

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/30/2013 4:02 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/30/2013	Time: 4:02 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 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 BALL MEMORIAL HOSPITAL (150089) 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

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-1,313,252	-415,904	2,225,404	0 1.00
2.00	Subprovider - IPF	0	0	0	0	0 2.00
3.00	Subprovider - IRF	0	-41,055	21	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	2,123	0	0 7.00
8.00	NURSING FACILITY	0	0	0	0	0 8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
12.00	CMHC I	0	0	0	0	0 12.00
200.00	Total	0	-1,354,307	-413,760	2,225,404	0 200.00

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

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Encryption Information
 ECR: Date: 5/30/2013 Time: 4:02 pm
 YwQnFiGIpn.70j:cYB00tPuxkj aS90
 TwWlNOFN8cuWl06mrtyFTgTu8vQhwj
 sYeC1WZ0MK08TlBJ
 PI: Date: 5/30/2013 Time: 4:02 pm
 5xFKMwOXx9Uj6FpogwDMggi1bf5ZE0
 lJY8wON4.GfU40Hrvp3HxHlufUDCBJ
 mFC00pJg7T0hFslu

(Signed) _____
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10.00	RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
12.00	CMHC I	0	0	0	0	0 12.00
200.00	Total	0	-1,354,307	-413,760	2,225,404	0 200.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150089			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 4:01 pm				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 2401 UNIVERSITY AVENUE			PO Box:							
2.00	City: MUNCI E			State: IN		Zip Code: 47303-3428		County: DELAWARE			
		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		BALL MEMORIAL HOSPITAL	150089	11300	1	07/01/1966	N	P	O	
4.00	Subprovider - IPF										
5.00	Subprovider - IRF		BMH PHYSICAL REHAB	15T089	11300	5	07/01/1986	N	P	O	
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital -Based SNF		BMH SKILLED CARE CENTER	155296	11300		07/09/1987	N	P	N	
10.00	Hospital -Based NF										
11.00	Hospital -Based OLTC										
12.00	Hospital -Based HHA										
13.00	Separately Certified ASC										
14.00	Hospital -Based Hospice										
15.00	Hospital -Based Health Clinic - RHC										
16.00	Hospital -Based Health Clinic - FQHC										
17.00	Hospital -Based (CMHC) I										
17.10	Hospital -Based (CORF) I										
18.00	Renal Dialysis										
19.00	Other										
							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.		6,426	3,278	34	42	7,803	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.		190	144	0	0	23	0		25.00	
							Urban/Rural S	Date of Geogr			
							1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1				26.00
27.00	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: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 4:01 pm		
		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		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	Y		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
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.		N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.		N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.		N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)		N			60.00
		Y/N 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	38.12		39.96	61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no 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)	1.83	16.66		0.098972	64.00

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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	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 MEDICINE	1350	15.62	8.63	0.644124	
65.01		INTERNAL MEDICINE	1400	1.82	16.41	0.099835	
				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)			0.67	7.34	0.083645	
		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 MEDICINE	1350	12.74	10.84	0.540288	
67.01		INT MEDICINE	1400	2.02	16.73	0.107733	

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		1.00	2.00	3.00			
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00	
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N		0		71.00	
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				75.00	
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	Y	N	0		76.00	
		1.00					
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N				80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N				85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00	
		V	XIX				
		1.00	2.00				
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y			90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N			91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N			92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N			93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N			94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00	
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	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.	N	N	N	N	109.00	
		1.00		2.00		3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. 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: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 4:01 pm	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	564,825	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		
119.00	DO NOT USE THIS LINE				
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	
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		
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.				
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.				
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.				
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.				
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.				
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.				
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.				
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.				
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.				
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	15H059	
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: INDIANA UNIVERSITY HEALTH INC	Contractor's Name: WPS		Contractor's Number: 08101	
142.00	Street: 340 W. 10TH STREET	PO Box:			
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		
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		
				1.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		
		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
161.10	CORF		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150089			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 4:01 pm	
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0	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: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/30/2013 4:01 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/31/2013	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/19/2013	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/30/2013 4:01 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
	0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			Y	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
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.	RHONDA	UTTER		41.00
42.00	Enter the employer/company name of the cost report preparer.	IU HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093	RUTTER@IUHEALTH.ORG		43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		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)	04/19/2013	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	
Cost Report Preparer Contact Information			
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.	MANAGER COST REPORTING	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: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part IX Date/Time Prepared: 5/30/2013 4:01 pm	
			Title V	Title XIX	
			1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE					
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	
CRITICAL ACCESS HOSPITALS					
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	
RCE DISALLOWANCE					
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
PASS THROUGH COST					
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: 150089

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2013 4:01 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / 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	238	87,108	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)		238	87,108	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,176	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		274	100,284	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	23	8,418		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	30	10,980		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		327				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 Vi s i t s / Tri ps			Full Time Equivalents		
Component	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	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)	29,282	5,176	61,565			1.00
2.00 HMO	1,055	11,123				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)	29,282	5,176	61,565			7.00
8.00 INTENSIVE CARE UNIT	4,788	835	9,984			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		450	3,999			13.00
14.00 Total (see instructions)	34,070	6,461	75,548	50.34	1,984.06	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	3,448	357	5,055	0.00	27.33	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	4,802	0	6,277	0.00	28.29	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150089

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2013 4:01 pm

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	
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				50.34	2,039.68	27.00
28.00	Observation Bed Days		666	3,877			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)		82	1,460			32.00
33.00	LTCH non-covered days	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)		0	7,252	3,512	18,234	1.00
2.00	HMO			209			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	7,252	3,512	18,234	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	290	13	625	17.00
18.00	SUBPROVIDER	0.00	0	0	0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150089

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2013 4:01 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation 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	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	102,274,276	0	102,274,276	4,126,847.00	24.78
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		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		844,232	0	844,232	9,796.69	86.18
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	2,880,371	2,880,371	98,187.00	29.34
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	1,195,630	0	1,195,630	58,849.00	20.32
10.00	Excluded area salaries (see instructions)		5,406,012	44,480	5,450,492	223,752.00	24.36
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		2,110,609	0	2,110,609	15,423.00	136.85
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office salaries & wage-related costs		15,674,562	0	15,674,562	427,439.00	36.67
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
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		31,633,444	0	31,633,444		
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		477,817	0	477,817		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		204,215	0	204,215		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	28,424	0	28,424	0.00	0.00
27.00	Administrative & General	5.00	8,466,483	29,450	8,495,933	376,478.00	22.57
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	2,717,562	0	2,717,562	136,497.00	19.91
30.00	Operation of Plant	7.00	622,607	0	622,607	41,629.00	14.96
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	2,455,625	0	2,455,625	239,005.00	10.27
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	2,256,278	-1,419,267	837,011	63,425.00	13.20
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	1,419,267	1,419,267	107,546.00	13.20
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	5,336,202	0	5,336,202	178,248.00	29.94
39.00	Central Services and Supply	14.00	870,655	0	870,655	67,313.00	12.93
40.00	Pharmacy	15.00	4,621,559	0	4,621,559	135,523.00	34.10
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150089

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2013 4:01 pm

		Worksheet A Line Number	Amount Reported	Reclassifi- cation 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	
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150089

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2013 4:01 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	101,430,044	-2,880,371	98,549,673	4,018,863.31	24.52	1.00
2.00	Excluded area salaries (see instructions)	6,601,642	44,480	6,646,122	282,601.00	23.52	2.00
3.00	Subtotal salaries (line 1 minus line 2)	94,828,402	-2,924,851	91,903,551	3,736,262.31	24.60	3.00
4.00	Subtotal other wages & related costs (see inst.)	17,785,171	0	17,785,171	442,862.00	40.16	4.00
5.00	Subtotal wage-related costs (see inst.)	31,633,444	0	31,633,444	0.00	34.42	5.00
6.00	Total (sum of lines 3 thru 5)	144,247,017	-2,924,851	141,322,166	4,179,124.31	33.82	6.00
7.00	Total overhead cost (see instructions)	27,375,395	29,450	27,404,845	1,345,664.00	20.37	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2013 4:01 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		8,574,445	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		15,661,693	8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan		489,580	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		87,685	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)		112,774	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance		8,157	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only		6,564,278	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			3 20.00
OTHER				
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			0 22.00
23.00	Tuition Reimbursement		134,829	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		31,633,444	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part V Date/Time Prepared: 5/30/2013 4:01 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		2,110,996	0
2.00	Hospital		2,110,609	0
3.00	Subprovider - IPF		0	0
4.00	Subprovider - IRF		0	0
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF		387	0
9.00	Hospital-Based NF			0
10.00	Hospital-Based OLTC			0
11.00	Hospital-Based HHA			0
12.00	Separately Certified ASC		0	0
13.00	Hospital-Based Hospice			0
14.00	Hospital-Based Health Clinic RHC			0
15.00	Hospital-Based Health Clinic FQHC			0
16.00	Hospital-Based-CMHC			0
16.10	Hospital-Based-CMHC 10		0	0
17.00	Renal Dialysis		0	0
18.00	Other		0	0

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150089

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

Worksheet S-7

Date/Time Prepared:
5/30/2013 4:01 pm

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	14	0	14 8.00
9.00		RMX	16	0	16 9.00
10.00		RML	191	0	191 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	14	0	14 13.00
14.00		RUA	0	0	0 14.00
15.00		RVC	0	0	0 15.00
16.00		RVB	0	0	0 16.00
17.00		RVA	0	0	0 17.00
18.00		RHC	38	0	38 18.00
19.00		RHB	19	0	19 19.00
20.00		RHA	54	0	54 20.00
21.00		RMC	425	0	425 21.00
22.00		RMB	385	0	385 22.00
23.00		RMA	741	0	741 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	24	0	24 27.00
28.00		ES1	326	0	326 28.00
29.00		HE2	14	0	14 29.00
30.00		HE1	3	0	3 30.00
31.00		HD2	14	0	14 31.00
32.00		HD1	226	0	226 32.00
33.00		HC2	20	0	20 33.00
34.00		HC1	162	0	162 34.00
35.00		HB2	83	0	83 35.00
36.00		HB1	651	0	651 36.00
37.00		LE2	3	0	3 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	31	0	31 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	20	0	20 42.00
43.00		LB2	51	0	51 43.00
44.00		LB1	133	0	133 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	7	0	7 46.00
47.00		CD2	29	0	29 47.00
48.00		CD1	52	0	52 48.00
49.00		CC2	28	0	28 49.00
50.00		CC1	126	0	126 50.00
51.00		CB2	36	0	36 51.00
52.00		CB1	300	0	300 52.00
53.00		CA2	7	0	7 53.00
54.00		CA1	443	0	443 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	11	0	11 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	6	0	6 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150089

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

Worksheet S-7

Date/Time Prepared:
5/30/2013 4:01 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	13	0	13	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	65	0	65	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	21	0	21	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		4,802	0	4,802	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).			11300	11300	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing			0	0.00	202.00
203.00	Recruitment			0	0.00	203.00
204.00	Retention of employees			0	0.00	204.00
205.00	Training			0	0.00	205.00
206.00	OTHER (SPECIFY)			0	0.00	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)			3,884,309		207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/30/2013 4:01 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.220623		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		51,581,604		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		169,292,620		6.00
7.00	Medicaid cost (line 1 times line 6)		37,349,846		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
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	124,879,149	4,694,794	129,573,943	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	27,551,212	1,035,780	28,586,992	21.00
22.00	Partial payment by patients approved for charity care	483,893	474,385	958,278	22.00
23.00	Cost of charity care (line 21 minus line 22)	27,067,319	561,395	27,628,714	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)			30,084,913	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			45,551	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			30,039,362	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			6,627,374	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			34,256,088	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			34,256,088	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150089

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

Worksheet A
Date/Time Prepared:
5/30/2013 4:01 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		24,417,808	24,417,808	-197,635	24,220,173	1.00
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS	28,424	25,358,418	25,386,842	-80,428	25,306,414	4.00
5.01 00510 COMMUNICATIONS/PHONES	432,142	64,722	496,864	-89	496,775	5.01
5.02 00511 DATA PROCESSING	0	1,574,298	1,574,298	-524	1,573,774	5.02
5.04 00513 ADMINISTRATION	3,522,949	398,128	3,921,077	-1,567	3,919,510	5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	4,511,392	50,683,605	55,194,997	-378,302	54,816,695	5.06
6.00 00600 MAINTENANCE & REPAIRS	2,717,562	4,240,771	6,958,333	-2,016	6,956,317	6.00
7.00 00700 OPERATION OF PLANT	622,607	3,866,534	4,489,141	0	4,489,141	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	1,218,803	1,218,803	8.00
9.00 00900 HOUSEKEEPING	2,455,625	1,908,772	4,364,397	-1,434,017	2,930,380	9.00
10.00 01000 DIETARY	2,256,278	1,825,445	4,081,723	-2,581,752	1,499,971	10.00
11.00 01100 CAFETERIA	0	0	0	2,567,527	2,567,527	11.00
13.00 01300 NURSING ADMINISTRATION	5,336,202	2,529,976	7,866,178	-1,221	7,864,957	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	870,655	1,553,239	2,423,894	10,557,991	12,981,885	14.00
15.00 01500 PHARMACY	4,621,559	23,763,814	28,385,373	-22,121,848	6,263,525	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	2,880,371	2,880,371	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	3,970,321	2,525,749	6,496,070	-2,880,548	3,615,522	22.00
23.00 02300 PARAMEDICAL PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	19,033,199	6,023,061	25,056,260	-1,841,131	23,215,129	30.00
31.00 03100 INTENSIVE CARE UNIT	6,644,679	1,338,076	7,982,755	-659,647	7,323,108	31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	1,447,265	1,240,021	2,687,286	-50,252	2,637,034	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	2,135,311	597,004	2,732,315	-280,387	2,451,928	43.00
44.00 04400 SKILLED NURSING FACILITY	1,195,630	257,139	1,452,769	-85,515	1,367,254	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	4,158,181	20,722,986	24,881,167	-17,118,247	7,762,920	50.00
50.01 03021 ACUPUNCTURE	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	1,425,468	344,958	1,770,426	-155,372	1,615,054	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,014,244	551,095	2,565,339	-248,107	2,317,232	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,875,338	7,364,988	14,240,326	-2,971,135	11,269,191	54.00
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	1,795,016	9,481,388	11,276,404	-9,594,313	1,682,091	59.00
60.00 06000 LABORATORY	0	15,211,032	15,211,032	-36,367	15,174,665	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	1,562,641	1,562,641	-1,495	1,561,146	63.00
65.00 06500 RESPIRATORY THERAPY	3,420,566	830,595	4,251,161	-286,211	3,964,950	65.00
65.01 06501 SLEEP LAB	672,870	462,771	1,135,641	-48,302	1,087,339	65.01
66.00 06600 PHYSICAL THERAPY	3,825,035	1,085,319	4,910,354	-179,377	4,730,977	66.00
67.00 06700 OCCUPATIONAL THERAPY	668,453	124,882	793,335	50,627	843,962	67.00
68.00 06800 SPEECH PATHOLOGY	289,306	33,087	322,393	21,251	343,644	68.00
68.01 06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	1,892,323	926,604	2,818,927	-363,880	2,455,047	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,756,672	9,756,672	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	14,024,312	14,024,312	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	22,962,956	22,962,956	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	2,463,074	12,202,118	14,665,192	-49,986	14,615,206	73.01
74.00 07400 RENAL DIALYSIS	0	1,113,831	1,113,831	-13,711	1,100,120	74.00
76.00 03020 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	75,806	75,806	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	403,933	916,181	1,320,114	-162,201	1,157,913	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.02 09002 PAIN CLINIC	303,832	211,178	515,010	86,230	601,240	90.02
90.03 09003 ONCOLOGY CLINIC	575,025	255,989	831,014	-39,728	791,286	90.03
91.00 09100 EMERGENCY	5,731,065	3,360,007	9,091,072	-629,671	8,461,401	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	98,315,529	230,928,230	329,243,759	-292,436	328,951,323	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150089		Period: From 01/01/2012 To 12/31/2012		Worksheet A	
Date/Time Prepared: 5/30/2013 4:01 pm							
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		
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	53,411	353,878	407,289	0	407,289	190.00	
191.00 19100 RESEARCH	278,172	68,081	346,253	-63	346,190	191.00	
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00	
194.01 07951 BSU PHARMACY	190,996	434,986	625,982	17,456	643,438	194.01	
194.02 07952 PAVILLION PHARMACY	454,785	3,071,459	3,526,244	8,906	3,535,150	194.02	
194.03 07953 VENDING	0	0	0	0	0	194.03	
194.04 07954 CARELINE	0	0	0	0	0	194.04	
194.05 07955 WELLNESS CENTER	50,935	18,147	69,082	-72	69,010	194.05	
194.06 07956 PHYSICIAN PRACTICE CLINICS	1,196,346	345,362	1,541,708	-160,769	1,380,939	194.06	
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	194.07	
194.08 07958 RENTAL PROPERTY	0	0	0	443,318	443,318	194.08	
194.09 07959 ADVERTISING	0	0	0	0	0	194.09	
194.10 07960 INTEGRAL TAC	0	445	445	0	445	194.10	
194.11 07961 IU HEALTH HOSPICE	0	5,298	5,298	-2,757	2,541	194.11	
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12	
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13	
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14	
194.15 07965 MARKETING/PUBLIC RELATIONS	406,763	414,638	821,401	-59,481	761,920	194.15	
194.16 07966 JAY COUNTY HOSPITAL	180,381	8,897	189,278	0	189,278	194.16	
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17	
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18	
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19	
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	194.20	
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21	
194.22 07972 THERAPIES TO OTHER ENTITIES	614,166	200,425	814,591	62,426	877,017	194.22	
194.23 07973 CANCER CENTER BOUTIQUE	53,232	104,141	157,373	-2,059	155,314	194.23	
194.24 07974 BOSCO BALL OUTPATIENT SURGERY	0	199	199	-2	197	194.24	
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	25,777	25,777	-14,467	11,310	194.25	
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	139,446	11,450	150,896	0	150,896	194.26	
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27	
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28	
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29	
194.30 07980 CARDINAL HEALTH ALLIANCE	340,114	23,487	363,601	0	363,601	194.30	
194.31 07981 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31	
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	194.32	
194.33 07983 LAB CORP	0	0	0	0	0	194.33	
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34	
194.35 07985 LEASED SPACE	0	0	0	0	0	194.35	
200.00 TOTAL (SUM OF LINES 118-199)	102,274,276	236,014,900	338,289,176	0	338,289,176	200.00	
Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation					
	6.00	7.00					
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	-525,452	23,694,721					
3.00 00300 OTHER CAPITAL RELATED COSTS	0	0					
4.00 00400 EMPLOYEE BENEFITS	3,303,276	28,609,690					
5.01 00510 COMMUNICATIONS/PHONES	-172,497	324,278					
5.02 00511 DATA PROCESSING	2,023,608	3,597,382					
5.04 00513 ADMINITTING	-20,800	3,898,710					
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE	6,127,450	6,127,450					
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	-24,325,411	30,491,284					
6.00 00600 MAINTENANCE & REPAIRS	-16,931	6,939,386					
7.00 00700 OPERATION OF PLANT	1,210,838	5,699,979					
8.00 00800 LAUNDRY & LINEN SERVICE	0	1,218,803					
9.00 00900 HOUSEKEEPING	140,171	3,070,551					
10.00 01000 DIETARY	-433,524	1,066,447					
11.00 01100 CAFETERIA	-1,282,691	1,284,836					
13.00 01300 NURSING ADMINISTRATION	-276,665	7,588,292					
14.00 01400 CENTRAL SERVICES & SUPPLY	0	12,981,885					
15.00 01500 PHARMACY	-183,473	6,080,052					
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0					
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	2,880,371					
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	-2,171,634	1,443,888					
23.00 02300 PARAMED ED PRGM	0	0					
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	-15,012	23,200,117					
31.00 03100 INTENSIVE CARE UNIT	-3,586	7,319,522					
40.00 04000 SUBPROVIDER - I PF	0	0					
41.00 04100 SUBPROVIDER - I RF	-80	2,636,954					
42.00 04200 SUBPROVIDER	0	0					
43.00 04300 NURSERY	-121,595	2,330,333					

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150089

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

Worksheet A
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Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
44.00	04400 SKILLED NURSING FACILITY	-7,154	1,360,100	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-33,050	7,729,870	50.00
50.01	03021 ACUPUNCTURE	0	0	50.01
51.00	05100 RECOVERY ROOM	-7,893	1,607,161	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,317,232	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-1,619,646	9,649,545	54.00
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	-661,578	1,020,513	59.00
60.00	06000 LABORATORY	-4,323,211	10,851,454	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	-92,493	1,468,653	63.00
65.00	06500 RESPIRATORY THERAPY	-2,400	3,962,550	65.00
65.01	06501 SLEEP LAB	-467,072	620,267	65.01
66.00	06600 PHYSICAL THERAPY	-539,273	4,191,704	66.00
67.00	06700 OCCUPATIONAL THERAPY	-7,046	836,916	67.00
68.00	06800 SPEECH PATHOLOGY	0	343,644	68.00
68.01	06801 AUDIOLOGY	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	-50,985	2,404,062	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,756,672	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	14,024,312	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	22,962,956	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	-369,718	14,245,488	73.01
74.00	07400 RENAL DIALYSIS	0	1,100,120	74.00
76.00	03020 CARDIOPULMONARY	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	75,806	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	1,157,913	76.98
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.02	09002 PAIN CLINIC	-24,000	577,240	90.02
90.03	09003 ONCOLOGY CLINIC	0	791,286	90.03
91.00	09100 EMERGENCY	-1,692,172	6,769,229	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-26,641,699	302,309,624	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	407,289	190.00
191.00	19100 RESEARCH	0	346,190	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951 BSU PHARMACY	0	643,438	194.01
194.02	07952 PAVILLION PHARMACY	0	3,535,150	194.02
194.03	07953 VENDING	0	0	194.03
194.04	07954 CARELINE	0	0	194.04
194.05	07955 WELLNESS CENTER	0	69,010	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	0	1,380,939	194.06
194.07	07957 PERINATAL CLINIC	0	0	194.07
194.08	07958 RENTAL PROPERTY	0	443,318	194.08
194.09	07959 ADVERTISING	0	0	194.09
194.10	07960 INTEGRALAC	0	445	194.10
194.11	07961 IU HEALTH HOSPICE	0	2,541	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	194.12
194.13	07963 EXECUTIVE PHYSICAL	0	0	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	0	761,920	194.15
194.16	07966 JAY COUNTY HOSPITAL	0	189,278	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	0	194.19
194.20	07970 MEALS ON WHEELS	0	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	0	877,017	194.22
194.23	07973 CANCER CENTER BOUTIQUE	0	155,314	194.23
194.24	07974 BOSCBALL OUTPATIENT SURGERY	0	197	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	0	11,310	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	16,571,000	16,721,896	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	0	194.27

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150089

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

Worksheet A
Date/Time Prepared:
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Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	363,601	194.30
194.31	07981 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.31
194.32	07982 RENAL DIALYSIS	0	0	194.32
194.33	07983 LAB CORP	0	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	0	194.34
194.35	07985 LEASED SPACE	0	0	194.35
200.00	TOTAL (SUM OF LINES 118-199)	-10,070,699	328,218,477	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 150089

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

Worksheet Non-CMS W
Date/Time Prepared:
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Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
GENERAL SERVICE COST CENTERS			
1.00 NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
3.00 OTHER CAPITAL RELATED COSTS	00300		3.00
4.00 EMPLOYEE BENEFITS	00400		4.00
5.01 COMMUNICATIONS/PHONES	00510		5.01
5.02 DATA PROCESSING	00511		5.02
5.04 ADMITTING	00513		5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	00514		5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	00560		5.06
6.00 MAINTENANCE & REPAIRS	00600		6.00
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
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 PARAMED ED PRGM	02300		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
40.00 SUBPROVIDER - IPF	04000		40.00
41.00 SUBPROVIDER - IRF	04100		41.00
42.00 SUBPROVIDER	04200		42.00
43.00 NURSERY	04300		43.00
44.00 SKILLED NURSING FACILITY	04400		44.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	05000		50.00
50.01 ACUPUNCTURE	03021		50.01
51.00 RECOVERY ROOM	05100		51.00
52.00 DELIVERY ROOM & LABOR ROOM	05200		52.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
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
60.01 BLOOD LABORATORY	06001		60.01
63.00 BLOOD STORING, PROCESSING, & TRANS.	06300		63.00
65.00 RESPIRATORY THERAPY	06500		65.00
65.01 SLEEP LAB	06501		65.01
66.00 PHYSICAL THERAPY	06600		66.00
67.00 OCCUPATIONAL THERAPY	06700		67.00
68.00 SPEECH PATHOLOGY	06800		68.00
68.01 AUDIOLOGY	06801		68.01
69.00 ELECTROCARDIOLOGY	06900		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
73.01 HOSPITAL BASED RETAIL PHARMACIES	07301		73.01
74.00 RENAL DIALYSIS	07400		74.00
76.00 CARDIOPULMONARY	03020		76.00
76.97 CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
76.98 HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS			
90.00 CLINIC	09000		90.00
90.02 PAIN CLINIC	09002		90.02
90.03 ONCOLOGY CLINIC	09003		90.03
91.00 EMERGENCY	09100		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
OTHER REIMBURSABLE COST CENTERS			
99.10 CORF	09910		99.10
SPECIAL PURPOSE COST CENTERS			
109.00 PANCREAS ACQUISITION	10900		109.00
110.00 INTESTINAL ACQUISITION	11000		110.00
111.00 ISLET ACQUISITION	11100		111.00
113.00 INTEREST EXPENSE	11300		113.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	11500		115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)			118.00

COST CENTERS USED IN COST REPORT

Provider CCN: 150089

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

Worksheet Non-CMS W
Date/Time Prepared:
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Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
191.00 RESEARCH	19100		191.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	07950		194.00
194.01 BSU PHARMACY	07951		194.01
194.02 PAVILLION PHARMACY	07952		194.02
194.03 VENDING	07953		194.03
194.04 CARELINE	07954		194.04
194.05 WELLNESS CENTER	07955		194.05
194.06 PHYSICIAN PRACTICE CLINICS	07956		194.06
194.07 PERINATAL CLINIC	07957		194.07
194.08 RENTAL PROPERTY	07958		194.08
194.09 ADVERTISING	07959		194.09
194.10 INTEGRAL TAC	07960		194.10
194.11 IU HEALTH HOSPICE	07961		194.11
194.12 POB MEDICAL PAVILLION CONDOS	07962		194.12
194.13 EXECUTIVE PHYSICAL	07963		194.13
194.14 NEW CASTLE ONCOLOGY	07964		194.14
194.15 MARKETING/PUBLIC RELATIONS	07965		194.15
194.16 JAY COUNTY HOSPITAL	07966		194.16
194.17 CARDINAL HEALTH CHOICE	07967		194.17
194.18 CHV CARDINAL HEALTH VENTURES	07968		194.18
194.19 HEALTH CARE CONNECTIONS	07969		194.19
194.20 MEALS ON WHEELS	07970		194.20
194.21 ST MARY'S SCHOOL	07971		194.21
194.22 THERAPIES TO OTHER ENTITIES	07972		194.22
194.23 CANCER CENTER BOUTIQUE	07973		194.23
194.24 BOSC BALL OUTPATIENT SURGERY	07974		194.24
194.25 CARDINAL BEHAVIORAL HEALTH	07975		194.25
194.26 BLACKFORD COMMUNITY HOSPITAL	07976		194.26
194.27 MIDWEST HEALTH STRATEGIES	07977		194.27
194.28 CARDINAL SELECT RISK RETENTION GRP	07978		194.28
194.29 HOME OFFICE CARDINAL HEALTH INITIATI	07979		194.29
194.30 CARDINAL HEALTH ALLIANCE	07980		194.30
194.31 OTHER NONREIMBURSABLE COST CENTERS	07981		194.31
194.32 RENAL DIALYSIS	07982		194.32
194.33 LAB CORP	07983		194.33
194.34 H. O. MATERIALS MGMT	07984		194.34
194.35 LEASED SPACE	07985		194.35
200.00 TOTAL (SUM OF LINES 118-199)			200.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - NON-BILLABLE MED SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	11,033,197	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
TOTALS			0	11,033,197	
B - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	22,962,956	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

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
	TOTALS		0	22,962,956	
C - BILLABLE MED SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,756,672	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
	TOTALS		0	9,756,672	
D - IMPLANT SUPPLIES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	14,024,312	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
	TOTALS		0	14,024,312	
E - I & R					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	2,676,156	0	1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	204,215	0	2.00
	TOTALS		2,880,371	0	
F - CAFETERIA					
1.00	CAFETERIA	11.00	1,419,267	1,148,260	1.00
	TOTALS		1,419,267	1,148,260	
G - PHARMACY ADMIN					
1.00	BSU PHARMACY	194.01	12,565	5,885	1.00
2.00	PAVILLION PHARMACY	194.02	12,565	5,885	2.00
	TOTALS		25,130	11,770	
H - PROPERTY INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	346,918	1.00
	TOTALS		0	346,918	
I - REHAB ADMIN					
1.00	OCCUPATIONAL THERAPY	67.00	53,113	8,489	1.00
2.00	SPEECH PATHOLOGY	68.00	22,988	2,249	2.00
3.00	THERAPIES TO OTHER ENTITIES	194.22	48,800	13,626	3.00
	TOTALS		124,901	24,364	

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
J - LAUNDRY						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,218,803	1.00	
	TOTALS		0	1,218,803		
K - CARDIAC REHAB						
1.00	CARDIAC REHABILITATION	76.97	47,724	28,082	1.00	
	TOTALS		47,724	28,082		
L - DAVIS DRIVE AND ROYALE DRIVE BLDG						
1.00	RENTAL PROPERTY	194.08	0	228,922	1.00	
	TOTALS		0	228,922		
M - ONCOLOGY						
1.00	ONCOLOGY CLINIC	90.03	79,586	13,599	1.00	
	TOTALS		79,586	13,599		
N - VACANT PROPERTIES						
1.00	RENTAL PROPERTY	194.08	0	214,396	1.00	
	TOTALS		0	214,396		
O - ALLOWABLE PUBLIC RELATIONS COSTS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	29,450	30,020	1.00	
	TOTALS		29,450	30,020		
P - PAIN CENTER BUILDING LEASE						
1.00	PAIN CLINIC	90.02	0	101,235	1.00	
	TOTALS		0	101,235		
500.00	Grand Total: Increases		4,606,429	61,143,506	500.00	

RECLASSIFICATIONS

Provider CCN: 150089

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

Worksheet A-6
Date/Time Prepared:
5/30/2013 4:01 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - NON-BILLABLE MED SUPPLIES						
1.00		0.00	0	0	0	1.00
2.00	EMPLOYEE BENEFITS	4.00	0	4,007	0	2.00
3.00	COMMUNICATIONS/PHONES	5.01	0	89	0	3.00
4.00	DATA PROCESSING	5.02	0	524	0	4.00
5.00	ADMINISTRATIVE AND GENERAL	5.04	0	1,465	0	5.00
6.00	MAINTENANCE & REPAIRS	5.06	0	31,770	0	6.00
7.00	HOUSEKEEPING	6.00	0	2,002	0	7.00
8.00	DIETARY	9.00	0	215,214	0	8.00
9.00	NURSING ADMINISTRATION	10.00	0	9,161	0	9.00
10.00	PHARMACY	13.00	0	1,143	0	10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	15.00	0	81,611	0	11.00
12.00	ADULTS & PEDIATRICS	22.00	0	177	0	12.00
13.00	INTENSIVE CARE UNIT	30.00	0	1,316,082	0	13.00
14.00	SUBPROVIDER - IRF	31.00	0	612,909	0	14.00
15.00	NURSERY	41.00	0	49,390	0	15.00
16.00	SKILLED NURSING FACILITY	43.00	0	260,803	0	16.00
17.00	OPERATING ROOM	44.00	0	83,331	0	17.00
18.00	RECOVERY ROOM	50.00	0	5,528,695	0	18.00
19.00	DELIVERY ROOM & LABOR ROOM	51.00	0	152,098	0	19.00
20.00	RADIOLOGY-DIAGNOSTIC	52.00	0	233,535	0	20.00
21.00	CARDIAC CATHETERIZATION	54.00	0	547,338	0	21.00
22.00	LABORATORY	59.00	0	612,609	0	22.00
23.00	RESPIRATORY THERAPY	60.00	0	36,367	0	23.00
24.00	SLEEP LAB	65.00	0	263,770	0	24.00
25.00	PHYSICAL THERAPY	65.01	0	48,302	0	25.00
26.00	OCCUPATIONAL THERAPY	66.00	0	24,122	0	26.00
27.00	SPEECH PATHOLOGY	67.00	0	10,892	0	27.00
28.00	ELECTROCARDIOLOGY	68.00	0	1,364	0	28.00
29.00	HOSPITAL BASED RETAIL PHARMACIES	69.00	0	42,230	0	29.00
30.00	RENAL DIALYSIS	73.01	0	13,086	0	30.00
31.00	HYPERBARIC OXYGEN THERAPY	74.00	0	13,706	0	31.00
32.00	PAIN CLINIC	76.98	0	74,803	0	32.00
33.00	ONCOLOGY CLINIC	90.02	0	7,440	0	33.00
34.00	EMERGENCY	90.03	0	132,554	0	34.00
35.00	RESEARCH	91.00	0	556,127	0	35.00
36.00	BSU PHARMACY	191.00	0	63	0	36.00
37.00	PAVILLION PHARMACY	194.01	0	994	0	37.00
38.00	WELLNESS CENTER	194.02	0	9,010	0	38.00
39.00	PHYSICIAN PRACTICE CLINICS	194.05	0	72	0	39.00
40.00	IU HEALTH HOSPICE	194.06	0	35,661	0	40.00
41.00	MARKETING/PUBLIC RELATIONS	194.11	0	2,663	0	41.00
42.00	CANCER CENTER BOUTIQUE	194.15	0	11	0	42.00
43.00	BOSC BALL OUTPATIENT SURGERY	194.23	0	2,059	0	43.00
44.00	CARDINAL BEHAVIORAL HEALTH	194.24	0	2	0	44.00
45.00	TOTALS	194.25	0	13,946	0	45.00
B - BILLABLE DRUGS						
1.00	EMPLOYEE BENEFITS	4.00	0	76,421	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	8,348	0	2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	14	0	3.00
4.00	DIETARY	10.00	0	5,064	0	4.00
5.00	NURSING ADMINISTRATION	13.00	0	56	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	126	0	6.00
7.00	PHARMACY	15.00	0	22,033,017	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	11,457	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	2,588	0	9.00
10.00	SUBPROVIDER - IRF	41.00	0	201	0	10.00
11.00	NURSERY	43.00	0	543	0	11.00
12.00	SKILLED NURSING FACILITY	44.00	0	466	0	12.00
13.00	OPERATING ROOM	50.00	0	151,819	0	13.00
14.00	RECOVERY ROOM	51.00	0	215	0	14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,020	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	259,207	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	72,895	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	7,552	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	532	0	19.00
20.00	SPEECH PATHOLOGY	68.00	0	114	0	20.00
21.00	ELECTROCARDIOLOGY	69.00	0	195,294	0	21.00
22.00	RENAL DIALYSIS	74.00	0	5	0	22.00

RECLASSIFICATIONS

Provider CCN: 150089

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

Worksheet A-6
Date/Time Prepared:
5/30/2013 4:01 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
23.00	HYPERBARIC OXYGEN THERAPY	76.98	0	11,345	0		23.00
24.00	PAIN CLINIC	90.02	0	7,565	0		24.00
25.00	ONCOLOGY CLINIC	90.03	0	359	0		25.00
26.00	EMERGENCY	91.00	0	2,295	0		26.00
27.00	PHYSICIAN PRACTICE CLINICS	194.06	0	113,090	0		27.00
28.00	CARDINAL BEHAVIORAL HEALTH	194.25	0	348	0		28.00
	TOTALS		0	22,962,956			
C - BILLABLE MED SUPPLIES							
1.00	ADMINISTRATIVE	5.04	0	102	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36,101	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	22	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	474,726	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	420,353	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	43,724	0		6.00
7.00	SUBPROVIDER - IRF	41.00	0	661	0		7.00
8.00	NURSERY	43.00	0	19,009	0		8.00
9.00	SKILLED NURSING FACILITY	44.00	0	1,698	0		9.00
10.00	OPERATING ROOM	50.00	0	1,603,153	0		10.00
11.00	RECOVERY ROOM	51.00	0	3,059	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	707	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,772,945	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	5,217,351	0		14.00
15.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	1,495	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	14,889	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	5,458	0		17.00
18.00	OCCUPATIONAL THERAPY	67.00	0	83	0		18.00
19.00	SPEECH PATHOLOGY	68.00	0	1,954	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	50,550	0		20.00
21.00	HYPERBARIC OXYGEN THERAPY	76.98	0	17,599	0		21.00
22.00	EMERGENCY	91.00	0	58,546	0		22.00
23.00	PAVILLION PHARMACY	194.02	0	534	0		23.00
24.00	PHYSICIAN PRACTICE CLINICS	194.06	0	11,686	0		24.00
25.00	IU HEALTH HOSPICE	194.11	0	94	0		25.00
26.00	CARDINAL BEHAVIORAL HEALTH	194.25	0	173	0		26.00
	TOTALS		0	9,756,672			
D - IMPLANT SUPPLIES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	14,635	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	354	0		2.00
3.00	PHARMACY	15.00	0	7,220	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	54	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	426	0		5.00
6.00	NURSERY	43.00	0	32	0		6.00
7.00	SKILLED NURSING FACILITY	44.00	0	20	0		7.00
8.00	OPERATING ROOM	50.00	0	9,834,580	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	11,845	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	391,645	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	3,691,458	0		11.00
12.00	SPEECH PATHOLOGY	68.00	0	554	0		12.00
13.00	HYPERBARIC OXYGEN THERAPY	76.98	0	58,454	0		13.00
14.00	EMERGENCY	91.00	0	12,703	0		14.00
15.00	PHYSICIAN PRACTICE CLINICS	194.06	0	332	0		15.00
	TOTALS		0	14,024,312			
E - I & R							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,676,156	0	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	204,215	0	0		2.00
	TOTALS		2,880,371	0	0		
F - CAFETERIA							
1.00	DIETARY	10.00	1,419,267	1,148,260	0		1.00
	TOTALS		1,419,267	1,148,260			
G - PHARMACY ADMIN							
1.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	12,565	5,885	0		1.00
2.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	12,565	5,885	0		2.00
	TOTALS		25,130	11,770			
H - PROPERTY INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	346,918	12		1.00
	TOTALS		0	346,918			

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	I - REHAB ADMIN						
1.00	PHYSICAL THERAPY	66.00	124,901	24,364	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		124,901	24,364			
	J - LAUNDRY						
1.00	HOUSEKEEPING	9.00	0	1,218,803	0		1.00
	TOTALS		0	1,218,803			
	K - CARDIC REHAB						
1.00	ELECTROCARDIOLOGY	69.00	47,724	28,082	0		1.00
	TOTALS		47,724	28,082			
	L - DAVIS DRIVE AND ROYALE DRIVE BLDG						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	228,922	10		1.00
	TOTALS		0	228,922			
	M - ONCOLOGY						
1.00	ADULTS & PEDIATRICS	30.00	79,586	13,599	0		1.00
	TOTALS		79,586	13,599			
	N - VACANT PROPERTIES						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	214,396	9		1.00
	TOTALS		0	214,396			
	O - ALLOWABLE PUBLIC RELATIONS COSTS						
1.00	MARKETING/PUBLIC RELATIONS	194.15	29,450	30,020	0		1.00
	TOTALS		29,450	30,020			
	P - PAIN CENTER BUILDING LEASE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	101,235	10		1.00
	TOTALS		0	101,235			
500.00	Grand Total: Decreases		4,606,429	61,143,506			500.00

RECLASSIFICATIONS

Provider CCN: 150089

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	
A - NON-BILLABLE MED SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	0.00	0	1.00
2.00		0.00	0	EMPLOYEE BENEFITS	4.00	2.00
3.00		0.00	0	COMMUNICATIONS/PHONES	5.01	3.00
4.00		0.00	0	DATA PROCESSING	5.02	4.00
5.00		0.00	0	ADMINISTRATIVE	5.04	5.00
6.00		0.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	6.00
7.00		0.00	0	MAINTENANCE & REPAIRS	6.00	7.00
8.00		0.00	0	HOUSEKEEPING	9.00	8.00
9.00		0.00	0	DIETARY	10.00	9.00
10.00		0.00	0	NURSING ADMINISTRATION	13.00	10.00
11.00		0.00	0	PHARMACY	15.00	11.00
12.00		0.00	0	INFORMATION SERVICES-OTHER PRGM COSTS APPRVD	22.00	12.00
13.00		0.00	0	ADULTS & PEDIATRICS	30.00	13.00
14.00		0.00	0	INTENSIVE CARE UNIT	31.00	14.00
15.00		0.00	0	SUBPROVIDER - IRF	41.00	15.00
16.00		0.00	0	NURSERY	43.00	16.00
17.00		0.00	0	SKILLED NURSING FACILITY	44.00	17.00
18.00		0.00	0	OPERATING ROOM	50.00	18.00
19.00		0.00	0	RECOVERY ROOM	51.00	19.00
20.00		0.00	0	DELIVERY ROOM & LABOR ROOM	52.00	20.00
21.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	21.00
22.00		0.00	0	CARDIAC CATHETERIZATION	59.00	22.00
23.00		0.00	0	LABORATORY	60.00	23.00
24.00		0.00	0	RESPIRATORY THERAPY	65.00	24.00
25.00		0.00	0	SLEEP LAB	65.01	25.00
26.00		0.00	0	PHYSICAL THERAPY	66.00	26.00
27.00		0.00	0	OCCUPATIONAL THERAPY	67.00	27.00
28.00		0.00	0	SPEECH PATHOLOGY	68.00	28.00
29.00		0.00	0	ELECTROCARDIOLOGY	69.00	29.00
30.00		0.00	0	HOSPITAL BASED RETAIL PHARMACIES	73.01	30.00
31.00		0.00	0	RENAL DIALYSIS	74.00	31.00
32.00		0.00	0	HYPERBARIC OXYGEN THERAPY	76.98	32.00
33.00		0.00	0	PAIN CLINIC	90.02	33.00
34.00		0.00	0	ONCOLOGY CLINIC	90.03	34.00
35.00		0.00	0	EMERGENCY	91.00	35.00
36.00		0.00	0	RESEARCH	191.00	36.00
37.00		0.00	0	BSU PHARMACY	194.01	37.00
38.00		0.00	0	PAVILLION PHARMACY	194.02	38.00
39.00		0.00	0	WELLNESS CENTER	194.05	39.00
40.00		0.00	0	PHYSICIAN PRACTICE CLINICS	194.06	40.00
41.00		0.00	0	IU HEALTH HOSPICE	194.11	41.00
42.00		0.00	0	MARKETING/PUBLIC RELATIONS	194.15	42.00
43.00		0.00	0	CANCER CENTER BOUTIQUE	194.23	43.00
44.00		0.00	0	BOSC BALL OUTPATIENT SURGERY	194.24	44.00
45.00		0.00	0	CARDINAL BEHAVIORAL HEALTH	194.25	45.00
TOTALS						0
B - BILLABLE DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	EMPLOYEE BENEFITS	4.00	1.00
2.00		0.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	2.00
3.00		0.00	0	MAINTENANCE & REPAIRS	6.00	3.00
4.00		0.00	0	DIETARY	10.00	4.00
5.00		0.00	0	NURSING ADMINISTRATION	13.00	5.00
6.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	6.00
7.00		0.00	0	PHARMACY	15.00	7.00
8.00		0.00	0	ADULTS & PEDIATRICS	30.00	8.00
9.00		0.00	0	INTENSIVE CARE UNIT	31.00	9.00
10.00		0.00	0	SUBPROVIDER - IRF	41.00	10.00
11.00		0.00	0	NURSERY	43.00	11.00
12.00		0.00	0	SKILLED NURSING FACILITY	44.00	12.00
13.00		0.00	0	OPERATING ROOM	50.00	13.00
14.00		0.00	0	RECOVERY ROOM	51.00	14.00
15.00		0.00	0	DELIVERY ROOM & LABOR ROOM	52.00	15.00
16.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	16.00
17.00		0.00	0	CARDIAC CATHETERIZATION	59.00	17.00
18.00		0.00	0	RESPIRATORY THERAPY	65.00	18.00
19.00		0.00	0	PHYSICAL THERAPY	66.00	19.00
20.00		0.00	0	SPEECH PATHOLOGY	68.00	20.00
21.00		0.00	0	ELECTROCARDIOLOGY	69.00	21.00
22.00		0.00	0	RENAL DIALYSIS	74.00	22.00

RECLASSIFICATIONS

Provider CCN: 150089

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	
23.00	0.00			0 HYPERBARIC OXYGEN THERAPY	76.98	0	23.00
24.00	0.00			0 PAIN CLINIC	90.02	0	24.00
25.00	0.00			0 ONCOLOGY CLINIC	90.03	0	25.00
26.00	0.00			0 EMERGENCY	91.00	0	26.00
27.00	0.00			0 PHYSICIAN PRACTICE CLINICS	194.06	0	27.00
28.00	0.00			0 CARDINAL BEHAVIORAL HEALTH	194.25	0	28.00
TOTALS				TOTALS			
C - BILLABLE MED SUPPLIES							
1.00	71.00			0 ADMITTING	5.04	0	1.00
2.00	0.00			0 OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2.00
3.00	0.00			0 NURSING ADMINISTRATION	13.00	0	3.00
4.00	0.00			0 CENTRAL SERVICES & SUPPLY	14.00	0	4.00
5.00	0.00			0 ADULTS & PEDIATRICS	30.00	0	5.00
6.00	0.00			0 INTENSIVE CARE UNIT	31.00	0	6.00
7.00	0.00			0 SUBPROVIDER - IRF	41.00	0	7.00
8.00	0.00			0 NURSERY	43.00	0	8.00
9.00	0.00			0 SKILLED NURSING FACILITY	44.00	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 DELIVERY ROOM & LABOR ROOM	52.00	0	12.00
13.00	0.00			0 RADIOLOGY-DIAGNOSTIC	54.00	0	13.00
14.00	0.00			0 CARDIAC CATHETERIZATION	59.00	0	14.00
15.00	0.00			0 BLOOD STORING, PROCESSING, & TRANS.	63.00	0	15.00
16.00	0.00			0 RESPIRATORY THERAPY	65.00	0	16.00
17.00	0.00			0 PHYSICAL THERAPY	66.00	0	17.00
18.00	0.00			0 OCCUPATIONAL THERAPY	67.00	0	18.00
19.00	0.00			0 SPEECH PATHOLOGY	68.00	0	19.00
20.00	0.00			0 ELECTROCARDIOLOGY	69.00	0	20.00
21.00	0.00			0 HYPERBARIC OXYGEN THERAPY	76.98	0	21.00
22.00	0.00			0 EMERGENCY	91.00	0	22.00
23.00	0.00			0 PAVILLION PHARMACY	194.02	0	23.00
24.00	0.00			0 PHYSICIAN PRACTICE CLINICS	194.06	0	24.00
25.00	0.00			0 IU HEALTH HOSPICE	194.11	0	25.00
26.00	0.00			0 CARDINAL BEHAVIORAL HEALTH	194.25	0	26.00
TOTALS				TOTALS			
D - IMPLANT SUPPLIES							
1.00	72.00			0 OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1.00
2.00	0.00			0 CENTRAL SERVICES & SUPPLY	14.00	0	2.00
3.00	0.00			0 PHARMACY	15.00	0	3.00
4.00	0.00			0 ADULTS & PEDIATRICS	30.00	0	4.00
5.00	0.00			0 INTENSIVE CARE UNIT	31.00	0	5.00
6.00	0.00			0 NURSERY	43.00	0	6.00
7.00	0.00			0 SKILLED NURSING FACILITY	44.00	0	7.00
8.00	0.00			0 OPERATING ROOM	50.00	0	8.00
9.00	0.00			0 DELIVERY ROOM & LABOR ROOM	52.00	0	9.00
10.00	0.00			0 RADIOLOGY-DIAGNOSTIC	54.00	0	10.00
11.00	0.00			0 CARDIAC CATHETERIZATION	59.00	0	11.00
12.00	0.00			0 SPEECH PATHOLOGY	68.00	0	12.00
13.00	0.00			0 HYPERBARIC OXYGEN THERAPY	76.98	0	13.00
14.00	0.00			0 EMERGENCY	91.00	0	14.00
15.00	0.00			0 PHYSICIAN PRACTICE CLINICS	194.06	0	15.00
TOTALS				TOTALS			
E - I & R							
1.00	21.00	2,676,156		I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,676,156	1.00
2.00	21.00	204,215		I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	204,215	2.00
TOTALS				TOTALS			
F - CAFETERIA							
1.00	11.00	1,419,267		DIETARY	10.00	1,419,267	1.00
TOTALS				TOTALS			
G - PHARMACY ADMIN							
1.00	194.01	12,565		HOSPITAL BASED RETAIL PHARMACIES	73.01	12,565	1.00
2.00	194.02	12,565		HOSPITAL BASED RETAIL PHARMACIES	73.01	12,565	2.00
TOTALS				TOTALS			

RECLASSIFICATIONS

Provider CCN: 150089

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	
H - PROPERTY INSURANCE						
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1.00
	TOTALS		TOTALS		0	
I - REHAB ADMIN						
1.00	OCCUPATIONAL THERAPY	67.00	PHYSICAL THERAPY	66.00	124,901	1.00
2.00	SPEECH PATHOLOGY	68.00		0.00	0	2.00
3.00	THERAPIES TO OTHER ENTITIES	194.22		0.00	0	3.00
	TOTALS	124,901	TOTALS		124,901	
J - LAUNDRY						
1.00	LAUNDRY & LINEN SERVICE	8.00	HOUSEKEEPING	9.00	0	1.00
	TOTALS		TOTALS		0	
K - CARDIAC REHAB						
1.00	CARDIAC REHABILITATION	76.97	ELECTROCARDIOLOGY	69.00	47,724	1.00
	TOTALS	47,724	TOTALS		47,724	
L - DAVIS DRIVE AND ROYALE DRIVE BLDG						
1.00	RENTAL PROPERTY	194.08	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	1.00
	TOTALS		TOTALS		0	
M - ONCOLOGY						
1.00	ONCOLOGY CLINIC	90.03	ADULTS & PEDIATRICS	30.00	79,586	1.00
	TOTALS	79,586	TOTALS		79,586	
N - VACANT PROPERTIES						
1.00	RENTAL PROPERTY	194.08	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	1.00
	TOTALS		TOTALS		0	
O - ALLOWABLE PUBLIC RELATIONS COSTS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	MARKETING/PUBLIC RELATIONS	194.15	29,450	1.00
	TOTALS	29,450	TOTALS		29,450	
P - PAIN CENTER BUILDING LEASE						
1.00	PAIN CLINIC	90.02	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	1.00
	TOTALS		TOTALS		0	
500.00	Grand Total: Increases	4,606,429	Grand Total: Decreases		4,606,429	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150089

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		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,580,410	344,000	0	344,000	0	1.00
2.00	Land Improvements	4,502,686	0	0	0	0	2.00
3.00	Buildings and Fixtures	256,160,363	409,422	0	409,422	92,276	3.00
4.00	Building Improvements	2,709,816	64,051	0	64,051	0	4.00
5.00	Fixed Equipment	18,163,685	0	0	0	3,114,286	5.00
6.00	Movable Equipment	141,581,673	11,123,353	0	11,123,353	7,355,302	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	425,698,633	11,940,826	0	11,940,826	10,561,864	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	425,698,633	11,940,826	0	11,940,826	10,561,864	10.00
	Ending Balance		Fully Depreciated Assets				
	6.00		7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,924,410	0				1.00
2.00	Land Improvements	4,502,686	0				2.00
3.00	Buildings and Fixtures	256,477,509	0				3.00
4.00	Building Improvements	2,773,867	0				4.00
5.00	Fixed Equipment	15,049,399	0				5.00
6.00	Movable Equipment	145,349,724	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	427,077,595	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	427,077,595	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150089

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

Worksheet A-7
Part II
Date/Time Prepared:
5/30/2013 4:01 pm

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	NEW CAP REL COSTS-BLDG & FIXT	18,820,612	0	5,597,196	0	0	1.00
3.00	Total (sum of lines 1-2)	18,820,612	0	5,597,196	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	NEW CAP REL COSTS-BLDG & FIXT	0	24,417,808				1.00
3.00	Total (sum of lines 1-2)	0	24,417,808				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150089

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	NEW CAP REL COSTS-BLDG & FIXT	427,077,595	0	427,077,595	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	427,077,595	0	427,077,595	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	22,992,350	-330,157	1.00
3.00	Total (sum of lines 1-2)	0	0	0	22,992,350	-330,157	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	NEW CAP REL COSTS-BLDG & FIXT	685,610	346,918	0	0	23,694,721	1.00
3.00	Total (sum of lines 1-2)	685,610	346,918	0	0	23,694,721	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150089

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 - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	*** Cost Center Deleted ***	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)			0		0.00		0	7.00
8.00 Television and radio service (chapter 21)			0		0.00		0	8.00
9.00 Parking lot (chapter 21)			0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-5,795,899	0				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	12,182,477	0				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 - NEW CAP REL COSTS-BLDG & FIXT			0	NEW CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	*** Cost Center Deleted ***	2.00		0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00			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 MISC INCOME	B	-857,759	0	NEW CAP REL COSTS-BLDG & FIXT	1.00		9	33.00
34.00 BENEFITS	B	-18,523	0	EMPLOYEE BENEFITS	4.00		0	34.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150089

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

Worksheet A-8

Date/Time Prepared:
5/30/2013 4:01 pm

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
35.00	MI SC INCOME	B	-110,713	COMMUNICATIONS/PHONES	5.01	0	35.00
36.00	MI SC INCOME	B	-10,681	DATA PROCESSING	5.02	0	36.00
37.00	MI SC INCOME	B	-20,800	ADMITTING	5.04	0	37.00
38.00	LOBBYING FEES	A	-13,421	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	38.00
39.00	MI SC INCOME	B	-685,551	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	39.00
40.00	MI SC INCOME	B	-42,932	MAINTENANCE & REPAIRS	6.00	0	40.00
41.00	MI SC INCOME	B	-809	OPERATION OF PLANT	7.00	0	41.00
42.00	MI SC INCOME	B	-164,930	HOUSEKEEPING	9.00	0	42.00
43.00	MI SC INCOME	B	-433,524	DIETARY	10.00	0	43.00
44.00	MI SC INCOME	B	-25,431	NURSING ADMINISTRATION	13.00	0	44.00
45.00	MI SC INCOME	B	-1,327,065	CAFETERIA	11.00	0	45.00
45.01	MI SC INCOME	B	-181,049	PHARMACY	15.00	0	45.01
45.02	MI SC INCOME	B	-44,430	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	45.02
45.03	MI SC INCOME	B	-4,092	ADULTS & PEDIATRICS	30.00	0	45.03
45.04	MI SC INCOME	B	-80	SUBPROVIDER - IRF	41.00	0	45.04
45.05	MI SC INCOME	B	-2,845	NURSERY	43.00	0	45.05
45.06	MI SC INCOME	B	-1,130	OPERATING ROOM	50.00	0	45.06
45.07	MI SC INCOME	B	-297,304	RADIOLOGY-DIAGNOSTIC	54.00	0	45.07
45.08	COMMUNICATIONS OFFSET	A	-61,784	COMMUNICATIONS/PHONES	5.01	0	45.08
45.09	TV DEPR EXP	A	-30,617	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.09
45.10	MI SC INCOME	B	-147,446	SLEEP LAB	65.01	0	45.10
45.11	MI SC INCOME	B	-237,493	PHYSICAL THERAPY	66.00	0	45.11
45.12	MI SC INCOME	B	-7,046	OCCUPATIONAL THERAPY	67.00	0	45.12
45.13	MI SC INCOME	B	-26,316	ELECTROCARDIOLOGY	69.00	0	45.13
45.14	MI SC INCOME	B	-165,328	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	45.14
45.15	NON ALLOW INTEREST EXPENSE	A	-4,911,586	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	45.15
45.16			0		0.00	0	45.16
45.17			0		0.00	0	45.17
45.18			0		0.00	0	45.18
45.19	BLACKFORD HOSPITAL OPERATING EXPENSE	A	16,571,000	BLACKFORD COMMUNITY HOSPITAL	194.26	0	45.19
45.20			0		0.00	0	45.20
45.21	HAF FEES	A	-23,197,592	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.21
45.22			0		0.00	0	45.22
45.23			0		0.00	0	45.23
45.24			0		0.00	0	45.24
45.25			0		0.00	0	45.25
45.26			0		0.00	0	45.26
45.27			0		0.00	0	45.27
45.28			0		0.00	0	45.28
45.29			0		0.00	0	45.29
45.30			0		0.00	0	45.30
45.31			0		0.00	0	45.31
45.32			0		0.00	0	45.32
45.33			0		0.00	0	45.33
45.34			0		0.00	0	45.34
45.35			0		0.00	0	45.35
45.36			0		0.00	0	45.36
45.37			0		0.00	0	45.37
45.38			0		0.00	0	45.38
45.39			0		0.00	0	45.39
45.40			0		0.00	0	45.40
45.41			0		0.00	0	45.41
45.42			0		0.00	0	45.42
45.43			0		0.00	0	45.43
45.44			0		0.00	0	45.44
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,070,699				50.00

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

Provider CCN: 150089

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

Worksheet A-8-1

Date/Time Prepared: 5/30/2013 4:01 pm

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		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	BLDG CAPITAL RELATED	6,336,969	1,062,459	1.00
2.00	4.00	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS	3,744,875	423,076	2.00
3.00	0.00			0	0	3.00
4.00	5.02	DATA PROCESSING	DATA PROCESSING	2,727,031	692,742	4.00
4.01	5.05	CASHIERING/ACCOUNTS RECEIVABLE	CASHIERING AND BILLING	6,127,450	0	4.01
4.02	5.06	OTHER ADMINISTRATIVE AND GENERAL	OTHER A & G	20,545,793	19,874,767	4.02
4.03	6.00	MAINTENANCE & REPAIRS	MAINTENANCE	26,001	0	4.03
4.04	7.00	OPERATION OF PLANT	OPERATION OF PLANT	1,211,647	0	4.04
4.05	9.00	HOUSEKEEPING	HOUSEKEEPING	305,101	0	4.05
4.06	11.00	CAFETERIA	CAFETERIA	44,374	0	4.06
4.07	13.00	NURSING ADMINISTRATION	NURSING ADMINISTRATION	0	251,234	4.07
4.08	15.00	PHARMACY	PHARMACY	1,189	3,613	4.08
4.09	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	INTERNS AND RES	0	243,962	4.09
4.10	69.00	ELECTROCARDIOLOGY	EKG	3,011	1,655	4.10
4.11	54.00	RADIOLOGY-DIAGNOSTIC	RADIOLOGY	2,438	1,324,780	4.11
4.12	60.00	LABORATORY	LAB	10,725,589	14,917,805	4.12
4.13	65.01	SLEEP LAB	SLEEP LAB	0	316,728	4.13
4.14	66.00	PHYSICAL THERAPY	PT	1,396	303,176	4.14
4.15	73.01	HOSPITAL BASED RETAIL PHARMACIES	RETAIL PHARMACY	0	204,390	4.15
4.16	0.00			0	0	4.16
4.17	0.00			0	0	4.17
4.18	0.00			0	0	4.18
4.19	0.00			0	0	4.19
5.00	0			51,802,864	39,620,387	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. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

6.00	B		0.00	U HEALTH	100.00	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: 150089

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2013 4:01 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	5,274,510	9		1.00
2.00	3,321,799	0		2.00
3.00	0	0		3.00
4.00	2,034,289	0		4.00
4.01	6,127,450	0		4.01
4.02	671,026	0		4.02
4.03	26,001	0		4.03
4.04	1,211,647	0		4.04
4.05	305,101	0		4.05
4.06	44,374	0		4.06
4.07	-251,234	0		4.07
4.08	-2,424	0		4.08
4.09	-243,962	0		4.09
4.10	1,356	0		4.10
4.11	-1,322,342	0		4.11
4.12	-4,192,216	0		4.12
4.13	-316,728	0		4.13
4.14	-301,780	0		4.14
4.15	-204,390	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
4.19	0	0		4.19
5.00	12,182,477			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	HEALTHCARE		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: 150089

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2013 4:01 pm

	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	5.06	OTHER ADMINISTRATIVE AND GENERAL	1,099,873	1,099,873	0	0	0	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,883,242	1,883,242	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	10,920	10,920	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	3,586	3,586	0	0	0	4.00
5.00	43.00	NURSERY	118,750	118,750	0	0	0	5.00
6.00	44.00	SKILLED NURSING FACILITY	7,154	7,154	0	0	0	6.00
7.00	50.00	OPERATING ROOM	31,920	31,920	0	0	0	7.00
8.00	51.00	RECOVERY ROOM	7,893	7,893	0	0	0	8.00
9.00	59.00	CARDIAC CATHETERIZATION	661,578	661,578	0	0	0	9.00
10.00	60.00	LABORATORY	130,995	130,995	0	0	0	10.00
11.00	63.00	BLOOD STORING, PROCESSING, & TRANS.	92,493	92,493	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	2,400	2,400	0	0	0	12.00
13.00	65.01	SLEEP LAB	2,898	2,898	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	26,025	26,025	0	0	0	14.00
15.00	90.02	PAIN CLINIC	24,000	24,000	0	0	0	15.00
16.00	91.00	EMERGENCY	1,692,172	1,692,172	0	0	0	16.00
200.00			5,795,899	5,795,899	0	0	0	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	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	43.00	NURSERY	0	0	0	0	0	5.00
6.00	44.00	SKILLED NURSING FACILITY	0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	0	0	0	0	0	7.00
8.00	51.00	RECOVERY ROOM	0	0	0	0	0	8.00
9.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	9.00
10.00	60.00	LABORATORY	0	0	0	0	0	10.00
11.00	63.00	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	12.00
13.00	65.01	SLEEP LAB	0	0	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	14.00
15.00	90.02	PAIN CLINIC	0	0	0	0	0	15.00
16.00	91.00	EMERGENCY	0	0	0	0	0	16.00
200.00			0	0	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	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	1,099,873	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	1,883,242	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	10,920	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	3,586	4.00
5.00	43.00	NURSERY	0	0	0	118,750	5.00
6.00	44.00	SKILLED NURSING FACILITY	0	0	0	7,154	6.00
7.00	50.00	OPERATING ROOM	0	0	0	31,920	7.00
8.00	51.00	RECOVERY ROOM	0	0	0	7,893	8.00
9.00	59.00	CARDIAC CATHETERIZATION	0	0	0	661,578	9.00
10.00	60.00	LABORATORY	0	0	0	130,995	10.00
11.00	63.00	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	92,493	11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	2,400	12.00
13.00	65.01	SLEEP LAB	0	0	0	2,898	13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	26,025	14.00
15.00	90.02	PAIN CLINIC	0	0	0	24,000	15.00
16.00	91.00	EMERGENCY	0	0	0	1,692,172	16.00
200.00			0	0	0	5,795,899	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 4:01 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS /PHONES	DATA PROCESSING	
		NEW BLDG & FIXT					
	0	1.00		4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	23,694,721	23,694,721				1.00
4.00 00400	EMPLOYEE BENEFITS	28,609,690	83,106	28,692,796			4.00
5.01 00510	COMMUNICATIONS/PHONES	324,278	20,412	121,270	465,960		5.01
5.02 00511	DATA PROCESSING	3,597,382	397,896	0	30,143	4,025,421	5.02
5.04 00513	ADMITTING	3,898,710	71,115	988,631	15,169	0	5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE	6,127,450	0	0	13,613	0	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	30,491,284	411,590	1,274,278	22,170	0	5.06
6.00 00600	MAINTENANCE & REPAIRS	6,939,386	12,121,414	762,619	11,474	0	6.00
7.00 00700	OPERATION OF PLANT	5,699,979	13,681	174,720	1,750	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,218,803	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	3,070,551	201,149	689,112	2,139	0	9.00
10.00 01000	DIETARY	1,066,447	335,107	234,887	2,139	0	10.00
11.00 01100	CAFETERIA	1,284,836	0	398,283	3,501	0	11.00
13.00 01300	NURSING ADMINISTRATION	7,588,292	185,806	1,497,477	17,308	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	12,981,885	218,426	244,328	7,001	0	14.00
15.00 01500	PHARMACY	6,080,052	93,829	1,296,930	9,918	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	21,781	0	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,880,371	0	750,999	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,443,888	243,608	363,176	24,309	0	22.00
23.00 02300	PARAMED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	23,200,117	1,885,771	5,318,827	53,095	474,179	30.00
31.00 03100	INTENSIVE CARE UNIT	7,319,522	379,146	1,864,670	15,558	167,446	31.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	2,636,954	127,867	406,140	3,889	33,950	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	2,330,333	85,109	599,224	5,251	49,779	43.00
44.00 04400	SKILLED NURSING FACILITY	1,360,100	142,406	335,525	4,862	12,523	44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	7,729,870	455,671	1,166,894	17,697	336,197	50.00
50.01 03021	ACUPUNCTURE	0	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	1,607,161	156,414	400,023	5,056	35,233	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,317,232	180,110	565,249	8,168	64,986	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,649,545	815,618	1,929,399	45,701	538,700	54.00
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	1,020,513	191,311	503,728	7,584	190,786	59.00
60.00 06000	LABORATORY	10,851,454	25,467	0	9,140	462,518	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	1,468,653	0	0	0	13,980	63.00
65.00 06500	RESPIRATORY THERAPY	3,962,550	63,375	959,900	3,501	53,965	65.00
65.01 06501	SLEEP LAB	620,267	2,766	188,825	3,889	20,851	65.01
66.00 06600	PHYSICAL THERAPY	4,191,704	47,446	1,038,354	2,334	62,937	66.00
67.00 06700	OCCUPATIONAL THERAPY	836,916	32,757	202,490	1,556	14,137	67.00
68.00 06800	SPEECH PATHOLOGY	343,644	7,835	87,638	972	5,786	68.00
68.01 06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY	2,404,062	271,609	517,642	14,586	150,659	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,756,672	0	0	0	96,127	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	14,024,312	0	0	0	274,934	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	22,962,956	0	0	0	474,903	73.00
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES	14,245,488	5,355	684,151	583	43,101	73.01
74.00 07400	RENAL DIALYSIS	1,100,120	36,995	0	1,167	8,941	74.00
76.00 03020	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	75,806	0	13,393	778	3,119	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	1,157,913	8,544	113,354	2,334	29,683	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.02 09002	PAIN CLINIC	577,240	0	85,263	0	4,047	90.02
90.03 09003	ONCOLOGY CLINIC	791,286	0	183,701	0	55,948	90.03
91.00 09100	EMERGENCY	6,769,229	481,288	1,608,286	11,668	346,006	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS /PHONES	DATA PROCESSING	
		NEW BLDG & FIXT					
115.00	11500	0	1.00	4.00	5.01	5.02	115.00
118.00		0	0	0	0	0	118.00
		302,309,624	19,799,999	27,569,386	401,784	4,025,421	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	407,289	0	14,989	0	0	190.00
191.00	19100	346,190	17,292	78,062	2,723	0	191.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	643,438	0	57,124	0	0	194.01
194.02	07952	3,535,150	34,610	131,151	972	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	69,010	108,464	14,294	1,556	0	194.05
194.06	07956	1,380,939	274,607	335,726	17,503	0	194.06
194.07	07957	0	0	0	0	0	194.07
194.08	07958	443,318	3,240,710	0	7,584	0	194.08
194.09	07959	0	0	0	0	0	194.09
194.10	07960	445	0	0	5,251	0	194.10
194.11	07961	2,541	40,292	0	3,695	0	194.11
194.12	07962	0	0	0	0	0	194.12
194.13	07963	0	0	0	0	0	194.13
194.14	07964	0	0	0	0	0	194.14
194.15	07965	761,920	42,214	105,884	6,612	0	194.15
194.16	07966	189,278	0	50,620	0	0	194.16
194.17	07967	0	0	0	0	0	194.17
194.18	07968	0	0	0	0	0	194.18
194.19	07969	0	0	0	0	0	194.19
194.20	07970	0	0	0	0	0	194.20
194.21	07971	0	0	0	0	0	194.21
194.22	07972	877,017	0	186,045	0	0	194.22
194.23	07973	155,314	11,609	14,938	583	0	194.23
194.24	07974	197	0	0	12,252	0	194.24
194.25	07975	11,310	124,924	0	5,445	0	194.25
194.26	07976	16,721,896	0	39,132	0	0	194.26
194.27	07977	0	0	0	0	0	194.27
194.28	07978	0	0	0	0	0	194.28
194.29	07979	0	0	0	0	0	194.29
194.30	07980	363,601	0	95,445	0	0	194.30
194.31	07981	0	0	0	0	0	194.31
194.32	07982	0	0	0	0	0	194.32
194.33	07983	0	0	0	0	0	194.33
194.34	07984	0	0	0	0	0	194.34
194.35	07985	0	0	0	0	0	194.35
200.00							200.00
201.00							201.00
202.00		328,218,477	23,694,721	28,692,796	465,960	4,025,421	202.00
Cost Center Description		ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
		5.04	5.05	5A.05	5.06	6.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.04	00513	4,973,625					5.04
5.05	00514	0	6,141,063				5.05
5.06	00560	0	0	32,199,322	32,199,322		5.06
6.00	00600	0	0	19,834,893	2,157,521	21,992,414	6.00
7.00	00700	0	0	5,890,130	640,693	28,413	7.00
8.00	00800	0	0	1,218,803	132,574	0	8.00
9.00	00900	0	0	3,962,951	431,066	417,760	9.00
10.00	01000	0	0	1,638,580	178,235	695,975	10.00
11.00	01100	0	0	1,686,620	183,460	0	11.00
13.00	01300	0	0	9,288,883	1,010,389	385,895	13.00
14.00	01400	0	0	13,451,640	1,463,189	453,644	14.00
15.00	01500	0	0	7,480,729	813,709	194,872	15.00
16.00	01600	0	0	21,781	2,369	0	16.00
21.00	02100	0	0	3,631,370	394,999	0	21.00
22.00	02200	0	0	2,074,981	225,704	505,942	22.00
23.00	02300	0	0	0	0	0	23.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

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Cost Center Description		ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
		5.04	5.05	5A.05	5.06	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	585,811	723,329	32,241,129	3,507,128	3,916,510	30.00
31.00	03100 INTENSIVE CARE UNIT	206,866	255,428	10,208,636	1,110,434	787,439	31.00
40.00	04000 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - I/RF	41,943	51,789	3,302,532	359,230	265,564	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	61,498	75,935	3,207,129	348,852	176,760	43.00
44.00	04400 SKILLED NURSING FACILITY	15,471	19,103	1,889,990	205,582	295,760	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	415,346	512,847	10,634,522	1,156,759	946,371	50.00
50.01	03021 ACUPUNCTURE	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	43,528	53,746	2,301,161	250,306	324,852	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	80,286	99,133	3,315,164	360,604	374,066	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	666,055	822,299	14,467,317	1,573,668	1,693,936	54.00
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	235,702	291,032	2,440,656	265,480	397,328	59.00
60.00	06000 LABORATORY	571,404	705,540	12,625,523	1,373,329	52,892	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	17,271	21,325	1,521,229	165,470	0	63.00
65.00	06500 RESPIRATORY THERAPY	66,669	82,320	5,192,280	564,785	131,622	65.00
65.01	06501 SLEEP LAB	25,759	31,806	894,163	97,262	5,745	65.01
66.00	06600 PHYSICAL THERAPY	77,754	96,007	5,516,536	600,056	98,540	66.00
67.00	06700 OCCUPATIONAL THERAPY	17,465	21,565	1,126,886	122,576	68,033	67.00
68.00	06800 SPEECH PATHOLOGY	7,148	8,826	461,849	50,237	16,272	68.00
68.01	06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	186,127	229,820	3,774,505	410,568	564,098	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	118,757	146,635	10,118,191	1,100,596	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	339,659	419,393	15,058,298	1,637,951	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	586,706	724,434	24,748,999	2,692,048	0	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	53,248	65,748	15,097,674	1,642,234	11,122	73.01
74.00	07400 RENAL DIALYSIS	11,045	13,638	1,171,906	127,473	76,834	74.00
76.00	03020 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	3,853	4,757	101,706	11,063	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	36,672	45,280	1,393,780	151,607	17,744	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.02	09002 PAIN CLINIC	4,999	6,173	677,722	73,719	0	90.02
90.03	09003 ONCOLOGY CLINIC	69,119	85,345	1,185,399	128,941	0	90.03
91.00	09100 EMERGENCY	427,464	527,810	10,171,751	1,106,422	999,574	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,973,625	6,141,063	297,227,316	28,828,288	13,903,563	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	422,278	45,933	0	190.00
191.00	19100 RESEARCH	0	0	444,267	48,325	35,912	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 BSU PHARMACY	0	0	700,562	76,203	0	194.01
194.02	07952 PAVILLION PHARMACY	0	0	3,701,883	402,669	71,881	194.02
194.03	07953 VENDING	0	0	0	0	0	194.03
194.04	07954 CARELINE	0	0	0	0	0	194.04
194.05	07955 WELLNESS CENTER	0	0	193,324	21,029	225,266	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	0	0	2,008,775	218,502	570,324	194.06
194.07	07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958 RENTAL PROPERTY	0	0	3,691,612	401,551	6,730,550	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRALTC	0	0	5,696	620	0	194.10
194.11	07961 IU HEALTH HOSPICE	0	0	46,528	5,061	83,682	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	0	0	916,630	99,706	87,673	194.15
194.16	07966 JAY COUNTY HOSPITAL	0	0	239,898	26,095	0	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

Worksheet B Part I Date/Time Prepared: 5/30/2013 4:01 pm

Cost Center Description		ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
		5.04	5.05	5A.05	5.06	6.00	
194.20	07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	0	0	1,063,062	115,634	0	194.22
194.23	07973 CANCER CENTER BOUTIQUE	0	0	182,444	19,845	24,111	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	0	0	12,449	1,354	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	0	0	141,679	15,411	259,452	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	0	0	16,761,028	1,823,164	0	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	0	459,046	49,932	0	194.30
194.31	07981 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983 LAB CORP	0	0	0	0	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985 LEASED SPACE	0	0	0	0	0	194.35
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	4,973,625	6,141,063	328,218,477	32,199,322	21,992,414	202.00
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.01	00510 COMMUNICATIONS/PHONES						5.01
5.02	00511 DATA PROCESSING						5.02
5.04	00513 ADMITTING						5.04
5.05	00514 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600 MAINTENANCE & REPAIRS						6.00
7.00	00700 OPERATION OF PLANT	6,559,236					7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	1,351,377				8.00
9.00	00900 HOUSEKEEPING	124,758	275	4,936,810			9.00
10.00	01000 DIETARY	207,843	61	4,493	2,725,187		10.00
11.00	01100 CAFETERIA	0	0	47,492	0	1,917,572	11.00
13.00	01300 NURSING ADMINISTRATION	115,242	499	21,821	0	108,161	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	135,474	0	22,463	0	40,841	14.00
15.00	01500 PHARMACY	58,196	122	22,463	0	82,237	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	59,583	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	151,092	28	107,179	0	28,813	22.00
23.00	02300 PARAMED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	1,169,610	595,529	1,998,213	1,778,266	443,222	30.00
31.00	03100 INTENSIVE CARE UNIT	235,158	131,241	344,641	173,392	130,664	31.00
40.00	04000 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - I/RF	79,307	50,935	209,705	164,843	34,493	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	52,787	14,239	66,746	0	37,269	43.00
44.00	04400 SKILLED NURSING FACILITY	88,325	39,426	87,283	219,651	35,704	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	282,620	111,103	259,283	0	124,277	50.00
50.01	03021 ACUPUNCTURE	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	97,013	46,863	15,403	0	32,208	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	111,709	46,310	246,447	182,180	39,491	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	505,870	76,639	226,712	0	137,466	54.00
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	118,656	10,966	70,597	0	35,868	59.00
60.00	06000 LABORATORY	15,795	234	116,806	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	39,307	228	18,612	0	69,755	65.00
65.01	06501 SLEEP LAB	1,716	0	0	0	14,968	65.01
66.00	06600 PHYSICAL THERAPY	29,427	7,533	76,373	0	79,133	66.00
67.00	06700 OCCUPATIONAL THERAPY	20,317	0	4,493	0	14,400	67.00
68.00	06800 SPEECH PATHOLOGY	4,860	30	4,493	0	6,790	68.00
68.01	06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	168,460	13,324	48,134	0	51,872	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

Worksheet B
Part I
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	3,321	0	8,985	0	43,857	73.01
74.00	07400 RENAL DIALYSIS	22,945	5,412	0	0	0	74.00
76.00	03020 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	36,582	0	1,161	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	5,299	16	0	0	9,579	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.02	09002 PAIN CLINIC	0	0	0	0	13,290	90.02
90.03	09003 ONCOLOGY CLINIC	0	0	0	0	12,886	90.03
91.00	09100 EMERGENCY	298,509	190,209	554,507	0	128,329	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		4,143,616	1,341,222	4,619,926	2,518,332	1,816,317	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	2,158	190.00
191.00	19100 RESEARCH	10,725	0	0	0	6,639	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 BSU PHARMACY	0	0	0	0	3,319	194.01
194.02	07952 PAVILLION PHARMACY	21,466	233	0	0	8,784	194.02
194.03	07953 VENDING	0	0	0	0	0	194.03
194.04	07954 CARELINE	0	0	0	0	0	194.04
194.05	07955 WELLNESS CENTER	67,272	9,195	12,836	0	1,817	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	170,319	727	5,776	0	45,851	194.06
194.07	07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958 RENTAL PROPERTY	2,009,982	0	63,698	0	0	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRALTAC	0	0	106,377	97,112	0	194.10
194.11	07961 IU HEALTH HOSPICE	24,991	0	17,970	0	0	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	26,182	0	5,134	0	9,226	194.15
194.16	07966 JAY COUNTY HOSPITAL	0	0	0	0	1,262	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	14,842	194.22
194.23	07973 CANCER CENTER BOUTIQUE	7,201	0	0	0	1,918	194.23
194.24	07974 BOSCBALL OUTPATIENT SURGERY	0	0	105,093	0	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	77,482	0	0	109,743	0	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	0	1,262	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	4,177	194.30
194.31	07981 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983 LAB CORP	0	0	0	0	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985 LEASED SPACE	0	0	0	0	0	194.35
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	6,559,236	1,351,377	4,936,810	2,725,187	1,917,572	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 4:01 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES	
	13.00	14.00	15.00	16.00	21.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
4.00 00400 EMPLOYEE BENEFITS							4.00
5.01 00510 COMMUNICATIONS/PHONES							5.01
5.02 00511 DATA PROCESSING							5.02
5.04 00513 ADMINITTING							5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL							5.06
6.00 00600 MAINTENANCE & REPAIRS							6.00
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	10,930,890						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	15,567,251					14.00
15.00 01500 PHARMACY	0	0	8,652,328				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	24,150			16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	4,085,952		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0		22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	4,817,537	10,690,972	4,391	2,794	2,179,390		30.00
31.00 03100 INTENSIVE CARE UNIT	1,420,239	1,024,767	992	987	405,185		31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0		40.00
41.00 04100 SUBPROVIDER - IRF	374,917	92,114	77	200	0		41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0		42.00
43.00 04300 NURSERY	405,097	1,102,488	208	293	37,352		43.00
44.00 04400 SKILLED NURSING FACILITY	388,086	408,755	179	74	0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	1,350,825	126,657	58,061	1,981	211,930		50.00
50.01 03021 ACUPUNCTURE	0	0	0	0	0		50.01
51.00 05100 RECOVERY ROOM	350,087	141,049	82	208	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	429,241	1,203,238	774	383	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	14,393	12,406	3,602	58,464		54.00
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	589	1,124	0		59.00
60.00 06000 LABORATORY	0	0	117	2,726	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	82	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0	2,894	318	51,156		65.00
65.01 06501 SLEEP LAB	0	0	0	123	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0	204	371	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	83	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	44	34	0		68.00
68.01 06801 AUDIOLOGY	0	0	0	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	175,592	74,851	888	134,791		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	567	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,620	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	8,444,714	2,799	0		73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	254	0		73.01
74.00 07400 RENAL DIALYSIS	0	0	2	53	0		74.00
76.00 03020 CARDIOPULMONARY	0	0	0	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	18	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	4,348	175	0		76.98
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0		90.00
90.02 09002 PAIN CLINIC	0	0	2,899	24	0		90.02
90.03 09003 ONCOLOGY CLINIC	0	0	138	330	88,507		90.03
91.00 09100 EMERGENCY	1,394,861	587,226	880	2,039	190,819		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910 CORF	0	0	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0		110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0		111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0		113.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0		115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	10,930,890	15,567,251	8,608,850	24,150	3,357,594		118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 4:01 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
	13.00	14.00	15.00	16.00	21.00	
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
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 BSU PHARMACY	0	0	0	0	0	194.01
194.02 07952 PAVILLION PHARMACY	0	0	0	0	0	194.02
194.03 07953 VENDING	0	0	0	0	0	194.03
194.04 07954 CARELINE	0	0	0	0	0	194.04
194.05 07955 WELLNESS CENTER	0	0	0	0	0	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	43,345	0	603,311	194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 07958 RENTAL PROPERTY	0	0	0	0	125,047	194.08
194.09 07959 ADVERTISING	0	0	0	0	0	194.09
194.10 07960 INTEGRALTC	0	0	0	0	0	194.10
194.11 07961 IU HEALTH HOSPICE	0	0	0	0	0	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	0	0	0	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	0	0	0	0	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	0	0	0	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	0	133	0	0	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	0	0	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31 07981 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 07983 LAB CORP	0	0	0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	194.35
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	10,930,890	15,567,251	8,652,328	24,150	4,085,952	202.00
Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 00510 COMMUNICATIONS/PHONES						5.01
5.02 00511 DATA PROCESSING						5.02
5.04 00513 ADMINISTRATION						5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
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
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	3,093,739					22.00
23.00 02300 PARAMED PRGM	0	0				23.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 4:01 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	SERVICES-OTHER PRGM COSTS						
	22.00						23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	1,650,158	0	64,994,849	-3,829,548	61,165,301	30.00	
31.00 03100 INTENSIVE CARE UNIT	306,792	0	16,280,567	-711,977	15,568,590	31.00	
40.00 04000 SUBPROVIDER - I/PF	0	0	0	0	0	40.00	
41.00 04100 SUBPROVIDER - I/RF	0	0	4,933,917	0	4,933,917	41.00	
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00	
43.00 04300 NURSERY	28,281	0	5,477,501	-65,633	5,411,868	43.00	
44.00 04400 SKILLED NURSING FACILITY	0	0	3,658,815	0	3,658,815	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	160,466	0	15,424,855	-372,396	15,052,459	50.00	
50.01 03021 ACUPUNCTURE	0	0	0	0	0	50.01	
51.00 05100 RECOVERY ROOM	0	0	3,559,232	0	3,559,232	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	6,309,607	0	6,309,607	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	44,267	0	18,814,740	-102,731	18,712,009	54.00	
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	3,341,264	0	3,341,264	59.00	
60.00 06000 LABORATORY	0	0	14,187,422	0	14,187,422	60.00	
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01	
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	1,686,781	0	1,686,781	63.00	
65.00 06500 RESPIRATORY THERAPY	38,733	0	6,109,690	-89,889	6,019,801	65.00	
65.01 06501 SLEEP LAB	0	0	1,013,977	0	1,013,977	65.01	
66.00 06600 PHYSICAL THERAPY	0	0	6,408,173	0	6,408,173	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	1,356,788	0	1,356,788	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	544,609	0	544,609	68.00	
68.01 06801 AUDIOLOGY	0	0	0	0	0	68.01	
69.00 06900 ELECTROCARDIOLOGY	102,059	0	5,519,142	-236,850	5,282,292	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	11,219,354	0	11,219,354	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	16,697,869	0	16,697,869	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	35,888,560	0	35,888,560	73.00	
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	16,807,447	0	16,807,447	73.01	
74.00 07400 RENAL DIALYSIS	0	0	1,404,625	0	1,404,625	74.00	
76.00 03020 CARDIOPULMONARY	0	0	0	0	0	76.00	
76.97 07697 CARDIAC REHABILITATION	0	0	150,530	0	150,530	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	1,582,548	0	1,582,548	76.98	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.02 09002 PAIN CLINIC	0	0	767,654	0	767,654	90.02	
90.03 09003 ONCOLOGY CLINIC	67,015	0	1,483,216	-155,522	1,327,694	90.03	
91.00 09100 EMERGENCY	144,481	0	15,769,607	-335,300	15,434,307	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
99.10 09910 CORF	0	0	0	0	0	99.10	
SPECIAL PURPOSE COST CENTERS							
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00	
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,542,252	0	281,393,339	-5,899,846	275,493,493	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	470,369	0	470,369	190.00	
191.00 19100 RESEARCH	0	0	545,868	0	545,868	191.00	
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00	
194.01 07951 BSU PHARMACY	0	0	780,084	0	780,084	194.01	
194.02 07952 PAVILLION PHARMACY	0	0	4,206,916	0	4,206,916	194.02	
194.03 07953 VENDING	0	0	0	0	0	194.03	
194.04 07954 CARELINE	0	0	0	0	0	194.04	
194.05 07955 WELLNESS CENTER	0	0	530,739	0	530,739	194.05	
194.06 07956 PHYSICIAN PRACTICE CLINICS	456,806	0	4,123,736	-1,060,117	3,063,619	194.06	
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	194.07	
194.08 07958 RENTAL PROPERTY	94,681	0	13,117,121	-219,728	12,897,393	194.08	
194.09 07959 ADVERTISING	0	0	0	0	0	194.09	
194.10 07960 INTEGRALTC	0	0	209,805	0	209,805	194.10	
194.11 07961 IU HEALTH HOSPICE	0	0	178,232	0	178,232	194.11	
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12	
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13	
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14	
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	1,144,551	0	1,144,551	194.15	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 4:01 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	24.00	25.00	26.00	
194.16 07966 JAY COUNTY HOSPITAL	0	0	267,255	0	267,255	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	1,193,538	0	1,193,538	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	0	235,519	0	235,519	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	118,896	0	118,896	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	0	603,900	0	603,900	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	18,585,454	0	18,585,454	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	513,155	0	513,155	194.30
194.31 07981 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 07983 LAB CORP	0	0	0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	194.35
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,093,739	0	328,218,477	-7,179,691	321,038,786	202.00

COST ALLOCATION STATISTICS

Provider CCN: 150089

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

Worksheet Non-CMS W

Date/Time Prepared:
5/30/2013 4:01 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1		1.00
4.00	EMPLOYEE BENEFITS	2		4.00
5.01	COMMUNICATIONS/PHONES	3		5.01
5.02	DATA PROCESSING	4		5.02
5.04	ADMINISTRATIVE	4		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	4		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-6		5.06
6.00	MAINTENANCE & REPAIRS	1		6.00
7.00	OPERATION OF PLANT	1		7.00
8.00	LAUNDRY & LINEN SERVICE	8		8.00
9.00	HOUSEKEEPING	9		9.00
10.00	DIETARY	10		10.00
11.00	CAFETERIA	11		11.00
13.00	NURSING ADMINISTRATION	12		13.00
14.00	CENTRAL SERVICES & SUPPLY	13		14.00
15.00	PHARMACY	14		15.00
16.00	MEDICAL RECORDS & LIBRARY	4		16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	16		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	16		22.00
23.00	PARAMEDICAL PRGM	17		23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 4:01 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	COMMUNICATIONS /PHONES	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400	EMPLOYEE BENEFITS	0	83,106	83,106	83,106		4.00
5.01 00510	COMMUNICATIONS/PHONES	0	20,412	20,412	351	20,763	5.01
5.02 00511	DATA PROCESSING	0	397,896	397,896	0	1,343	5.02
5.04 00513	ADMITTING	0	71,115	71,115	2,864	676	5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	607	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	411,590	411,590	3,692	988	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	12,121,414	12,121,414	2,209	511	6.00
7.00 00700	OPERATION OF PLANT	0	13,681	13,681	506	78	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	201,149	201,149	1,996	95	9.00
10.00 01000	DIETARY	0	335,107	335,107	680	95	10.00
11.00 01100	CAFETERIA	0	0	0	1,154	156	11.00
13.00 01300	NURSING ADMINISTRATION	0	185,806	185,806	4,338	771	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	218,426	218,426	708	312	14.00
15.00 01500	PHARMACY	0	93,829	93,829	3,757	442	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	971	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	2,176	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	243,608	243,608	1,052	1,083	22.00
23.00 02300	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	1,885,771	1,885,771	15,391	2,367	30.00
31.00 03100	INTENSIVE CARE UNIT	0	379,146	379,146	5,402	693	31.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	0	127,867	127,867	1,177	173	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	0	85,109	85,109	1,736	234	43.00
44.00 04400	SKILLED NURSING FACILITY	0	142,406	142,406	972	217	44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	455,671	455,671	3,381	789	50.00
50.01 03021	ACUPUNCTURE	0	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	0	156,414	156,414	1,159	225	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	180,110	180,110	1,638	364	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	815,618	815,618	5,590	2,036	54.00
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	191,311	191,311	1,459	338	59.00
60.00 06000	LABORATORY	0	25,467	25,467	0	407	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	63,375	63,375	2,781	156	65.00
65.01 06501	SLEEP LAB	0	2,766	2,766	547	173	65.01
66.00 06600	PHYSICAL THERAPY	0	47,446	47,446	3,008	104	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	32,757	32,757	587	69	67.00
68.00 06800	SPEECH PATHOLOGY	0	7,835	7,835	254	43	68.00
68.01 06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY	0	271,609	271,609	1,500	650	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES	0	5,355	5,355	1,982	26	73.01
74.00 07400	RENAL DIALYSIS	0	36,995	36,995	0	52	74.00
76.00 03020	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	39	35	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	8,544	8,544	328	104	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.02 09002	PAIN CLINIC	0	0	0	247	0	90.02
90.03 09003	ONCOLOGY CLINIC	0	0	0	532	0	90.03
91.00 09100	EMERGENCY	0	481,288	481,288	4,659	520	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00
115.00 11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 4:01 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	COMMUNICATIONS /PHONES	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.01	
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	19,799,999	19,799,999	79,852	17,903	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	43	0	190.00
191.00	19100 RESEARCH	0	17,292	17,292	226	121	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 BSU PHARMACY	0	0	0	165	0	194.01
194.02	07952 PAVILLION PHARMACY	0	34,610	34,610	380	43	194.02
194.03	07953 VENDING	0	0	0	0	0	194.03
194.04	07954 CARELINE	0	0	0	0	0	194.04
194.05	07955 WELLNESS CENTER	0	108,464	108,464	41	69	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	0	274,607	274,607	973	780	194.06
194.07	07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958 RENTAL PROPERTY	0	3,240,710	3,240,710	0	338	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRALTC	0	0	0	0	234	194.10
194.11	07961 IU HEALTH HOSPICE	0	40,292	40,292	0	165	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	0	42,214	42,214	307	295	194.15
194.16	07966 JAY COUNTY HOSPITAL	0	0	0	147	0	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	0	0	0	539	0	194.22
194.23	07973 CANCER CENTER BOUTIQUE	0	11,609	11,609	43	26	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	0	0	0	0	546	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	0	124,924	124,924	0	243	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	113	0	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	0	0	277	0	194.30
194.31	07981 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983 LAB CORP	0	0	0	0	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985 LEASED SPACE	0	0	0	0	0	194.35
200.00	Cross Foot Adjustments			0			200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	23,694,721	23,694,721	83,106	20,763	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 4:01 pm

Cost Center Description		DATA PROCESSING	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
		5.02	5.04	5.05	5.06	6.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	COMMUNICATIONS/PHONES					5.01
5.02	00511	DATA PROCESSING	399,239				5.02
5.04	00513	ADMINITTING	0	74,655			5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0	607		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	416,270	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	27,888	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	8,282	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,714	8.00
9.00	00900	HOUSEKEEPING	0	0	0	5,572	9.00
10.00	01000	DIETARY	0	0	0	2,304	10.00
11.00	01100	CAFETERIA	0	0	0	2,371	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	13,060	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	18,913	14.00
15.00	01500	PHARMACY	0	0	0	10,518	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	31	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	5,106	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	2,917	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	47,065	8,825	0	45,400	30.00
31.00	03100	INTENSIVE CARE UNIT	16,620	3,116	0	14,353	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	3,370	632	0	4,643	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	4,941	926	0	4,509	43.00
44.00	04400	SKILLED NURSING FACILITY	1,243	233	0	2,657	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	33,369	6,257	0	14,952	50.00
50.01	03021	ACUPUNCTURE	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	3,497	656	0	3,235	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,450	1,209	0	4,661	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,162	9,767	607	20,341	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,937	3,551	0	3,432	59.00
60.00	06000	LABORATORY	45,907	8,608	0	17,751	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,388	260	0	2,139	63.00
65.00	06500	RESPIRATORY THERAPY	5,356	1,004	0	7,300	65.00
65.01	06501	SLEEP LAB	2,070	388	0	1,257	65.01
66.00	06600	PHYSICAL THERAPY	6,247	1,171	0	7,756	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,403	263	0	1,584	67.00
68.00	06800	SPEECH PATHOLOGY	574	108	0	649	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	14,954	2,804	0	5,307	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,541	1,789	0	14,226	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	27,289	5,117	0	21,172	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,137	8,838	0	34,797	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	4,278	802	0	21,227	73.01
74.00	07400	RENAL DIALYSIS	887	166	0	1,648	74.00
76.00	03020	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	310	58	0	143	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,946	552	0	1,960	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.02	09002	PAIN CLINIC	402	75	0	953	90.02
90.03	09003	ONCOLOGY CLINIC	5,553	1,041	0	1,667	90.03
91.00	09100	EMERGENCY	34,343	6,439	0	14,301	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	399,239	74,655	607	372,696	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	594	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 4:01 pm

Cost Center Description		DATA PROCESSING	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
		5.02	5.04	5.05	5.06	6.00	
191.00	19100 RESEARCH	0	0	0	625	19,844	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 BSU PHARMACY	0	0	0	985	0	194.01
194.02	07952 PAVILLION PHARMACY	0	0	0	5,205	39,718	194.02
194.03	07953 VENDING	0	0	0	0	0	194.03
194.04	07954 CARELINE	0	0	0	0	0	194.04
194.05	07955 WELLNESS CENTER	0	0	0	272	124,472	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	0	0	0	2,824	315,136	194.06
194.07	07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958 RENTAL PROPERTY	0	0	0	5,190	3,718,999	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRAL TAC	0	0	0	8	0	194.10
194.11	07961 IU HEALTH HOSPICE	0	0	0	65	46,239	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	0	0	0	1,289	48,444	194.15
194.16	07966 JAY COUNTY HOSPITAL	0	0	0	337	0	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	0	0	0	1,495	0	194.22
194.23	07973 CANCER CENTER BOUTIQUE	0	0	0	257	13,323	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	0	0	0	18	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	0	0	0	199	143,361	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	23,566	0	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	0	0	645	0	194.30
194.31	07981 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983 LAB CORP	0	0	0	0	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985 LEASED SPACE	0	0	0	0	0	194.35
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	399,239	74,655	607	416,270	12,152,022	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	COMMUNICATIONS/PHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.04	00513	ADMINISTRATIVE					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	38,247				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,714			8.00
9.00	00900	HOUSEKEEPING	727	0	440,375		9.00
10.00	01000	DIETARY	1,212	0	401	724,363	10.00
11.00	01100	CAFETERIA	0	0	4,236	0	7,917
13.00	01300	NURSING ADMINISTRATION	672	1	1,946	0	447
14.00	01400	CENTRAL SERVICES & SUPPLY	790	0	2,004	0	169
15.00	01500	PHARMACY	339	0	2,004	0	340
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	246
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	881	0	9,561	0	119
23.00	02300	PARAMED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,820	755	178,245	472,668	1,830
31.00	03100	INTENSIVE CARE UNIT	1,371	167	30,743	46,088	539
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	462	65	18,706	43,816	142
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	308	18	5,954	0	154
44.00	04400	SKILLED NURSING FACILITY	515	50	7,786	58,384	147
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,648	141	23,129	0	513
50.01	03021	ACUPUNCTURE	0	0	0	0	0
51.00	05100	RECOVERY ROOM	566	59	1,374	0	133
52.00	05200	DELIVERY ROOM & LABOR ROOM	651	59	21,984	48,424	163
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,950	97	20,223	0	568
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	692	14	6,297	0	148
60.00	06000	LABORATORY	92	0	10,419	0	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	229	0	1,660	0	288
65.01	06501	SLEEP LAB	10	0	0	0	62
66.00	06600	PHYSICAL THERAPY	172	10	6,813	0	327
67.00	06700	OCCUPATIONAL THERAPY	118	0	401	0	59
68.00	06800	SPEECH PATHOLOGY	28	0	401	0	28
68.01	06801	AUDIOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	982	17	4,294	0	214
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	19	0	801	0	181
74.00	07400	RENAL DIALYSIS	134	7	0	0	0
76.00	03020	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	3,263	0	5
76.98	07698	HYPERBARIC OXYGEN THERAPY	31	0	0	0	40
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	PAIN CLINIC	0	0	0	0	55
90.03	09003	ONCOLOGY CLINIC	0	0	0	0	53
91.00	09100	EMERGENCY	1,741	241	49,463	0	530
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	24,160	1,701	412,108	669,380	7,500
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	9
191.00	19100	RESEARCH	63	0	0	0	27

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

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

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Part II
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 BSU PHARMACY	0	0	0	0	14	194.01
194.02	07952 PAVILLION PHARMACY	125	0	0	0	36	194.02
194.03	07953 VENDING	0	0	0	0	0	194.03
194.04	07954 CARELINE	0	0	0	0	0	194.04
194.05	07955 WELLNESS CENTER	392	12	1,145	0	8	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	993	1	515	0	189	194.06
194.07	07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958 RENTAL PROPERTY	11,721	0	5,682	0	0	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRAL TAC	0	0	9,489	25,813	0	194.10
194.11	07961 IU HEALTH HOSPICE	146	0	1,603	0	0	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	153	0	458	0	38	194.15
194.16	07966 JAY COUNTY HOSPITAL	0	0	0	0	5	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	61	194.22
194.23	07973 CANCER CENTER BOUTIQUE	42	0	0	0	8	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	0	0	9,375	0	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	452	0	0	29,170	0	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	0	5	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	17	194.30
194.31	07981 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983 LAB CORP	0	0	0	0	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985 LEASED SPACE	0	0	0	0	0	194.35
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	38,247	1,714	440,375	724,363	7,917	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

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

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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
	13.00	14.00	15.00	16.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 00510 COMMUNICATIONS/PHONES						5.01
5.02 00511 DATA PROCESSING						5.02
5.04 00513 ADMINITTING						5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
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	420,269					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	491,986				14.00
15.00 01500 PHARMACY	0	0	218,906			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	1,002		16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	7,528	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	185,225	337,876	111	147		30.00
31.00 03100 INTENSIVE CARE UNIT	54,605	32,387	25	52		31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0		40.00
41.00 04100 SUBPROVIDER - IRF	14,415	2,911	2	11		41.00
42.00 04200 SUBPROVIDER	0	0	0	0		42.00
43.00 04300 NURSERY	15,575	34,843	5	15		43.00
44.00 04400 SKILLED NURSING FACILITY	14,921	12,918	5	4		44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	51,936	4,003	1,469	104		50.00
50.01 03021 ACUPUNCTURE	0	0	0	0		50.01
51.00 05100 RECOVERY ROOM	13,460	4,458	2	11		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	16,503	38,027	20	20		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	455	314	-77		54.00
57.00 05700 CT SCAN	0	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	15	59		59.00
60.00 06000 LABORATORY	0	0	3	143		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	4		63.00
65.00 06500 RESPIRATORY THERAPY	0	0	73	17		65.00
65.01 06501 SLEEP LAB	0	0	0	6		65.01
66.00 06600 PHYSICAL THERAPY	0	0	5	20		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	4		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	1	2		68.00
68.01 06801 AUDIOLOGY	0	0	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	5,549	1,894	47		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	30		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	85		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	213,654	147		73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	13		73.01
74.00 07400 RENAL DIALYSIS	0	0	0	3		74.00
76.00 03020 CARDIOPULMONARY	0	0	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	1		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	110	9		76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0		90.00
90.02 09002 PAIN CLINIC	0	0	73	1		90.02
90.03 09003 ONCOLOGY CLINIC	0	0	3	17		90.03
91.00 09100 EMERGENCY	53,629	18,559	22	107		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0		111.00
113.00 11300 INTEREST EXPENSE						113.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	420,269	491,986	217,806	1,002	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

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

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Part II
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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES	
	13.00	14.00	15.00	16.00	21.00	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00 19100 RESEARCH	0	0	0	0		191.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.00
194.01 07951 BSU PHARMACY	0	0	0	0		194.01
194.02 07952 PAVILLION PHARMACY	0	0	0	0		194.02
194.03 07953 VENDING	0	0	0	0		194.03
194.04 07954 CARELINE	0	0	0	0		194.04
194.05 07955 WELLNESS CENTER	0	0	0	0		194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	1,097	0		194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0		194.07
194.08 07958 RENTAL PROPERTY	0	0	0	0		194.08
194.09 07959 ADVERTISING	0	0	0	0		194.09
194.10 07960 INTEGRAL TAC	0	0	0	0		194.10
194.11 07961 IU HEALTH HOSPICE	0	0	0	0		194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0		194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0		194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0		194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	0	0		194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	0	0		194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0		194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0		194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0		194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0		194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0		194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	0	0		194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	0	0	0		194.23
194.24 07974 BOSCH BALL OUTPATIENT SURGERY	0	0	0	0		194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	0	3	0		194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	0		194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0		194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0		194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0		194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	0		194.30
194.31 07981 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0		194.32
194.33 07983 LAB CORP	0	0	0	0		194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0		194.34
194.35 07985 LEASED SPACE	0	0	0	0		194.35
200.00 Cross Foot Adjustments						7,528 200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	420,269	491,986	218,906	1,002	7,528	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00 00400	EMPLOYEE BENEFITS					4.00
5.01 00510	COMMUNICATIONS/PHONES					5.01
5.02 00511	DATA PROCESSING					5.02
5.04 00513	ADMITTING					5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
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
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	538,782				22.00
23.00 02300	PARAMED PRGM		0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS		5,352,584	0	5,352,584	30.00
31.00 03100	INTENSIVE CARE UNIT		1,020,411	0	1,020,411	31.00
40.00 04000	SUBPROVIDER - I PF		0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF		365,131	0	365,131	41.00
42.00 04200	SUBPROVIDER		0	0	0	42.00
43.00 04300	NURSERY		251,997	0	251,997	43.00
44.00 04400	SKILLED NURSING FACILITY		405,882	0	405,882	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM		1,120,284	0	1,120,284	50.00
50.01 03021	ACUPUNCTURE		0	0	0	50.01
51.00 05100	RECOVERY ROOM		364,748	0	364,748	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM		526,975	0	526,975	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC		1,867,644	0	1,867,644	54.00
57.00 05700	CT SCAN		0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION		445,799	0	445,799	59.00
60.00 06000	LABORATORY		138,023	0	138,023	60.00
60.01 06001	BLOOD LABORATORY		0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.		3,791	0	3,791	63.00
65.00 06500	RESPIRATORY THERAPY		154,967	0	154,967	65.00
65.01 06501	SLEEP LAB		10,453	0	10,453	65.01
66.00 06600	PHYSICAL THERAPY		127,528	0	127,528	66.00
67.00 06700	OCCUPATIONAL THERAPY		74,837	0	74,837	67.00
68.00 06800	SPEECH PATHOLOGY		18,914	0	18,914	68.00
68.01 06801	AUDIOLOGY		0	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY		621,516	0	621,516	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		25,586	0	25,586	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT		53,663	0	53,663	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS		304,573	0	304,573	73.00
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES		40,829	0	40,829	73.01
74.00 07400	RENAL DIALYSIS		82,347	0	82,347	74.00
76.00 03020	CARDIOPULMONARY		0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION		3,854	0	3,854	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY		24,428	0	24,428	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC		0	0	0	90.00
90.02 09002	PAIN CLINIC		1,806	0	1,806	90.02
90.03 09003	ONCOLOGY CLINIC		8,866	0	8,866	90.03
91.00 09100	EMERGENCY		1,218,162	0	1,218,162	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION		0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION		0	0	0	110.00
111.00 11100	ISLET ACQUISITION		0	0	0	111.00
113.00 11300	INTEREST EXPENSE		0	0	0	113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 4:01 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		SERVICES-OTHER PRGM COSTS					
		22.00	23.00	24.00	25.00	26.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	14,635,598	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		646	0	646	190.00
191.00	19100	RESEARCH		38,198	0	38,198	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS		0	0	0	194.00
194.01	07951	BSU PHARMACY		1,164	0	1,164	194.01
194.02	07952	PAVILLION PHARMACY		80,117	0	80,117	194.02
194.03	07953	VENDING		0	0	0	194.03
194.04	07954	CARELINE		0	0	0	194.04
194.05	07955	WELLNESS CENTER		234,875	0	234,875	194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS		597,115	0	597,115	194.06
194.07	07957	PERINATAL CLINIC		0	0	0	194.07
194.08	07958	RENTAL PROPERTY		6,982,640	0	6,982,640	194.08
194.09	07959	ADVERTISING		0	0	0	194.09
194.10	07960	INTEGRA LTAC		35,544	0	35,544	194.10
194.11	07961	IU HEALTH HOSPICE		88,510	0	88,510	194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS		0	0	0	194.12
194.13	07963	EXECUTIVE PHYSICAL		0	0	0	194.13
194.14	07964	NEW CASTLE ONCOLOGY		0	0	0	194.14
194.15	07965	MARKETING/PUBLIC RELATIONS		93,198	0	93,198	194.15
194.16	07966	JAY COUNTY HOSPITAL		489	0	489	194.16
194.17	07967	CARDINAL HEALTH CHOICE		0	0	0	194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES		0	0	0	194.18
194.19	07969	HEALTH CARE CONNECTIONS		0	0	0	194.19
194.20	07970	MEALS ON WHEELS		0	0	0	194.20
194.21	07971	ST MARY'S SCHOOL		0	0	0	194.21
194.22	07972	THERAPIES TO OTHER ENTITIES		2,095	0	2,095	194.22
194.23	07973	CANCER CENTER BOUTIQUE		25,308	0	25,308	194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY		9,939	0	9,939	194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH		298,352	0	298,352	194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL		23,684	0	23,684	194.26
194.27	07977	MIDWEST HEALTH STRATEGIES		0	0	0	194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP		0	0	0	194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI		0	0	0	194.29
194.30	07980	CARDINAL HEALTH ALLIANCE		939	0	939	194.30
194.31	07981	OTHER NONREIMBURSABLE COST CENTERS		0	0	0	194.31
194.32	07982	RENAL DIALYSIS		0	0	0	194.32
194.33	07983	LAB CORP		0	0	0	194.33
194.34	07984	H.O. MATERIALS MGMT		0	0	0	194.34
194.35	07985	LEASED SPACE		0	0	0	194.35
200.00		Cross Foot Adjustments	538,782	0	546,310	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	538,782	0	23,694,721	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1

Date/Time Prepared: 5/30/2013 4:01 pm

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS /PHONES (PHONE LINES)	DATA PROCESSING (GROSS CHARGES)	ADMITTING (GROSS CHARGES)	5.04
	NEW BLDG & FIXT (SQUARE FEET)					
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	1,738,921					1.00
4.00 00400 EMPLOYEE BENEFITS	6,099	102,245,852				4.00
5.01 00510 COMMUNICATIONS/PHONES	1,498	432,142	2,396			5.01
5.02 00511 DATA PROCESSING	29,201	0	155	1,248,706,514		5.02
5.04 00513 ADMITTING	5,219	3,522,949	78	0	1,248,706,514	5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE	0	0	70	0	0	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	30,206	4,540,842	114	0	0	5.06
6.00 00600 MAINTENANCE & REPAIRS	889,573	2,717,562	59	0	0	6.00
7.00 00700 OPERATION OF PLANT	1,004	622,607	9	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 00900 HOUSEKEEPING	14,762	2,455,625	11	0	0	9.00
10.00 01000 DIETARY	24,593	837,011	11	0	0	10.00
11.00 01100 CAFETERIA	0	1,419,267	18	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	13,636	5,336,202	89	0	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	16,030	870,655	36	0	0	14.00
15.00 01500 PHARMACY	6,886	4,621,559	51	0	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	112	0	0	16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	2,676,156	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	17,878	1,294,165	125	0	0	22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	138,394	18,953,612	273	147,077,840	147,077,840	30.00
31.00 03100 INTENSIVE CARE UNIT	27,825	6,644,679	80	51,937,319	51,937,319	31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IIRF	9,384	1,447,265	20	10,530,497	10,530,497	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	6,246	2,135,311	27	15,440,214	15,440,214	43.00
44.00 04400 SKILLED NURSING FACILITY	10,451	1,195,630	25	3,884,309	3,884,309	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	33,441	4,158,181	91	104,279,570	104,279,570	50.00
50.01 03021 ACUPUNCTURE	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	11,479	1,425,468	26	10,928,399	10,928,399	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	13,218	2,014,244	42	20,157,101	20,157,101	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	59,857	6,875,338	235	167,217,286	167,217,286	54.00
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	14,040	1,795,016	39	59,176,927	59,176,927	59.00
60.00 06000 LABORATORY	1,869	0	47	143,460,786	143,460,786	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	4,336,202	4,336,202	63.00
65.00 06500 RESPIRATORY THERAPY	4,651	3,420,566	18	16,738,471	16,738,471	65.00
65.01 06501 SLEEP LAB	203	672,870	20	6,467,355	6,467,355	65.01
66.00 06600 PHYSICAL THERAPY	3,482	3,700,134	12	19,521,532	19,521,532	66.00
67.00 06700 OCCUPATIONAL THERAPY	2,404	721,566	8	4,384,969	4,384,969	67.00
68.00 06800 SPEECH PATHOLOGY	575	312,294	5	1,794,546	1,794,546	68.00
68.01 06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	19,933	1,844,599	75	46,730,318	46,730,318	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	29,816,029	29,816,029	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	85,277,179	85,277,179	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	147,302,558	147,302,558	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	393	2,437,945	3	13,368,841	13,368,841	73.01
74.00 07400 RENAL DIALYSIS	2,715	0	6	2,773,108	2,773,108	74.00
76.00 03020 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	47,724	4	967,295	967,295	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	627	403,933	12	9,207,040	9,207,040	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.02 09002 PAIN CLINIC	0	303,832	0	1,255,176	1,255,176	90.02
90.03 09003 ONCOLOGY CLINIC	0	654,612	0	17,353,600	17,353,600	90.03
91.00 09100 EMERGENCY	35,321	5,731,065	60	107,322,047	107,322,047	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 4:01 pm

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS /PHONES (PHONE LINES)	DATA PROCESSING (GROSS CHARGES)	ADMITTING (GROSS CHARGES)		
	NEW BLDG & FIXT (SQUARE FEET)						
	1.00						
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,453,093	98,242,626	2,066	1,248,706,514	1,248,706,514	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	53,411	0	0	0	190.00
191.00	19100 RESEARCH	1,269	278,172	14	0	0	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 BSU PHARMACY	0	203,560	0	0	0	194.01
194.02	07952 PAVILLION PHARMACY	2,540	467,350	5	0	0	194.02
194.03	07953 VENDING	0	0	0	0	0	194.03
194.04	07954 CARELINE	0	0	0	0	0	194.04
194.05	07955 WELLNESS CENTER	7,960	50,935	8	0	0	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	20,153	1,196,346	90	0	0	194.06
194.07	07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958 RENTAL PROPERTY	237,831	0	39	0	0	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRAL TAC	0	0	27	0	0	194.10
194.11	07961 IU HEALTH HOSPICE	2,957	0	19	0	0	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	3,098	377,313	34	0	0	194.15
194.16	07966 JAY COUNTY HOSPITAL	0	180,381	0	0	0	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	0	662,966	0	0	0	194.22
194.23	07973 CANCER CENTER BOUTIQUE	852	53,232	3	0	0	194.23
194.24	07974 BOSCH BALL OUTPATIENT SURGERY	0	0	63	0	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	9,168	0	28	0	0	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	0	139,446	0	0	0	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	340,114	0	0	0	194.30
194.31	07981 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983 LAB CORP	0	0	0	0	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985 LEASED SPACE	0	0	0	0	0	194.35
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	23,694,721	28,692,796	465,960	4,025,421	4,973,625	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13.626105	0.280626	194.474124	0.003224	0.003983	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		83,106	20,763	399,239	74,655	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.000813	8.665693	0.000320	0.000060	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 4:01 pm

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.05	5A.06	5.06	6.00	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	COMMUNICATIONS/PHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.04	00513	ADMINITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	1,248,706,514				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	-32,199,322	296,019,155		5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	19,834,893	777,125	6.00
7.00	00700	OPERATION OF PLANT	0	0	5,890,130	1,004	776,121
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,218,803	0	0
9.00	00900	HOUSEKEEPING	0	0	3,962,951	14,762	14,762
10.00	01000	DIETARY	0	0	1,638,580	24,593	24,593
11.00	01100	CAFETERIA	0	0	1,686,620	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	9,288,883	13,636	13,636
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	13,451,640	16,030	16,030
15.00	01500	PHARMACY	0	0	7,480,729	6,886	6,886
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	21,781	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	3,631,370	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	2,074,981	17,878	17,878
23.00	02300	PARAMED ED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	147,077,840	0	32,241,129	138,394	138,394
31.00	03100	INTENSIVE CARE UNIT	51,937,319	0	10,208,636	27,825	27,825
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	10,530,497	0	3,302,532	9,384	9,384
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	15,440,214	0	3,207,129	6,246	6,246
44.00	04400	SKILLED NURSING FACILITY	3,884,309	0	1,889,990	10,451	10,451
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	104,279,570	0	10,634,522	33,441	33,441
50.01	03021	ACUPUNCTURE	0	0	0	0	0
51.00	05100	RECOVERY ROOM	10,928,399	0	2,301,161	11,479	11,479
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,157,101	0	3,315,164	13,218	13,218
54.00	05400	RADIOLOGY-DIAGNOSTIC	167,217,286	0	14,467,317	59,857	59,857
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	59,176,927	0	2,440,656	14,040	14,040
60.00	06000	LABORATORY	143,460,786	0	12,625,523	1,869	1,869
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	4,336,202	0	1,521,229	0	0
65.00	06500	RESPIRATORY THERAPY	16,738,471	0	5,192,280	4,651	4,651
65.01	06501	SLEEP LAB	6,467,355	0	894,163	203	203
66.00	06600	PHYSICAL THERAPY	19,521,532	0	5,516,536	3,482	3,482
67.00	06700	OCCUPATIONAL THERAPY	4,384,969	0	1,126,886	2,404	2,404
68.00	06800	SPEECH PATHOLOGY	1,794,546	0	461,849	575	575
68.01	06801	AUDIOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	46,730,318	0	3,774,505	19,933	19,933
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,816,029	0	10,118,191	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	85,277,179	0	15,058,298	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	147,302,558	0	24,748,999	0	0
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	13,368,841	0	15,097,674	393	393
74.00	07400	RENAL DIALYSIS	2,773,108	0	1,171,906	2,715	2,715
76.00	03020	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	967,295	0	101,706	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	9,207,040	0	1,393,780	627	627
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	PAIN CLINIC	1,255,176	0	677,722	0	0
90.03	09003	ONCOLOGY CLINIC	17,353,600	0	1,185,399	0	0
91.00	09100	EMERGENCY	107,322,047	0	10,171,751	35,321	35,321
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,248,706,514	-32,199,322	265,027,994	491,297	490,293

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 4:01 pm

Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
	5.05	5A.06	5.06	6.00	7.00	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	422,278	0	0	190.00
191.00 19100 RESEARCH	0	0	444,267	1,269	1,269	191.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 BSU PHARMACY	0	0	700,562	0	0	194.01
194.02 07952 PAVILLION PHARMACY	0	0	3,701,883	2,540	2,540	194.02
194.03 07953 VENDING	0	0	0	0	0	194.03
194.04 07954 CARELINE	0	0	0	0	0	194.04
194.05 07955 WELLNESS CENTER	0	0	193,324	7,960	7,960	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	2,008,775	20,153	20,153	194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 07958 RENTAL PROPERTY	0	0	3,691,612	237,831	237,831	194.08
194.09 07959 ADVERTISING	0	0	0	0	0	194.09
194.10 07960 INTEGRALTC	0	0	5,696	0	0	194.10
194.11 07961 IU HEALTH HOSPICE	0	0	46,528	2,957	2,957	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	916,630	3,098	3,098	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	239,898	0	0	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	1,063,062	0	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	0	182,444	852	852	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	12,449	0	0	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	0	141,679	9,168	9,168	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	16,761,028	0	0	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	459,046	0	0	194.30
194.31 07981 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 07983 LAB CORP	0	0	0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	194.35
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	6,141,063		32,199,322	21,992,414	6,559,236	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.004918		0.108774	28.299712	8.451306	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	607		416,270	12,152,022	38,247	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000		0.001406	15.637152	0.049280	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800	1,869,730					8.00
9.00	00900	381	30,769				9.00
10.00	01000	84	28	297,096			10.00
11.00	01100	0	296	0	151,937		11.00
13.00	01300	690	136	0	8,570	79,682	13.00
14.00	01400	0	140	0	3,236	0	14.00
15.00	01500	169	140	0	6,516	0	15.00
16.00	01600	0	0	0	0	0	16.00
21.00	02100	0	0	0	4,721	0	21.00
22.00	02200	39	668	0	2,283	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	823,957	12,454	193,864	35,118	35,118	30.00
31.00	03100	181,582	2,148	18,903	10,353	10,353	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	70,472	1,307	17,971	2,733	2,733	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	19,701	416	0	2,953	2,953	43.00
44.00	04400	54,549	544	23,946	2,829	2,829	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	153,719	1,616	0	9,847	9,847	50.00
50.01	03021	0	0	0	0	0	50.01
51.00	05100	64,838	96	0	2,552	2,552	51.00
52.00	05200	64,073	1,536	19,861	3,129	3,129	52.00
54.00	05400	106,036	1,413	0	10,892	0	54.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	15,172	440	0	2,842	0	59.00
60.00	06000	324	728	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	0	0	0	63.00
65.00	06500	316	116	0	5,527	0	65.00
65.01	06501	0	0	0	1,186	0	65.01
66.00	06600	10,422	476	0	6,270	0	66.00
67.00	06700	0	28	0	1,141	0	67.00
68.00	06800	42	28	0	538	0	68.00
68.01	06801	0	0	0	0	0	68.01
69.00	06900	18,435	300	0	4,110	0	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
73.01	07301	0	56	0	3,475	0	73.01
74.00	07400	7,488	0	0	0	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	0	228	0	92	0	76.97
76.98	07698	22	0	0	759	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.02	09002	0	0	0	1,053	0	90.02
90.03	09003	0	0	0	1,021	0	90.03
91.00	09100	263,168	3,456	0	10,168	10,168	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
115.00	11500	0	0	0	0	0	115.00
118.00		1,855,679	28,794	274,545	143,914	79,682	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	13.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	171	0
191.00	19100	RESEARCH	0	0	0	526	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	BSU PHARMACY	0	0	0	263	0
194.02	07952	PAVILLION PHARMACY	323	0	0	696	0
194.03	07953	VENDING	0	0	0	0	0
194.04	07954	CARELINE	0	0	0	0	0
194.05	07955	WELLNESS CENTER	12,722	80	0	144	0
194.06	07956	PHYSICIAN PRACTICE CLINICS	1,006	36	0	3,633	0
194.07	07957	PERINATAL CLINIC	0	0	0	0	0
194.08	07958	RENTAL PROPERTY	0	397	0	0	0
194.09	07959	ADVERTISING	0	0	0	0	0
194.10	07960	INTEGRA LTAC	0	663	10,587	0	0
194.11	07961	IU HEALTH HOSPICE	0	112	0	0	0
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0
194.13	07963	EXECUTIVE PHYSICAL	0	0	0	0	0
194.14	07964	NEW CASTLE ONCOLOGY	0	0	0	0	0
194.15	07965	MARKETING/PUBLIC RELATIONS	0	32	0	731	0
194.16	07966	JAY COUNTY HOSPITAL	0	0	0	100	0
194.17	07967	CARDINAL HEALTH CHOICE	0	0	0	0	0
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0
194.19	07969	HEALTH CARE CONNECTIONS	0	0	0	0	0
194.20	07970	MEALS ON WHEELS	0	0	0	0	0
194.21	07971	ST MARY'S SCHOOL	0	0	0	0	0
194.22	07972	THERAPIES TO OTHER ENTITIES	0	0	0	1,176	0
194.23	07973	CANCER CENTER BOUTIQUE	0	0	0	152	0
194.24	07974	BOSC BALL OUTPATIENT SURGERY	0	655	0	0	0
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	0	11,964	0	0
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	0	0	0	100	0
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0
194.30	07980	CARDINAL HEALTH ALLIANCE	0	0	0	331	0
194.31	07981	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.32	07982	RENAL DIALYSIS	0	0	0	0	0
194.33	07983	LAB CORP	0	0	0	0	0
194.34	07984	H.O. MATERIALS MGMT	0	0	0	0	0
194.35	07985	LEASED SPACE	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	1,351,377	4,936,810	2,725,187	1,917,572	10,930,890
203.00		Unit cost multiplier (Wkst. B, Part I)	0.722766	160.447528	9.172749	12.620836	137.181421
204.00		Cost to be allocated (per Wkst. B, Part II)	1,714	440,375	724,363	7,917	420,269
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000917	14.312295	2.438145	0.052107	5.274328

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1
Date/Time Prepared:
5/30/2013 4:01 pm

Cost Center Description	INTERNS & RESIDENTS				
	CENTRAL SERVICES & SUPPLY (TIME STUDY)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)
	14.00	15.00	16.00	21.00	22.00
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00 00400 EMPLOYEE BENEFITS					4.00
5.01 00510 COMMUNICATIONS/PHONES					5.01
5.02 00511 DATA PROCESSING					5.02
5.04 00513 ADMI TTING					5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600 MAINTENANCE & REPAIRS					6.00
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	5,408				14.00
15.00 01500 PHARMACY	0	22,574,702			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	1,248,706,514		16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	5,032	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	3,714	11,457	147,077,840	2,684	2,684
31.00 03100 INTENSIVE CARE UNIT	356	2,588	51,937,319	499	499
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0
41.00 04100 SUBPROVIDER - I RF	32	201	10,530,497	0	0
42.00 04200 SUBPROVIDER	0	0	0	0	0
43.00 04300 NURSERY	383	543	15,440,214	46	46
44.00 04400 SKILLED NURSING FACILITY	142	466	3,884,309	0	0
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	44	151,486	104,279,570	261	261
50.01 03021 ACUPUNCTURE	0	0	0	0	0
51.00 05100 RECOVERY ROOM	49	215	10,928,399	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	418	2,020	20,157,101	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	5	32,368	167,217,286	72	72
57.00 05700 CT SCAN	0	0	0	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0	1,538	59,176,927	0	0
60.00 06000 LABORATORY	0	304	143,460,786	0	0
60.01 06001 BLOOD LABORATORY	0	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	4,336,202	0	0
65.00 06500 RESPIRATORY THERAPY	0	7,552	16,738,471	63	63
65.01 06501 SLEEP LAB	0	0	6,467,355	0	0
66.00 06600 PHYSICAL THERAPY	0	532	19,521,532	0	0
67.00 06700 OCCUPATIONAL THERAPY	0	0	4,384,969	0	0
68.00 06800 SPEECH PATHOLOGY	0	114	1,794,546	0	0
68.01 06801 AUDIOLOGY	0	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	61	195,294	46,730,318	166	166
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	29,816,029	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	85,277,179	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0	22,033,017	147,302,558	0	0
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	13,368,841	0	0
74.00 07400 RENAL DIALYSIS	0	5	2,773,108	0	0
76.00 03020 CARDIOPULMONARY	0	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0	0	967,295	0	0
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	11,345	9,207,040	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	0	0	0	0
90.02 09002 PAIN CLINIC	0	7,565	1,255,176	0	0
90.03 09003 ONCOLOGY CLINIC	0	359	17,353,600	109	109
91.00 09100 EMERGENCY	204	2,295	107,322,047	235	235
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS					
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0
111.00 11100 ISLET ACQUISITION	0	0	0	0	0
113.00 11300 INTEREST EXPENSE					113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 4:01 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY (TIME STUDY)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
				14.00	15.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	5,408	22,461,264	1,248,706,514	4,135	4,135	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
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 BSU PHARMACY	0	0	0	0	0	194.01
194.02 07952 PAVILLION PHARMACY	0	0	0	0	0	194.02
194.03 07953 VENDI NG	0	0	0	0	0	194.03
194.04 07954 CARELINE	0	0	0	0	0	194.04
194.05 07955 WELLNESS CENTER	0	0	0	0	0	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	113,090	0	743	743	194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 07958 RENTAL PROPERTY	0	0	0	154	154	194.08
194.09 07959 ADVERTISING	0	0	0	0	0	194.09
194.10 07960 INTEGRA LTAC	0	0	0	0	0	194.10
194.11 07961 IU HEALTH HOSPICE	0	0	0	0	0	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	0	0	0	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	0	0	0	0	194.23
194.24 07974 BOSCBALL OUTPATIENT SURGERY	0	0	0	0	0	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	348	0	0	0	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	0	0	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31 07981 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 07983 LAB CORP	0	0	0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	194.35
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	15,567,251	8,652,328	24,150	4,085,952	3,093,739	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	2,878.559726	0.383275	0.000019	811.993641	614.812997	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	491,986	218,906	1,002	7,528	538,782	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	90.973743	0.009697	0.000001	1.496025	107.071145	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PARAMED PRGM (100% RADIOLOGY)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1.00
4.00	00400	EMPLOYEE BENEFITS	4.00
5.01	00510	COMMUNICATIONS/PHONES	5.01
5.02	00511	DATA PROCESSING	5.02
5.04	00513	ADMINISTRATIVE	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
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
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	PARAMED PRGM	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - I/PF	40.00
41.00	04100	SUBPROVIDER - I/RF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	03021	ACUPUNCTURE	50.01
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
65.01	06501	SLEEP LAB	65.01
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
68.01	06801	AUDIOLOGY	68.01
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	73.01
74.00	07400	RENAL DIALYSIS	74.00
76.00	03020	CARDIOPULMONARY	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.02	09002	PAIN CLINIC	90.02
90.03	09003	ONCOLOGY CLINIC	90.03
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	99.10
SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	109.00
110.00	11000	INTESTINAL ACQUISITION	110.00
111.00	11100	ISLET ACQUISITION	111.00
113.00	11300	INTEREST EXPENSE	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 4:01 pm

Cost Center Description		PARAMED ED PRGM (100% RADIOLOGY)	
		23.00	
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100 RESEARCH	0	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	07951 BSU PHARMACY	0	194.01
194.02	07952 PAVILLION PHARMACY	0	194.02
194.03	07953 VENDING	0	194.03
194.04	07954 CARELINE	0	194.04
194.05	07955 WELLNESS CENTER	0	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	0	194.06
194.07	07957 PERINATAL CLINIC	0	194.07
194.08	07958 RENTAL PROPERTY	0	194.08
194.09	07959 ADVERTISING	0	194.09
194.10	07960 INTEGRALAC	0	194.10
194.11	07961 IU HEALTH HOSPICE	0	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	194.12
194.13	07963 EXECUTIVE PHYSICAL	0	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	0	194.15
194.16	07966 JAY COUNTY HOSPITAL	0	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	194.19
194.20	07970 MEALS ON WHEELS	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	0	194.22
194.23	07973 CANCER CENTER BOUTIQUE	0	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	0	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	0	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	194.30
194.31	07981 OTHER NONREIMBURSABLE COST CENTERS	0	194.31
194.32	07982 RENAL DIALYSIS	0	194.32
194.33	07983 LAB CORP	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	194.34
194.35	07985 LEASED SPACE	0	194.35
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150089

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2013 4:01 pm

		Title XVIII			Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Diallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00		6.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	61,165,301		61,165,301	0	61,165,301	138,342,972	30.00
31.00	03100	INTENSIVE CARE UNIT	15,568,590		15,568,590	0	15,568,590	51,937,319	31.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,933,917		4,933,917	0	4,933,917	10,530,497	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	5,411,868		5,411,868	0	5,411,868	15,440,214	43.00
44.00	04400	SKILLED NURSING FACILITY	3,658,815		3,658,815	0	3,658,815	3,884,309	44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	15,052,459		15,052,459	0	15,052,459	74,291,187	50.00
50.01	03021	ACUPUNCTURE	0		0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	3,559,232		3,559,232	0	3,559,232	6,484,523	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,309,607		6,309,607	0	6,309,607	18,263,151	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,712,009		18,712,009	0	18,712,009	42,152,072	54.00
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	3,341,264		3,341,264	0	3,341,264	34,772,798	59.00
60.00	06000	LABORATORY	14,187,422		14,187,422	0	14,187,422	79,050,154	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,686,781		1,686,781	0	1,686,781	3,320,040	63.00
65.00	06500	RESPIRATORY THERAPY	6,019,801	0	6,019,801	0	6,019,801	15,501,632	65.00
65.01	06501	SLEEP LAB	1,013,977	0	1,013,977	0	1,013,977	4,366	65.01
66.00	06600	PHYSICAL THERAPY	6,408,173	0	6,408,173	0	6,408,173	6,446,077	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,356,788	0	1,356,788	0	1,356,788	3,976,832	67.00
68.00	06800	SPEECH PATHOLOGY	544,609	0	544,609	0	544,609	1,443,392	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	5,282,292		5,282,292	0	5,282,292	30,646,407	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,219,354		11,219,354	0	11,219,354	18,448,600	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	16,697,869		16,697,869	0	16,697,869	65,011,126	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,888,560		35,888,560	0	35,888,560	74,961,858	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	16,807,447		16,807,447	0	16,807,447	0	73.01
74.00	07400	RENAL DIALYSIS	1,404,625		1,404,625	0	1,404,625	2,168,887	74.00
76.00	03020	CARDIOPULMONARY	0		0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	150,530		150,530	0	150,530	162,454	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,582,548		1,582,548	0	1,582,548	125,343	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		0	0	0	0	90.00
90.02	09002	PAIN CLINIC	767,654		767,654	0	767,654	4,433	90.02
90.03	09003	ONCOLOGY CLINIC	1,327,694		1,327,694	0	1,327,694	94,148	90.03
91.00	09100	EMERGENCY	15,434,307		15,434,307	0	15,434,307	29,615,356	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,623,638		3,623,638	0	3,623,638	1,376,983	92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0		0		0	0	99.10
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0		0		0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0		0	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	0	115.00
200.00		Subtotal (see instructions)	279,117,131	0	279,117,131	0	279,117,131	728,457,130	200.00
201.00		Less Observation Beds	3,623,638		3,623,638		3,623,638		201.00
202.00		Total (see instructions)	275,493,493	0	275,493,493	0	275,493,493	728,457,130	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150089

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2013 4:01 pm

Cost Center Description		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	PPS	
		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		138,342,972				30.00
31.00	03100	INTENSIVE CARE UNIT		51,937,319				31.00
40.00	04000	SUBPROVIDER - IPF		0				40.00
41.00	04100	SUBPROVIDER - IRF		10,530,497				41.00
42.00	04200	SUBPROVIDER		0				42.00
43.00	04300	NURSERY		15,440,214				43.00
44.00	04400	SKILLED NURSING FACILITY		3,884,309				44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,988,383	104,279,570	0.144347	0.000000	0.144347	50.00
50.01	03021	ACUPUNCTURE	0	0	0.000000	0.000000	0.000000	50.01
51.00	05100	RECOVERY ROOM	4,443,877	10,928,400	0.325686	0.000000	0.325686	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,893,951	20,157,102	0.313022	0.000000	0.313022	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	125,065,214	167,217,286	0.111902	0.000000	0.111902	54.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,404,129	59,176,927	0.056462	0.000000	0.056462	59.00
60.00	06000	LABORATORY	64,410,632	143,460,786	0.098894	0.000000	0.098894	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,016,163	4,336,203	0.389000	0.000000	0.389000	63.00
65.00	06500	RESPIRATORY THERAPY	1,236,840	16,738,472	0.359639	0.000000	0.359639	65.00
65.01	06501	SLEEP LAB	6,462,990	6,467,356	0.156784	0.000000	0.156784	65.01
66.00	06600	PHYSICAL THERAPY	13,075,455	19,521,532	0.328262	0.000000	0.328262	66.00
67.00	06700	OCCUPATIONAL THERAPY	408,137	4,384,969	0.309418	0.000000	0.309418	67.00
68.00	06800	SPEECH PATHOLOGY	351,153	1,794,545	0.303480	0.000000	0.303480	68.00
68.01	06801	AUDIOLOGY	0	0	0.000000	0.000000	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	16,083,911	46,730,318	0.113038	0.000000	0.113038	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,367,428	29,816,028	0.376286	0.000000	0.376286	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	20,266,053	85,277,179	0.195807	0.000000	0.195807	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	72,340,700	147,302,558	0.243638	0.000000	0.243638	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	13,368,841	13,368,841	1.257210	0.000000	1.257210	73.01
74.00	07400	RENAL DIALYSIS	604,221	2,773,108	0.506517	0.000000	0.506517	74.00
76.00	03020	CARDIOPULMONARY	0	0	0.000000	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	804,841	967,295	0.155620	0.000000	0.155620	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	9,081,697	9,207,040	0.171885	0.000000	0.171885	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0.000000	90.00
90.02	09002	PAIN CLINIC	1,250,743	1,255,176	0.611591	0.000000	0.611591	90.02
90.03	09003	ONCOLOGY CLINIC	17,259,452	17,353,600	0.076508	0.000000	0.076508	90.03
91.00	09100	EMERGENCY	77,706,691	107,322,047	0.143813	0.000000	0.143813	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,357,885	8,734,868	0.414847	0.000000	0.414847	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0				99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0				111.00
113.00	11300	INTEREST EXPENSE						113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0				115.00
200.00		Subtotal (see instructions)	520,249,387	1,248,706,517				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	520,249,387	1,248,706,517				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150089

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2013 4:01 pm

		Title XIX		Hospital		Cost			
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Diallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	61,165,301		61,165,301	0	0	138,342,972	30.00
31.00	03100	INTENSIVE CARE UNIT	15,568,590		15,568,590	0	0	51,937,319	31.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,933,917		4,933,917	0	0	10,530,497	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	5,411,868		5,411,868	0	0	15,440,214	43.00
44.00	04400	SKILLED NURSING FACILITY	3,658,815		3,658,815	0	0	3,884,309	44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	15,052,459		15,052,459	0	0	74,291,187	50.00
50.01	03021	ACUPUNCTURE	0		0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	3,559,232		3,559,232	0	0	6,484,523	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,309,607		6,309,607	0	0	18,263,151	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,712,009		18,712,009	0	0	42,152,072	54.00
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	3,341,264		3,341,264	0	0	34,772,798	59.00
60.00	06000	LABORATORY	14,187,422		14,187,422	0	0	79,050,154	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,686,781		1,686,781	0	0	3,320,040	63.00
65.00	06500	RESPIRATORY THERAPY	6,019,801	0	6,019,801	0	0	15,501,632	65.00
65.01	06501	SLEEP LAB	1,013,977	0	1,013,977	0	0	4,366	65.01
66.00	06600	PHYSICAL THERAPY	6,408,173	0	6,408,173	0	0	6,446,077	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,356,788	0	1,356,788	0	0	3,976,832	67.00
68.00	06800	SPEECH PATHOLOGY	544,609	0	544,609	0	0	1,443,392	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	5,282,292		5,282,292	0	0	30,646,407	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,219,354		11,219,354	0	0	18,448,600	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	16,697,869		16,697,869	0	0	65,011,126	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,888,560		35,888,560	0	0	74,961,858	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	16,807,447		16,807,447	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	1,404,625		1,404,625	0	0	2,168,887	74.00
76.00	03020	CARDIOPULMONARY	0		0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	150,530		150,530	0	0	162,454	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,582,548		1,582,548	0	0	125,343	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		0	0	0	0	90.00
90.02	09002	PAIN CLINIC	767,654		767,654	0	0	4,433	90.02
90.03	09003	ONCOLOGY CLINIC	1,327,694		1,327,694	0	0	94,148	90.03
91.00	09100	EMERGENCY	15,434,307		15,434,307	0	0	29,615,356	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,623,638		3,623,638	0	0	1,376,983	92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0		0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	0	115.00
200.00		Subtotal (see instructions)	279,117,131	0	279,117,131	0	0	728,457,130	200.00
201.00		Less Observation Beds	3,623,638		3,623,638	0	0	0	201.00
202.00		Total (see instructions)	275,493,493	0	275,493,493	0	0	728,457,130	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150089

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2013 4:01 pm

			Title XIX		Hospital		Cost	
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		138,342,972				30.00
31.00	03100	INTENSIVE CARE UNIT		51,937,319				31.00
40.00	04000	SUBPROVIDER - IPF		0				40.00
41.00	04100	SUBPROVIDER - IRF		10,530,497				41.00
42.00	04200	SUBPROVIDER		0				42.00
43.00	04300	NURSERY		15,440,214				43.00
44.00	04400	SKILLED NURSING FACILITY		3,884,309				44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,988,383	104,279,570	0.144347	0.000000	0.000000	50.00
50.01	03021	ACUPUNCTURE	0	0	0.000000	0.000000	0.000000	50.01
51.00	05100	RECOVERY ROOM	4,443,877	10,928,400	0.325686	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,893,951	20,157,102	0.313022	0.000000	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	125,065,214	167,217,286	0.111902	0.000000	0.000000	54.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,404,129	59,176,927	0.056462	0.000000	0.000000	59.00
60.00	06000	LABORATORY	64,410,632	143,460,786	0.098894	0.000000	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,016,163	4,336,203	0.389000	0.000000	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	1,236,840	16,738,472	0.359639	0.000000	0.000000	65.00
65.01	06501	SLEEP LAB	6,462,990	6,467,356	0.156784	0.000000	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	13,075,455	19,521,532	0.328262	0.000000	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	408,137	4,384,969	0.309418	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	351,153	1,794,545	0.303480	0.000000	0.000000	68.00
68.01	06801	AUDIOLOGY	0	0	0.000000	0.000000	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	16,083,911	46,730,318	0.113038	0.000000	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,367,428	29,816,028	0.376286	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	20,266,053	85,277,179	0.195807	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	72,340,700	147,302,558	0.243638	0.000000	0.000000	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	13,368,841	13,368,841	1.257210	0.000000	0.000000	73.01
74.00	07400	RENAL DIALYSIS	604,221	2,773,108	0.506517	0.000000	0.000000	74.00
76.00	03020	CARDIOPULMONARY	0	0	0.000000	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	804,841	967,295	0.155620	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	9,081,697	9,207,040	0.171885	0.000000	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0.000000	90.00
90.02	09002	PAIN CLINIC	1,250,743	1,255,176	0.611591	0.000000	0.000000	90.02
90.03	09003	ONCOLOGY CLINIC	17,259,452	17,353,600	0.076508	0.000000	0.000000	90.03
91.00	09100	EMERGENCY	77,706,691	107,322,047	0.143813	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,357,885	8,734,868	0.414847	0.000000	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0				99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0				111.00
113.00	11300	INTEREST EXPENSE						113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0				115.00
200.00		Subtotal (see instructions)	520,249,387	1,248,706,517				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	520,249,387	1,248,706,517				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/30/2013 4:01 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,352,584	0	5,352,584	65,442	81.79	30.00
31.00	INTENSIVE CARE UNIT	1,020,411		1,020,411	9,984	102.20	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	365,131	0	365,131	5,055	72.23	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	251,997		251,997	3,999	63.02	43.00
44.00	SKILLED NURSING FACILITY	405,882		405,882	6,277	64.66	44.00
200.00	Total (lines 30-199)	7,396,005		7,396,005	90,757		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	29,282	2,394,975				
31.00	INTENSIVE CARE UNIT	4,788	489,334				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	3,448	249,049				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	4,802	310,497				
200.00	Total (lines 30-199)	42,320	3,443,855				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150089

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

Worksheet D
Part II
Date/Time Prepared:
5/30/2013 4:01 pm

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,120,284	104,279,570	0.010743	35,018,507	376,204	50.00
50.01	03021	ACUPUNCTURE	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	364,748	10,928,400	0.033376	2,931,997	97,858	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	526,975	20,157,102	0.026143	105,337	2,754	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,867,644	167,217,286	0.011169	21,029,808	234,882	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	445,799	59,176,927	0.007533	17,419,557	131,222	59.00
60.00	06000	LABORATORY	138,023	143,460,786	0.000962	38,707,132	37,236	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	3,791	4,336,203	0.000874	1,833,120	1,602	63.00
65.00	06500	RESPIRATORY THERAPY	154,967	16,738,472	0.009258	8,081,359	74,817	65.00
65.01	06501	SLEEP LAB	10,453	6,467,356	0.001616	4,332	7	65.01
66.00	06600	PHYSICAL THERAPY	127,528	19,521,532	0.006533	2,114,697	13,815	66.00
67.00	06700	OCCUPATIONAL THERAPY	74,837	4,384,969	0.017067	636,319	10,860	67.00
68.00	06800	SPEECH PATHOLOGY	18,914	1,794,545	0.010540	567,820	5,985	68.00
68.01	06801	AUDIOLOGY	0	0	0.000000	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	621,516	46,730,318	0.013300	17,394,238	231,343	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,586	29,816,028	0.000858	9,558,678	8,201	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	53,663	85,277,179	0.000629	34,354,895	21,609	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	304,573	147,302,558	0.002068	34,583,945	71,520	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	40,829	13,368,841	0.003054	0	0	73.01
74.00	07400	RENAL DIALYSIS	82,347	2,773,108	0.029695	1,405,896	41,748	74.00
76.00	03020	CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,854	967,295	0.003984	96,773	386	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	24,428	9,207,040	0.002653	116,766	310	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.02	09002	PAIN CLINIC	1,806	1,255,176	0.001439	2,245	3	90.02
90.03	09003	ONCOLOGY CLINIC	8,866	17,353,600	0.000511	70,752	36	90.03
91.00	09100	EMERGENCY	1,218,162	107,322,047	0.011351	14,973,930	169,969	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	317,105	8,734,868	0.036303	735,781	26,711	92.00
200.00		Total (lines 50-199)	7,556,698	1,028,571,206		241,743,884	1,559,078	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/30/2013 4:01 pm
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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	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
200.00		Total (lines 30-199)	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	65,442	0.00	29,282	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,984	0.00	4,788	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	5,055	0.00	3,448	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	3,999	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	6,277	0.00	4,802	0	44.00
200.00		Total (lines 30-199)	90,757		42,320	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
40.00	04000	SUBPROVIDER - IPF	0	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	0			41.00
42.00	04200	SUBPROVIDER	0	0			42.00
43.00	04300	NURSERY	0	0			43.00
44.00	04400	SKILLED NURSING FACILITY	0	0			44.00
200.00		Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 4:01 pm
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Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
50.01	03021	ACUPUNCTURE	0	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03020	CARDIOPULMONARY	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.02	09002	PAIN CLINIC	0	0	0	0	0	0	90.02
90.03	09003	ONCOLOGY CLINIC	0	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 4:01 pm
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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		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	104,279,570	0.000000	0.000000	35,018,507	50.00
50.01	03021	ACUPUNCTURE	0	0	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0	10,928,400	0.000000	0.000000	2,931,997	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	20,157,102	0.000000	0.000000	105,337	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	167,217,286	0.000000	0.000000	21,029,808	54.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59,176,927	0.000000	0.000000	17,419,557	59.00
60.00	06000	LABORATORY	0	143,460,786	0.000000	0.000000	38,707,132	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	4,336,203	0.000000	0.000000	1,833,120	63.00
65.00	06500	RESPIRATORY THERAPY	0	16,738,472	0.000000	0.000000	8,081,359	65.00
65.01	06501	SLEEP LAB	0	6,467,356	0.000000	0.000000	4,332	65.01
66.00	06600	PHYSICAL THERAPY	0	19,521,532	0.000000	0.000000	2,114,697	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,384,969	0.000000	0.000000	636,319	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,794,545	0.000000	0.000000	567,820	68.00
68.01	06801	AUDIOLOGY	0	0	0.000000	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	46,730,318	0.000000	0.000000	17,394,238	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	29,816,028	0.000000	0.000000	9,558,678	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	85,277,179	0.000000	0.000000	34,354,895	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	147,302,558	0.000000	0.000000	34,583,945	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	13,368,841	0.000000	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0	2,773,108	0.000000	0.000000	1,405,896	74.00
76.00	03020	CARDIOPULMONARY	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	967,295	0.000000	0.000000	96,773	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	9,207,040	0.000000	0.000000	116,766	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.02	09002	PAIN CLINIC	0	1,255,176	0.000000	0.000000	2,245	90.02
90.03	09003	ONCOLOGY CLINIC	0	17,353,600	0.000000	0.000000	70,752	90.03
91.00	09100	EMERGENCY	0	107,322,047	0.000000	0.000000	14,973,930	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	8,734,868	0.000000	0.000000	735,781	92.00
200.00		Total (lines 50-199)	0	1,028,571,206			241,743,884	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 4:01 pm
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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	
		11.00	12.00	13.00	21.00	22.00	
Title VIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	9,146,576	0	0	50.00
50.01	03021	ACUPUNCTURE	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	1,473,109	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,203	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	43,488,583	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,383,068	0	0	59.00
60.00	06000	LABORATORY	0	1,084,805	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	391,764	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	368,061	0	0	65.00
65.01	06501	SLEEP LAB	0	1,970,451	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	16,885	0	0	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	8,134,138	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,602,823	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	10,436,918	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	28,147,036	0	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	405,587	0	0	74.00
76.00	03020	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	343,435	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	3,998,343	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.02	09002	PAIN CLINIC	0	516,344	0	0	90.02
90.03	09003	ONCOLOGY CLINIC	0	7,104,163	0	0	90.03
91.00	09100	EMERGENCY	0	16,588,849	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,386,753	0	0	92.00
200.00		Total (lines 50-199)	0	150,998,894	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 4:01 pm
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 03021 ACUPUNCTURE	0	0		50.01
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
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
60.01 06001 BLOOD LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 06501 SLEEP LAB	0	0		65.01
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
68.01 06801 AUDIOLOGY	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 CARDIOPULMONARY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.02 09002 PAIN CLINIC	0	0		90.02
90.03 09003 ONCOLOGY CLINIC	0	0		90.03
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 4:01 pm
		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.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.144347	9,146,576	0	0	1,320,281	50.00
50.01 03021 ACUPUNCTURE	0.000000	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.325686	1,473,109	0	0	479,771	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.313022	11,203	0	0	3,507	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.111902	43,488,583	0	0	4,866,459	54.00
57.00 05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.056462	9,383,068	0	0	529,787	59.00
60.00 06000 LABORATORY	0.098894	1,084,805	0	0	107,281	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.389000	391,764	0	0	152,396	63.00
65.00 06500 RESPIRATORY THERAPY	0.359639	368,061	0	0	132,369	65.00
65.01 06501 SLEEP LAB	0.156784	1,970,451	0	0	308,935	65.01
66.00 06600 PHYSICAL THERAPY	0.328262	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.309418	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.303480	16,885	0	0	5,124	68.00
68.01 06801 AUDIOLOGY	0.000000	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0.113038	8,134,138	0	0	919,467	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.376286	5,602,823	0	0	2,108,264	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.195807	10,436,918	0	0	2,043,622	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.243638	28,147,036	0	116,775	6,857,688	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	1.257210	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0.506517	405,587	0	0	205,437	74.00
76.00 03020 CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.155620	343,435	0	0	53,445	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.171885	3,998,343	0	0	687,255	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.02 09002 PAIN CLINIC	0.611591	516,344	0	0	315,791	90.02
90.03 09003 ONCOLOGY CLINIC	0.076508	7,104,163	0	0	543,525	90.03
91.00 09100 EMERGENCY	0.143813	16,588,849	0	0	2,385,692	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.414847	2,386,753	0	0	990,137	92.00
200.00	Subtotal (see instructions)	150,998,894	0	116,775	25,016,233	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00	Net Charges (line 200 +/- line 201)	150,998,894	0	116,775	25,016,233	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 4:01 pm
	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		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 03021 ACUPUNCTURE	0	0		50.01
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
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
60.01 06001 BLOOD LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 06501 SLEEP LAB	0	0		65.01
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
68.01 06801 AUDIOLOGY	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	28,451		73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 CARDIOPULMONARY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.02 09002 PAIN CLINIC	0	0		90.02
90.03 09003 ONCOLOGY CLINIC	0	0		90.03
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	28,451		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	28,451		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/30/2013 4:01 pm
		Component CCN: 15T089	Title XVIII	Subprovider - IRF PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,120,284	104,279,570	0.010743	152,183	1,635	50.00
50.01	03021	ACUPUNCTURE	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	364,748	10,928,400	0.033376	12,686	423	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	526,975	20,157,102	0.026143	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,867,644	167,217,286	0.011169	270,479	3,021	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	445,799	59,176,927	0.007533	0	0	59.00
60.00	06000	LABORATORY	138,023	143,460,786	0.000962	829,981	798	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	3,791	4,336,203	0.000874	13,068	11	63.00
65.00	06500	RESPIRATORY THERAPY	154,967	16,738,472	0.009258	144,956	1,342	65.00
65.01	06501	SLEEP LAB	10,453	6,467,356	0.001616	0	0	65.01
66.00	06600	PHYSICAL THERAPY	127,528	19,521,532	0.006533	1,530,863	10,001	66.00
67.00	06700	OCCUPATIONAL THERAPY	74,837	4,384,969	0.017067	1,745,869	29,797	67.00
68.00	06800	SPEECH PATHOLOGY	18,914	1,794,545	0.010540	291,952	3,077	68.00
68.01	06801	AUDIOLOGY	0	0	0.000000	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	621,516	46,730,318	0.013300	59,924	797	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,586	29,816,028	0.000858	18,427	16	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	53,663	85,277,179	0.000629	6,372	4	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	304,573	147,302,558	0.002068	1,131,462	2,340	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	40,829	13,368,841	0.003054	0	0	73.01
74.00	07400	RENAL DIALYSIS	82,347	2,773,108	0.029695	65,499	1,945	74.00
76.00	03020	CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,854	967,295	0.003984	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	24,428	9,207,040	0.002653	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.02	09002	PAIN CLINIC	1,806	1,255,176	0.001439	0	0	90.02
90.03	09003	ONCOLOGY CLINIC	8,866	17,353,600	0.000511	0	0	90.03
91.00	09100	EMERGENCY	1,218,162	107,322,047	0.011351	6,630	75	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	8,734,868	0.000000	0	0	92.00
200.00		Total (Lines 50-199)	7,239,593	1,028,571,206		6,280,351	55,282	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150089 Component CCN: 15T089	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 4:01 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	03021 ACUPUNCTURE	0	0	0	0	0	50.01
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	0	0	0	54.00
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
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501 SLEEP LAB	0	0	0	0	0	65.01
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
68.01	06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 CARDIOPULMONARY	0	0	0	0	0	76.00
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
90.02	09002 PAIN CLINIC	0	0	0	0	0	90.02
90.03	09003 ONCOLOGY CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150089 Component CCN: 15T089	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 4:01 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	104,279,570	0.000000	0.000000	152,183 50.00
50.01 03021 ACUPUNCTURE	0	0	0.000000	0.000000	0 50.01
51.00 05100 RECOVERY ROOM	0	10,928,400	0.000000	0.000000	12,686 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	20,157,102	0.000000	0.000000	0 52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	167,217,286	0.000000	0.000000	270,479 54.00
57.00 05700 CT SCAN	0	0	0.000000	0.000000	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	59,176,927	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	143,460,786	0.000000	0.000000	829,981 60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0 60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	4,336,203	0.000000	0.000000	13,068 63.00
65.00 06500 RESPIRATORY THERAPY	0	16,738,472	0.000000	0.000000	144,956 65.00
65.01 06501 SLEEP LAB	0	6,467,356	0.000000	0.000000	0 65.01
66.00 06600 PHYSICAL THERAPY	0	19,521,532	0.000000	0.000000	1,530,863 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	4,384,969	0.000000	0.000000	1,745,869 67.00
68.00 06800 SPEECH PATHOLOGY	0	1,794,545	0.000000	0.000000	291,952 68.00
68.01 06801 AUDIOLOGY	0	0	0.000000	0.000000	0 68.01
69.00 06900 ELECTROCARDIOLOGY	0	46,730,318	0.000000	0.000000	59,924 69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	29,816,028	0.000000	0.000000	18,427 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	85,277,179	0.000000	0.000000	6,372 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	147,302,558	0.000000	0.000000	1,131,462 73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	13,368,841	0.000000	0.000000	0 73.01
74.00 07400 RENAL DIALYSIS	0	2,773,108	0.000000	0.000000	65,499 74.00
76.00 03020 CARDIOPULMONARY	0	0	0.000000	0.000000	0 76.00
76.97 07697 CARDIAC REHABILITATION	0	967,295	0.000000	0.000000	0 76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	9,207,040	0.000000	0.000000	0 76.98
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	0	0.000000	0.000000	0 90.00
90.02 09002 PAIN CLINIC	0	1,255,176	0.000000	0.000000	0 90.02
90.03 09003 ONCOLOGY CLINIC	0	17,353,600	0.000000	0.000000	0 90.03
91.00 09100 EMERGENCY	0	107,322,047	0.000000	0.000000	6,630 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	8,734,868	0.000000	0.000000	0 92.00
200.00 Total (Lines 50-199)	0	1,028,571,206			6,280,351 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150089 Component CCN: 15T089	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 4:01 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	03021 ACUPUNCTURE	0	0	0	0	0	50.01
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	0	0	0	54.00
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
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501 SLEEP LAB	0	0	0	0	0	65.01
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
68.01	06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.02	09002 PAIN CLINIC	0	0	0	0	0	90.02
90.03	09003 ONCOLOGY CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150089 Component CCN: 15T089	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 4:01 pm
	Title XVII I	Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	03021 ACUPUNCTURE	0	0	50.01
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
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
60.01	06001 BLOOD LABORATORY	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
65.01	06501 SLEEP LAB	0	0	65.01
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
68.01	06801 AUDIOLOGY	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 CARDIOPULMONARY	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.02	09002 PAIN CLINIC	0	0	90.02
90.03	09003 ONCOLOGY CLINIC	0	0	90.03
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150089 Component CCN: 15T089	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 4:01 pm
Title XVIII		Subprovider - IRF	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	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.144347	0	0	0	0	50.00
50.01 03021 ACUPUNCTURE	0.000000	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.325686	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.313022	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.111902	0	0	0	0	54.00
57.00 05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.056462	0	0	0	0	59.00
60.00 06000 LABORATORY	0.098894	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.389000	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.359639	0	0	0	0	65.00
65.01 06501 SLEEP LAB	0.156784	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0.328262	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.309418	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.303480	0	0	0	0	68.00
68.01 06801 AUDIOLOGY	0.000000	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0.113038	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.376286	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.195807	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.243638	0	0	1,321	0	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	1.257210	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0.506517	0	0	0	0	74.00
76.00 03020 CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.155620	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.171885	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.02 09002 PAIN CLINIC	0.611591	0	0	0	0	90.02
90.03 09003 ONCOLOGY CLINIC	0.076508	0	0	0	0	90.03
91.00 09100 EMERGENCY	0.143813	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.414847	0	0	0	0	92.00
200.00	Subtotal (see instructions)		0	0	1,321	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	1,321	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150089 Component CCN: 15T089	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 4:01 pm
	Title XVII I	Subprovider - IRF	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	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 03021 ACUPUNCTURE	0	0	50.01
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
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
60.01 06001 BLOOD LABORATORY	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
65.01 06501 SLEEP LAB	0	0	65.01
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
68.01 06801 AUDIOLOGY	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	322	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03020 CARDIOPULMONARY	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.02 09002 PAIN CLINIC	0	0	90.02
90.03 09003 ONCOLOGY CLINIC	0	0	90.03
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Subtotal (see instructions)	0	322	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	322	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150089 Component CCN: 155296	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 4:01 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	03021 ACUPUNCTURE	0	0	0	0	0	50.01
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	0	0	0	54.00
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
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501 SLEEP LAB	0	0	0	0	0	65.01
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
68.01	06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 CARDIOPULMONARY	0	0	0	0	0	76.00
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
90.02	09002 PAIN CLINIC	0	0	0	0	0	90.02
90.03	09003 ONCOLOGY CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150089 Component CCN: 155296	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 4:01 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	104,279,570	0.000000	0.000000	52,723	50.00
50.01	03021 ACUPUNCTURE	0	0	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	10,928,400	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	20,157,102	0.000000	0.000000	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	167,217,286	0.000000	0.000000	263,710	54.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59,176,927	0.000000	0.000000	20,594	59.00
60.00	06000 LABORATORY	0	143,460,786	0.000000	0.000000	1,359,319	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	4,336,203	0.000000	0.000000	31,039	63.00
65.00	06500 RESPIRATORY THERAPY	0	16,738,472	0.000000	0.000000	298,047	65.00
65.01	06501 SLEEP LAB	0	6,467,356	0.000000	0.000000	0	65.01
66.00	06600 PHYSICAL THERAPY	0	19,521,532	0.000000	0.000000	580,588	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,384,969	0.000000	0.000000	310,121	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,794,545	0.000000	0.000000	95,996	68.00
68.01	06801 AUDIOLOGY	0	0	0.000000	0.000000	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	46,730,318	0.000000	0.000000	63,943	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	29,816,028	0.000000	0.000000	27,497	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	85,277,179	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	147,302,558	0.000000	0.000000	2,297,272	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0	13,368,841	0.000000	0.000000	0	73.01
74.00	07400 RENAL DIALYSIS	0	2,773,108	0.000000	0.000000	4,295	74.00
76.00	03020 CARDIOPULMONARY	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	967,295	0.000000	0.000000	169	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	9,207,040	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.02	09002 PAIN CLINIC	0	1,255,176	0.000000	0.000000	0	90.02
90.03	09003 ONCOLOGY CLINIC	0	17,353,600	0.000000	0.000000	0	90.03
91.00	09100 EMERGENCY	0	107,322,047	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	8,734,868	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	0	1,028,571,206			5,405,313	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 4:01 pm
	Component CCN: 155296	Title XVIII	Skilled Nursing Facility PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 03021 ACUPUNCTURE	0	0	0	0	0	50.01
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	0	0	0	54.00
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
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 06501 SLEEP LAB	0	0	0	0	0	65.01
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
68.01 06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03020 CARDIOPULMONARY	0	0	0	0	0	76.00
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
90.02 09002 PAIN CLINIC	0	0	0	0	0	90.02
90.03 09003 ONCOLOGY CLINIC	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150089 Component CCN: 155296	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 4:01 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 03021 ACUPUNCTURE	0	0	50.01
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
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
60.01 06001 BLOOD LABORATORY	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
65.01 06501 SLEEP LAB	0	0	65.01
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
68.01 06801 AUDIOLOGY	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03020 CARDIOPULMONARY	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.02 09002 PAIN CLINIC	0	0	90.02
90.03 09003 ONCOLOGY CLINIC	0	0	90.03
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 4:01 pm
		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
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.144347	0	1,751,789	0	0
50.01 03021 ACUPUNCTURE	0.000000	0	0	0	0
51.00 05100 RECOVERY ROOM	0.325686	0	299,772	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.313022	0	135,045	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.111902	0	10,285,568	0	0
57.00 05700 CT SCAN	0.000000	0	0	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.056462	0	1,639,537	0	0
60.00 06000 LABORATORY	0.098894	0	5,052,733	0	0
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.389000	0	48,308	0	0
65.00 06500 RESPIRATORY THERAPY	0.359639	0	152,334	0	0
65.01 06501 SLEEP LAB	0.156784	0	460,137	0	0
66.00 06600 PHYSICAL THERAPY	0.328262	0	938,276	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.309418	0	11,989	0	0
68.00 06800 SPEECH PATHOLOGY	0.303480	0	24,433	0	0
68.01 06801 AUDIOLOGY	0.000000	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.113038	0	975,958	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.376286	0	773,847	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.195807	0	1,602,691	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.243638	0	5,462,265	0	0
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	1.257210	0	0	0	0
74.00 07400 RENAL DIALYSIS	0.506517	0	132,873	0	0
76.00 03020 CARDIOPULMONARY	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.155620	0	19,597	0	0
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.171885	0	991,260	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.02 09002 PAIN CLINIC	0.611591	0	143,442	0	0
90.03 09003 ONCOLOGY CLINIC	0.076508	0	1,575,294	0	0
91.00 09100 EMERGENCY	0.143813	0	8,035,111	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.414847	0	498,525	0	0
200.00	Subtotal (see instructions)	0	41,010,784	0	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	41,010,784	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 4:01 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	252,865	0	50.00
50.01	03021 ACUPUNCTURE	0	0	50.01
51.00	05100 RECOVERY ROOM	97,632	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	42,272	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,150,976	0	54.00
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	92,572	0	59.00
60.00	06000 LABORATORY	499,685	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	18,792	0	63.00
65.00	06500 RESPIRATORY THERAPY	54,785	0	65.00
65.01	06501 SLEEP LAB	72,142	0	65.01
66.00	06600 PHYSICAL THERAPY	308,000	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	3,710	0	67.00
68.00	06800 SPEECH PATHOLOGY	7,415	0	68.00
68.01	06801 AUDIOLOGY	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	110,320	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	291,188	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	313,818	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,330,815	0	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	73.01
74.00	07400 RENAL DIALYSIS	67,302	0	74.00
76.00	03020 CARDIOPULMONARY	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	3,050	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	170,383	0	76.98
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.02	09002 PAIN CLINIC	87,728	0	90.02
90.03	09003 ONCOLOGY CLINIC	120,523	0	90.03
91.00	09100 EMERGENCY	1,155,553	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	206,812	0	92.00
200.00	Subtotal (see instructions)	6,458,338	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	6,458,338	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2013 4:01 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		65,442	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		65,442	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)		61,565	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		29,282	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		61,165,301	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)		61,165,301	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		153,783,186	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		153,783,186	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.397737	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,497.90	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)		61,165,301	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		934.65	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		27,368,421	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		27,368,421	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150089		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/30/2013 4:01 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	15,568,590	9,984	1,559.35	4,788	7,466,168		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					41,819,552		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					76,654,141		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,884,309		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,559,078		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,443,387		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					72,210,754		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					3,877		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					934.65		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,623,638		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150089		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 4:01 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,352,584	61,165,301	0.087510	3,623,638	317,105	90.00
91.00	Nursing School cost	0	61,165,301	0.000000	3,623,638	0	91.00
92.00	Allied health cost	0	61,165,301	0.000000	3,623,638	0	92.00
93.00	All other Medical Education	0	61,165,301	0.000000	3,623,638	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 15T089		Date/Time Prepared: 5/30/2013 4:01 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,055	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,055	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)		5,055	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,448	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,933,917	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,933,917	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		10,530,497	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		10,530,497	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.468536	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,083.18	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,933,917	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		976.05	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,365,420	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,365,420	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150089		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 15T089				Date/Time Prepared: 5/30/2013 4:01 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,651,742		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,017,162		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)					249,049		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					55,282		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					304,331		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,712,831		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)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150089 Component CCN: 15T089		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 4:01 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	365,131	4,933,917	0.074004	0	0	90.00
91.00	Nursing School cost	0	4,933,917	0.000000	0	0	91.00
92.00	Allied health cost	0	4,933,917	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,933,917	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 155296		Date/Time Prepared: 5/30/2013 4:01 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,277	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,277	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)		6,277	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,802	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,658,815	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,658,815	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		3,884,309	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,884,309	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.941947	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)		618.82	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,658,815	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1	
		Component CCN: 155296		Date/Time Prepared: 5/30/2013 4:01 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
	Intensive Care Type Inpatient Hospital Units				
43.00	INTENSIVE CARE UNIT				43.00
44.00	CORONARY CARE UNIT				44.00
45.00	BURN INTENSIVE CARE UNIT				45.00
46.00	SURGICAL INTENSIVE CARE UNIT				46.00
47.00	OTHER SPECIAL CARE (SPECIFY)				47.00
	Cost Center Description				
					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				49.00
	PASS THROUGH COST ADJUSTMENTS				
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				53.00
	TARGET AMOUNT AND LIMIT COMPUTATION				
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST				
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY				
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)				3,658,815 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				582.89 71.00
72.00	Program routine service cost (line 9 x line 71)				2,799,038 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				2,799,038 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)				0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0 80.00
81.00	Inpatient routine service cost per diem limitation				0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)				2,799,038 83.00
84.00	Program inpatient ancillary services (see instructions)				1,187,128 84.00
85.00	Utilization review - physician compensation (see instructions)				0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				3,986,166 86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST				
87.00	Total observation bed days (see instructions)				0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0 89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150089 Component CCN: 155296		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 4:01 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/30/2013 4:01 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		65,597,173	30.00
31.00	03100	INTENSIVE CARE UNIT		27,216,566	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.144347	35,018,507	50.00
50.01	03021	ACUPUNCTURE	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.325686	2,931,997	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.313022	105,337	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.111902	21,029,808	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.056462	17,419,557	59.00
60.00	06000	LABORATORY	0.098894	38,707,132	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.389000	1,833,120	63.00
65.00	06500	RESPIRATORY THERAPY	0.359639	8,081,359	65.00
65.01	06501	SLEEP LAB	0.156784	4,332	65.01
66.00	06600	PHYSICAL THERAPY	0.328262	2,114,697	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.309418	636,319	67.00
68.00	06800	SPEECH PATHOLOGY	0.303480	567,820	68.00
68.01	06801	AUDIOLOGY	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.113038	17,394,238	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.376286	9,558,678	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.195807	34,354,895	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.243638	34,583,945	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.257210	0	73.01
74.00	07400	RENAL DIALYSIS	0.506517	1,405,896	74.00
76.00	03020	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.155620	96,773	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.171885	116,766	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.02	09002	PAIN CLINIC	0.611591	2,245	90.02
90.03	09003	ONCOLOGY CLINIC	0.076508	70,752	90.03
91.00	09100	EMERGENCY	0.143813	14,973,930	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.414847	735,781	92.00
200.00		Total (sum of lines 50-94 and 96-98)		241,743,884	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		241,743,884	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 15T089		Date/Time Prepared: 5/30/2013 4:01 pm	
		Title XVIIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		7,187,244	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.144347	152,183	50.00
50.01	03021	ACUPUNCTURE	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.325686	12,686	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.313022	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.111902	270,479	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.056462	0	59.00
60.00	06000	LABORATORY	0.098894	829,981	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.389000	13,068	63.00
65.00	06500	RESPIRATORY THERAPY	0.359639	144,956	65.00
65.01	06501	SLEEP LAB	0.156784	0	65.01
66.00	06600	PHYSICAL THERAPY	0.328262	1,530,863	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.309418	1,745,869	67.00
68.00	06800	SPEECH PATHOLOGY	0.303480	291,952	68.00
68.01	06801	AUDIOLOGY	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.113038	59,924	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.376286	18,427	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.195807	6,372	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.243638	1,131,462	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.257210	0	73.01
74.00	07400	RENAL DIALYSIS	0.506517	65,499	74.00
76.00	03020	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.155620	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.171885	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.02	09002	PAIN CLINIC	0.611591	0	90.02
90.03	09003	ONCOLOGY CLINIC	0.076508	0	90.03
91.00	09100	EMERGENCY	0.143813	6,630	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.414847	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		6,280,351	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		6,280,351	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 155296		Date/Time Prepared: 5/30/2013 4:01 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.144347	52,723	7,610 50.00
50.01	03021	ACUPUNCTURE	0.000000	0	0 50.01
51.00	05100	RECOVERY ROOM	0.325686	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.313022	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.111902	263,710	29,510 54.00
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.056462	20,594	1,163 59.00
60.00	06000	LABORATORY	0.098894	1,359,319	134,428 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.389000	31,039	12,074 63.00
65.00	06500	RESPIRATORY THERAPY	0.359639	298,047	107,189 65.00
65.01	06501	SLEEP LAB	0.156784	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0.328262	580,588	190,585 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.309418	310,121	95,957 67.00
68.00	06800	SPEECH PATHOLOGY	0.303480	95,996	29,133 68.00
68.01	06801	AUDIOLOGY	0.000000	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.113038	63,943	7,228 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.376286	27,497	10,347 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.195807	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.243638	2,297,272	559,703 73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.257210	0	0 73.01
74.00	07400	RENAL DIALYSIS	0.506517	4,295	2,175 74.00
76.00	03020	CARDIOPULMONARY	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.155620	169	26 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.171885	0	0 76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.02	09002	PAIN CLINIC	0.611591	0	0 90.02
90.03	09003	ONCOLOGY CLINIC	0.076508	0	0 90.03
91.00	09100	EMERGENCY	0.143813	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.414847	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		5,405,313	1,187,128 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		5,405,313	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/30/2013 4:01 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		12,520,900	30.00
31.00	03100	INTENSIVE CARE UNIT		4,788,582	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		612,118	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		2,016,896	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.144347	3,925,626	566,652 50.00
50.01	03021	ACUPUNCTURE	0.000000	0	0 50.01
51.00	05100	RECOVERY ROOM	0.325686	340,355	110,849 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.313022	890,062	278,609 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.111902	3,290,326	368,194 54.00
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.056462	1,531,005	86,444 59.00
60.00	06000	LABORATORY	0.098894	6,847,638	677,190 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.389000	281,324	109,435 63.00
65.00	06500	RESPIRATORY THERAPY	0.359639	1,578,100	567,546 65.00
65.01	06501	SLEEP LAB	0.156784	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0.328262	313,085	102,774 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.309418	222,870	68,960 67.00
68.00	06800	SPEECH PATHOLOGY	0.303480	111,776	33,922 68.00
68.01	06801	AUDIOLOGY	0.000000	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.113038	2,142,774	242,215 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.376286	976,168	367,318 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.195807	2,917,311	571,230 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.243638	6,614,159	1,611,460 73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.257210	0	0 73.01
74.00	07400	RENAL DIALYSIS	0.506517	185,758	94,090 74.00
76.00	03020	CARDIOPULMONARY	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.155620	7,763	1,208 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.171885	3,649	627 76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.02	09002	PAIN CLINIC	0.611591	1,110	679 90.02
90.03	09003	ONCOLOGY CLINIC	0.076508	17,420	1,333 90.03
91.00	09100	EMERGENCY	0.143813	2,642,642	380,046 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.414847	101,675	42,180 92.00
200.00		Total (sum of lines 50-94 and 96-98)		34,942,596	6,282,961 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		34,942,596	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/30/2013 4:01 pm
		Title VIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		53,488,276	1.00
2.00	Outlier payments for discharges. (see instructions)		2,761,654	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		1,751,693	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		263.41	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		50.70	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		12.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		62.70	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		48.79	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)		48.79	12.00
13.00	Total allowable FTE count for the prior year.		52.85	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		50.70	14.00
15.00	Sum of lines 12 through 14 divided by 3.		50.78	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		50.78	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.192779	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.189999	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.189999	21.00
22.00	IME payment adjustment (see instructions)		5,443,291	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		5,443,291	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.99	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		22.83	31.00
32.00	Sum of lines 30 and 31		28.82	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.99	33.00
34.00	Disproportionate share adjustment (see instructions)		6,948,127	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		68,641,348	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		68,641,348	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		5,053,252	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).		1,868,313	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/30/2013 4:01 pm
		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)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			75,562,913 59.00
60.00	Primary payer payments			14,823 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			75,548,090 61.00
62.00	Deductibles billed to program beneficiaries			6,062,744 62.00
63.00	Coinurance billed to program beneficiaries			166,446 63.00
64.00	Allowable bad debts (see instructions)			-194,168 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			-135,918 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			-277,661 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			69,182,982 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)			-1,030 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)			69,181,952 71.00
72.00	Interim payments			70,495,204 72.00
73.00	Tentative settlement (for contractor use only)			0 73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)			-1,313,252 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			4,483,808 75.00
TO BE COMPLETED BY CONTRACTOR				
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: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/30/2013 4:01 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		28,451	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		25,016,233	2.00
3.00	PPS payments		24,908,350	3.00
4.00	Outlier payment (see instructions)		411,150	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		28,451	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		116,775	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)		116,775	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		116,775	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		88,324	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)		28,451	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)		25,319,500	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,301,796	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)		20,046,155	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		545,085	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)		20,591,240	30.00
31.00	Primary payer payments		505	31.00
32.00	Subtotal (line 30 minus line 31)		20,590,735	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		256,209	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		179,346	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		225,568	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		20,770,081	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	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)		20,770,081	40.00
41.00	Interim payments		21,185,985	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)		-415,904	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		9,161	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/30/2013 4:01 pm
		Component CCN: 15T089	Title XVII I	Subprovider - IRF PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		322	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		322	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,321	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)		1,321	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,321	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		999	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)		322	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		322	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		322	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		322	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		322	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	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)		322	40.00
41.00	Interim payments		301	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)		21	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
		Overrides		
		1.00		
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/30/2013 4:01 pm
		Component CCN: 155296	Title XVIII	Skilled Nursing Facility
				PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		2,123	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		2,123	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		2,123	37.00
38.00	MSP-LCC reconciliation amount from PS&R			38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	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)		2,123	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		2,123	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0
				112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150089

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2013 4:01 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		70,361,104		21,185,985	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	09/05/2012	134,100		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		134,100		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		70,495,204		21,185,985	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		1,313,252		415,904	6.02	
7.00	Total Medicare program liability (see instructions)		69,181,952		20,770,081	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet E-1 Part I Date/Time Prepared: 5/30/2013 4:01 pm	
		Title XVIII		Subprovider - IRF	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				
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		4,699,371		301
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)		0		0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
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)		4,699,371		301
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)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		0		21
6.02	SETTLEMENT TO PROGRAM		41,055		0
7.00	Total Medicare program liability (see instructions)		4,658,316		322
				Contractor Number	Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor				

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150089
Component CCN: 155296

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2013 4:01 pm
PPS

Title XVIII

Skilled Nursing Facility

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,226,208		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,226,208		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		2,123	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,226,208		2,123	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet E-1 Part II Date/Time Prepared: 5/30/2013 4:01 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14		18,234	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12		34,070	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2		1,055	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12		71,549	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200		1,248,706,517	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20		129,573,943	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)		2,225,404	8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
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)		2,225,404	32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment		0	108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part III Date/Time Prepared: 5/30/2013 4:01 pm
		Component CCN: 15T089	Title XVIIII	Subprovider - IRF PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		4,151,463	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0195	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		168,587	3.00
4.00	Outlier Payments		381,616	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		57.92	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		13.811475	10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$.		0.000000	11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).		0	12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)		4,701,666	13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)		0	14.00
15.00	Organ acquisition		0	15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	16.00
17.00	Subtotal (see instructions)		4,701,666	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		4,701,666	19.00
20.00	Deductibles		28,900	20.00
21.00	Subtotal (line 19 minus line 20)		4,672,766	21.00
22.00	Coinsurance		14,450	22.00
23.00	Subtotal (line 21 minus line 22)		4,658,316	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	26.00
27.00	Subtotal (sum of lines 23 and 25)		4,658,316	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		0	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.99	Recovery of Accelerated Depreciation		0	31.99
32.00	Total amount payable to the provider (see instructions)		4,658,316	32.00
33.00	Interim payments		4,699,371	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)		-41,055	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		6,180	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4		381,616	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150089 Component CCN: 155296	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VI Date/Time Prepared: 5/30/2013 4:01 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		1,386,148	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,386,148	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		159,940	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Allowable reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		1,226,208	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		1,226,208	15.00
16.00	Interim payments		1,226,208	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/30/2013 4:01 pm	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			57.92	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			12.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			69.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			50.34	6.00
7.00	Enter the lesser of line 5 or line 6			50.34	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.	42.34	8.00	50.34	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.	42.34	8.00	50.34	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	42.34	8.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	39.10	12.96		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	38.07	20.47		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	39.84	13.81		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	39.84	13.81		17.00
18.00	Per resident amount	90,925.20	86,098.17		18.00
19.00	Approved amount for resident costs	3,622,460	1,189,016	4,811,476	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			4.00	20.00
21.00	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)			92,769.51	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)			4,811,476	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	37,518	1,055		26.00
27.00	Total Inpatient Days (see instructions)	76,604	76,604		27.00
28.00	Ratio of inpatient days to total inpatient days	0.489766	0.013772		28.00
29.00	Program direct GME amount	2,356,497	66,264		29.00
30.00	Reduction for direct GME payments for Medicare managed care		9,363		30.00
31.00	Net Program direct GME amount			2,413,398	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/30/2013 4:01 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		2,773,108	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		85,856,489	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)		14,823	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		85,841,666	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		25,045,006	42.00
43.00	Primary payer payments (see instructions)		505	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		25,044,501	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		110,886,167	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.774142	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.225858	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		2,413,398	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		1,868,313	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		545,085	50.00

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

Provider CCN: 150089

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

Worksheet G

Date/Time Prepared:
5/30/2013 4:01 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	58,494,607	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	39,667,609	0	0	0	4.00
5.00	Other receivable	4,014,238	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	6,738,864	0	0	0	7.00
8.00	Prepaid expenses	1,951,724	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	110,867,042	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,924,410	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	252,680,648	0	0	0	15.00
16.00	Accumulated depreciation	-125,015,037	0	0	0	16.00
17.00	Leasehold improvements	7,276,554	0	0	0	17.00
18.00	Accumulated depreciation	-5,202,522	0	0	0	18.00
19.00	Fixed equipment	15,049,399	0	0	0	19.00
20.00	Accumulated depreciation	-11,449,095	0	0	0	20.00
21.00	Automobiles and trucks	170,306	0	0	0	21.00
22.00	Accumulated depreciation	-139,764	0	0	0	22.00
23.00	Major movable equipment	145,179,418	0	0	0	23.00
24.00	Accumulated depreciation	-117,963,167	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)	163,511,150	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	26,976,302	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	26,181,772	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	53,158,074	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	327,536,266	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	21,963,738	0	0	0	37.00
38.00	Salaries, wages, and fees payable	14,192,396	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	12,187,712	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	48,343,846	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	102,014,260	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	75,874,347	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	177,888,607	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	226,232,453	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	101,303,813				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	101,303,813	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	327,536,266	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150089

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

Worksheet G-1

Date/Time Prepared:
5/30/2013 4:01 pm

		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		65,526,243		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		35,777,570			2.00
3.00	Total (sum of line 1 and line 2)		101,303,813		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		101,303,813		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		101,303,813		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: 150089

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2013 4:01 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	153,783,186		153,783,186	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	10,530,497		10,530,497	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	3,884,309		3,884,309	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)	168,197,992		168,197,992	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	51,937,319		51,937,319	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	51,937,319		51,937,319	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	220,135,311		220,135,311	17.00
18.00	Ancillary services	508,223,238	501,739,190	1,009,962,428	18.00
19.00	Outpatient services	98,581	18,510,195	18,608,776	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	21,168	4,231,198	4,252,366	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	728,478,298	524,480,583	1,252,958,881	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		338,289,176		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)		338,289,176		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150089

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

Worksheet G-3

Date/Time Prepared:
5/30/2013 4:01 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,252,958,881	1.00
2.00	Less contractual allowances and discounts on patients' accounts	898,727,031	2.00
3.00	Net patient revenues (line 1 minus line 2)	354,231,850	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	338,289,176	4.00
5.00	Net income from service to patients (line 3 minus line 4)	15,942,674	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	2,327,176	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELL INCOME	17,507,720	24.00
25.00	Total other income (sum of lines 6-24)	19,834,896	25.00
26.00	Total (line 5 plus line 25)	35,777,570	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)	35,777,570	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 150089

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

Worksheet I-5

Date/Time Prepared:
5/30/2013 4:01 pm

		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: 150089	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/30/2013 4:01 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,257,375	1.00
2.00	Capital DRG outlier payments		216,023	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		195.49	3.00
4.00	Number of interns & residents (see instructions)		50.78	4.00
5.00	Indirect medical education percentage (see instructions)		7.61	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		323,986	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.99	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		22.83	8.00
9.00	Sum of lines 7 and 8		28.82	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.01	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		255,868	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		5,053,252	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00