000	LABORATORY	9,708	7,458	0	0	60.00
64.00 06400	INTRAVENOUS THERAPY	590	0	280,584	0	64.00
65.00 06500	RESPIRATORY THERAPY	3,811	75,484	1,937,168	0	65.00
66.00 06600	PHYSICAL THERAPY	17,535	49,061	3,690,118	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	5,622	20,148	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	554	1,986	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,293	13,106	561,244	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	2,806	120,069	1,477,193	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	503	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03020	ENDOSCOPY	0	23,933	299,685	0	76.00
76.01 03330	GALLAHUE MENTAL HEALTH CTR	6,452	115,722	12,478,984	0	76.01
76.02 03331	HRC NEUROPSYCHOLOGY	670	1,329	691,528	0	76.02
76.03 03950	LUTHERWOOD SERVICES	0	3,449	887,835	0	76.03
76.04 03951	CENTER FOR WOUND HEALING	3,411	43,673	175,870	0	76.04
76.05 03480	ONCOLOGY	0	167,745	3,904,147	0	76.05
76.06 03952	IMAGING CENTERS	0	257,530	421,400	0	76.06
76.07 03953	BREAST DIAGNOSTIC CENTER	2,606	0	0	0	76.07
76.97 07697	CARDIAC REHABILITATION	3,910	3,621	169,882	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	2,100	10,277	118,657	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 04950	CLEARAVISTA WOMEN'S CARE	0	0	1,289	0	90.01
90.02 04951	COUNTY LINE MEDICAL PAVILION	0	0	1,289	0	90.02
90.03 04952	DIABETES & ENDOCRINOLOGY SPECIALISTS	0	0	1,289	0	90.03
90.04 04953	FAMILY MEDICINE OF GREENFIELD	0	0	1,289	0	90.04
90.05 04954	GEIST FAMILY MEDICINE AND PEDIATRICS	0	0	1,289	0	90.05
90.06 04955	INTERNAL MEDICINE ASSOCIATES	0	0	1,289	0	90.06
90.07 04956	OLIO ROAD FAMILY CARE	0	0	1,289	0	90.07
90.08 04957	CARDIOVASCULAR EAST	0	0	1,289	0	90.08
90.09 04958	CARDIOVASCULAR NORTH	0	0	1,289	0	90.09
90.10 04959	CARDIOVASCULAR SOUTH	0	0	1,289	0	90.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet B-1

Date/Time Prepared:  
5/30/2013 11:52 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00				
90.11	04960	NORTHEAST FAMILY PHYSICIANS	0	0	1,289	0	1,508	90.11
90.12	04961	ANDERSON FAMILY HEALTH	0	0	1,289	0	1,508	90.12
90.13	04962	BROADWAY FAMILY MEDICINE	0	0	1,289	0	1,508	90.13
90.14	04963	CASTLETON FAMILY PHYSICIANS	0	0	1,289	0	1,508	90.14
90.15	04964	FALLCREEK FAMILY MEDICINE	0	0	1,289	0	1,508	90.15
90.16	04965	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	1,289	0	1,508	90.16
90.17	04966	INTERNAL MEDICINE OF CARMEL	0	0	1,289	0	1,508	90.17
90.18	04967	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	1,289	0	1,508	90.18
90.19	04968	INTERNAL MEDICINE	0	0	1,289	0	1,508	90.19
90.20	04969	DIABETES INTERNAL MEDICINE & ENDOCRINOLOGY	0	0	1,289	0	1,508	90.20
90.21	04970	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.21
90.22	04971	HEALTHY HEARTS CENTER	5,001	2,086	991,382	0	1,414,152	90.22
90.23	04972	FP AND MATERNITY CARE CENTER	0	98,928	1,198,459	0	2,454,300	90.23
90.24	04973	PALLIATIVE CARE	0	0	392,753	0	249,713	90.24
90.25	04974	INFUSION CENTERS	0	977	225,818	0	237,617	90.25
90.26	04975	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.26
90.27	04977	DIABETIC CARE CENTER	0	4,421	362,346	0	438,707	90.27
91.00	09100	EMERGENCY	26,606	103,660	5,592,863	0	8,377,426	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	770,690	14,459,967	128,467,285	-35,625,828	218,484,646	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,013	37,356	1,689,339	0	4,435,565	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH SALES	7,868	24,390	7,411,580	0	17,998,257	194.01
194.02	07952	MEDCHECK & EXPRESS CLINICS	0	167,706	9,340,236	0	13,582,850	194.02
194.03	07953	SCHOOL BASED CLINICS	0	818	664,010	0	917,508	194.03
194.04	07954	OFFSITE EMPLOYER CLINICS	0	23,797	825,462	0	1,292,667	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	PAVILLIONS	0	109,746	88,050	0	1,737,146	194.06
194.07	07957	LIFECHECK	0	2,850	68,491	0	44,861	194.07
194.08	07958	RESEARCH, COFFEE CART	1,841	33,445	2,370,306	0	3,274,015	194.08
194.09	07959	ADMINISTRATION	0	0	3,842,046	0	17,793,087	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,303,095	9,997,066	26,353,303		35,625,828	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.035439	0.672747	0.170277		0.127435	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			111,686		8,374,041	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000722		0.029954	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet B-1

Date/Time Prepared:  
5/30/2013 11:52 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	499,947				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	322,574			8.00
9.00	00900	HOUSEKEEPING	14,975	0	484,972		9.00
10.00	01000	DIETARY	11,251	0	11,251	62,527	10.00
11.00	01100	CAFETERIA	20,804	0	20,804	0	1,410
13.00	01300	NURSING ADMINISTRATION	11,926	1,511	11,926	0	100
14.00	01400	CENTRAL SERVICES & SUPPLY	3,782	0	3,782	0	65
15.00	01500	PHARMACY	8,219	0	8,219	0	30
16.00	01600	MEDICAL RECORDS & LIBRARY	27,395	0	27,395	0	109
17.00	01700	SOCIAL SERVICE	5,876	0	5,876	0	28
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	5
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,059	1,409	2,059	0	19
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	17
23.00	02300	ALLIED HEALTH-EMS PROGRAM	6,179	0	6,179	0	2
23.01	02301	ALLIED HEALTH-RADIOLOGY SCHOOL	1,615	0	1,615	0	3
23.02	02302	ALLIED HEALTH-PHARMACY RESIDENCY	450	0	450	0	1
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	123,305	139,302	123,305	53,347	319
31.00	03100	INTENSIVE CARE UNIT	12,115	12,149	12,115	3,003	30
32.00	03200	CORONARY CARE UNIT	16,115	29,096	16,115	6,177	44
43.00	04300	NURSERY	9,473	9,052	9,473	0	14
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	32,320	14,758	32,320	0	29
51.00	05100	RECOVERY ROOM	9,856	0	9,856	0	13
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,334	12,742	13,334	0	20
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,117	9,483	29,117	0	28
55.00	05500	RADIOLOGY-THERAPEUTIC	19,797	8,737	19,797	0	43
57.00	05700	CT SCAN	2,875	9,529	2,875	0	14
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,233	5,269	5,233	0	9
59.00	05900	CARDIAC CATHETERIZATION	5,479	2,280	5,479	0	6
60.00	06000	LABORATORY	9,708	0	9,708	0	0
64.00	06400	INTRAVENOUS THERAPY	590	0	590	0	4
65.00	06500	RESPIRATORY THERAPY	3,811	0	3,811	0	28
66.00	06600	PHYSICAL THERAPY	17,535	0	17,535	0	34
67.00	06700	OCCUPATIONAL THERAPY	5,622	0	5,622	0	13
68.00	06800	SPEECH PATHOLOGY	554	0	554	0	1
69.00	06900	ELECTROCARDIOLOGY	1,293	0	1,293	0	10
70.00	07000	ELECTROENCEPHALOGRAPHY	2,806	2,503	2,806	0	22
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	673	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03020	ENDOSCOPY	0	0	0	0	0
76.01	03330	GALLAHUE MENTAL HEALTH CTR	6,452	0	6,452	0	153
76.02	03331	HRC NEUROPSYCHOLOGY	670	0	670	0	9
76.03	03950	LUTHERWOOD SERVICES	0	0	0	0	0
76.04	03951	CENTER FOR WOUND HEALING	3,411	0	3,411	0	5
76.05	03480	ONCOLOGY	0	2,620	0	0	52
76.06	03952	IMAGING CENTERS	0	0	0	0	0
76.07	03953	BREAST DIAGNOSTIC CENTER	2,606	0	2,606	0	0
76.97	07697	CARDIAC REHABILITATION	3,910	0	3,910	0	3
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,100	0	2,100	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	CLEARAVISTA WOMEN'S CARE	0	0	0	0	0
90.02	04951	COUNTY LINE MEDICAL PAVILION	0	0	0	0	0
90.03	04952	DIABETES & ENDOCRINOLOGY SPECIALISTS	0	0	0	0	0
90.04	04953	FAMILY MEDICINE OF GREENFIELD	0	0	0	0	0
90.05	04954	GEIST FAMILY MEDICINE AND PEDIATRICS	0	0	0	0	0
90.06	04955	INTERNAL MEDICINE ASSOCIATES	0	0	0	0	0
90.07	04956	OLIO ROAD FAMILY CARE	0	0	0	0	0
90.08	04957	CARDIOVASCULAR EAST	0	0	0	0	0
90.09	04958	CARDIOVASCULAR NORTH	0	0	0	0	0
90.10	04959	CARDIOVASCULAR SOUTH	0	0	0	0	0
90.11	04960	NORTHEAST FAMILY PHYSICIANS	0	0	0	0	0
90.12	04961	ANDERSON FAMILY HEALTH	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
90.13	04962 BROADWAY FAMILY MEDICINE	0	0	0	0	0	90.13
90.14	04963 CASTLETON FAMILY PHYSICIANS	0	0	0	0	0	90.14
90.15	04964 FALLCREEK FAMILY MEDICINE	0	0	0	0	0	90.15
90.16	04965 FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	0	0	0	90.16
90.17	04966 INTERNAL MEDICINE OF CARMEL	0	0	0	0	0	90.17
90.18	04967 NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	0	0	0	90.18
90.19	04968 INTERNAL MEDICINE	0	0	0	0	0	90.19
90.20	04969 DIABETES INTERNAL MEDICINE & ENDOCRINOLOGY	0	0	0	0	0	90.20
90.21	04970 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.21
90.22	04971 HEALTHY HEARTS CENTER	5,001	214	5,001	0	16	90.22
90.23	04972 FP AND MATERNITY CARE CENTER	0	0	0	0	0	90.23
90.24	04973 PALLIATIVE CARE	0	0	0	0	4	90.24
90.25	04974 INFUSION CENTERS	0	0	0	0	0	90.25
90.26	04975 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.26
90.27	04977 DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00	09100 EMERGENCY	26,606	60,601	26,606	0	86	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	486,225	321,928	471,250	62,527	1,388	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	4,013	0	4,013	0	9	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH SALES	7,868	0	7,868	0	0	194.01
194.02	07952 MEDCHECK & EXPRESS CLINICS	0	0	0	0	0	194.02
194.03	07953 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04	07954 OFFSITE EMPLOYER CLINICS	0	0	0	0	0	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956 PAVILIONS	0	0	0	0	0	194.06
194.07	07957 LI FE CHECK	0	0	0	0	0	194.07
194.08	07958 RESEARCH, COFFEE CART	1,841	646	1,841	0	13	194.08
194.09	07959 ADMINISTRATION	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	11,597,574	826,873	3,658,491	1,334,210	3,275,853	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	23.197607	2.563359	7.543716	21.338142	2,323.300000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,403,783	22,036	261,730	161,614	311,000	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.807864	0.068313	0.539681	2.584707	220.567376	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	558					13.00
14.00	01400	0	51,240,915				14.00
15.00	01500	0	2,796,686	29,229,598			15.00
16.00	01600	0	53,783	0	819,049,338		16.00
17.00	01700	0	41,826	0	0	65,283	17.00
19.00	01900	0	39,662	0	0	0	19.00
21.00	02100	0	62,336	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	5	56,817	0	0	0	23.00
23.01	02301	5	2,755	0	0	0	23.01
23.02	02302	5	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	320	1,290,096	525	79,894,969	53,010	30.00
31.00	03100	30	242,186	0	8,553,221	3,016	31.00
32.00	03200	44	199,746	0	11,476,653	6,202	32.00
43.00	04300	14	157,368	0	8,262,653	3,055	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	29	10,250,550	701	28,120,106	0	50.00
51.00	05100	0	105,690	0	9,242,222	0	51.00
52.00	05200	20	221,515	0	11,630,741	0	52.00
54.00	05400	0	255,988	0	21,342,329	0	54.00
55.00	05500	0	879,786	0	41,220,450	0	55.00
57.00	05700	0	248,453	0	39,393,213	0	57.00
58.00	05800	0	81,847	0	15,322,806	0	58.00
59.00	05900	0	1,674,514	0	11,443,562	0	59.00
60.00	06000	0	1,081,517	0	66,561,521	0	60.00
64.00	06400	0	72,932	0	716,183	0	64.00
65.00	06500	0	195,911	747	15,163,584	0	65.00
66.00	06600	0	161,841	1,649	8,502,425	0	66.00
67.00	06700	0	0	0	3,324,301	0	67.00
68.00	06800	0	0	0	1,509,052	0	68.00
69.00	06900	0	27,167	15,904	9,695,932	0	69.00
70.00	07000	0	101,284	0	7,788,945	0	70.00
71.00	07100	0	0	0	30,990,275	0	71.00
72.00	07200	0	0	0	25,770,127	0	72.00
73.00	07300	0	0	2,640,913	113,175,285	0	73.00
74.00	07400	0	1,256	0	2,321,967	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	0	139,001	0	2,166,528	0	76.00
76.01	03330	0	313,826	76,198	13,258,966	0	76.01
76.02	03331	0	38,377	0	1,541,124	0	76.02
76.03	03950	0	9,333	0	1,828,118	0	76.03
76.04	03951	0	758,247	184,107	3,612,722	0	76.04
76.05	03480	0	23,517,693	22,866,830	115,796,457	0	76.05
76.06	03952	0	49,254	0	6,281,402	0	76.06
76.07	03953	0	6,926	0	3,519,386	0	76.07
76.97	07697	0	12,330	0	573,433	0	76.97
76.98	07698	0	178,439	0	2,297,760	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	0	0	0	90.01
90.02	04951	0	0	0	0	0	90.02
90.03	04952	0	0	0	0	0	90.03
90.04	04953	0	0	0	0	0	90.04
90.05	04954	0	0	0	0	0	90.05
90.06	04955	0	0	0	0	0	90.06
90.07	04956	0	0	0	0	0	90.07
90.08	04957	0	0	0	0	0	90.08
90.09	04958	0	0	0	0	0	90.09
90.10	04959	0	0	0	0	0	90.10
90.11	04960	0	0	0	0	0	90.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)		
		13.00	14.00	15.00	16.00	17.00		
90.12	04961	ANDERSON FAMILY HEALTH	0	0	0	0	0	90.12
90.13	04962	BROADWAY FAMILY MEDICINE	0	0	0	0	0	90.13
90.14	04963	CASTLETON FAMILY PHYSICIANS	0	0	0	0	0	90.14
90.15	04964	FALLCREEK FAMILY MEDICINE	0	0	0	0	0	90.15
90.16	04965	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	0	0	0	90.16
90.17	04966	INTERNAL MEDICINE OF CARMEL	0	0	0	0	0	90.17
90.18	04967	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	0	0	0	90.18
90.19	04968	INTERNAL MEDICINE	0	0	0	0	0	90.19
90.20	04969	DIABETES INTERNAL MEDICINE & ENDOCRI	0	0	0	0	0	90.20
90.21	04970	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.21
90.22	04971	HEALTHY HEARTS CENTER	0	83,766	147	1,949,027	0	90.22
90.23	04972	FP AND MATERNITY CARE CENTER	0	238,816	123,381	4,696,755	0	90.23
90.24	04973	PALLIATIVE CARE	0	1,557	0	148,276	0	90.24
90.25	04974	INFUSION CENTERS	0	2,917,202	2,873,320	3,164,090	0	90.25
90.26	04975	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.26
90.27	04977	DIABETIC CARE CENTER	0	5,941	0	613,493	0	90.27
91.00	09100	EMERGENCY	86	981,960	0	86,179,279	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	558	49,556,180	28,784,422	819,049,338	65,283	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	180,813	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH SALES	0	494,958	205,832	0	0	194.01
194.02	07952	MEDCHECK & EXPRESS CLINICS	0	546,961	166,186	0	0	194.02
194.03	07953	SCHOOL BASED CLINICS	0	66,528	32,020	0	0	194.03
194.04	07954	OFFSITE EMPLOYER CLINICS	0	66,064	41,138	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	PAVILLIONS	0	35,907	0	0	0	194.06
194.07	07957	LIFECHECK	0	3,459	0	0	0	194.07
194.08	07958	RESEARCH, COFFEE CART	0	290,045	0	0	0	194.08
194.09	07959	ADMINISTRATION	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,963,038	3,847,850	5,040,782	5,565,923	3,307,579	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10,686.448029	0.075093	0.172455	0.006796	50.665242	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	335,726	169,416	266,646	458,099	155,908	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	601.659498	0.003306	0.009122	0.000559	2.388187	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	INTERNS & RESIDENTS					ALLIED HEALTH-EMS PROGRAM (ASSIGNED TIME)	ALLIED HEALTH-RADIOLOGY SCHOOL (ASSIGNED TIME)	
	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	23.00	23.01			
		19.00	21.00					
<b>GENERAL SERVICE COST CENTERS</b>								
1.00 00100	CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400	EMPLOYEE BENEFITS							4.00
5.00 00500	ADMINISTRATIVE & GENERAL							5.00
7.00 00700	OPERATION OF PLANT							7.00
8.00 00800	LAUNDRY & LINEN SERVICE							8.00
9.00 00900	HOUSEKEEPING							9.00
10.00 01000	DIETARY							10.00
11.00 01100	CAFETERIA							11.00
13.00 01300	NURSING ADMINISTRATION							13.00
14.00 01400	CENTRAL SERVICES & SUPPLY							14.00
15.00 01500	PHARMACY							15.00
16.00 01600	MEDICAL RECORDS & LIBRARY							16.00
17.00 01700	SOCIAL SERVICE							17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	100						19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD		44,697					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			44,697				22.00
23.00 02300	ALLIED HEALTH-EMS PROGRAM				100			23.00
23.01 02301	ALLIED HEALTH-RADIOLOGY SCHOOL				0	100		23.01
23.02 02302	ALLIED HEALTH-PHARMACY RESIDENCY				0	0		23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00 03000	ADULTS & PEDIATRICS		10,337	10,337	0	0		30.00
31.00 03100	INTENSIVE CARE UNIT		318	318	0	0		31.00
32.00 03200	CORONARY CARE UNIT		0	0	0	0		32.00
43.00 04300	NURSERY		0	0	0	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00 05000	OPERATING ROOM	100	305	305	0	0		50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0		51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	1,037	1,037	0	0		52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	100		54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0		55.00
57.00 05700	CT SCAN	0	0	0	0	0		57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00 06000	LABORATORY	0	0	0	0	0		60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0		64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0		65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0		66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0		67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0		68.00
69.00 06900	ELECTROCARDIOLOGY	0	318	318	0	0		69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0		70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0		71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0		74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
76.00 03020	ENDOSCOPY	0	36	36	0	0		76.00
76.01 03330	GALLAHUE MENTAL HEALTH CTR	0	477	477	0	0		76.01
76.02 03331	HRC NEUROPSYCHOLOGY	0	0	0	0	0		76.02
76.03 03950	LUTHERWOOD SERVICES	0	0	0	0	0		76.03
76.04 03951	CENTER FOR WOUND HEALING	0	0	0	0	0		76.04
76.05 03480	ONCOLOGY	0	0	0	0	0		76.05
76.06 03952	IMAGING CENTERS	0	0	0	0	0		76.06
76.07 03953	BREAST DIAGNOSTIC CENTER	0	477	477	0	0		76.07
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0		76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00 09000	CLINIC	0	0	0	0	0		90.00
90.01 04950	CLEARAVISTA WOMEN'S CARE	0	159	159	0	0		90.01
90.02 04951	COUNTY LINE MEDICAL PAVILION	0	0	0	0	0		90.02
90.03 04952	DIABETES & ENDOCRINOLOGY SPECIALISTS	0	0	0	0	0		90.03
90.04 04953	FAMILY MEDICINE OF GREENFIELD	0	0	0	0	0		90.04
90.05 04954	GEIST FAMILY MEDICINE AND PEDIATRICS	0	0	0	0	0		90.05
90.06 04955	INTERNAL MEDICINE ASSOCIATES	0	0	0	0	0		90.06
90.07 04956	OLIO ROAD FAMILY CARE	0	0	0	0	0		90.07
90.08 04957	CARDIOVASCULAR EAST	0	0	0	0	0		90.08
90.09 04958	CARDIOVASCULAR NORTH	0	0	0	0	0		90.09

COST ALLOCATION - STATISTICAL BASIS

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To 12/31/2012

Worksheet B-1

Date/Time Prepared:  
5/30/2013 11:52 am

Cost Center Description	INTERNS & RESIDENTS					ALLIED HEALTH-EMS PROGRAM (ASSIGNED TIME)	ALLIED HEALTH-RADIOLOGY SCHOOL (ASSIGNED TIME)	
	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	SERVICES-SALARIES & FRINGES (ASSIGNED TIME)		SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
		19.00	21.00					
90.10 04959 CARDIOVASCULAR SOUTH	0	0	0	0	0	0	0	90.10
90.11 04960 NORTHEAST FAMILY PHYSICIANS	0	0	0	0	0	0	0	90.11
90.12 04961 ANDERSON FAMILY HEALTH	0	0	0	0	0	0	0	90.12
90.13 04962 BROADWAY FAMILY MEDICINE	0	0	0	0	0	0	0	90.13
90.14 04963 CASTLETON FAMILY PHYSICIANS	0	0	0	0	0	0	0	90.14
90.15 04964 FALLCREEK FAMILY MEDICINE	0	0	0	0	0	0	0	90.15
90.16 04965 FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	0	0	0	0	0	90.16
90.17 04966 INTERNAL MEDICINE OF CARMEL	0	0	0	0	0	0	0	90.17
90.18 04967 NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	0	0	0	0	0	90.18
90.19 04968 INTERNAL MEDICINE	0	0	0	0	0	0	0	90.19
90.20 04969 DIABETES INTERNAL MEDICINE & ENDOCRINE	0	0	0	0	0	0	0	90.20
90.21 04970 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	0	90.21
90.22 04971 HEALTHY HEARTS CENTER	0	0	0	0	0	0	0	90.22
90.23 04972 FP AND MATERNITY CARE CENTER	0	28,287	28,287	0	0	0	0	90.23
90.24 04973 PALLIATIVE CARE	0	0	0	0	0	0	0	90.24
90.25 04974 INFUSION CENTERS	0	0	0	0	0	0	0	90.25
90.26 04975 OTHER OUTPATIENT SERVICE COST CENTER	0	239	239	0	0	0	0	90.26
90.27 04977 DIABETIC CARE CENTER	0	2,707	2,707	0	0	0	0	90.27
91.00 09100 EMERGENCY	0	0	0	0	100	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	100	44,697	44,697	100	100	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	0	0	193.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	0	194.00
194.01 07951 OCCUPATIONAL HEALTH SALES	0	0	0	0	0	0	0	194.01
194.02 07952 MEDCHECK & EXPRESS CLINICS	0	0	0	0	0	0	0	194.02
194.03 07953 SCHOOL BASED CLINICS	0	0	0	0	0	0	0	194.03
194.04 07954 OFFSITE EMPLOYER CLINICS	0	0	0	0	0	0	0	194.04
194.05 07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	0	194.05
194.06 07956 PAVILIONS	0	0	0	0	0	0	0	194.06
194.07 07957 LI FE CHECK	0	0	0	0	0	0	0	194.07
194.08 07958 RESEARCH, COFFEE CART	0	0	0	0	0	0	0	194.08
194.09 07959 ADMINISTRATION	0	0	0	0	0	0	0	194.09
200.00 Cross Foot Adjustments								200.00
201.00 Negative Cost Centers								201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	182,419	1,528,410	5,907,125	737,653	246,150			202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1,824.190000	34.194912	132.159317	7,376.530000	2,461.500000			203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	11,305	67,290	161,391	90,989	25,831			204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	113.050000	1.505470	3.610779	909.890000	258.310000			205.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet B-1

Date/Time Prepared:  
5/30/2013 11:52 am

Cost Center Description		ALLIED HEALTH-PHARMACY RESIDENCY (ASSIGNED TIME)	
		23.02	
90.12	04961 ANDERSON FAMILY HEALTH	0	90.12
90.13	04962 BROADWAY FAMILY MEDICINE	0	90.13
90.14	04963 CASTLETON FAMILY PHYSICIANS	0	90.14
90.15	04964 FALLCREEK FAMILY MEDICINE	0	90.15
90.16	04965 FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	90.16
90.17	04966 INTERNAL MEDICINE OF CARMEL	0	90.17
90.18	04967 NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	90.18
90.19	04968 INTERNAL MEDICINE	0	90.19
90.20	04969 DIABETES INTERNAL MEDICINE & ENDOCRINE	0	90.20
90.21	04970 OTHER OUTPATIENT SERVICE COST CENTER	0	90.21
90.22	04971 HEALTHY HEARTS CENTER	0	90.22
90.23	04972 FP AND MATERNITY CARE CENTER	0	90.23
90.24	04973 PALLIATIVE CARE	0	90.24
90.25	04974 INFUSION CENTERS	0	90.25
90.26	04975 OTHER OUTPATIENT SERVICE COST CENTER	0	90.26
90.27	04977 DIABETIC CARE CENTER	0	90.27
91.00	09100 EMERGENCY	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS			
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900 CMHC	0	99.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	07951 OCCUPATIONAL HEALTH SALES	0	194.01
194.02	07952 MEDCHECK & EXPRESS CLINICS	0	194.02
194.03	07953 SCHOOL BASED CLINICS	0	194.03
194.04	07954 OFFSITE EMPLOYER CLINICS	0	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	194.05
194.06	07956 PAVILIONS	0	194.06
194.07	07957 LIFE CHECK	0	194.07
194.08	07958 RESEARCH, COFFEE CART	0	194.08
194.09	07959 ADMINISTRATION	0	194.09
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	188,183	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1,881.830000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	11,543	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	115.430000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2013 11:52 am

			Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Dissallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	44,568,067		44,568,067	33,994	44,602,061	69,184,213	30.00
31.00	03100	INTENSIVE CARE UNIT	4,850,553		4,850,553	0	4,850,553	8,553,221	31.00
32.00	03200	CORONARY CARE UNIT	6,403,724		6,403,724	0	6,403,724	11,476,653	32.00
43.00	04300	NURSERY	2,226,099		2,226,099	0	2,226,099	8,262,653	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	7,400,472		7,400,472	0	7,400,472	23,902,656	50.00
51.00	05100	RECOVERY ROOM	2,117,351		2,117,351	0	2,117,351	6,610,805	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,919,441		2,919,441	0	2,919,441	11,630,741	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,153,435		6,153,435	0	6,153,435	5,470,289	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,194,004		8,194,004	0	8,194,004	3,868,029	55.00
57.00	05700	CT SCAN	2,302,842		2,302,842	0	2,302,842	10,682,275	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,688,694		1,688,694	0	1,688,694	3,743,618	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,395,405		1,395,405	0	1,395,405	7,547,738	59.00
60.00	06000	LABORATORY	8,305,879		8,305,879	72,738	8,378,617	37,036,268	60.00
64.00	06400	INTRAVENOUS THERAPY	451,448		451,448	0	451,448	686,072	64.00
65.00	06500	RESPIRATORY THERAPY	3,114,115	0	3,114,115	0	3,114,115	13,246,514	65.00
66.00	06600	PHYSICAL THERAPY	5,745,513	0	5,745,513	0	5,745,513	2,240,686	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,663,719	0	1,663,719	0	1,663,719	1,460,097	67.00
68.00	06800	SPEECH PATHOLOGY	171,387	0	171,387	0	171,387	295,841	68.00
69.00	06900	ELECTROCARDIOLOGY	1,821,625		1,821,625	0	1,821,625	5,789,133	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,910,651		1,910,651	9,122	1,919,773	705,599	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,434,610		7,434,610	0	7,434,610	12,596,953	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,243,295		12,243,295	0	12,243,295	20,553,795	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,903,365		34,903,365	0	34,903,365	36,667,699	73.00
74.00	07400	RENAL DIALYSIS	854,144		854,144	0	854,144	2,211,683	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	0	75.00
76.00	03020	ENDOSCOPY	521,817		521,817	0	521,817	914,829	76.00
76.01	03330	GALLAHUE MENTAL HEALTH CTR	14,569,184		14,569,184	0	14,569,184	0	76.01
76.02	03331	HRC NEUROPSYCHOLOGY	1,130,647		1,130,647	0	1,130,647	27,792	76.02
76.03	03950	LUTHERWOOD SERVICES	609,479		609,479	0	609,479	0	76.03
76.04	03951	CENTER FOR WOUND HEALING	1,409,441		1,409,441	0	1,409,441	79,494	76.04
76.05	03480	ONCOLOGY	25,710,995		25,710,995	0	25,710,995	69,805	76.05
76.06	03952	IMAGING CENTERS	2,282,615		2,282,615	0	2,282,615	12,709	76.06
76.07	03953	BREAST DIAGNOSTIC CENTER	2,407,499		2,407,499	0	2,407,499	13,285	76.07
76.97	07697	CARDIAC REHABILITATION	427,346		427,346	0	427,346	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	898,084		898,084	0	898,084	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	0		0	0	0	0	90.00
90.01	04950	CLEARAVISTA WOMEN'S CARE	1,700		1,700	0	1,700	0	90.01
90.02	04951	COUNTY LINE MEDICAL PAVILION	1,700		1,700	0	1,700	0	90.02
90.03	04952	DIABETES & ENDOCRINOLOGY SPECIALISTS	1,700		1,700	0	1,700	0	90.03
90.04	04953	FAMILY MEDICINE OF GREENFIELD	1,700		1,700	0	1,700	0	90.04
90.05	04954	GEST FAMILY MEDICINE AND PEDIATRICS	1,700		1,700	0	1,700	0	90.05
90.06	04955	INTERNAL MEDICINE ASSOCIATES	1,700		1,700	0	1,700	0	90.06
90.07	04956	OLIO ROAD FAMILY CARE	1,700		1,700	0	1,700	0	90.07
90.08	04957	CARDIOVASCULAR EAST	1,700		1,700	0	1,700	0	90.08
90.09	04958	CARDIOVASCULAR NORTH	1,700		1,700	0	1,700	0	90.09
90.10	04959	CARDIOVASCULAR SOUTH	1,700		1,700	0	1,700	0	90.10
90.11	04960	NORTHEAST FAMILY PHYSICIANS	1,700		1,700	0	1,700	0	90.11
90.12	04961	ANDERSON FAMILY HEALTH	1,700		1,700	0	1,700	0	90.12
90.13	04962	BROADWAY FAMILY MEDICINE	1,700		1,700	0	1,700	0	90.13
90.14	04963	CASTLETON FAMILY PHYSICIANS	1,700		1,700	0	1,700	0	90.14
90.15	04964	FALLCREEK FAMILY MEDICINE	1,700		1,700	0	1,700	0	90.15
90.16	04965	FAMILY PRACTICE ASSOCIATES OF ELWOOD	1,700		1,700	0	1,700	0	90.16

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2013 11:52 am

			Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges		
			Total Costs	RCE Disallowance	Total Costs	Inpatient		
			3.00	4.00	5.00	6.00		
90.17 04966	INTERNAL MEDICINE OF CARMEL	1,700	1,700	0	1,700	0	90.17	
90.18 04967	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	1,700	1,700	0	1,700	0	90.18	
90.19 04968	INTERNAL MEDICINE	1,700	1,700	0	1,700	0	90.19	
90.20 04969	DIABETES INTERNAL MEDICINE & ENDOCRINE	1,700	1,700	0	1,700	0	90.20	
90.21 04970	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.21	
90.22 04971	HEALTHY HEARTS CENTER	1,805,384	1,805,384	0	1,805,384	6,087	90.22	
90.23 04972	FP AND MATERNITY CARE CENTER	2,838,194	2,838,194	0	2,838,194	959,371	90.23	
90.24 04973	PALLIATIVE CARE	291,953	291,953	0	291,953	148,276	90.24	
90.25 04974	INFUSION CENTERS	1,003,980	1,003,980	0	1,003,980	967	90.25	
90.26 04975	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.26	
90.27 04977	DIABETIC CARE CENTER	499,229	499,229	237	499,466	140,395	90.27	
91.00 09100	EMERGENCY	12,934,153	12,934,153	29,615	12,963,768	21,394,357	91.00	
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,456,103	1,456,103		1,456,103	620,121	92.00	
OTHER REIMBURSABLE COST CENTERS								
98.00 05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
99.00 09900	CMHC	0	0		0	0	99.00	
SPECIAL PURPOSE COST CENTERS								
113.00 11300	INTEREST EXPENSE						113.00	
200.00	Subtotal (see instructions)	239,669,941	239,669,941	145,706	239,815,647	328,810,719	200.00	
201.00	Less Observation Beds	1,456,103	1,456,103		1,456,103		201.00	
202.00	Total (see instructions)	238,213,838	238,213,838	145,706	238,359,544	328,810,719	202.00	
Cost Center Description	Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio			
	Outpatient	Total (col. 6 + col. 7)						
	7.00	8.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000	ADULTS & PEDIATRICS		69,184,213				30.00	
31.00 03100	INTENSIVE CARE UNIT		8,553,221				31.00	
32.00 03200	CORONARY CARE UNIT		11,476,653				32.00	
43.00 04300	NURSERY		8,262,653				43.00	
ANCILLARY SERVICE COST CENTERS								
50.00 05000	OPERATING ROOM	4,217,450	28,120,106	0.263174	0.000000	0.263174	50.00	
51.00 05100	RECOVERY ROOM	2,631,417	9,242,222	0.229095	0.000000	0.229095	51.00	
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	11,630,741	0.251011	0.000000	0.251011	52.00	
54.00 05400	RADIOLOGY-DIAGNOSTIC	15,872,040	21,342,329	0.288321	0.000000	0.288321	54.00	
55.00 05500	RADIOLOGY-THERAPEUTIC	37,352,421	41,220,450	0.198785	0.000000	0.198785	55.00	
57.00 05700	CT SCAN	28,710,938	39,393,213	0.058458	0.000000	0.058458	57.00	
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	11,579,188	15,322,806	0.110208	0.000000	0.110208	58.00	
59.00 05900	CARDIAC CATHETERIZATION	3,895,824	11,443,562	0.121938	0.000000	0.121938	59.00	
60.00 06000	LABORATORY	29,525,253	66,561,521	0.124785	0.000000	0.125878	60.00	
64.00 06400	INTRAVENOUS THERAPY	30,111	716,183	0.630353	0.000000	0.630353	64.00	
65.00 06500	RESPIRATORY THERAPY	1,917,070	15,163,584	0.205368	0.000000	0.205368	65.00	
66.00 06600	PHYSICAL THERAPY	6,261,739	8,502,425	0.675750	0.000000	0.675750	66.00	
67.00 06700	OCCUPATIONAL THERAPY	1,864,204	3,324,301	0.500472	0.000000	0.500472	67.00	
68.00 06800	SPEECH PATHOLOGY	1,213,211	1,509,052	0.113573	0.000000	0.113573	68.00	
69.00 06900	ELECTROCARDIOLOGY	3,906,799	9,695,932	0.187875	0.000000	0.187875	69.00	
70.00 07000	ELECTROENCEPHALOGRAPHY	7,083,346	7,788,945	0.245303	0.000000	0.246474	70.00	
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,393,322	30,990,275	0.239901	0.000000	0.239901	71.00	
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	5,216,332	25,770,127	0.475096	0.000000	0.475096	72.00	
73.00 07300	DRUGS CHARGED TO PATIENTS	76,507,586	113,175,285	0.308401	0.000000	0.308401	73.00	
74.00 07400	RENAL DIALYSIS	110,284	2,321,967	0.367854	0.000000	0.367854	74.00	
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000	75.00	
76.00 03020	ENDOSCOPY	1,251,699	2,166,528	0.240854	0.000000	0.240854	76.00	
76.01 03330	GALLAHUE MENTAL HEALTH CTR	13,258,966	13,258,966	1.098818	0.000000	1.098818	76.01	
76.02 03331	HRC NEUROPSYCHOLOGY	1,513,332	1,541,124	0.733651	0.000000	0.733651	76.02	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2013 11:52 am

			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio			
Cost Center Description	Outpatient	Total (col. 6 + col. 7)	9.00	10.00				11.00		
	7.00	8.00								
76.03	03950	LUTHERWOOD SERVICES	1,828,118	1,828,118	0.333391	0.000000	0.333391		76.03	
76.04	03951	CENTER FOR WOUND HEALING	3,533,228	3,612,722	0.390133	0.000000	0.390133		76.04	
76.05	03480	ONCOLOGY	115,726,652	115,796,457	0.222036	0.000000	0.222036		76.05	
76.06	03952	IMAGING CENTERS	6,268,693	6,281,402	0.363393	0.000000	0.363393		76.06	
76.07	03953	BREAST DIAGNOSTIC CENTER	3,506,101	3,519,386	0.684068	0.000000	0.684068		76.07	
76.97	07697	CARDIAC REHABILITATION	573,433	573,433	0.745241	0.000000	0.745241		76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,297,760	2,297,760	0.390852	0.000000	0.390852		76.98	
<b>OUTPATIENT SERVICE COST CENTERS</b>										
90.00	09000	CLINIC	0	0	0.000000	0.000000	0.000000		90.00	
90.01	04950	CLEARAVISTA WOMEN'S CARE	0	0	0.000000	0.000000	0.000000		90.01	
90.02	04951	COUNTY LINE MEDICAL PAVILION	0	0	0.000000	0.000000	0.000000		90.02	
90.03	04952	DIABETES & ENDOCRINOLOGY SPECIALISTS	0	0	0.000000	0.000000	0.000000		90.03	
90.04	04953	FAMILY MEDICINE OF GREENFIELD	0	0	0.000000	0.000000	0.000000		90.04	
90.05	04954	GEIST FAMILY MEDICINE AND PEDIATRICS	0	0	0.000000	0.000000	0.000000		90.05	
90.06	04955	INTERNAL MEDICINE ASSOCIATES	0	0	0.000000	0.000000	0.000000		90.06	
90.07	04956	OLIO ROAD FAMILY CARE	0	0	0.000000	0.000000	0.000000		90.07	
90.08	04957	CARDIOVASCULAR EAST	0	0	0.000000	0.000000	0.000000		90.08	
90.09	04958	CARDIOVASCULAR NORTH	0	0	0.000000	0.000000	0.000000		90.09	
90.10	04959	CARDIOVASCULAR SOUTH	0	0	0.000000	0.000000	0.000000		90.10	
90.11	04960	NORTHEAST FAMILY PHYSICIANS	0	0	0.000000	0.000000	0.000000		90.11	
90.12	04961	ANDERSON FAMILY HEALTH	0	0	0.000000	0.000000	0.000000		90.12	
90.13	04962	BROADWAY FAMILY MEDICINE	0	0	0.000000	0.000000	0.000000		90.13	
90.14	04963	CASTLETON FAMILY PHYSICIANS	0	0	0.000000	0.000000	0.000000		90.14	
90.15	04964	FALLCREEK FAMILY MEDICINE	0	0	0.000000	0.000000	0.000000		90.15	
90.16	04965	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	0.000000	0.000000	0.000000		90.16	
90.17	04966	INTERNAL MEDICINE OF CARMEL	0	0	0.000000	0.000000	0.000000		90.17	
90.18	04967	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	0.000000	0.000000	0.000000		90.18	
90.19	04968	INTERNAL MEDICINE	0	0	0.000000	0.000000	0.000000		90.19	
90.20	04969	DIABETES INTERNAL MEDICINE & ENDOCRINE	0	0	0.000000	0.000000	0.000000		90.20	
90.21	04970	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0.000000		90.21	
90.22	04971	HEALTHY HEARTS CENTER	1,942,940	1,949,027	0.926300	0.000000	0.926300		90.22	
90.23	04972	FP AND MATERNITY CARE CENTER	3,737,384	4,696,755	0.604288	0.000000	0.604288		90.23	
90.24	04973	PALLIATIVE CARE	0	148,276	1.968984	0.000000	1.968984		90.24	
90.25	04974	INFUSION CENTERS	3,163,123	3,164,090	0.317305	0.000000	0.317305		90.25	
90.26	04975	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0.000000		90.26	
90.27	04977	DIABETIC CARE CENTER	473,098	613,493	0.813748	0.000000	0.814135		90.27	
91.00	09100	EMERGENCY	64,784,922	86,179,279	0.150084	0.000000	0.150428		91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,090,635	10,710,756	0.135948	0.000000	0.135948		92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>										
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0.000000		98.00	
99.00	09900	CMHC	0	0					99.00	
<b>SPECIAL PURPOSE COST CENTERS</b>										
113.00	11300	INTEREST EXPENSE							113.00	
200.00		Subtotal (see instructions)	490,238,619	819,049,338					200.00	
201.00		Less Observation Beds							201.00	
202.00		Total (see instructions)	490,238,619	819,049,338					202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2013 11:52 am

		Title XIX			Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Dissallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	44,568,067		44,568,067	0	0	69,184,213	30.00
31.00	03100	INTENSIVE CARE UNIT	4,850,553		4,850,553	0	0	8,553,221	31.00
32.00	03200	CORONARY CARE UNIT	6,403,724		6,403,724	0	0	11,476,653	32.00
43.00	04300	NURSERY	2,226,099		2,226,099	0	0	8,262,653	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	7,400,472		7,400,472	0	0	23,902,656	50.00
51.00	05100	RECOVERY ROOM	2,117,351		2,117,351	0	0	6,610,805	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,919,441		2,919,441	0	0	11,630,741	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,153,435		6,153,435	0	0	5,470,289	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,194,004		8,194,004	0	0	3,868,029	55.00
57.00	05700	CT SCAN	2,302,842		2,302,842	0	0	10,682,275	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,688,694		1,688,694	0	0	3,743,618	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,395,405		1,395,405	0	0	7,547,738	59.00
60.00	06000	LABORATORY	8,305,879		8,305,879	0	0	37,036,268	60.00
64.00	06400	INTRAVENOUS THERAPY	451,448		451,448	0	0	686,072	64.00
65.00	06500	RESPIRATORY THERAPY	3,114,115	0	3,114,115	0	0	13,246,514	65.00
66.00	06600	PHYSICAL THERAPY	5,745,513	0	5,745,513	0	0	2,240,686	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,663,719	0	1,663,719	0	0	1,460,097	67.00
68.00	06800	SPEECH PATHOLOGY	171,387	0	171,387	0	0	295,841	68.00
69.00	06900	ELECTROCARDIOLOGY	1,821,625		1,821,625	0	0	5,789,133	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,910,651		1,910,651	0	0	705,599	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,434,610		7,434,610	0	0	12,596,953	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,243,295		12,243,295	0	0	20,553,795	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,903,365		34,903,365	0	0	36,667,699	73.00
74.00	07400	RENAL DIALYSIS	854,144		854,144	0	0	2,211,683	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	0	75.00
76.00	03020	ENDOSCOPY	521,817		521,817	0	0	914,829	76.00
76.01	03330	GALLAHUE MENTAL HEALTH CTR	14,569,184		14,569,184	0	0	0	76.01
76.02	03331	HRC NEUROPSYCHOLOGY	1,130,647		1,130,647	0	0	27,792	76.02
76.03	03950	LUTHERWOOD SERVICES	609,479		609,479	0	0	0	76.03
76.04	03951	CENTER FOR WOUND HEALING	1,409,441		1,409,441	0	0	79,494	76.04
76.05	03480	ONCOLOGY	25,710,995		25,710,995	0	0	69,805	76.05
76.06	03952	IMAGING CENTERS	2,282,615		2,282,615	0	0	12,709	76.06
76.07	03953	BREAST DIAGNOSTIC CENTER	2,407,499		2,407,499	0	0	13,285	76.07
76.97	07697	CARDIAC REHABILITATION	427,346		427,346	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	898,084		898,084	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	0		0	0	0	0	90.00
90.01	04950	CLEARAVISTA WOMEN'S CARE	1,700		1,700	0	0	0	90.01
90.02	04951	COUNTY LINE MEDICAL PAVILION	1,700		1,700	0	0	0	90.02
90.03	04952	DIABETES & ENDOCRINOLOGY SPECIALISTS	1,700		1,700	0	0	0	90.03
90.04	04953	FAMILY MEDICINE OF GREENFIELD	1,700		1,700	0	0	0	90.04
90.05	04954	GEIST FAMILY MEDICINE AND PEDIATRICS	1,700		1,700	0	0	0	90.05
90.06	04955	INTERNAL MEDICINE ASSOCIATES	1,700		1,700	0	0	0	90.06
90.07	04956	OLIO ROAD FAMILY CARE	1,700		1,700	0	0	0	90.07
90.08	04957	CARDIOVASCULAR EAST	1,700		1,700	0	0	0	90.08
90.09	04958	CARDIOVASCULAR NORTH	1,700		1,700	0	0	0	90.09
90.10	04959	CARDIOVASCULAR SOUTH	1,700		1,700	0	0	0	90.10
90.11	04960	NORTHEAST FAMILY PHYSICIANS	1,700		1,700	0	0	0	90.11
90.12	04961	ANDERSON FAMILY HEALTH	1,700		1,700	0	0	0	90.12
90.13	04962	BROADWAY FAMILY MEDICINE	1,700		1,700	0	0	0	90.13
90.14	04963	CASTLETON FAMILY PHYSICIANS	1,700		1,700	0	0	0	90.14
90.15	04964	FALLCREEK FAMILY MEDICINE	1,700		1,700	0	0	0	90.15
90.16	04965	FAMILY PRACTICE ASSOCIATES OF ELWOOD	1,700		1,700	0	0	0	90.16

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2013 11:52 am

			Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges		
			Total Costs	RCE Disallowance	Total Costs	Inpatient		
			3.00	4.00	5.00	6.00		
90.17 04966	INTERNAL MEDICINE OF CARMEL	1,700		1,700	0	0	0	90.17
90.18 04967	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	1,700		1,700	0	0	0	90.18
90.19 04968	INTERNAL MEDICINE	1,700		1,700	0	0	0	90.19
90.20 04969	DIABETES INTERNAL MEDICINE & ENDOCRINE	1,700		1,700	0	0	0	90.20
90.21 04970	OTHER OUTPATIENT SERVICE COST CENTER	0		0	0	0	0	90.21
90.22 04971	HEALTHY HEARTS CENTER	1,805,384		1,805,384	0	0	6,087	90.22
90.23 04972	FP AND MATERNITY CARE CENTER	2,838,194		2,838,194	0	0	959,371	90.23
90.24 04973	PALLIATIVE CARE	291,953		291,953	0	0	148,276	90.24
90.25 04974	INFUSION CENTERS	1,003,980		1,003,980	0	0	967	90.25
90.26 04975	OTHER OUTPATIENT SERVICE COST CENTER	0		0	0	0	0	90.26
90.27 04977	DIABETIC CARE CENTER	499,229		499,229	0	0	140,395	90.27
91.00 09100	EMERGENCY	12,934,153		12,934,153	0	0	21,394,357	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,456,103		1,456,103	0	0	620,121	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00 05950	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	0	98.00
99.00 09900	CMHC	0		0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
113.00 11300	INTEREST EXPENSE							113.00
200.00	Subtotal (see instructions)	239,669,941	0	239,669,941	0	0	328,810,719	200.00
201.00	Less Observation Beds	1,456,103		1,456,103		0		201.00
202.00	Total (see instructions)	238,213,838	0	238,213,838	0	0	328,810,719	202.00
Cost Center Description	Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio			
	Outpatient	Total (col. 6 + col. 7)						
	7.00	8.00				9.00	10.00	11.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000	ADULTS & PEDIATRICS		69,184,213					30.00
31.00 03100	INTENSIVE CARE UNIT		8,553,221					31.00
32.00 03200	CORONARY CARE UNIT		11,476,653					32.00
43.00 04300	NURSERY		8,262,653					43.00
ANCILLARY SERVICE COST CENTERS								
50.00 05000	OPERATING ROOM	4,217,450	28,120,106	0.263174	0.000000	0.000000		50.00
51.00 05100	RECOVERY ROOM	2,631,417	9,242,222	0.229095	0.000000	0.000000		51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	11,630,741	0.251011	0.000000	0.000000		52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	15,872,040	21,342,329	0.288321	0.000000	0.000000		54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	37,352,421	41,220,450	0.198785	0.000000	0.000000		55.00
57.00 05700	CT SCAN	28,710,938	39,393,213	0.058458	0.000000	0.000000		57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	11,579,188	15,322,806	0.110208	0.000000	0.000000		58.00
59.00 05900	CARDIAC CATHETERIZATION	3,895,824	11,443,562	0.121938	0.000000	0.000000		59.00
60.00 06000	LABORATORY	29,525,253	66,561,521	0.124785	0.000000	0.000000		60.00
64.00 06400	INTRAVENOUS THERAPY	30,111	716,183	0.630353	0.000000	0.000000		64.00
65.00 06500	RESPIRATORY THERAPY	1,917,070	15,163,584	0.205368	0.000000	0.000000		65.00
66.00 06600	PHYSICAL THERAPY	6,261,739	8,502,425	0.675750	0.000000	0.000000		66.00
67.00 06700	OCCUPATIONAL THERAPY	1,864,204	3,324,301	0.500472	0.000000	0.000000		67.00
68.00 06800	SPEECH PATHOLOGY	1,213,211	1,509,052	0.113573	0.000000	0.000000		68.00
69.00 06900	ELECTROCARDIOLOGY	3,906,799	9,695,932	0.187875	0.000000	0.000000		69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	7,083,346	7,788,945	0.245303	0.000000	0.000000		70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,393,322	30,990,275	0.239901	0.000000	0.000000		71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	5,216,332	25,770,127	0.475096	0.000000	0.000000		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	76,507,586	113,175,285	0.308401	0.000000	0.000000		73.00
74.00 07400	RENAL DIALYSIS	110,284	2,321,967	0.367854	0.000000	0.000000		74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000		75.00
76.00 03020	ENDOSCOPY	1,251,699	2,166,528	0.240854	0.000000	0.000000		76.00
76.01 03330	GALLAHUE MENTAL HEALTH CTR	13,258,966	13,258,966	1.098818	0.000000	0.000000		76.01
76.02 03331	HRC NEUROPSYCHOLOGY	1,513,332	1,541,124	0.733651	0.000000	0.000000		76.02

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2013 11:52 am

			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Cost	
Cost Center Description	Outpatient	Total (col. 6 + col. 7)	9.00	10.00					11.00
	7.00	8.00							
76.03	03950	LUTHERWOOD SERVICES	1,828,118	1,828,118	0.333391	0.000000	0.000000	76.03	
76.04	03951	CENTER FOR WOUND HEALING	3,533,228	3,612,722	0.390133	0.000000	0.000000	76.04	
76.05	03480	ONCOLOGY	115,726,652	115,796,457	0.222036	0.000000	0.000000	76.05	
76.06	03952	IMAGING CENTERS	6,268,693	6,281,402	0.363393	0.000000	0.000000	76.06	
76.07	03953	BREAST DIAGNOSTIC CENTER	3,506,101	3,519,386	0.684068	0.000000	0.000000	76.07	
76.97	07697	CARDIAC REHABILITATION	573,433	573,433	0.745241	0.000000	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,297,760	2,297,760	0.390852	0.000000	0.000000	76.98	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	0	0	0.000000	0.000000	0.000000	90.00	
90.01	04950	CLEARAVISTA WOMEN'S CARE	0	0	0.000000	0.000000	0.000000	90.01	
90.02	04951	COUNTY LINE MEDICAL PAVILION	0	0	0.000000	0.000000	0.000000	90.02	
90.03	04952	DIABETES & ENDOCRINOLOGY SPECIALISTS	0	0	0.000000	0.000000	0.000000	90.03	
90.04	04953	FAMILY MEDICINE OF GREENFIELD	0	0	0.000000	0.000000	0.000000	90.04	
90.05	04954	GEIST FAMILY MEDICINE AND PEDIATRICS	0	0	0.000000	0.000000	0.000000	90.05	
90.06	04955	INTERNAL MEDICINE ASSOCIATES	0	0	0.000000	0.000000	0.000000	90.06	
90.07	04956	OLIO ROAD FAMILY CARE	0	0	0.000000	0.000000	0.000000	90.07	
90.08	04957	CARDIOVASCULAR EAST	0	0	0.000000	0.000000	0.000000	90.08	
90.09	04958	CARDIOVASCULAR NORTH	0	0	0.000000	0.000000	0.000000	90.09	
90.10	04959	CARDIOVASCULAR SOUTH	0	0	0.000000	0.000000	0.000000	90.10	
90.11	04960	NORTHEAST FAMILY PHYSICIANS	0	0	0.000000	0.000000	0.000000	90.11	
90.12	04961	ANDERSON FAMILY HEALTH	0	0	0.000000	0.000000	0.000000	90.12	
90.13	04962	BROADWAY FAMILY MEDICINE	0	0	0.000000	0.000000	0.000000	90.13	
90.14	04963	CASTLETON FAMILY PHYSICIANS	0	0	0.000000	0.000000	0.000000	90.14	
90.15	04964	FALLCREEK FAMILY MEDICINE	0	0	0.000000	0.000000	0.000000	90.15	
90.16	04965	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	0.000000	0.000000	0.000000	90.16	
90.17	04966	INTERNAL MEDICINE OF CARMEL	0	0	0.000000	0.000000	0.000000	90.17	
90.18	04967	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	0.000000	0.000000	0.000000	90.18	
90.19	04968	INTERNAL MEDICINE	0	0	0.000000	0.000000	0.000000	90.19	
90.20	04969	DIABETES INTERNAL MEDICINE & ENDOCRINE	0	0	0.000000	0.000000	0.000000	90.20	
90.21	04970	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0.000000	90.21	
90.22	04971	HEALTHY HEARTS CENTER	1,942,940	1,949,027	0.926300	0.000000	0.000000	90.22	
90.23	04972	FP AND MATERNITY CARE CENTER	3,737,384	4,696,755	0.604288	0.000000	0.000000	90.23	
90.24	04973	PALLIATIVE CARE	0	148,276	1.968984	0.000000	0.000000	90.24	
90.25	04974	INFUSION CENTERS	3,163,123	3,164,090	0.317305	0.000000	0.000000	90.25	
90.26	04975	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0.000000	90.26	
90.27	04977	DIABETIC CARE CENTER	473,098	613,493	0.813748	0.000000	0.000000	90.27	
91.00	09100	EMERGENCY	64,784,922	86,179,279	0.150084	0.000000	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,090,635	10,710,756	0.135948	0.000000	0.000000	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0.000000	98.00	
99.00	09900	CMHC	0	0				99.00	
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	490,238,619	819,049,338				200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	490,238,619	819,049,338				202.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/30/2013 11:52 am
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,935,929	0	2,935,929	54,799	53.58	30.00
31.00	INTENSIVE CARE UNIT	332,346		332,346	3,016	110.19	31.00
32.00	CORONARY CARE UNIT	404,886		404,886	6,202	65.28	32.00
43.00	NURSERY	193,504		193,504	3,055	63.34	43.00
200.00	Total (lines 30-199)	3,866,665		3,866,665	67,072		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	17,818	954,688				
31.00	INTENSIVE CARE UNIT	1,363	150,189				
32.00	CORONARY CARE UNIT	3,165	206,611				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	22,346	1,311,488				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150074		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/30/2013 11:52 am	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	810,748	28,120,106	0.028832	11,164,602	321,898	50.00
51.00	05100	RECOVERY ROOM	167,989	9,242,222	0.018176	2,172,470	39,487	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	262,347	11,630,741	0.022556	51,771	1,168	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	722,411	21,342,329	0.033849	2,689,248	91,028	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,005,159	41,220,450	0.024385	1,938,254	47,264	55.00
57.00	05700	CT SCAN	165,110	39,393,213	0.004191	4,972,700	20,841	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	265,268	15,322,806	0.017312	1,635,148	28,308	58.00
59.00	05900	CARDIAC CATHETERIZATION	237,784	11,443,562	0.020779	2,784,246	57,854	59.00
60.00	06000	LABORATORY	354,874	66,561,521	0.005332	16,539,776	88,190	60.00
64.00	06400	INTRAVENOUS THERAPY	19,433	716,183	0.027134	319,450	8,668	64.00
65.00	06500	RESPIRATORY THERAPY	185,633	15,163,584	0.012242	5,967,161	73,050	65.00
66.00	06600	PHYSICAL THERAPY	382,434	8,502,425	0.044979	1,183,493	53,232	66.00
67.00	06700	OCCUPATIONAL THERAPY	120,483	3,324,301	0.036243	779,281	28,243	67.00
68.00	06800	SPEECH PATHOLOGY	12,475	1,509,052	0.008267	168,518	1,393	68.00
69.00	06900	ELECTROCARDIOLOGY	76,648	9,695,932	0.007905	3,085,240	24,389	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	168,829	7,788,945	0.021675	382,091	8,282	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	209,253	30,990,275	0.006752	4,485,711	30,288	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	335,036	25,770,127	0.013001	9,365,346	121,759	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	977,229	113,175,285	0.008635	16,486,021	142,357	73.00
74.00	07400	RENAL DIALYSIS	23,911	2,321,967	0.010298	1,361,098	14,017	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020	ENDOSCOPY	31,183	2,166,528	0.014393	612,382	8,814	76.00
76.01	03330	GALLAHUE MENTAL HEALTH CTR	572,192	13,258,966	0.043155	0	0	76.01
76.02	03331	HRC NEUROPSYCHOLOGY	40,575	1,541,124	0.026328	0	0	76.02
76.03	03950	LUTHERWOOD SERVICES	19,858	1,828,118	0.010863	0	0	76.03
76.04	03951	CENTER FOR WOUND HEALING	106,988	3,612,722	0.029614	59,118	1,751	76.04
76.05	03480	ONCOLOGY	985,787	115,796,457	0.008513	39,558	337	76.05
76.06	03952	IMAGING CENTERS	236,644	6,281,402	0.037674	0	0	76.06
76.07	03953	BREAST DIAGNOSTIC CENTER	92,838	3,519,386	0.026379	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	55,938	573,433	0.097549	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	54,152	2,297,760	0.023567	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	CLEARAVISTA WOMEN'S CARE	46	0	0.000000	0	0	90.01
90.02	04951	COUNTY LINE MEDICAL PAVILION	46	0	0.000000	0	0	90.02
90.03	04952	DIABETES & ENDOCRINOLOGY SPECIALISTS	46	0	0.000000	0	0	90.03
90.04	04953	FAMILY MEDICINE OF GREENFIELD	46	0	0.000000	0	0	90.04
90.05	04954	GEIST FAMILY MEDICINE AND PEDIATRICS	46	0	0.000000	0	0	90.05
90.06	04955	INTERNAL MEDICINE ASSOCIATES	46	0	0.000000	0	0	90.06
90.07	04956	OLIO ROAD FAMILY CARE	46	0	0.000000	0	0	90.07
90.08	04957	CARDIOVASCULAR EAST	46	0	0.000000	0	0	90.08
90.09	04958	CARDIOVASCULAR NORTH	46	0	0.000000	0	0	90.09
90.10	04959	CARDIOVASCULAR SOUTH	46	0	0.000000	0	0	90.10
90.11	04960	NORTHEAST FAMILY PHYSICIANS	46	0	0.000000	0	0	90.11
90.12	04961	ANDERSON FAMILY HEALTH	46	0	0.000000	0	0	90.12
90.13	04962	BROADWAY FAMILY MEDICINE	46	0	0.000000	0	0	90.13
90.14	04963	CASTLETON FAMILY PHYSICIANS	46	0	0.000000	0	0	90.14
90.15	04964	FALLCREEK FAMILY MEDICINE	46	0	0.000000	0	0	90.15
90.16	04965	FAMILY PRACTICE ASSOCIATES OF ELWOOD	46	0	0.000000	0	0	90.16
90.17	04966	INTERNAL MEDICINE OF CARMEL	46	0	0.000000	0	0	90.17
90.18	04967	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	46	0	0.000000	0	0	90.18
90.19	04968	INTERNAL MEDICINE	46	0	0.000000	0	0	90.19
90.20	04969	DIABETES INTERNAL MEDICINE & ENDOCR	46	0	0.000000	0	0	90.20
90.21	04970	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.21
90.22	04971	HEALTHY HEARTS CENTER	106,317	1,949,027	0.054549	0	0	90.22
90.23	04972	FP AND MATERNITY CARE CENTER	145,475	4,696,755	0.030974	0	0	90.23
90.24	04973	PALLIATIVE CARE	8,734	148,276	0.058904	0	0	90.24
90.25	04974	INFUSION CENTERS	45,561	3,164,090	0.014399	0	0	90.25
90.26	04975	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.26
90.27	04977	DIABETIC CARE CENTER	16,740	613,493	0.027286	0	0	90.27
91.00	09100	EMERGENCY	753,840	86,179,279	0.008747	9,904,513	86,635	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	95,848	10,710,756	0.008949	81,758	732	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	9,872,644	721,572,598		98,228,954	1,299,985	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/30/2013 11:52 am
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Cost Center Description			Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00	
43.00	04300	NURSERY	0	0	0	0	0 43.00	
200.00		Total (lines 30-199)	0	0	0	0	0 200.00	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	54,799	0.00	17,818	0	0 30.00	
31.00	03100	INTENSIVE CARE UNIT	3,016	0.00	1,363	0	0 31.00	
32.00	03200	CORONARY CARE UNIT	6,202	0.00	3,165	0	0 32.00	
43.00	04300	NURSERY	3,055	0.00	0	0	0 43.00	
200.00		Total (lines 30-199)	67,072		22,346	0	0 200.00	
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost				
			12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00			
32.00	03200	CORONARY CARE UNIT	0	0	32.00			
43.00	04300	NURSERY	0	0	43.00			
200.00		Total (lines 30-199)	0	0	200.00			

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 11:52 am
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Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	246,150	0	246,150	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	188,183	0	188,183	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
76.00	03020	ENDOSCOPY	0	0	0	0	0	76.00	
76.01	03330	GALLAHUE MENTAL HEALTH CTR	0	0	0	0	0	76.01	
76.02	03331	HRC NEUROPSYCHOLOGY	0	0	0	0	0	76.02	
76.03	03950	LUTHERWOOD SERVICES	0	0	0	0	0	76.03	
76.04	03951	CENTER FOR WOUND HEALING	0	0	0	0	0	76.04	
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05	
76.06	03952	IMAGING CENTERS	0	0	0	0	0	76.06	
76.07	03953	BREAST DIAGNOSTIC CENTER	0	0	0	0	0	76.07	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	04950	CLEARAVISTA WOMEN'S CARE	0	0	0	0	0	90.01	
90.02	04951	COUNTY LINE MEDICAL PAVILION	0	0	0	0	0	90.02	
90.03	04952	DIABETES & ENDOCRINOLOGY SPECIALISTS	0	0	0	0	0	90.03	
90.04	04953	FAMILY MEDICINE OF GREENFIELD	0	0	0	0	0	90.04	
90.05	04954	GEIST FAMILY MEDICINE AND PEDIATRICS	0	0	0	0	0	90.05	
90.06	04955	INTERNAL MEDICINE ASSOCIATES	0	0	0	0	0	90.06	
90.07	04956	OLIO ROAD FAMILY CARE	0	0	0	0	0	90.07	
90.08	04957	CARDIOVASCULAR EAST	0	0	0	0	0	90.08	
90.09	04958	CARDIOVASCULAR NORTH	0	0	0	0	0	90.09	
90.10	04959	CARDIOVASCULAR SOUTH	0	0	0	0	0	90.10	
90.11	04960	NORTHEAST FAMILY PHYSICIANS	0	0	0	0	0	90.11	
90.12	04961	ANDERSON FAMILY HEALTH	0	0	0	0	0	90.12	
90.13	04962	BROADWAY FAMILY MEDICINE	0	0	0	0	0	90.13	
90.14	04963	CASTLETON FAMILY PHYSICIANS	0	0	0	0	0	90.14	
90.15	04964	FALLCREEK FAMILY MEDICINE	0	0	0	0	0	90.15	
90.16	04965	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	0	0	0	90.16	
90.17	04966	INTERNAL MEDICINE OF CARMEL	0	0	0	0	0	90.17	
90.18	04967	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	0	0	0	90.18	
90.19	04968	INTERNAL MEDICINE	0	0	0	0	0	90.19	
90.20	04969	DIABETES INTERNAL MEDICINE & ENDOCR	0	0	0	0	0	90.20	
90.21	04970	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.21	
90.22	04971	HEALTHY HEARTS CENTER	0	0	0	0	0	90.22	
90.23	04972	FP AND MATERNITY CARE CENTER	0	0	0	0	0	90.23	
90.24	04973	PALLIATIVE CARE	0	0	0	0	0	90.24	
90.25	04974	INFUSION CENTERS	0	0	0	0	0	90.25	
90.26	04975	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.26	
90.27	04977	DIABETIC CARE CENTER	0	0	0	0	0	90.27	
91.00	09100	EMERGENCY	0	0	737,653	0	737,653	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
200.00		Total (lines 50-199)	0	0	1,171,986	0	1,171,986	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 11:52 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	PPS
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	28,120,106	0.000000	0.000000	11,164,602	50.00
51.00	05100 RECOVERY ROOM	0	9,242,222	0.000000	0.000000	2,172,470	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	11,630,741	0.000000	0.000000	51,771	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	246,150	21,342,329	0.011533	0.011533	2,689,248	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	41,220,450	0.000000	0.000000	1,938,254	55.00
57.00	05700 CT SCAN	0	39,393,213	0.000000	0.000000	4,972,700	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	15,322,806	0.000000	0.000000	1,635,148	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	11,443,562	0.000000	0.000000	2,784,246	59.00
60.00	06000 LABORATORY	0	66,561,521	0.000000	0.000000	16,539,776	60.00
64.00	06400 INTRAVENOUS THERAPY	0	716,183	0.000000	0.000000	319,450	64.00
65.00	06500 RESPIRATORY THERAPY	0	15,163,584	0.000000	0.000000	5,967,161	65.00
66.00	06600 PHYSICAL THERAPY	0	8,502,425	0.000000	0.000000	1,183,493	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,324,301	0.000000	0.000000	779,281	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,509,052	0.000000	0.000000	168,518	68.00
69.00	06900 ELECTROCARDIOLOGY	0	9,695,932	0.000000	0.000000	3,085,240	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	7,788,945	0.000000	0.000000	382,091	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	30,990,275	0.000000	0.000000	4,485,711	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	25,770,127	0.000000	0.000000	9,365,346	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	188,183	113,175,285	0.001663	0.001663	16,486,021	73.00
74.00	07400 RENAL DIALYSIS	0	2,321,967	0.000000	0.000000	1,361,098	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020 ENDOSCOPY	0	2,166,528	0.000000	0.000000	612,382	76.00
76.01	03330 GALLAHUE MENTAL HEALTH CTR	0	13,258,966	0.000000	0.000000	0	76.01
76.02	03331 HRC NEUROPSYCHOLOGY	0	1,541,124	0.000000	0.000000	0	76.02
76.03	03950 LUTHERWOOD SERVICES	0	1,828,118	0.000000	0.000000	0	76.03
76.04	03951 CENTER FOR WOUND HEALING	0	3,612,722	0.000000	0.000000	59,118	76.04
76.05	03480 ONCOLOGY	0	115,796,457	0.000000	0.000000	39,558	76.05
76.06	03952 IMAGING CENTERS	0	6,281,402	0.000000	0.000000	0	76.06
76.07	03953 BREAST DIAGNOSTIC CENTER	0	3,519,386	0.000000	0.000000	0	76.07
76.97	07697 CARDIAC REHABILITATION	0	573,433	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	2,297,760	0.000000	0.000000	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	04950 CLEARAVISTA WOMEN'S CARE	0	0	0.000000	0.000000	0	90.01
90.02	04951 COUNTY LINE MEDICAL PAVILION	0	0	0.000000	0.000000	0	90.02
90.03	04952 DIABETES & ENDOCRINOLOGY SPECIALISTS	0	0	0.000000	0.000000	0	90.03
90.04	04953 FAMILY MEDICINE OF GREENFIELD	0	0	0.000000	0.000000	0	90.04
90.05	04954 GEIST FAMILY MEDICINE AND PEDIATRICS	0	0	0.000000	0.000000	0	90.05
90.06	04955 INTERNAL MEDICINE ASSOCIATES	0	0	0.000000	0.000000	0	90.06
90.07	04956 OLIO ROAD FAMILY CARE	0	0	0.000000	0.000000	0	90.07
90.08	04957 CARDIOVASCULAR EAST	0	0	0.000000	0.000000	0	90.08
90.09	04958 CARDIOVASCULAR NORTH	0	0	0.000000	0.000000	0	90.09
90.10	04959 CARDIOVASCULAR SOUTH	0	0	0.000000	0.000000	0	90.10
90.11	04960 NORTHEAST FAMILY PHYSICIANS	0	0	0.000000	0.000000	0	90.11
90.12	04961 ANDERSON FAMILY HEALTH	0	0	0.000000	0.000000	0	90.12
90.13	04962 BROADWAY FAMILY MEDICINE	0	0	0.000000	0.000000	0	90.13
90.14	04963 CASTLETON FAMILY PHYSICIANS	0	0	0.000000	0.000000	0	90.14
90.15	04964 FALLCREEK FAMILY MEDICINE	0	0	0.000000	0.000000	0	90.15
90.16	04965 FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	0.000000	0.000000	0	90.16
90.17	04966 INTERNAL MEDICINE OF CARMEL	0	0	0.000000	0.000000	0	90.17
90.18	04967 NORTHEAST OTOLARYNGOLOGY NOBLESVILLE	0	0	0.000000	0.000000	0	90.18
90.19	04968 INTERNAL MEDICINE	0	0	0.000000	0.000000	0	90.19
90.20	04969 DIABETES INTERNAL MEDICINE & ENDOCR	0	0	0.000000	0.000000	0	90.20
90.21	04970 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.21
90.22	04971 HEALTHY HEARTS CENTER	0	1,949,027	0.000000	0.000000	0	90.22
90.23	04972 FP AND MATERNITY CARE CENTER	0	4,696,755	0.000000	0.000000	0	90.23
90.24	04973 PALLIATIVE CARE	0	148,276	0.000000	0.000000	0	90.24
90.25	04974 INFUSION CENTERS	0	3,164,090	0.000000	0.000000	0	90.25
90.26	04975 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.26
90.27	04977 DIABETIC CARE CENTER	0	613,493	0.000000	0.000000	0	90.27
91.00	09100 EMERGENCY	737,653	86,179,279	0.008560	0.008560	9,904,513	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	10,710,756	0.000000	0.000000	81,758	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	1,171,986	721,572,598			98,228,954	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 11:52 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
		11.00	12.00	13.00	21.00	22.00	
Title VIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	2,442,022	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	572,575	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	31,015	3,591,692	41,423	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	13,087,276	0	0	0	55.00
57.00	05700 CT SCAN	0	7,142,130	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	3,832,532	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	2,502,523	0	0	0	59.00
60.00	06000 LABORATORY	0	2,263,839	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	11,983	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	141,772	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	144	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	171	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,232,507	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,169,115	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	461,554	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,644,067	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	27,416	68,156,130	113,344	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	89,378	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 ENDOSCOPY	0	682,423	0	0	0	76.00
76.01	03330 GALLAHUE MENTAL HEALTH CTR	0	1,524,986	0	0	0	76.01
76.02	03331 HRC NEUROPSYCHOLOGY	0	3,060	0	0	0	76.02
76.03	03950 LUTHERWOOD SERVICES	0	0	0	0	0	76.03
76.04	03951 CENTER FOR WOUND HEALING	0	2,785,599	0	0	0	76.04
76.05	03480 ONCOLOGY	0	5,316,825	0	0	0	76.05
76.06	03952 IMAGING CENTERS	0	1,341,848	0	0	0	76.06
76.07	03953 BREAST DIAGNOSTIC CENTER	0	410,092	0	0	0	76.07
76.97	07697 CARDIAC REHABILITATION	0	211,117	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 CLEARAVISTA WOMEN'S CARE	0	0	0	0	0	90.01
90.02	04951 COUNTY LINE MEDICAL PAVILION	0	0	0	0	0	90.02
90.03	04952 DIABETES & ENDOCRINOLOGY SPECIALISTS	0	0	0	0	0	90.03
90.04	04953 FAMILY MEDICINE OF GREENFIELD	0	0	0	0	0	90.04
90.05	04954 GEIST FAMILY MEDICINE AND PEDIATRICS	0	0	0	0	0	90.05
90.06	04955 INTERNAL MEDICINE ASSOCIATES	0	0	0	0	0	90.06
90.07	04956 OLIO ROAD FAMILY CARE	0	0	0	0	0	90.07
90.08	04957 CARDIOVASCULAR EAST	0	0	0	0	0	90.08
90.09	04958 CARDIOVASCULAR NORTH	0	0	0	0	0	90.09
90.10	04959 CARDIOVASCULAR SOUTH	0	0	0	0	0	90.10
90.11	04960 NORTHEAST FAMILY PHYSICIANS	0	0	0	0	0	90.11
90.12	04961 ANDERSON FAMILY HEALTH	0	0	0	0	0	90.12
90.13	04962 BROADWAY FAMILY MEDICINE	0	0	0	0	0	90.13
90.14	04963 CASTLETON FAMILY PHYSICIANS	0	0	0	0	0	90.14
90.15	04964 FALLCREEK FAMILY MEDICINE	0	0	0	0	0	90.15
90.16	04965 FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	0	0	0	90.16
90.17	04966 INTERNAL MEDICINE OF CARMEL	0	0	0	0	0	90.17
90.18	04967 NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	0	0	0	90.18
90.19	04968 INTERNAL MEDICINE	0	0	0	0	0	90.19
90.20	04969 DIABETES INTERNAL MEDICINE & ENDOCR	0	0	0	0	0	90.20
90.21	04970 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.21
90.22	04971 HEALTHY HEARTS CENTER	0	637,634	0	0	0	90.22
90.23	04972 FP AND MATERNITY CARE CENTER	0	0	0	0	0	90.23
90.24	04973 PALLIATIVE CARE	0	0	0	0	0	90.24
90.25	04974 INFUSION CENTERS	0	645,430	0	0	0	90.25
90.26	04975 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.26
90.27	04977 DIABETIC CARE CENTER	0	0	0	0	0	90.27
91.00	09100 EMERGENCY	84,783	9,818,588	84,047	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,116,736	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	143,214	134,835,748	238,814	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 11:52 am
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Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVII I	Hospital	PPS
		23.00	24.00			
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0			55.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
64.00	06400 INTRAVENOUS THERAPY	0	0			64.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0			75.00
76.00	03020 ENDOSCOPY	0	0			76.00
76.01	03330 GALLAHUE MENTAL HEALTH CTR	0	0			76.01
76.02	03331 HRC NEUROPSYCHOLOGY	0	0			76.02
76.03	03950 LUTHERWOOD SERVICES	0	0			76.03
76.04	03951 CENTER FOR WOUND HEALING	0	0			76.04
76.05	03480 ONCOLOGY	0	0			76.05
76.06	03952 IMAGING CENTERS	0	0			76.06
76.07	03953 BREAST DIAGNOSTIC CENTER	0	0			76.07
76.97	07697 CARDIAC REHABILITATION	0	0			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0			76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0	0			90.00
90.01	04950 CLEARAVISTA WOMEN'S CARE	0	0			90.01
90.02	04951 COUNTY LINE MEDICAL PAVILION	0	0			90.02
90.03	04952 DIABETES & ENDOCRINOLOGY SPECIALISTS	0	0			90.03
90.04	04953 FAMILY MEDICINE OF GREENFIELD	0	0			90.04
90.05	04954 GEIST FAMILY MEDICINE AND PEDIATRICS	0	0			90.05
90.06	04955 INTERNAL MEDICINE ASSOCIATES	0	0			90.06
90.07	04956 OLIO ROAD FAMILY CARE	0	0			90.07
90.08	04957 CARDIOVASCULAR EAST	0	0			90.08
90.09	04958 CARDIOVASCULAR NORTH	0	0			90.09
90.10	04959 CARDIOVASCULAR SOUTH	0	0			90.10
90.11	04960 NORTHEAST FAMILY PHYSICIANS	0	0			90.11
90.12	04961 ANDERSON FAMILY HEALTH	0	0			90.12
90.13	04962 BROADWAY FAMILY MEDICINE	0	0			90.13
90.14	04963 CASTLETON FAMILY PHYSICIANS	0	0			90.14
90.15	04964 FALLCREEK FAMILY MEDICINE	0	0			90.15
90.16	04965 FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0			90.16
90.17	04966 INTERNAL MEDICINE OF CARMEL	0	0			90.17
90.18	04967 NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0			90.18
90.19	04968 INTERNAL MEDICINE	0	0			90.19
90.20	04969 DIABETES INTERNAL MEDICINE & ENDOCR	0	0			90.20
90.21	04970 OTHER OUTPATIENT SERVICE COST CENTER	0	0			90.21
90.22	04971 HEALTHY HEARTS CENTER	0	0			90.22
90.23	04972 FP AND MATERNITY CARE CENTER	0	0			90.23
90.24	04973 PALLIATIVE CARE	0	0			90.24
90.25	04974 INFUSION CENTERS	0	0			90.25
90.26	04975 OTHER OUTPATIENT SERVICE COST CENTER	0	0			90.26
90.27	04977 DIABETIC CARE CENTER	0	0			90.27
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0			98.00
200.00	Total (Lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 11:52 am				
		Title XVIIII	Hospital	PPS				
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.263174	2,442,022	0	0	642,677	50.00
51.00	05100	RECOVERY ROOM	0.229095	572,575	0	0	131,174	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.251011	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.288321	3,591,692	0	0	1,035,560	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.198785	13,087,276	0	0	2,601,554	55.00
57.00	05700	CT SCAN	0.058458	7,142,130	0	0	417,515	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.110208	3,832,532	0	0	422,376	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.121938	2,502,523	0	0	305,153	59.00
60.00	06000	LABORATORY	0.124785	2,263,839	0	0	282,493	60.00
64.00	06400	INTRAVENOUS THERAPY	0.630353	11,983	0	0	7,554	64.00
65.00	06500	RESPIRATORY THERAPY	0.205368	141,772	0	0	29,115	65.00
66.00	06600	PHYSICAL THERAPY	0.675750	144	0	0	97	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.500472	171	0	0	86	67.00
68.00	06800	SPEECH PATHOLOGY	0.113573	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.187875	1,232,507	0	0	231,557	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.245303	2,169,115	0	0	532,090	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.239901	461,554	0	0	110,727	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.475096	1,644,067	0	0	781,090	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.308401	68,156,130	408	65,189	21,019,419	73.00
74.00	07400	RENAL DIALYSIS	0.367854	89,378	0	0	32,878	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020	ENDOSCOPY	0.240854	682,423	0	0	164,364	76.00
76.01	03330	GALLAHUE MENTAL HEALTH CTR	1.098818	1,524,986	0	0	1,675,682	76.01
76.02	03331	HRC NEUROPSYCHOLOGY	0.733651	3,060	0	0	2,245	76.02
76.03	03950	LUTHERWOOD SERVICES	0.333391	0	0	0	0	76.03
76.04	03951	CENTER FOR WOUND HEALING	0.390133	2,785,599	0	0	1,086,754	76.04
76.05	03480	ONCOLOGY	0.222036	5,316,825	0	0	1,180,527	76.05
76.06	03952	IMAGING CENTERS	0.363393	1,341,848	0	0	487,618	76.06
76.07	03953	BREAST DIAGNOSTIC CENTER	0.684068	410,092	0	0	280,531	76.07
76.97	07697	CARDIAC REHABILITATION	0.745241	211,117	0	0	157,333	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.390852	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	04950	CLEARAVISTA WOMEN'S CARE	0.000000	0	0	0	0	90.01
90.02	04951	COUNTY LINE MEDICAL PAVILION	0.000000	0	0	0	0	90.02
90.03	04952	DIABETES & ENDOCRINOLOGY SPECIALISTS	0.000000	0	0	0	0	90.03
90.04	04953	FAMILY MEDICINE OF GREENFIELD	0.000000	0	0	0	0	90.04
90.05	04954	GEIST FAMILY MEDICINE AND PEDIATRICS	0.000000	0	0	0	0	90.05
90.06	04955	INTERNAL MEDICINE ASSOCIATES	0.000000	0	0	0	0	90.06
90.07	04956	OLIO ROAD FAMILY CARE	0.000000	0	0	0	0	90.07
90.08	04957	CARDIOVASCULAR EAST	0.000000	0	0	0	0	90.08
90.09	04958	CARDIOVASCULAR NORTH	0.000000	0	0	0	0	90.09
90.10	04959	CARDIOVASCULAR SOUTH	0.000000	0	0	0	0	90.10
90.11	04960	NORTHEAST FAMILY PHYSICIANS	0.000000	0	0	0	0	90.11
90.12	04961	ANDERSON FAMILY HEALTH	0.000000	0	0	0	0	90.12
90.13	04962	BROADWAY FAMILY MEDICINE	0.000000	0	0	0	0	90.13
90.14	04963	CASTLETON FAMILY PHYSICIANS	0.000000	0	0	0	0	90.14
90.15	04964	FALLCREEK FAMILY MEDICINE	0.000000	0	0	0	0	90.15
90.16	04965	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0.000000	0	0	0	0	90.16
90.17	04966	INTERNAL MEDICINE OF CARMEL	0.000000	0	0	0	0	90.17
90.18	04967	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0.000000	0	0	0	0	90.18
90.19	04968	INTERNAL MEDICINE	0.000000	0	0	0	0	90.19
90.20	04969	DIABETES INTERNAL MEDICINE & ENDOCRINOLOGY	0.000000	0	0	0	0	90.20
90.21	04970	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	90.21
90.22	04971	HEALTHY HEARTS CENTER	0.926300	637,634	0	0	590,640	90.22
90.23	04972	FP AND MATERNITY CARE CENTER	0.604288	0	0	0	0	90.23
90.24	04973	PALLIATIVE CARE	1.968984	0	0	0	0	90.24
90.25	04974	INFUSION CENTERS	0.317305	645,430	0	0	204,798	90.25
90.26	04975	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	90.26
90.27	04977	DIABETIC CARE CENTER	0.813748	0	0	0	0	90.27
91.00	09100	EMERGENCY	0.150084	9,818,588	0	0	1,473,613	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.135948	2,116,736	0	0	287,766	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		134,835,748	408	65,189	36,174,986	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150074		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part V Date/Time Prepared: 5/30/2013 11:52 am	
		Title XVIII		Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
202.00	Net Charges (line 200 +/- line 201)	1.00	2.00	3.00	4.00	5.00	202.00
			134,835,748	408	65,189	36,174,986	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 11:52 am	
		Title XVII I	Hospital	PPS	
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	126	20,104	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	ENDOSCOPY	0	0	76.00
76.01	03330	GALLAHUE MENTAL HEALTH CTR	0	0	76.01
76.02	03331	HRC NEUROPSYCHOLOGY	0	0	76.02
76.03	03950	LUTHERWOOD SERVICES	0	0	76.03
76.04	03951	CENTER FOR WOUND HEALING	0	0	76.04
76.05	03480	ONCOLOGY	0	0	76.05
76.06	03952	IMAGING CENTERS	0	0	76.06
76.07	03953	BREAST DIAGNOSTIC CENTER	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	0	90.00
90.01	04950	CLEARAVISTA WOMEN'S CARE	0	0	90.01
90.02	04951	COUNTY LINE MEDICAL PAVILION	0	0	90.02
90.03	04952	DIABETES & ENDOCRINOLOGY SPECIALISTS	0	0	90.03
90.04	04953	FAMILY MEDICINE OF GREENFIELD	0	0	90.04
90.05	04954	GEIST FAMILY MEDICINE AND PEDIATRICS	0	0	90.05
90.06	04955	INTERNAL MEDICINE ASSOCIATES	0	0	90.06
90.07	04956	OLIO ROAD FAMILY CARE	0	0	90.07
90.08	04957	CARDIOVASCULAR EAST	0	0	90.08
90.09	04958	CARDIOVASCULAR NORTH	0	0	90.09
90.10	04959	CARDIOVASCULAR SOUTH	0	0	90.10
90.11	04960	NORTHEAST FAMILY PHYSICIANS	0	0	90.11
90.12	04961	ANDERSON FAMILY HEALTH	0	0	90.12
90.13	04962	BROADWAY FAMILY MEDICINE	0	0	90.13
90.14	04963	CASTLETON FAMILY PHYSICIANS	0	0	90.14
90.15	04964	FALLCREEK FAMILY MEDICINE	0	0	90.15
90.16	04965	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	90.16
90.17	04966	INTERNAL MEDICINE OF CARMEL	0	0	90.17
90.18	04967	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	90.18
90.19	04968	INTERNAL MEDICINE	0	0	90.19
90.20	04969	DIABETES INTERNAL MEDICINE & ENDOCR	0	0	90.20
90.21	04970	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.21
90.22	04971	HEALTHY HEARTS CENTER	0	0	90.22
90.23	04972	FP AND MATERNITY CARE CENTER	0	0	90.23
90.24	04973	PALLIATIVE CARE	0	0	90.24
90.25	04974	INFUSION CENTERS	0	0	90.25
90.26	04975	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.26
90.27	04977	DIABETIC CARE CENTER	0	0	90.27
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00		Subtotal (see instructions)	126	20,104	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150074		Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 11:52 am
		Title XVIII		Hospital	PPS
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
202.00	Net Charges (Line 200 +/- Line 201)	126	20,104		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 150074		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part V Date/Time Prepared: 5/30/2013 11:52 am	
			Title XIX		Hospital		Cost	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.263174	0	0	1,152,262	0	50.00
51.00	05100	RECOVERY ROOM	0.229095	0	0	491,717	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.251011	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.288321	0	0	3,874,474	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.198785	0	0	1,323,808	0	55.00
57.00	05700	CT SCAN	0.058458	0	0	5,412,813	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.110208	0	0	1,254,406	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.121938	0	0	200,485	0	59.00
60.00	06000	LABORATORY	0.124785	0	0	5,607,602	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.630353	0	0	6,454	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.205368	0	0	209,696	0	65.00
66.00	06600	PHYSICAL THERAPY	0.675750	0	0	540,814	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.500472	0	0	180,337	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.113573	0	0	119,297	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.187875	0	0	558,342	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.245303	0	0	933,061	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.239901	0	0	597,919	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.475096	0	0	693,541	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.308401	0	0	6,827,541	0	73.00
74.00	07400	RENAL DIALYSIS	0.367854	0	0	1,080	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020	ENDOSCOPY	0.240854	0	0	146,406	0	76.00
76.01	03330	GALLAHUE MENTAL HEALTH CTR	1.098818	0	0	0	0	76.01
76.02	03331	HRC NEUROPSYCHOLOGY	0.733651	0	0	1,836	0	76.02
76.03	03950	LUTHERWOOD SERVICES	0.333391	0	0	0	0	76.03
76.04	03951	CENTER FOR WOUND HEALING	0.390133	0	0	578,953	0	76.04
76.05	03480	ONCOLOGY	0.222036	0	0	4,786,518	0	76.05
76.06	03952	IMAGING CENTERS	0.363393	0	0	435,305	0	76.06
76.07	03953	BREAST DIAGNOSTIC CENTER	0.684068	0	0	134,887	0	76.07
76.97	07697	CARDIAC REHABILITATION	0.745241	0	0	37,144	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.390852	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	04950	CLEARAVISTA WOMEN'S CARE	0.000000	0	0	0	0	90.01
90.02	04951	COUNTY LINE MEDICAL PAVILION	0.000000	0	0	0	0	90.02
90.03	04952	DIABETES & ENDOCRINOLOGY SPECIALISTS	0.000000	0	0	0	0	90.03
90.04	04953	FAMILY MEDICINE OF GREENFIELD	0.000000	0	0	0	0	90.04
90.05	04954	GEIST FAMILY MEDICINE AND PEDIATRICS	0.000000	0	0	0	0	90.05
90.06	04955	INTERNAL MEDICINE ASSOCIATES	0.000000	0	0	0	0	90.06
90.07	04956	OLIO ROAD FAMILY CARE	0.000000	0	0	0	0	90.07
90.08	04957	CARDIOVASCULAR EAST	0.000000	0	0	0	0	90.08
90.09	04958	CARDIOVASCULAR NORTH	0.000000	0	0	0	0	90.09
90.10	04959	CARDIOVASCULAR SOUTH	0.000000	0	0	0	0	90.10
90.11	04960	NORTHEAST FAMILY PHYSICIANS	0.000000	0	0	0	0	90.11
90.12	04961	ANDERSON FAMILY HEALTH	0.000000	0	0	0	0	90.12
90.13	04962	BROADWAY FAMILY MEDICINE	0.000000	0	0	0	0	90.13
90.14	04963	CASTLETON FAMILY PHYSICIANS	0.000000	0	0	0	0	90.14
90.15	04964	FALLCREEK FAMILY MEDICINE	0.000000	0	0	0	0	90.15
90.16	04965	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0.000000	0	0	0	0	90.16
90.17	04966	INTERNAL MEDICINE OF CARMEL	0.000000	0	0	0	0	90.17
90.18	04967	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0.000000	0	0	0	0	90.18
90.19	04968	INTERNAL MEDICINE	0.000000	0	0	0	0	90.19
90.20	04969	DIABETES INTERNAL MEDICINE & ENDOCRINOLOGY	0.000000	0	0	0	0	90.20
90.21	04970	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	90.21
90.22	04971	HEALTHY HEARTS CENTER	0.926300	0	0	96,811	0	90.22
90.23	04972	FP AND MATERNITY CARE CENTER	0.604288	0	0	0	0	90.23
90.24	04973	PALLIATIVE CARE	1.968984	0	0	0	0	90.24
90.25	04974	INFUSION CENTERS	0.317305	0	0	970,523	0	90.25
90.26	04975	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	90.26
90.27	04977	DIABETIC CARE CENTER	0.813748	0	0	39,979	0	90.27
91.00	09100	EMERGENCY	0.150084	0	0	21,281,773	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.135948	0	0	3,168,951	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		0	0	61,664,735	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0		201.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150074		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part V Date/Time Prepared: 5/30/2013 11:52 am	
		Title XIX		Hospital		Cost	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	3.00	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	4.00	PPS Services (see inst.)
202.00	Net Charges (Line 200 +/- Line 201)	1.00	2.00	0	3.00	0	61,664,735
							0
							202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 11:52 am	
		Title XIX	Hospital	Cost	
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	303,245	50.00
51.00	05100	RECOVERY ROOM	0	112,650	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,117,092	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	263,153	55.00
57.00	05700	CT SCAN	0	316,422	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	138,246	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	24,447	59.00
60.00	06000	LABORATORY	0	699,745	60.00
64.00	06400	INTRAVENOUS THERAPY	0	4,068	64.00
65.00	06500	RESPIRATORY THERAPY	0	43,065	65.00
66.00	06600	PHYSICAL THERAPY	0	365,455	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	90,254	67.00
68.00	06800	SPEECH PATHOLOGY	0	13,549	68.00
69.00	06900	ELECTROCARDIOLOGY	0	104,899	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	228,883	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	143,441	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	329,499	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,105,620	73.00
74.00	07400	RENAL DIALYSIS	0	397	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	ENDOSCOPY	0	35,262	76.00
76.01	03330	GALLAHUE MENTAL HEALTH CTR	0	0	76.01
76.02	03331	HRC NEUROPSYCHOLOGY	0	1,347	76.02
76.03	03950	LUTHERWOOD SERVICES	0	0	76.03
76.04	03951	CENTER FOR WOUND HEALING	0	225,869	76.04
76.05	03480	ONCOLOGY	0	1,062,779	76.05
76.06	03952	IMAGING CENTERS	0	158,187	76.06
76.07	03953	BREAST DIAGNOSTIC CENTER	0	92,272	76.07
76.97	07697	CARDIAC REHABILITATION	0	27,681	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	0	90.00
90.01	04950	CLEARAVISTA WOMEN'S CARE	0	0	90.01
90.02	04951	COUNTY LINE MEDICAL PAVILION	0	0	90.02
90.03	04952	DIABETES & ENDOCRINOLOGY SPECIALISTS	0	0	90.03
90.04	04953	FAMILY MEDICINE OF GREENFIELD	0	0	90.04
90.05	04954	GEIST FAMILY MEDICINE AND PEDIATRICS	0	0	90.05
90.06	04955	INTERNAL MEDICINE ASSOCIATES	0	0	90.06
90.07	04956	OLIO ROAD FAMILY CARE	0	0	90.07
90.08	04957	CARDIOVASCULAR EAST	0	0	90.08
90.09	04958	CARDIOVASCULAR NORTH	0	0	90.09
90.10	04959	CARDIOVASCULAR SOUTH	0	0	90.10
90.11	04960	NORTHEAST FAMILY PHYSICIANS	0	0	90.11
90.12	04961	ANDERSON FAMILY HEALTH	0	0	90.12
90.13	04962	BROADWAY FAMILY MEDICINE	0	0	90.13
90.14	04963	CASTLETON FAMILY PHYSICIANS	0	0	90.14
90.15	04964	FALLCREEK FAMILY MEDICINE	0	0	90.15
90.16	04965	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0	0	90.16
90.17	04966	INTERNAL MEDICINE OF CARMEL	0	0	90.17
90.18	04967	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0	0	90.18
90.19	04968	INTERNAL MEDICINE	0	0	90.19
90.20	04969	DIABETES INTERNAL MEDICINE & ENDOCRINOLOGY	0	0	90.20
90.21	04970	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.21
90.22	04971	HEALTHY HEARTS CENTER	0	89,676	90.22
90.23	04972	FP AND MATERNITY CARE CENTER	0	0	90.23
90.24	04973	PALLIATIVE CARE	0	0	90.24
90.25	04974	INFUSION CENTERS	0	307,952	90.25
90.26	04975	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.26
90.27	04977	DIABETIC CARE CENTER	0	32,533	90.27
91.00	09100	EMERGENCY	0	3,194,054	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	430,813	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00		Subtotal (see instructions)	0	12,062,555	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150074		Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 11:52 am
		Title XIX		Hospital	Cost
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
202.00	Net Charges (Line 200 +/- Line 201)	0	12,062,555		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2013 11:52 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		54,799	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		54,799	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		53,010	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		17,818	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		44,602,061	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		44,602,061	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		87,446,584	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		87,446,584	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.510049	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,649.62	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		44,602,061	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)		813.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,502,427	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)		14,502,427	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150074		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 11:52 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	PPS
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,850,553	3,016	1,608.27	1,363	2,192,072	43.00
44.00	CORONARY CARE UNIT	6,403,724	6,202	1,032.53	3,165	3,267,957	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							
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					23,602,456	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					43,564,912	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,311,488	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,443,199	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,754,687	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					40,810,225	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,789	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					813.92	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,456,103	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150074		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 11:52 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,935,929	44,602,061	0.065825	1,456,103	95,848	90.00
91.00	Nursing School cost	0	44,602,061	0.000000	1,456,103	0	91.00
92.00	Allied health cost	0	44,602,061	0.000000	1,456,103	0	92.00
93.00	All other Medical Education	0	44,602,061	0.000000	1,456,103	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/30/2013 11:52 am
Cost Center Description			Cost	
			1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		54,799	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		54,799	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		53,010	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		7,998	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		3,055	15.00
16.00	Nursery days (title V or XIX only)		371	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		44,568,067	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		44,568,067	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		87,446,584	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		87,446,584	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.509660	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,649.62	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		44,568,067	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)		813.30	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,504,773	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)		6,504,773	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/30/2013 11:52 am		
Cost Center Description			Title XIX		Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	2,226,099	3,055	728.67	371	270,337	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,850,553	3,016	1,608.27	0	0	43.00
44.00	CORONARY CARE UNIT	6,403,724	6,202	1,032.53	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					8,273,375	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					15,048,485	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,789	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					813.30	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,454,994	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet D-1

Date/Time Prepared:  
5/30/2013 11:52 am

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/30/2013 11:52 am	
Cost Center Description		Title XVIII	Hospital	PPS	
		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	03000	ADULTS & PEDIATRICS		23,435,278	30.00
31.00	03100	INTENSIVE CARE UNIT		3,807,446	31.00
32.00	03200	CORONARY CARE UNIT		5,923,445	32.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.263174	11,164,602	50.00
51.00	05100	RECOVERY ROOM	0.229095	2,172,470	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.251011	51,771	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.288321	2,689,248	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.198785	1,938,254	55.00
57.00	05700	CT SCAN	0.058458	4,972,700	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.110208	1,635,148	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.121938	2,784,246	59.00
60.00	06000	LABORATORY	0.125878	16,539,776	60.00
64.00	06400	INTRAVENOUS THERAPY	0.630353	319,450	64.00
65.00	06500	RESPIRATORY THERAPY	0.205368	5,967,161	65.00
66.00	06600	PHYSICAL THERAPY	0.675750	1,183,493	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.500472	779,281	67.00
68.00	06800	SPEECH PATHOLOGY	0.113573	168,518	68.00
69.00	06900	ELECTROCARDIOLOGY	0.187875	3,085,240	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.246474	382,091	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.239901	4,485,711	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.475096	9,365,346	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.308401	16,486,021	73.00
74.00	07400	RENAL DIALYSIS	0.367854	1,361,098	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	ENDOSCOPY	0.240854	612,382	76.00
76.01	03330	GALLAHUE MENTAL HEALTH CTR	1.098818	0	76.01
76.02	03331	HRC NEUROPSYCHOLOGY	0.733651	0	76.02
76.03	03950	LUTHERWOOD SERVICES	0.333391	0	76.03
76.04	03951	CENTER FOR WOUND HEALING	0.390133	59,118	76.04
76.05	03480	ONCOLOGY	0.222036	39,558	76.05
76.06	03952	IMAGING CENTERS	0.363393	0	76.06
76.07	03953	BREAST DIAGNOSTIC CENTER	0.684068	0	76.07
76.97	07697	CARDIAC REHABILITATION	0.745241	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.390852	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	CLEARAVISTA WOMEN'S CARE	0.000000	0	90.01
90.02	04951	COUNTY LINE MEDICAL PAVILION	0.000000	0	90.02
90.03	04952	DIABETES & ENDOCRINOLOGY SPECIALISTS	0.000000	0	90.03
90.04	04953	FAMILY MEDICINE OF GREENFIELD	0.000000	0	90.04
90.05	04954	GEIST FAMILY MEDICINE AND PEDIATRICS	0.000000	0	90.05
90.06	04955	INTERNAL MEDICINE ASSOCIATES	0.000000	0	90.06
90.07	04956	OLIO ROAD FAMILY CARE	0.000000	0	90.07
90.08	04957	CARDIOVASCULAR EAST	0.000000	0	90.08
90.09	04958	CARDIOVASCULAR NORTH	0.000000	0	90.09
90.10	04959	CARDIOVASCULAR SOUTH	0.000000	0	90.10
90.11	04960	NORTHEAST FAMILY PHYSICIANS	0.000000	0	90.11
90.12	04961	ANDERSON FAMILY HEALTH	0.000000	0	90.12
90.13	04962	BROADWAY FAMILY MEDICINE	0.000000	0	90.13
90.14	04963	CASTLETON FAMILY PHYSICIANS	0.000000	0	90.14
90.15	04964	FALLCREEK FAMILY MEDICINE	0.000000	0	90.15
90.16	04965	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0.000000	0	90.16
90.17	04966	INTERNAL MEDICINE OF CARMEL	0.000000	0	90.17
90.18	04967	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0.000000	0	90.18
90.19	04968	INTERNAL MEDICINE	0.000000	0	90.19
90.20	04969	DIABETES INTERNAL MEDICINE & ENDOCR	0.000000	0	90.20
90.21	04970	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.21
90.22	04971	HEALTHY HEARTS CENTER	0.926300	0	90.22
90.23	04972	FP AND MATERNITY CARE CENTER	0.604288	0	90.23
90.24	04973	PALLIATIVE CARE	1.968984	0	90.24
90.25	04974	INFUSION CENTERS	0.317305	0	90.25
90.26	04975	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.26
90.27	04977	DIABETIC CARE CENTER	0.814135	0	90.27
91.00	09100	EMERGENCY	0.150428	9,904,513	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.135948	81,758	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		98,228,954	200.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/30/2013 11:52 am	
		Title XVIII	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		98,228,954		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/30/2013 11:52 am	
Cost Center Description		Title XIX	Hospital	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	03000	ADULTS & PEDIATRICS		20,088,637	30.00
31.00	03100	INTENSIVE CARE UNIT		3,032,270	31.00
32.00	03200	CORONARY CARE UNIT		1,335,682	32.00
43.00	04300	NURSERY		6,695,644	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.263174	2,272,255	50.00
51.00	05100	RECOVERY ROOM	0.229095	589,968	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.251011	4,031,717	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.288321	907,963	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.198785	407,107	55.00
57.00	05700	CT SCAN	0.058458	1,508,951	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.110208	506,946	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.121938	899,305	59.00
60.00	06000	LABORATORY	0.124785	7,194,374	60.00
64.00	06400	INTRAVENOUS THERAPY	0.630353	324,250	64.00
65.00	06500	RESPIRATORY THERAPY	0.205368	2,203,066	65.00
66.00	06600	PHYSICAL THERAPY	0.675750	220,303	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.500472	134,492	67.00
68.00	06800	SPEECH PATHOLOGY	0.113573	27,375	68.00
69.00	06900	ELECTROCARDIOLOGY	0.187875	734,766	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.245303	116,009	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.239901	1,507,441	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.475096	1,184,624	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.308401	7,870,456	73.00
74.00	07400	RENAL DIALYSIS	0.367854	219,394	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	ENDOSCOPY	0.240854	164,883	76.00
76.01	03330	GALLAHUE MENTAL HEALTH CTR	1.098818	0	76.01
76.02	03331	HRC NEUROPSYCHOLOGY	0.733651	918	76.02
76.03	03950	LUTHERWOOD SERVICES	0.333391	0	76.03
76.04	03951	CENTER FOR WOUND HEALING	0.390133	2,192	76.04
76.05	03480	ONCOLOGY	0.222036	3,555	76.05
76.06	03952	IMAGING CENTERS	0.363393	3,222	76.06
76.07	03953	BREAST DIAGNOSTIC CENTER	0.684068	4,555	76.07
76.97	07697	CARDIAC REHABILITATION	0.745241	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.390852	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	CLEARAVISTA WOMEN'S CARE	0.000000	0	90.01
90.02	04951	COUNTY LINE MEDICAL PAVILION	0.000000	0	90.02
90.03	04952	DIABETES & ENDOCRINOLOGY SPECIALISTS	0.000000	0	90.03
90.04	04953	FAMILY MEDICINE OF GREENFIELD	0.000000	0	90.04
90.05	04954	GEIST FAMILY MEDICINE AND PEDIATRICS	0.000000	0	90.05
90.06	04955	INTERNAL MEDICINE ASSOCIATES	0.000000	0	90.06
90.07	04956	OLIO ROAD FAMILY CARE	0.000000	0	90.07
90.08	04957	CARDIOVASCULAR EAST	0.000000	0	90.08
90.09	04958	CARDIOVASCULAR NORTH	0.000000	0	90.09
90.10	04959	CARDIOVASCULAR SOUTH	0.000000	0	90.10
90.11	04960	NORTHEAST FAMILY PHYSICIANS	0.000000	0	90.11
90.12	04961	ANDERSON FAMILY HEALTH	0.000000	0	90.12
90.13	04962	BROADWAY FAMILY MEDICINE	0.000000	0	90.13
90.14	04963	CASTLETON FAMILY PHYSICIANS	0.000000	0	90.14
90.15	04964	FALLCREEK FAMILY MEDICINE	0.000000	0	90.15
90.16	04965	FAMILY PRACTICE ASSOCIATES OF ELWOOD	0.000000	0	90.16
90.17	04966	INTERNAL MEDICINE OF CARMEL	0.000000	0	90.17
90.18	04967	NORTHEAST OTOLARNGOLOGY NOBLESVILLE	0.000000	0	90.18
90.19	04968	INTERNAL MEDICINE	0.000000	0	90.19
90.20	04969	DIABETES INTERNAL MEDICINE & ENDOCR	0.000000	0	90.20
90.21	04970	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.21
90.22	04971	HEALTHY HEARTS CENTER	0.926300	84	90.22
90.23	04972	FP AND MATERNITY CARE CENTER	0.604288	0	90.23
90.24	04973	PALLIATIVE CARE	1.968984	0	90.24
90.25	04974	INFUSION CENTERS	0.317305	0	90.25
90.26	04975	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.26
90.27	04977	DIABETIC CARE CENTER	0.813748	0	90.27
91.00	09100	EMERGENCY	0.150084	3,340,843	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.135948	82,243	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		36,463,257	200.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/30/2013 11:52 am	
		Title XIX	Hospital	Cost	
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	
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		36,463,257		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/30/2013 11:52 am
		Title VIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		31,117,217	1.00
2.00	Outlier payments for discharges. (see instructions)		1,068,015	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		10,527,131	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		223.11	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		21.09	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		2.21	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		-3.69	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		6.30	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		21.49	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		21.49	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		21.49	12.00
13.00	Total allowable FTE count for the prior year.		19.34	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		17.02	14.00
15.00	Sum of lines 12 through 14 divided by 3.		19.28	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		19.28	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.086415	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.086710	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.086415	21.00
22.00	IME payment adjustment (see instructions)		1,919,180	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		1,919,180	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		10.72	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		28.52	31.00
32.00	Sum of lines 30 and 31		39.24	32.00
33.00	Allowable disproportionate share percentage (see instructions)		21.59	33.00
34.00	Disproportionate share adjustment (see instructions)		6,718,207	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		40,822,619	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		40,822,619	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,917,066	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		370,975	52.00
53.00	Nursing and Allied Health Managed Care payment		77,641	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/30/2013 11:52 am
		Title XVIII	Hospital	PPS
		1.00		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0 57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			143,214 58.00
59.00	Total (sum of amounts on lines 49 through 58)			44,331,515 59.00
60.00	Primary payer payments			11,379 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			44,320,136 61.00
62.00	Deductibles billed to program beneficiaries			3,441,448 62.00
63.00	Coinurance billed to program beneficiaries			172,377 63.00
64.00	Allowable bad debts (see instructions)			262,640 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			183,848 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			126,397 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			40,890,159 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.93	HVBP incentive payment (see instructions)			-6,882 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			0 70.94
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			0 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			40,883,277 71.00
72.00	Interim payments			41,122,787 72.00
73.00	Tentative settlement (for contractor use only)			0 73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)			-239,510 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			1,459,397 75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/30/2013 11:52 am
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		20,230	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		35,936,172	2.00
3.00	PPS payments		27,160,551	3.00
4.00	Outlier payment (see instructions)		357,807	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		238,814	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		20,230	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		65,597	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)		65,597	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)		65,597	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		45,367	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)		20,230	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		27,757,172	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,673,155	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)		22,104,247	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		308,270	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)		22,412,517	30.00
31.00	Primary payer payments		3,449	31.00
32.00	Subtotal (line 30 minus line 31)		22,409,068	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)		613,042	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		429,129	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		351,332	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		22,838,197	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-10	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		15	39.00
39.98	AB Re-billing demo amount (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		22,838,222	40.00
41.00	Interim payments		23,004,619	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)		-166,397	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
			Overrides	
			1.00	
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2013 11:52 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		40,967,287		22,796,519	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	09/12/2012	155,500	09/12/2012	208,100	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		155,500		208,100	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)		41,122,787		23,004,619	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		239,510		166,397	6.02	
7.00	Total Medicare program liability (see instructions)		40,883,277		22,838,222	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/30/2013 11:52 am

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			13,426 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			22,346 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			5,421 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			62,228 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			819,049,338 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			35,145,538 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,557,891 8.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			1,557,891 32.00
				<b>Overrides</b>
				1.00
<b>CONTRACTOR OVERRIDES</b>				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2013 11:52 am	
		Title XIX	Hospital	Cost	
		Inpatient	Outpatient		
		1.00	2.00		
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services	15,048,485			1.00
2.00	Medical and other services		12,062,555		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	15,048,485	12,062,555		4.00
5.00	Inpatient primary payer payments	2,051,924			5.00
6.00	Outpatient primary payer payments		1,060,001		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	12,996,561	11,002,554		7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	36,463,257	61,664,735		9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	36,463,257	61,664,735		12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0		13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	0		14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000		15.00
16.00	Total customary charges (see instructions)	36,463,257	61,664,735		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	21,414,772	49,602,180		17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0		18.00
19.00	Interns and Residents (see instructions)	0	0		19.00
20.00	Cost of Teaching Physicians (see instructions)	0	0		20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	15,048,485	12,062,555		21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments	0	0		22.00
23.00	Outlier payments	0	0		23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0	0		26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0		27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	15,048,485	12,062,555		29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)	0	0		30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	12,996,561	11,002,554		31.00
32.00	Deductibles	0	0		32.00
33.00	Coinurance	0	0		33.00
34.00	Allowable bad debts (see instructions)	0	0		34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	12,996,561	11,002,554		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0		37.00
38.00	Subtotal (line 36 ± line 37)	12,996,561	11,002,554		38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	12,996,561	11,002,554		40.00
41.00	Interim payments	0	0		41.00
42.00	Balance due provider/program (line 40 minus 41)	12,996,561	11,002,554		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0		43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/30/2013 11:52 am	
		Title XVII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			24.75	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			2.07	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-3.69	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			1.50	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			20.49	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			20.49	6.00
7.00	Enter the lesser of line 5 or line 6			20.49	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	20.49	0.00	20.49	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	20.49	0.00	20.49	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	20.49	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	19.46	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	19.92	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	19.96	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	19.96	0.00		17.00
18.00	Per resident amount	78,428.06	0.00		18.00
19.00	Approved amount for resident costs	1,565,424	0	1,565,424	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,565,424	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days	22,346	5,421		26.00
27.00	Total Inpatient Days (see instructions)	62,228	62,228		27.00
28.00	Ratio of inpatient days to total inpatient days	0.359099	0.087115		28.00
29.00	Program direct GME amount	562,142	136,372		29.00
30.00	Reduction for direct GME payments for Medicare managed care		19,269		30.00
31.00	Net Program direct GME amount			679,245	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/30/2013 11:52 am
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)			0 32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)			2,321,967 33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000 34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0 35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0 36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)			43,564,912 37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)			0 38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)			0 39.00
40.00	Primary payer payments (see instructions)			11,379 40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			43,553,533 41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)			36,195,216 42.00
43.00	Primary payer payments (see instructions)			3,449 43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			36,191,767 44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			79,745,300 45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.546158 46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.453842 47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)			679,245 48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)			370,975 49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			308,270 50.00

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

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet G  
Date/Time Prepared:  
5/30/2013 11:52 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	76,520,190	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	77,819,185	0	0	0	3.00
4.00	Accounts receivable	-53,025,791	0	0	0	4.00
5.00	Other receivable	4,180,790	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	97,289,707	0	0	0	6.00
7.00	Inventory	4,066,620	0	0	0	7.00
8.00	Prepaid expenses	5,280,884	0	0	0	8.00
9.00	Other current assets	9,380,147	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)	221,511,732	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	2,210,932	0	0	0	12.00
13.00	Land improvements	4,080,044	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	173,475,418	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	14,626,880	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	14,265,238	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	260,361,352	0	0	0	23.00
24.00	Accumulated depreciation	-308,216,366	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	160,803,498	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	416,733,536	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	-119,386,655	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	297,346,881	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	679,662,111	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	48,651,246	0	0	0	37.00
38.00	Salaries, wages, and fees payable	31,435,224	0	0	0	38.00
39.00	Payroll taxes payable	10,411,216	0	0	0	39.00
40.00	Notes and loans payable (short term)	11,375,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	10,153,906	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	112,026,592	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	593,148,013	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	194,974,914	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	788,122,927	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	900,149,519	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	-220,487,408	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-220,487,408	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	679,662,111	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet G-1

Date/Time Prepared:  
5/30/2013 11:52 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		-265,297,256		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		44,809,851				2.00
3.00	Total (sum of line 1 and line 2)		-220,487,405		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		-220,487,405		0		11.00
12.00	Deductions (debit adjustments) (specify)	3		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		3		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-220,487,408		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/30/2013 11:52 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	87,446,584		87,446,584	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	87,446,584		87,446,584	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,690,098		8,690,098	11.00
12.00	CORONARY CARE UNIT	11,574,475		11,574,475	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)	20,264,573		20,264,573	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	107,711,157		107,711,157	17.00
18.00	Ancillary services	228,084,330		228,084,330	18.00
19.00	Outpatient services	0	615,415,285	615,415,285	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		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	335,795,487	615,415,285	951,210,772	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		375,075,920		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		375,075,920		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet G-3

Date/Time Prepared:  
5/30/2013 11:52 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	951,210,772	1.00
2.00	Less contractual allowances and discounts on patients' accounts	566,701,686	2.00
3.00	Net patient revenues (line 1 minus line 2)	384,509,086	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	375,075,920	4.00
5.00	Net income from service to patients (line 3 minus line 4)	9,433,166	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	379,216	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	30,242	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	920	17.00
18.00	Revenue from sale of medical records and abstracts	169,146	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	45,250	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	34,751,911	24.00
25.00	Total other income (sum of lines 6-24)	35,376,685	25.00
26.00	Total (line 5 plus line 25)	44,809,851	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)	44,809,851	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 150074

Period:  
From 01/01/2012  
To 12/31/2012

Worksheet I-5

Date/Time Prepared:  
5/30/2013 11:52 am

		1.00	
1.00	Total expenses related to care of program beneficiaries (see instructions)	0	1.00
2.00	Total payment (from Worksheet I-4, column 6, line 11)	0	2.00
3.00	Deductibles billed to Medicare (Part B) patients	0	3.00
4.00	Coinsurance billed to Medicare (Part B) patients	0	4.00
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	5.00
6.00			6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (sum of lines 3 and 4 less line 5)	0	8.00
9.00	Program payment (line 2 less line 3, times 80 percent)	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (Line 1 minus the sum of lines 8 and 9. If negative, enter zero and do not complete line 11.)	0	10.00
11.00	Reimbursable bad debts (lesser of line 10 or line 5) (transfer to Worksheet E, Part B, line 33)	0	11.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150074	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/30/2013 11:52 am
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,497,280	1.00
2.00	Capital DRG outlier payments		132,849	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		171.54	3.00
4.00	Number of interns & residents (see instructions)		19.28	4.00
5.00	Indirect medical education percentage (see instructions)		3.22	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		80,412	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		10.72	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		28.52	8.00
9.00	Sum of lines 7 and 8		39.24	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.27	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		206,525	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,917,066	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00