

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: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet S Parts I-III Date/Time Prepared: 2/22/2013 1:36 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: 2/22/2013	Time: 1:36 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 CLARIAN NORTH MEDICAL CENTER (150161) for the cost reporting period beginning 01/01/2012 and ending 06/30/2012 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	-17,431	-41,787	0	981,661	1.00
2.00	Subprovider - IPF	0	0	0	0	0	2.00
3.00	Subprovider - IRF	0	0	0	0	0	3.00
4.00	SUBPROVIDER I	0	0	0	0	0	4.00
5.00	Swing bed - SNF	0	0	0	0	0	5.00
6.00	Swing bed - NF	0	0	0	0	0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00	NURSING FACILITY	0	0	0	0	0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00	CMHC I	0	0	0	0	0	12.00
200.00	Total	0	-17,431	-41,787	0	981,661	200.00

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND Provider CCN: 150161 Period: From 01/01/2012 To 06/30/2012 Worksheet S Parts I-III Date/Time Prepared: 2/22/2013 1:36 pm

SETTLEMENT SUMMARY

PART I - COST REPORT STATUS

Provider use only
 1. Electronically filed cost report Date: 2/22/2013 Time: 1:36 pm
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

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CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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Encryption Information
 ECR: Date: 2/22/2013 Time: 1:36 pm
 Ojan5FwXUzc. BiMpy9s4K5Ran1MZNO
 oqcvp0x84U04omMeLDxRBqPsTRYBI E
 qInF16UFFw0C5cCs
 PI: Date: 2/22/2013 Time: 1:36 pm
 OPXNI Ji 4tUnz6qeyURc6JJAOpZ8nU1
 nK7K70LPa4ADLRzFtnsG97ZLJsHol z
 B3sUdeq: Eb0m9QSa

(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	-17,431	-41,787	0	981,661	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	-17,431	-41,787	0	981,661	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 2/22/2013 1:35 pm
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1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00				
1.00	Street: 11700 NORTH MERIDIAN ST	PO Box:								1.00
2.00	City: CARMEL	State: IN	Zip Code: 46032-4656	County: HAMILTON						2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		

3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	CLARIAN NORTH MEDICAL CENTER	150161	26900	1	12/20/2005	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:			
						1.00	2.00			

20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2012	06/30/2012	20.00
21.00	Type of Control (see instructions)	4		21.00

22.00 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.					2	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.	739	755	1	2	1,319	0	24.00
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25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0	25.00
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						Urban/Rural Status	Date of Geographic			
						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: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 2/22/2013 1:35 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				
39.00	Does this facility qualify for the Inpatient Hospital Payment Adjustment for Low Volume Hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no.	N				39.00
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for 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.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		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)	N			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150161		Period: From 01/01/2012 To 06/30/2012		Worksheet S-2 Part I Date/Time Prepared: 2/22/2013 1:35 pm	
		1.00	2.00	3.00			
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N					75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0			76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes 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		Y			91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N			N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N			N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00			0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N			N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00			0.00	97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N					106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical		Occupational		Speech	
		1.00		2.00		3.00	
		Respiratory					
		4.00					
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		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.	Y					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
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	327,629		0		0	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 2/22/2013 1:35 pm	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02	
119.00	DO NOT USE THIS LINE			119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N	N	120.00	
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00	
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00	
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H059	140.00	
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: IU 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	144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		N	145.00	
		1.00	2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00	
		Part A	Part B	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: 150161			Period: From 01/01/2012 To 06/30/2012		Worksheet S-2 Part I Date/Time Prepared: 2/22/2013 1:35 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)									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: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet S-2 Part II Date/Time Prepared: 2/22/2013 1:35 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.	N		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	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.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
		Y/N		
		1.00		
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	06/30/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

	Description	Part A			
		Y/N	Date		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N			21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions	N			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N			25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N			27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	N			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N			31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	N			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.	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.	N			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	N			35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?	Y			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	N			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	Y	12/31/2012		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N			40.00
				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.	KEVIN		SMITH	41.00
42.00	Enter the employer/company name of the cost report preparer	INDIANA UNIVERSITY HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1035		KSMITH20@IUHEALTH.ORG	43.00

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	06/30/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	151	27,482	0.00		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						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		151	27,482	0.00		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	34.00	0	0	0.00		11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT	34.01	10	1,820	0.00		11.01
11.02 PREMATURE INTENSIVE CARE UNIT	34.02	28	5,096	0.00		11.02
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		189	34,398	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		189				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 AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	3,583	979	12,143		1.00
2.00 HMO		558	1,319			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	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	3,583	979	12,143		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	0	0	0	0		11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	47	586		11.01
11.02 PREMATURE INTENSIVE CARE UNIT	0	0	166	2,060		11.02
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		211	2,615		13.00
14.00 Total (see instructions)	0	3,583	1,403	17,404		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		78	269		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)			94	838		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	873	1.00
2.00 HMO					101	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
11.01 PEDIATRIC INTENSIVE CARE UNIT						11.01
11.02 PREMATURE INTENSIVE CARE UNIT						11.02
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	541.00	0.00	0	873	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00	0.00	0.00			23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	541.00	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 AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	487	5,193		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				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
11.01 PEDIATRIC INTENSIVE CARE UNIT				11.01
11.02 PREMATURE INTENSIVE CARE UNIT				11.02
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	487	5,193		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
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: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet S-3
Part II
Date/Time Prepared:
2/22/2013 1:35 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 II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	34,024,515	0	34,024,515	1,126,297.52	30.21
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		0	0	0	0.00	0.00
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	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		4,384,178	0	4,384,178	162,921.49	26.91
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		979,816	0	979,816	39,500.08	24.81
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		0	0	0	0.00	0.00
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		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Administrative		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		7,807,692	0	7,807,692		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0		18.00
19.00	Excluded areas		231,851	0	231,851		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A - Administrative		0	0	0		22.00
22.01	Physician Part A - Teaching		0	0	0		22.01
23.00	Physician Part B		0	0	0		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		0	0	0		25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	709,085	0	709,085	11,843.00	59.87
27.00	Administrative & General	5.00	3,976,840	0	3,976,840	54,030.00	73.60
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	755,435	0	755,435	26,171.05	28.87
30.00	Operation of Plant	7.00	132,409	0	132,409	3,949.67	33.52
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	726,704	0	726,704	54,988.38	13.22
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	453,840	0	453,840	30,310.35	14.97
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	555,045	0	555,045	37,879.91	14.65
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,047,589	0	2,047,589	58,342.47	35.10
39.00	Central Services and Supply	14.00	424,713	0	424,713	20,574.55	20.64
40.00	Pharmacy	15.00	1,276,736	0	1,276,736	32,314.90	39.51

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet S-3
Part II
Date/Time Prepared:
2/22/2013 1:35 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	
41.00	Medical Records & Medical Records Library	16.00	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	129,495	0	4,240.60	30.54	42.00
43.00	Other General Service	18.00	117,508	0	8,721.25	13.47	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet S-3
Part III
Date/Time Prepared:
2/22/2013 1:35 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)	29,640,337	0	29,640,337	963,376.03	30.77	1.00
2.00	Excluded area salaries (see instructions)	979,816	0	979,816	39,500.08	24.81	2.00
3.00	Subtotal salaries (line 1 minus line 2)	28,660,521	0	28,660,521	923,875.95	31.02	3.00
4.00	Subtotal other wages & related costs (see inst.)	0	0	0	0.00	0.00	4.00
5.00	Subtotal wage-related costs (see inst.)	7,807,692	0	7,807,692	0.00	27.24	5.00
6.00	Total (sum of lines 3 thru 5)	36,468,213	0	36,468,213	923,875.95	39.47	6.00
7.00	Total overhead cost (see instructions)	11,305,399	0	11,305,399	343,366.13	32.93	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet S-3 Part IV Date/Time Prepared: 2/22/2013 1:35 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,019,042 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			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)			4,190,304 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			0 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			34,643 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)			71,918 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			569 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			2,372,798 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			179,111 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			171,159 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			8,039,544 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: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet S-3
Part V
Date/Time Prepared:
2/22/2013 1:35 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	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet S-10 Date/Time Prepared: 2/22/2013 1:35 pm
				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)		0.359241	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		4,317,039	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		23,139,394	6.00
7.00	Medicaid cost (line 1 times line 6)		8,312,619	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)		3,995,580	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 12 and 16)		8,399,580	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	6,319,169	1,809,960	8,129,129
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,270,105	650,212	2,920,317
22.00	Partial payment by patients approved for charity care	75,473	256,686	332,159
23.00	Cost of charity care (line 21 minus line 22)	2,194,632	393,526	2,588,158
				1.00
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		3,515,000	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		-32,568	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		3,547,568	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		1,274,432	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		3,862,590	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		7,858,170	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet A
Date/Time Prepared:
2/22/2013 1:35 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		0	0	0	0	1.00	
1.01 00101 NEW CAP REL COSTS-INTEREST		0	0	7,659,857	7,659,857	1.01	
1.02 00102 MOB LEASED SPACE		0	0	0	0	1.02	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	2,033,086	2,033,086	2.00	
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00	
4.00 00400 EMPLOYEE BENEFITS	709,085	364,690	1,073,775	-11,907	1,061,868	4.00	
5.01 00510 NONPATIENT TELEPHONES	0	52,968	52,968	0	52,968	5.01	
5.02 00511 DATA PROCESSING	48,688	147,630	196,318	-34,127	162,191	5.02	
5.03 00512 PURCHASING, RECEIVING AND STORES	202,634	146,030	348,664	-45,509	303,155	5.03	
5.04 00513 ADMITTING	665,089	397,608	1,062,697	-4,202	1,058,495	5.04	
5.05 00560 OTHER ADMINISTRATIVE AND GENERAL	3,060,429	32,938,940	35,999,369	-8,799,910	27,199,459	5.05	
6.00 00600 MAINTENANCE & REPAIRS	755,435	2,619,401	3,374,836	-18,315	3,356,521	6.00	
7.00 00700 OPERATION OF PLANT	132,409	181,679	314,088	-65,353	248,735	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	0	326,136	326,136	0	326,136	8.00	
9.00 00900 HOUSEKEEPING	726,704	2,419,055	3,145,759	-4,215	3,141,544	9.00	
10.00 01000 DIETARY	453,840	321,412	775,252	-5,808	769,444	10.00	
11.00 01100 CAFETERIA	555,045	867,548	1,422,593	-4,163	1,418,430	11.00	
13.00 01300 NURSING ADMINISTRATION	2,047,589	740,703	2,788,292	-28,060	2,760,232	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	424,713	735,689	1,160,402	4,353,976	5,514,378	14.00	
15.00 01500 PHARMACY	1,276,736	2,606,478	3,883,214	-2,271,989	1,611,225	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	189,912	189,912	-3,653	186,259	16.00	
17.00 01700 SOCIAL SERVICE	129,495	39,683	169,178	-1,263	167,915	17.00	
18.00 01850 PATIENT TRANSPORTATION	117,508	48,740	166,248	0	166,248	18.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	9,044,571	5,254,490	14,299,061	-2,337,781	11,961,280	30.00	
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	582,255	813,077	1,395,332	-29,222	1,366,110	34.01	
34.02 03402 PREMATURE INTENSIVE CARE UNIT	1,293,179	743,986	2,037,165	-97,447	1,939,718	34.02	
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00	
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00	
43.00 04300 NURSERY	0	0	0	779,478	779,478	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	2,213,557	11,566,725	13,780,282	-9,769,842	4,010,440	50.00	
51.00 05100 RECOVERY ROOM	1,120,597	419,475	1,540,072	-167,139	1,372,933	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,752,816	1,283,969	3,036,785	-321,851	2,714,934	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00 05600 RADIOISOTOPE	87,189	97,762	184,951	-7,996	176,955	56.00	
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	1,432,745	3,024,851	4,457,596	-183,523	4,274,073	60.00	
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01	
65.00 06500 RESPIRATORY THERAPY	1,002,105	384,901	1,387,006	-104,997	1,282,009	65.00	
66.00 06600 PHYSICAL THERAPY	874,915	312,503	1,187,418	-55,089	1,132,329	66.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,633,003	1,633,003	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	5,998,926	5,998,926	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	2,233,529	2,233,529	73.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	846,593	898,018	1,744,611	-495,553	1,249,058	75.01	
76.00 03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00	
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 09001 ADULT SLEEP LAB	163,063	129,637	292,700	-44,123	248,577	90.01	
90.02 09002 PEDIATRIC SLEEP LAB	0	-5,696	-5,696	5,696	0	90.02	
90.03 09003 IVF	0	2,479	2,479	-2,479	0	90.03	
91.00 09100 EMERGENCY	1,325,715	717,170	2,042,885	393,922	2,436,807	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)	33,044,699	70,787,649	103,832,348	175,957	104,008,305	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet A
Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	194,982	1,153,520	1,348,502	31,571	1,380,073
192.02	19202	PURCHASED SERVICES	0	0	0	0	192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	1,427	1,427	-287	1,140
192.05	19205	BARIATRIC PHYSICIANS	784,834	748,761	1,533,595	-207,241	1,326,354
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	996	996	0	996
200.00		TOTAL (SUM OF LINES 118-199)	34,024,515	72,692,353	106,716,868	0	106,716,868

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet A
Date/Time Prepared:
2/22/2013 1:35 pm

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	1,178,137	1,178,137	1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	-1,146,004	6,513,853	1.01
1.02	00102	MOB LEASED SPACE	108,845	108,845	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	204,801	2,237,887	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	316,896	1,378,764	4.00
5.01	00510	NONPATIENT TELEPHONES	34,150	87,118	5.01
5.02	00511	DATA PROCESSING	4,270,939	4,433,130	5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	260,194	563,349	5.03
5.04	00513	ADMINITTING	-20,873	1,037,622	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	-5,052,732	22,146,727	5.05
6.00	00600	MAINTENANCE & REPAIRS	-202,721	3,153,800	6.00
7.00	00700	OPERATION OF PLANT	307,220	555,955	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	326,136	8.00
9.00	00900	HOUSEKEEPING	76,299	3,217,843	9.00
10.00	01000	DIETARY	-7,412	762,032	10.00
11.00	01100	CAFETERIA	-754,868	663,562	11.00
13.00	01300	NURSING ADMINISTRATION	40,285	2,800,517	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-1,155	5,513,223	14.00
15.00	01500	PHARMACY	0	1,611,225	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-42,528	143,731	16.00
17.00	01700	SOCIAL SERVICE	0	167,915	17.00
18.00	01850	PATIENT TRANSPORTATION	0	166,248	18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,233,409	10,727,871	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	-632,777	733,333	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	-316,465	1,623,253	34.02
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	779,478	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-422,151	3,588,289	50.00
51.00	05100	RECOVERY ROOM	0	1,372,933	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-495,326	2,219,608	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	176,955	56.00
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	-1,139,059	3,135,014	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	1,282,009	65.00
66.00	06600	PHYSICAL THERAPY	-26,095	1,106,234	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,633,003	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	5,998,926	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,233,529	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	-176,227	1,072,831	75.01
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	ADULT SLEEP LAB	2,086	250,663	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	90.02
90.03	09003	IVF	0	0	90.03
91.00	09100	EMERGENCY	-653,526	1,783,281	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)	-5,523,476	98,484,829	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet A
Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
192.01	19201	OTHER NON-REIMBURSABLE	0	1,380,073	192.01
192.02	19202	PURCHASED SERVICES	0	0	192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	1,140	192.04
192.05	19205	BARIATRIC PHYSICIANS	0	1,326,354	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	996	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-5,523,476	101,193,392	200.00

RECLASSIFICATIONS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet A-6

Date/Time Prepared:
2/22/2013 1:35 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - BILLABLE SUPPLIES						
1.00	EMPLOYEE BENEFITS	4.00	0	3		1.00
2.00	ADMINISTRATIVE	5.04	0	1		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	42,705		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	126		4.00
5.00	OPERATION OF PLANT	7.00	0	2		5.00
6.00	HOUSEKEEPING	9.00	0	22		6.00
7.00	DIETARY	10.00	0	36		7.00
8.00	CAFETERIA	11.00	0	366		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,097		9.00
10.00	PHARMACY	15.00	0	433		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	1,011		11.00
12.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	59		12.00
13.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	283		13.00
14.00	RECOVERY ROOM	51.00	0	662		14.00
15.00	LABORATORY	60.00	0	8,569		15.00
16.00	RESPIRATORY THERAPY	65.00	0	370		16.00
17.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,633,003		17.00
18.00	ADULT SLEEP LAB	90.01	0	31		18.00
19.00	PEDIATRIC SLEEP LAB	90.02	0	27		19.00
20.00	IVF	90.03	0	81		20.00
21.00	OTHER NON-REIMBURSABLE	192.01	0	1		21.00
22.00	BARIATRIC PHYSICIANS	192.05	0	72		22.00
TOTALS			0	1,688,960		
B - NON-BILLABLE SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,358,062		1.00
2.00	IVF	90.03	0	605		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
TOTALS			0	4,358,667		
C - DRUGS						
1.00	PURCHASING, RECEIVING AND STORES	5.03	0	2		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	400		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	1		3.00
4.00	CAFETERIA	11.00	0	3		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	12		5.00
6.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	1		6.00
7.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	3		7.00
8.00	RECOVERY ROOM	51.00	0	6		8.00
9.00	LABORATORY	60.00	0	13		9.00
10.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,233,529		10.00
11.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	47		11.00
12.00	IVF	90.03	0	1		12.00
TOTALS			0	2,234,018		

RECLASSIFICATIONS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet A-6

Date/Time Prepared:
2/22/2013 1:35 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
D - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	5,998,926	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
TOTALS			0	5,998,926	
E - OB TRIAGE					
1.00	EMERGENCY	91.00	133,976	415,793	1.00
TOTALS			133,976	415,793	
F - LEASE					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2,033,086	1.00
2.00	PEDIATRIC SLEEP LAB	90.02	0	5,669	2.00
3.00	OTHER NON-REIMBURSABLE	192.01	0	19,080	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
TOTALS			0	2,057,835	
G - PACU RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	8,180	1,922	1.00
TOTALS			8,180	1,922	
H - IVF RECLASS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	3,166	1.00
TOTALS			0	3,166	
I - NURSERY RECLASS					
1.00	NURSERY	43.00	546,681	232,797	1.00
TOTALS			546,681	232,797	
J - MARKETING					
1.00	OTHER NON-REIMBURSABLE	192.01	0	12,842	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
TOTALS			0	12,842	
K - CAPTIAL INTEREST EXP					
1.00	NEW CAP REL COSTS-INTEREST	1.01	0	7,659,857	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
TOTALS			0	7,659,857	
500.00	Grand Total: Increases		688,837	24,664,783	500.00

RECLASSIFICATIONS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet A-6
Date/Time Prepared:
2/22/2013 1:35 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
A - BILLABLE SUPPLIES							
1.00		0.00	0	0	0	1.00	
2.00	PURCHASING, RECEIVING AND STORES	5.03	0	34,920	0	2.00	
3.00	NURSING ADMINISTRATION	13.00	0	18	0	3.00	
4.00	OPERATING ROOM	50.00	0	1,511,020	0	4.00	
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	32,531	0	5.00	
6.00	RADIOISOTOPE	56.00	0	1,227	0	6.00	
7.00	PHYSICAL THERAPY	66.00	0	14,691	0	7.00	
8.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	94,329	0	8.00	
9.00	EMERGENCY	91.00	0	224	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
18.00		0.00	0	0	0	18.00	
19.00		0.00	0	0	0	19.00	
20.00		0.00	0	0	0	20.00	
21.00		0.00	0	0	0	21.00	
22.00		0.00	0	0	0	22.00	
TOTALS			0	1,688,960			
B - NON-BILLABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS	4.00	0	1,023	0	1.00	
2.00	DATA PROCESSING	5.02	0	1	0	2.00	
3.00	PURCHASING, RECEIVING AND STORES	5.03	0	9,636	0	3.00	
4.00	ADMINISTRATIVE AND GENERAL	5.04	0	2,160	0	4.00	
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	460	0	5.00	
6.00	MAINTENANCE & REPAIRS	6.00	0	200	0	6.00	
7.00	OPERATION OF PLANT	7.00	0	147	0	7.00	
8.00	HOUSEKEEPING	9.00	0	3,826	0	8.00	
9.00	DIETARY	10.00	0	3,687	0	9.00	
10.00	CAFETERIA	11.00	0	144	0	10.00	
11.00	NURSING ADMINISTRATION	13.00	0	490	0	11.00	
12.00	PHARMACY	15.00	0	63,737	0	12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	963,574	0	13.00	
14.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	29,282	0	14.00	
15.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	91,153	0	15.00	
16.00	OPERATING ROOM	50.00	0	2,378,100	0	16.00	
17.00	RECOVERY ROOM	51.00	0	156,889	0	17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	97,033	0	18.00	
19.00	RADIOISOTOPE	56.00	0	564	0	19.00	
20.00	LABORATORY	60.00	0	176,436	0	20.00	
21.00	RESPIRATORY THERAPY	65.00	0	83,895	0	21.00	
22.00	PHYSICAL THERAPY	66.00	0	11,920	0	22.00	
23.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	121,409	0	23.00	
24.00	ADULT SLEEP LAB	90.01	0	5,807	0	24.00	
25.00	EMERGENCY	91.00	0	151,534	0	25.00	
26.00	OTHER NON-REIMBURSABLE	192.01	0	352	0	26.00	
27.00	PHYSICIANS' PRIVATE OFFICES	192.04	0	40	0	27.00	
28.00	BARIATRIC PHYSICIANS	192.05	0	5,168	0	28.00	
TOTALS			0	4,358,667			
C - DRUGS							
1.00	EMPLOYEE BENEFITS	4.00	0	9,536	0	1.00	
2.00	PHARMACY	15.00	0	2,127,991	0	2.00	
3.00	SOCIAL SERVICE	17.00	0	1,263	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	900	0	4.00	
5.00	OPERATING ROOM	50.00	0	87,018	0	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	757	0	6.00	
7.00	RADIOISOTOPE	56.00	0	6,205	0	7.00	
8.00	RESPIRATORY THERAPY	65.00	0	281	0	8.00	
9.00	PHYSICAL THERAPY	66.00	0	17	0	9.00	
10.00	EMERGENCY	91.00	0	25	0	10.00	
11.00	BARIATRIC PHYSICIANS	192.05	0	25	0	11.00	
12.00		0.00	0	0	0	12.00	
TOTALS			0	2,234,018			

RECLASSIFICATIONS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet A-6
Date/Time Prepared:
2/22/2013 1:35 pm

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
D - IMPLANTS							
1.00	PURCHASING, RECEIVING AND STORES	5.03	0	201	0	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,599	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	25,293	0	3.00	
4.00	OPERATING ROOM	50.00	0	5,687,265	0	4.00	
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,858	0	5.00	
6.00	PHYSICAL THERAPY	66.00	0	391	0	6.00	
7.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	278,319	0	7.00	
	TOTALS		0	5,998,926			
E - OB TRIAGE							
1.00	ADULTS & PEDIATRICS	30.00	133,976	415,793	0	1.00	
	TOTALS		133,976	415,793			
F - LEASE							
1.00	EMPLOYEE BENEFITS	4.00	0	1,351	11	1.00	
2.00	DATA PROCESSING	5.02	0	34,126	0	2.00	
3.00	PURCHASING, RECEIVING AND STORES	5.03	0	754	0	3.00	
4.00	ADMINISTRATIVE AND GENERAL	5.04	0	1,504	0	4.00	
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	1,181,072	0	5.00	
6.00	MAINTENANCE & REPAIRS	6.00	0	17,552	0	6.00	
7.00	OPERATION OF PLANT	7.00	0	65,208	0	7.00	
8.00	HOUSEKEEPING	9.00	0	411	0	8.00	
9.00	DIETARY	10.00	0	2,157	0	9.00	
10.00	CAFETERIA	11.00	0	4,388	0	10.00	
11.00	NURSING ADMINISTRATION	13.00	0	27,552	0	11.00	
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	596	0	12.00	
13.00	PHARMACY	15.00	0	80,694	0	13.00	
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,653	0	14.00	
15.00	ADULTS & PEDIATRICS	30.00	0	28,982	0	15.00	
16.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	6,580	0	16.00	
17.00	OPERATING ROOM	50.00	0	106,439	0	17.00	
18.00	RECOVERY ROOM	51.00	0	816	0	18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	188,329	0	19.00	
20.00	LABORATORY	60.00	0	15,669	0	20.00	
21.00	RESPIRATORY THERAPY	65.00	0	21,191	0	21.00	
22.00	PHYSICAL THERAPY	66.00	0	27,562	0	22.00	
23.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	400	0	23.00	
24.00	ADULT SLEEP LAB	90.01	0	38,149	0	24.00	
25.00	EMERGENCY	91.00	0	1,228	0	25.00	
26.00	PHYSICIANS' PRIVATE OFFICES	192.04	0	247	0	26.00	
27.00	BARiatric PHYSICIANS	192.05	0	201,225	0	27.00	
	TOTALS		0	2,057,835			
G - PACU RECLASS							
1.00	RECOVERY ROOM	51.00	8,180	1,922	0	1.00	
	TOTALS		8,180	1,922			
H - IVF RECLASS							
1.00	IVF	90.03	0	3,166	0	1.00	
	TOTALS		0	3,166			
I - NURSERY RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	546,681	232,797	0	1.00	
	TOTALS		546,681	232,797			
J - MARKETING							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	500	0	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	6,478	0	2.00	
3.00	MAINTENANCE & REPAIRS	6.00	0	690	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	615	0	4.00	
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	192	0	5.00	
6.00	PHYSICAL THERAPY	66.00	0	488	0	6.00	
7.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	1,043	0	7.00	
8.00	EMERGENCY	91.00	0	2,836	0	8.00	
	TOTALS		0	12,842			
K - CAPTIAL INTEREST EXP							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	39	11	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	7,658,171	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	283	0	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	151	0	4.00	
5.00	PHYSICAL THERAPY	66.00	0	20	0	5.00	

RECLASSIFICATIONS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet A-6

Date/Time Prepared:
2/22/2013 1:35 pm

Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
6.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	100	0		6.00	
7.00	ADULT SLEEP LAB	90.01	0	198	0		7.00	
8.00	BARITRIC PHYSICIANS	192.05	0	895	0		8.00	
	TOTALS		0	7,659,857				
500.00	Grand Total: Decreases		688,837	24,664,783			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
2/22/2013 1:35 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	3.00	4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0	0	0	1.00
2.00	Land Improvements	11,942,000	0	0	0	2.00
3.00	Buildings and Fixtures	148,755,000	0	0	0	3.00
4.00	Building Improvements	8,330,000	105,000	105,000	0	4.00
5.00	Fixed Equipment	25,099,000	23,000	23,000	0	5.00
6.00	Movable Equipment	66,685,000	1,780,000	1,780,000	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	260,811,000	1,908,000	1,908,000	0	8.00
9.00	Reconciling Items	457,000	0	0	0	9.00
10.00	Total (line 8 minus line 9)	260,354,000	1,908,000	1,908,000	0	10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	194,254,000	0	194,254,000	0.739398	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0.000000	1.01
1.02	MOB LEASED SPACE	0	0	0	0.000000	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	68,465,000	0	68,465,000	0.260602	2.00
3.00	Total (sum of lines 1-2)	262,719,000	0	262,719,000	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
2/22/2013 1:35 pm

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0				1.00
2.00	Land Improvements	11,942,000	0				2.00
3.00	Buildings and Fixtures	148,755,000	0				3.00
4.00	Building Improvements	8,435,000	0				4.00
5.00	Fixed Equipment	25,122,000	0				5.00
6.00	Movable Equipment	68,465,000	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	262,719,000	0				8.00
9.00	Reconciling Items	457,000	0				9.00
10.00	Total (line 8 minus line 9)	262,262,000	0				10.00
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0				1.01
1.02	MOB LEASED SPACE	0	0				1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,178,137	0	0	0	1,178,137	1.00
1.01	NEW CAP REL COSTS-INTEREST	6,513,853	0	0	0	6,513,853	1.01
1.02	MOB LEASED SPACE	108,845	0	0	0	108,845	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2,237,887	0	0	0	2,237,887	2.00
3.00	Total (sum of lines 1-2)	10,038,722	0	0	0	10,038,722	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet A-8

Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			3.00	4.00
1.00	2.00	3.00	4.00	
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
1.01 Investment income - NEW CAP REL COSTS-INTEREST (chapter 2)			ONEW CAP REL COSTS-INTEREST	1.01 1.01
1.02 Investment income - MOB LEASED SPACE (chapter 2)			OMOB LEASED SPACE	1.02 1.02
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00 Investment income - other (chapter 2)		0		0.00 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00 7.00
8.00 Television and radio service (chapter 21)		0		0.00 8.00
9.00 Parking lot (chapter 21)		0		0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-3,481,617		10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	5,402,057		12.00
13.00 Laundry and linen service		0		0.00 13.00
14.00 Cafeteria-employees and guests		0		0.00 14.00
15.00 Rental of quarters to employee and others		0		0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00 16.00
17.00 Sale of drugs to other than patients		0		0.00 17.00
18.00 Sale of medical records and abstracts		0		0.00 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00 Vending machines		0		0.00 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL 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			ONEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
26.01 Depreciation - NEW CAP REL COSTS-INTEREST			ONEW CAP REL COSTS-INTEREST	1.01 26.01
26.02 Depreciation - MOB LEASED SPACE			OMOB LEASED SPACE	1.02 26.02
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00 28.00
29.00 Physicians' assistant		0		0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00 32.00
33.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00 33.00
34.00 ACCRUED PTO - SUPPORT STAFF	A	-395,777	EMPLOYEE BENEFITS	4.00 34.00
35.00 AHA & IHHA LOBBYING	A	-4,006	OTHER ADMINISTRATIVE AND GENERAL	5.05 35.00
36.00 BENEFITS	A	-5,616,111	EMPLOYEE BENEFITS	4.00 36.00
37.00 MISCELLANEOUS INCOME	B	-128	EMPLOYEE BENEFITS	4.00 37.00
38.00 MISCELLANEOUS INCOME	B	-80,014	NONPATIENT TELEPHONES	5.01 38.00
39.00 MISCELLANEOUS INCOME	B	-430,406	OTHER ADMINISTRATIVE AND GENERAL	5.05 39.00
40.00 MISCELLANEOUS INCOME	B	-206,444	MAINTENANCE & REPAIRS	6.00 40.00
41.00 MISCELLANEOUS INCOME	B	-7,412	DIETARY	10.00 41.00
42.00 MISCELLANEOUS INCOME	B	-763,967	CAFETERIA	11.00 42.00
43.00 MISCELLANEOUS INCOME	B	-23,629	NURSING ADMINISTRATION	13.00 43.00
44.00 MISCELLANEOUS INCOME	B	-2,750	ADULTS & PEDIATRICS	30.00 44.00
45.00 MISCELLANEOUS INCOME	B	-21,717	OPERATING ROOM	50.00 45.00
45.01 MISCELLANEOUS INCOME	B	-215	RADIOLOGY-DIAGNOSTIC	54.00 45.01
45.02 MISCELLANEOUS INCOME	B	-185	EMERGENCY	91.00 45.02

Provider CCN: 150161
 Period: From 01/01/2012 To 06/30/2012
 Worksheet A-8
 Date/Time Prepared: 2/22/2013 1:35 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
45.03 MOB COSTS	A	108,845	MOB LEASED SPACE	1.02 45.03
45.04		0		0.00 45.04
45.05		0		0.00 45.05
45.06		0		0.00 45.06
45.07		0		0.00 45.07
45.08		0		0.00 45.08
45.09		0		0.00 45.09
45.10		0		0.00 45.10
45.11		0		0.00 45.11
45.12		0		0.00 45.12
45.13		0		0.00 45.13
45.14		0		0.00 45.14
45.15		0		0.00 45.15
45.16		0		0.00 45.16
45.17		0		0.00 45.17
45.18		0		0.00 45.18
45.19		0		0.00 45.19
45.20		0		0.00 45.20
45.21		0		0.00 45.21
45.22		0		0.00 45.22
45.23		0		0.00 45.23
45.24		0		0.00 45.24
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-5,523,476		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet A-8

Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
1.01	Investment income - NEW CAP REL COSTS-INTEREST (chapter 2)	0	1.01
1.02	Investment income - MOB LEASED SPACE (chapter 2)	0	1.02
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
26.01	Depreciation - NEW CAP REL COSTS-INTEREST	0	26.01
26.02	Depreciation - MOB LEASED SPACE	0	26.02
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	OTHER ADJUSTMENTS (SPECIFY)	0	33.00
34.00	ACCRUED PTO - SUPPORT STAFF	0	34.00
35.00	AHA & IHHA LOBBYING	0	35.00
36.00	BENEFITS	0	36.00
37.00	MISC INCOME	0	37.00
38.00	MISC INCOME	0	38.00
39.00	MISC INCOME	0	39.00
40.00	MISC INCOME	0	40.00
41.00	MISC INCOME	0	41.00
42.00	MISC INCOME	0	42.00
43.00	MISC INCOME	0	43.00
44.00	MISC INCOME	0	44.00
45.00	MISC INCOME	0	45.00
45.01	MISC INCOME	0	45.01
45.02	MISC INCOME	0	45.02
45.03	MOB COSTS	11	45.03
45.04		0	45.04
45.05		0	45.05
45.06		0	45.06
45.07		0	45.07
45.08		0	45.08
45.09		0	45.09
45.10		0	45.10

ADJUSTMENTS TO EXPENSES

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet A-8

Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description	Wkst. A-7 Ref.		
	5.00		
45.11	0		45.11
45.12	0		45.12
45.13	0		45.13
45.14	0		45.14
45.15	0		45.15
45.16	0		45.16
45.17	0		45.17
45.18	0		45.18
45.19	0		45.19
45.20	0		45.20
45.21	0		45.21
45.22	0		45.22
45.23	0		45.23
45.24	0		45.24
50.00		TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	50.00

OFFICE COSTS

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
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 & FIX	NEW CAP RELATED COSTS- BLDG & FXT	1.00
2.00	1.01	NEW CAP REL COSTS-INTEREST	INTEREST	2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUIP	NEW CAP RELATED COSTS - MVBLE EQUIP	3.00
4.00	4.00	EMPLOYEE BENEFITS	EMPLOYEE HEALTH & WELFARE	4.00
4.01	5.01	NONPATIENT TELEPHONES	NON PATIENT PHONES	4.01
4.02	5.02	DATA PROCESSING	DATA PROCESSING	4.02
4.03	5.03	PURCHASING, RECEIVING AND STORES	PURCHASING	4.03
4.04	5.04	ADMINISTRATIVE	ADMINISTRATIVE	4.04
4.05	5.05	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	4.05
4.06	6.00	MAINTENANCE & REPAIRS	OPERATION OF PLANT	4.06
4.07	7.00	OPERATION OF PLANT	HOUSEKEEPING	4.07
4.08	9.00	HOUSEKEEPING	CAFETERIA	4.08
4.09	11.00	CAFETERIA	NURSING ADMINISTRATION	4.09
4.10	13.00	NURSING ADMINISTRATION	CENTRAL SUPPLY	4.10
4.11	14.00	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS	4.11
4.12	16.00	MEDICAL RECORDS & LIBRARY	ADULTS & PEDI	4.12
4.13	30.00	ADULTS & PEDIATRICS	PICU	4.13
4.14	50.00	OPERATING ROOM	NICU	4.14
4.15	54.00	RADIOLOGY-DIAGNOSTIC	OPERATING ROOM	4.15
4.16	0.00		RADIOLOGY - DIAGNOSTIC	4.16
4.17	60.00	LABORATORY	RADIOLOGY - THERAPEUTIC	4.17
4.18	66.00	PHYSICAL THERAPY	NICU	4.18
4.19	75.01	CARDIAC CATHETERIZATION LABORATORY	RESPIRATORY THERAPY	4.19
4.20	0.00		PHYSICAL THERAPY	4.20
4.21	90.01	ADULT SLEEP LAB	ELECTROCARDIOLOGY	4.21
4.22	91.00	EMERGENCY	CATH LAB	4.22
4.24	0.00		SLEEP LAB	4.24
4.25	0.00		PEDIATRIC SLEEP LAB	4.25
4.26	0.00		EMERGENCY	4.26
4.28	0.00			4.28
4.29	0.00			4.29
4.30	0.00			4.30
4.31	0.00			4.31
4.32	0.00			4.32
4.33	0.00			4.33
4.34	0.00			4.34
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

	Symbol (1)	Name	Percentage of Ownership	
	1.00	2.00	3.00	
B. 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	6.00
7.00			0.00	7.00
8.00			0.00	8.00
9.00			0.00	9.00
10.00			0.00	10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet A-8-1

Date/Time Prepared:
2/22/2013 1:35 pm

	Symbol (1)	Name	Percentage of Ownership		
	1.00	2.00	3.00		

(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: 150161

Period: From 01/01/2012 To 06/30/2012

Worksheet A-8-1

Date/Time Prepared: 2/22/2013 1:35 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1,178,137	0	1,178,137	11	1.00
2.00	6,511,530	7,657,534	-1,146,004	11	2.00
3.00	204,801	0	204,801	11	3.00
4.00	6,456,311	127,399	6,328,912	0	4.00
4.01	114,164	0	114,164	0	4.01
4.02	4,270,939	0	4,270,939	0	4.02
4.03	260,194	0	260,194	0	4.03
4.04	0	20,873	-20,873	0	4.04
4.05	4,324,052	8,729,128	-4,405,076	0	4.05
4.06	3,723	0	3,723	0	4.06
4.07	307,220	0	307,220	0	4.07
4.08	76,299	0	76,299	0	4.08
4.09	9,099	0	9,099	0	4.09
4.10	143,269	28,687	114,582	0	4.10
4.11	0	1,155	-1,155	0	4.11
4.12	0	42,528	-42,528	0	4.12
4.13	0	84,326	-84,326	0	4.13
4.14	6,669	0	6,669	0	4.14
4.15	7,171	362,752	-355,581	0	4.15
4.16	0	0	0	0	4.16
4.17	604,786	1,677,845	-1,073,059	0	4.17
4.18	4,833	30,928	-26,095	0	4.18
4.19	0	94,730	-94,730	0	4.19
4.20	0	0	0	0	4.20
4.21	29,878	13,392	16,486	0	4.21
4.22	3,521	243,262	-239,741	0	4.22
4.24	0	0	0	0	4.24
4.25	0	0	0	0	4.25
4.26	0	0	0	0	4.26
4.28	0	0	0	0	4.28
4.29	0	0	0	0	4.29
4.30	0	0	0	0	4.30
4.31	0	0	0	0	4.31
4.32	0	0	0	0	4.32
4.33	0	0	0	0	4.33
4.34	0	0	0	0	4.34
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	24,516,596	19,114,539	5,402,057	5.00

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

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

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

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

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

6.00		CLARIAN HEALTH PARTNERS	1.00	HEALTH CARE	6.00
7.00			0.00		7.00
8.00			0.00		8.00
9.00			0.00		9.00
10.00			0.00		10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet A-8-1

Date/Time Prepared:
2/22/2013 1:35 pm

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

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

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- 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: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet A-8-2

Date/Time Prepared:
2/22/2013 1:35 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	213,244	213,244	1.00
2.00	13.00	NURSING ADMINISTRATION	50,668	50,668	2.00
3.00	30.00	ADULTS & PEDIATRICS	1,146,333	1,146,333	3.00
4.00	34.01	PEDIATRIC INTENSIVE CARE UNIT	632,777	632,777	4.00
5.00	34.02	PREMATURE INTENSIVE CARE UNIT	316,465	316,465	5.00
6.00	50.00	OPERATING ROOM	407,103	407,103	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	139,530	139,530	7.00
8.00	60.00	LABORATORY	66,000	66,000	8.00
9.00	75.01	CARDIAC CATHETERIZATION LABORATORY	81,497	81,497	9.00
10.00	90.01	ADULT SLEEP LAB	14,400	14,400	10.00
11.00	91.00	EMERGENCY	413,600	413,600	11.00
200.00			3,481,617	3,481,617	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet A-8-2

Date/Time Prepared:
2/22/2013 1:35 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet A-8-2

Date/Time Prepared:
2/22/2013 1:35 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet A-8-2
Date/Time Prepared:
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	RCE		Adjustment	
	Disallowance			
	17.00		18.00	
1.00		0	213,244	1.00
2.00		0	50,668	2.00
3.00		0	1,146,333	3.00
4.00		0	632,777	4.00
5.00		0	316,465	5.00
6.00		0	407,103	6.00
7.00		0	139,530	7.00
8.00		0	66,000	8.00
9.00		0	81,497	9.00
10.00		0	14,400	10.00
11.00		0	413,600	11.00
200.00		0	3,481,617	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT	NEW INTEREST	MOB LEASED SPACE	NEW MVBLE EQUIP		
		0	1.00	1.01	1.02		2.00
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	1,178,137	1,178,137				1.00
1.01 00101	NEW CAP REL COSTS-INTEREST	6,513,853	0	6,513,853			1.01
1.02 00102	MOB LEASED SPACE	108,845	0	0	108,845		1.02
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	2,237,887				2,237,887	2.00
4.00 00400	EMPLOYEE BENEFITS	1,378,764	695	3,843	5,491	807	4.00
5.01 00510	NONPATIENT TELEPHONES	87,118	0	0	0	9,074	5.01
5.02 00511	DATA PROCESSING	4,433,130	16,912	93,507	1,629	44,500	5.02
5.03 00512	PURCHASING, RECEIVING AND STORES	563,349	30,160	166,751	829	9,246	5.03
5.04 00513	ADMINISTRATIVE	1,037,622	9,558	52,847	0	11,364	5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	22,146,727	25,762	142,436	49,954	927,358	5.05
6.00 00600	MAINTENANCE & REPAIRS	3,153,800	0	0	0	21,439	6.00
7.00 00700	OPERATION OF PLANT	555,955	215,275	1,190,242	5,228	75,278	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	326,136	0	0	0	27	8.00
9.00 00900	HOUSEKEEPING	3,217,843	15,820	87,465	1,323	21,611	9.00
10.00 01000	DIETARY	762,032	7,205	39,837	0	2,517	10.00
11.00 01100	CAFETERIA	663,562	40,318	222,918	0	604	11.00
13.00 01300	NURSING ADMINISTRATION	2,800,517	6,745	37,295	0	3,496	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	5,513,223	34,127	188,689	0	47,043	14.00
15.00 01500	PHARMACY	1,611,225	9,861	54,522	0	46,280	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	143,731	2,653	14,670	0	315	16.00
17.00 01700	SOCIAL SERVICE	167,915	1,790	9,899	0	50	17.00
18.00 01850	PATIENT TRANSPORTATION	166,248	698	3,858	0	106	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	10,727,871	321,929	1,779,924	0	120,793	30.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 03401	PEDIATRIC INTENSIVE CARE UNIT	733,333	22,689	125,448	0	11,455	34.01
34.02 03402	PREMATURE INTENSIVE CARE UNIT	1,623,253	61,426	339,618	0	36,727	34.02
41.00 04100	SUBPROVIDER - IIRF	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	779,478	27,674	153,009	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	3,588,289	129,808	717,698	0	332,194	50.00
51.00 05100	RECOVERY ROOM	1,372,933	25,862	142,989	0	20,187	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,219,608	45,314	250,538	24,169	262,589	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	176,955	1,707	9,436	0	7,377	56.00
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	3,135,014	22,819	126,166	0	41,996	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	1,282,009	5,380	29,743	0	21,519	65.00
66.00 06600	PHYSICAL THERAPY	1,106,234	939	5,189	20,222	4,995	66.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,633,003	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	5,998,926	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	2,233,529	0	0	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501	CARDIAC CATHETERIZATION LABORATORY	1,072,831	35,661	197,167	0	104,046	75.01
76.00 03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 09001	ADULT SLEEP LAB	250,663	0	0	0	11,010	90.01
90.02 09002	PEDIATRIC SLEEP LAB	0	0	0	0	0	90.02
90.03 09003	IVF	0	0	0	0	0	90.03
91.00 09100	EMERGENCY	1,783,281	31,271	172,897	0	12,425	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 - GENERAL SERVICE COSTS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT	NEW INTEREST	MOB LEASED SPACE	NEW MVBLE EQUIP		
	0	1.00	1.01	1.02	2.00		
118.00	SUBTOTALS (SUM OF LINES 1-117)	98,484,829	1,150,058	6,358,601	108,845	2,208,428	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,798	26,528	0	281	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 OTHER NON-REIMBURSABLE	1,380,073	7,770	42,963	0	5,248	192.01
192.02	19202 PURCHASED SERVICES	0	0	0	0	0	192.02
192.03	19203 ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04	19204 PHYSICIANS' PRIVATE OFFICES	1,140	15,511	85,761	0	8,273	192.04
192.05	19205 BARIATRIC PHYSICIANS	1,326,354	0	0	0	15,657	192.05
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	996	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	101,193,392	1,178,137	6,513,853	108,845	2,237,887	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE		
		4.00	5.01	5.02	5.03	5.04		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01	
1.02	00102	MOB LEASED SPACE					1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS	1,389,600				4.00	
5.01	00510	NONPATIENT TELEPHONES	612	96,804			5.01	
5.02	00511	DATA PROCESSING	47,381	4,482	4,641,541		5.02	
5.03	00512	PURCHASING, RECEIVING AND STORES	14,107	407	20,486	805,335	5.03	
5.04	00513	ADMINISTRATIVE	42,616	4,773	239,979	125	1,398,884	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	164,634	4,890	245,832	0	0	5.05
6.00	00600	MAINTENANCE & REPAIRS	28,519	1,397	70,238	546	0	6.00
7.00	00700	OPERATION OF PLANT	6,564	4,948	248,759	9	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	29,140	466	23,413	584	0	9.00
10.00	01000	DIETARY	17,076	1,048	52,678	215	0	10.00
11.00	01100	CAFETERIA	21,091	407	20,486	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	81,190	757	38,045	30	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,980	582	29,266	14,768	0	14.00
15.00	01500	PHARMACY	48,037	1,222	61,458	5,002	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,536	1,281	64,385	0	0	16.00
17.00	01700	SOCIAL SERVICE	4,872	291	14,633	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	4,421	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	315,018	27,245	1,369,633	58,936	182,400	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	21,907	1,513	76,091	1,719	9,997	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	48,656	3,784	190,227	5,495	26,975	34.02
41.00	04100	SUBPROVIDER - IIRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	20,569	2,096	105,357	0	11,996	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	83,285	9,314	468,251	595,865	300,631	50.00
51.00	05100	RECOVERY ROOM	41,855	757	38,045	8,931	39,800	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	65,950	11,118	558,975	12,890	182,470	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	3,280	0	0	4,107	11,777	56.00
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	53,907	2,619	131,696	45,594	144,452	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	37,704	582	29,266	6,033	19,584	65.00
66.00	06600	PHYSICAL THERAPY	32,919	1,222	61,458	1,588	25,598	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	27,339	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	155,489	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	107,295	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	31,853	2,328	117,063	33,260	60,219	75.01
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	6,135	815	40,972	359	5,509	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0	90.02
90.03	09003	IVF	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	54,921	3,434	172,668	8,950	85,390	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)	1,352,735	93,778	4,489,360	805,006	1,396,921	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	349	17,559	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	
			4.00	5.01	5.02	5.03	5.04	
192.01	19201	OTHER NON-REIMBURSABLE	7,336	1,455	73,164	21	0	192.01
192.02	19202	PURCHASED SERVICES	0	0	0	0	0	192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	1,106	55,605	2	0	192.04
192.05	19205	BARIATRIC PHYSICIANS	29,529	116	5,853	306	1,963	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,389,600	96,804	4,641,541	805,335	1,398,884	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5A. 04	5. 05	6. 00	7. 00	8. 00	
GENERAL SERVICE COST CENTERS							
1. 00	00100	NEW CAP REL COSTS-BLDG & FIXT					1. 00
1. 01	00101	NEW CAP REL COSTS-INTEREST					1. 01
1. 02	00102	MOB LEASED SPACE					1. 02
2. 00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2. 00
4. 00	00400	EMPLOYEE BENEFITS					4. 00
5. 01	00510	NONPATIENT TELEPHONES					5. 01
5. 02	00511	DATA PROCESSING					5. 02
5. 03	00512	PURCHASING, RECEIVING AND STORES					5. 03
5. 04	00513	ADMITTING					5. 04
5. 05	00560	OTHER ADMINISTRATIVE AND GENERAL	23,707,593	23,707,593			5. 05
6. 00	00600	MAINTENANCE & REPAIRS	3,275,939	1,002,306	4,278,245		6. 00
7. 00	00700	OPERATION OF PLANT	2,302,258	704,399	841,056	3,847,713	7. 00
8. 00	00800	LAUNDRY & LINEN SERVICE	326,163	99,793	0	0	425,956
9. 00	00900	HOUSEKEEPING	3,397,665	1,039,550	61,805	69,187	0
10. 00	01000	DIETARY	882,608	270,043	28,150	31,512	0
11. 00	01100	CAFETERIA	969,386	296,593	157,520	176,333	9
13. 00	01300	NURSING ADMINISTRATION	2,968,075	908,112	26,354	29,501	0
14. 00	01400	CENTRAL SERVICES & SUPPLY	5,843,678	1,787,932	133,332	149,257	2,065
15. 00	01500	PHARMACY	1,837,607	562,234	38,527	43,128	0
16. 00	01600	MEDICAL RECORDS & LIBRARY	235,571	72,075	10,366	11,604	0
17. 00	01700	SOCIAL SERVICE	199,450	61,024	6,995	7,831	0
18. 00	01850	PATIENT TRANSPORTATION	175,331	53,644	2,726	3,052	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30. 00	03000	ADULTS & PEDIATRICS	14,903,749	4,559,988	1,257,738	1,407,957	242,637
34. 00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34. 01	03401	PEDIATRIC INTENSIVE CARE UNIT	1,004,152	307,230	88,645	99,233	0
34. 02	03402	PREMATURE INTENSIVE CARE UNIT	2,336,161	714,772	239,983	268,646	13,657
41. 00	04100	SUBPROVIDER - IIRF	0	0	0	0	0
42. 00	04200	SUBPROVIDER	0	0	0	0	0
43. 00	04300	NURSERY	1,100,179	336,611	108,120	121,033	52,638
ANCILLARY SERVICE COST CENTERS							
50. 00	05000	OPERATING ROOM	6,225,335	1,904,703	507,144	567,716	27,068
51. 00	05100	RECOVERY ROOM	1,691,359	517,488	101,040	113,108	4,619
52. 00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53. 00	05300	ANESTHESIOLOGY	0	0	0	0	0
54. 00	05400	RADIOLOGY-DIAGNOSTIC	3,633,621	1,111,743	177,037	198,181	30,611
55. 00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56. 00	05600	RADIOISOTOPE	214,639	65,671	6,668	7,464	0
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	0	0	0	0
60. 00	06000	LABORATORY	3,704,263	1,133,356	89,152	99,800	1,146
60. 01	06001	BLOOD LABORATORY	0	0	0	0	0
65. 00	06500	RESPIRATORY THERAPY	1,431,820	438,080	21,017	23,528	111
66. 00	06600	PHYSICAL THERAPY	1,260,364	385,621	3,667	4,105	3,074
71. 00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,660,342	507,998	0	0	0
72. 00	07200	IMPL. DEV. CHARGED TO PATIENT	6,154,415	1,883,005	0	0	0
73. 00	07300	DRUGS CHARGED TO PATIENTS	2,340,824	716,199	0	0	0
75. 00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75. 01	07501	CARDIAC CATHETERIZATION LABORATORY	1,654,428	506,189	139,324	155,964	13,254
76. 00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88. 00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89. 00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90. 00	09000	CLINIC	0	0	0	0	0
90. 01	09001	ADULT SLEEP LAB	315,463	96,519	0	0	3,085
90. 02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0
90. 03	09003	IVF	0	0	0	0	0
91. 00	09100	EMERGENCY	2,325,237	711,430	122,174	136,766	31,644
92. 00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
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)	98,077,675	22,754,308	4,168,540	3,724,906	425,618
NONREIMBURSABLE COST CENTERS							
190. 00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	49,515	15,150	18,746	20,984	0
192. 00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5A. 04	5. 05	6. 00	7. 00	8. 00	
192.01	19201	OTHER NON-REIMBURSABLE	1,518,030	464,456	30,358	33,984	338	192.01
192.02	19202	PURCHASED SERVICES	0	0	0	0	0	192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	167,398	51,217	60,601	67,839	0	192.04
192.05	19205	BARIATRIC PHYSICIANS	1,379,778	422,157	0	0	0	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	996	305	0	0	0	194.00
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	101,193,392	23,707,593	4,278,245	3,847,713	425,956	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03
5.04	00513	ADMITTING					5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL					5.05
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	4,568,207				9.00
10.00	01000	DIETARY	38,098	1,250,411			10.00
11.00	01100	CAFETERIA	213,185	0	1,813,026		11.00
13.00	01300	NURSING ADMINISTRATION	35,667	0	118,887	4,086,596	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	180,450	0	42,460	0	8,139,174
15.00	01500	PHARMACY	52,142	0	67,935	0	51,591
16.00	01600	MEDICAL RECORDS & LIBRARY	14,029	0	0	0	0
17.00	01700	SOCIAL SERVICE	9,467	0	8,492	38,920	0
18.00	01850	PATIENT TRANSPORTATION	3,690	0	16,984	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,702,210	1,067,460	624,156	2,860,616	607,925
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	119,971	40,108	38,214	175,140	17,732
34.02	03402	PREMATURE INTENSIVE CARE UNIT	324,791	140,995	76,427	350,280	56,682
41.00	04100	SUBPROVIDER - IIRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	146,328	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	686,364	0	157,101	0	6,146,394
51.00	05100	RECOVERY ROOM	136,746	1,369	72,181	0	92,127
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	239,599	479	127,379	0	132,960
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	9,024	0	4,246	0	42,359
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	0	0	0	0
60.00	06000	LABORATORY	120,658	0	106,149	0	470,304
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	28,445	0	59,443	0	62,230
66.00	06600	PHYSICAL THERAPY	4,962	0	55,198	0	16,384
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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	188,559	0	50,952	233,520	343,077
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	ADULT SLEEP LAB	0	0	12,738	0	3,700
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0
90.03	09003	IVF	0	0	0	0	0
91.00	09100	EMERGENCY	165,349	0	93,411	428,120	92,316
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
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)	4,419,734	1,250,411	1,732,353	4,086,596	8,135,781
NONREIMBURSABLE COST CENTERS							
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	25,370	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0

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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
192.01	19201	OTHER NON-REIMBURSABLE	41,087	0	16,984	0	214	192.01
192.02	19202	PURCHASED SERVICES	0	0	0	0	0	192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	82,016	0	0	0	24	192.04
192.05	19205	BARIATRIC PHYSICIANS	0	0	63,689	0	3,155	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
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)	4,568,207	1,250,411	1,813,026	4,086,596	8,139,174	202.00

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		Subtotal
				PATIENT TRANSPORTATION		
	15.00	16.00	17.00	18.00		24.00
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-INTEREST						1.01
1.02 00102 MOB LEASED SPACE						1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00511 DATA PROCESSING						5.02
5.03 00512 PURCHASING, RECEIVING AND STORES						5.03
5.04 00513 ADMITTING						5.04
5.05 00560 OTHER ADMINISTRATIVE AND GENERAL						5.05
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	2,653,164					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	343,645				16.00
17.00 01700 SOCIAL SERVICE	1,477	0	333,656			17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	0	255,427		18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	5,914	44,821	284,838	218,054	29,788,063	30.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	0	2,457	10,702	8,193	1,911,777	34.01
34.02 03402 PREMATURE INTENSIVE CARE UNIT	1,420	6,629	37,623	28,802	4,596,868	34.02
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	2,948	0	0	1,867,857	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	110,787	73,769	0	0	16,406,381	50.00
51.00 05100 RECOVERY ROOM	0	9,780	365	280	2,740,462	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,155	44,839	128	98	5,700,830	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	7,256	2,894	0	0	360,221	56.00
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	474	35,496	0	0	5,760,798	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	2,534	4,812	0	0	2,072,020	65.00
66.00 06600 PHYSICAL THERAPY	20	6,290	0	0	1,739,685	66.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,718	0	0	2,175,058	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	38,209	0	0	8,075,629	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,509,926	26,366	0	0	5,593,315	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	8,637	14,798	0	0	3,308,702	75.01
76.00 03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 ADULT SLEEP LAB	70	1,354	0	0	432,929	90.01
90.02 09002 PEDIATRIC SLEEP LAB	0	0	0	0	0	90.02
90.03 09003 IVF	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	378	20,983	0	0	4,127,808	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)	2,653,048	343,163	333,656	255,427	96,658,403	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		Subtotal	
				PATIENT TRANSPORTATION			
	15.00	16.00	17.00	18.00		24.00	
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	129,765	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201	OTHER NON-REIMBURSABLE	0	0	0	0	2,105,451	192.01
192.02 19202	PURCHASED SERVICES	0	0	0	0	0	192.02
192.03 19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04 19204	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	429,095	192.04
192.05 19205	BARIATRIC PHYSICIANS	116	482	0	0	1,869,377	192.05
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	1,301	194.00
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,653,164	343,645	333,656	255,427	101,193,392	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-INTEREST		1.01
1.02	00102	MOB LEASED SPACE		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.01	00510	NONPATIENT TELEPHONES		5.01
5.02	00511	DATA PROCESSING		5.02
5.03	00512	PURCHASING, RECEIVING AND STORES		5.03
5.04	00513	ADMITTING		5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL		5.05
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
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	PATIENT TRANSPORTATION		18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	29,788,063	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	1,911,777	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	4,596,868	34.02
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	1,867,857	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	16,406,381	50.00
51.00	05100	RECOVERY ROOM	2,740,462	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,700,830	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	360,221	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	5,760,798	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	2,072,020	65.00
66.00	06600	PHYSICAL THERAPY	1,739,685	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,175,058	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,075,629	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,593,315	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	3,308,702	75.01
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	ADULT SLEEP LAB	432,929	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	90.02
90.03	09003	IVF	0	90.03
91.00	09100	EMERGENCY	4,127,808	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	96,658,403	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	129,765	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	2,105,451	192.01
192.02	19202	PURCHASED SERVICES	0	0	192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	429,095	192.04
192.05	19205	BARIATRIC PHYSICIANS	0	1,869,377	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	1,301	194.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	101,193,392	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT	NEW INTEREST	MOB LEASED SPACE	NEW MVBLE EQUIP		
			1.00	1.01	1.02	2.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01	
1.02	00102	MOB LEASED SPACE					1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS	0	695	3,843	5,491	807	4.00
5.01	00510	NONPATIENT TELEPHONES	0	0	0	0	9,074	5.01
5.02	00511	DATA PROCESSING	0	16,912	93,507	1,629	44,500	5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	0	30,160	166,751	829	9,246	5.03
5.04	00513	ADMITTING	0	9,558	52,847	0	11,364	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	0	25,762	142,436	49,954	927,358	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	21,439	6.00
7.00	00700	OPERATION OF PLANT	0	215,275	1,190,242	5,228	75,278	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	27	8.00
9.00	00900	HOUSEKEEPING	0	15,820	87,465	1,323	21,611	9.00
10.00	01000	DIETARY	0	7,205	39,837	0	2,517	10.00
11.00	01100	CAFETERIA	0	40,318	222,918	0	604	11.00
13.00	01300	NURSING ADMINISTRATION	0	6,745	37,295	0	3,496	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	34,127	188,689	0	47,043	14.00
15.00	01500	PHARMACY	0	9,861	54,522	0	46,280	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,653	14,670	0	315	16.00
17.00	01700	SOCIAL SERVICE	0	1,790	9,899	0	50	17.00
18.00	01850	PATIENT TRANSPORTATION	0	698	3,858	0	106	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	321,929	1,779,924	0	120,793	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	22,689	125,448	0	11,455	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	61,426	339,618	0	36,727	34.02
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	27,674	153,009	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	129,808	717,698	0	332,194	50.00
51.00	05100	RECOVERY ROOM	0	25,862	142,989	0	20,187	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	45,314	250,538	24,169	262,589	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	1,707	9,436	0	7,377	56.00
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	22,819	126,166	0	41,996	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	5,380	29,743	0	21,519	65.00
66.00	06600	PHYSICAL THERAPY	0	939	5,189	20,222	4,995	66.00
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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	35,661	197,167	0	104,046	75.01
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	0	11,010	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0	90.02
90.03	09003	IVF	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	31,271	172,897	0	12,425	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)	0	1,150,058	6,358,601	108,845	2,208,428	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW INTEREST	MOB LEASED SPACE	NEW MVBLE EQUIP	
		1.00	1.01	1.02	2.00	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,798	26,528	0	281	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 OTHER NON-REIMBURSABLE	0	7,770	42,963	0	5,248	192.01
192.02 19202 PURCHASED SERVICES	0	0	0	0	0	192.02
192.03 19203 ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	15,511	85,761	0	8,273	192.04
192.05 19205 BARIATRIC PHYSICIANS	0	0	0	0	15,657	192.05
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	1,178,137	6,513,853	108,845	2,237,887	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Subtotal	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	
		2A	4.00	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS	10,836	10,836			4.00
5.01	00510	NONPATIENT TELEPHONES	9,074	5	9,079		5.01
5.02	00511	DATA PROCESSING	156,548	369	420	157,337	5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	206,986	110	38	694	207,828
5.04	00513	ADMINISTRATION	73,769	332	448	8,135	32
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	1,145,510	1,282	459	8,333	0
6.00	00600	MAINTENANCE & REPAIRS	21,439	222	131	2,381	141
7.00	00700	OPERATION OF PLANT	1,486,023	51	464	8,432	2
8.00	00800	LAUNDRY & LINEN SERVICE	27	0	0	0	0
9.00	00900	HOUSEKEEPING	126,219	227	44	794	151
10.00	01000	DIETARY	49,559	133	98	1,786	55
11.00	01100	CAFETERIA	263,840	164	38	694	0
13.00	01300	NURSING ADMINISTRATION	47,536	632	71	1,290	8
14.00	01400	CENTRAL SERVICES & SUPPLY	269,859	124	55	992	3,811
15.00	01500	PHARMACY	110,663	374	115	2,083	1,291
16.00	01600	MEDICAL RECORDS & LIBRARY	17,638	66	120	2,182	0
17.00	01700	SOCIAL SERVICE	11,739	38	27	496	0
18.00	01850	PATIENT TRANSPORTATION	4,662	34	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,222,646	2,467	2,553	46,429	15,209
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	159,592	171	142	2,579	444
34.02	03402	PREMATURE INTENSIVE CARE UNIT	437,771	379	355	6,448	1,418
41.00	04100	SUBPROVIDER - IIRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	180,683	160	197	3,571	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,179,700	649	874	15,873	153,771
51.00	05100	RECOVERY ROOM	189,038	326	71	1,290	2,305
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	582,610	514	1,043	18,948	3,326
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	18,520	26	0	0	1,060
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	0	0	0	0
60.00	06000	LABORATORY	190,981	420	246	4,464	11,766
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	56,642	294	55	992	1,557
66.00	06600	PHYSICAL THERAPY	31,345	256	115	2,083	410
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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	336,874	248	218	3,968	8,583
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	ADULT SLEEP LAB	11,010	48	76	1,389	93
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0
90.03	09003	IVF	0	0	0	0	0
91.00	09100	EMERGENCY	216,593	428	322	5,853	2,310
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
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)	9,825,932	10,549	8,795	152,179	207,743
NONREIMBURSABLE COST CENTERS							
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	31,607	0	33	595	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

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Cost Center Description			Subtotal	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	
			2A	4.00	5.01	5.02	5.03	
192.01	19201	OTHER NON-REIMBURSABLE	55,981	57	136	2,480	5	192.01
192.02	19202	PURCHASED SERVICES	0	0	0	0	0	192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	109,545	0	104	1,885	1	192.04
192.05	19205	BARIATRIC PHYSICIANS	15,657	230	11	198	79	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	10,038,722	10,836	9,079	157,337	207,828	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

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Cost Center Description		ADMINISTRATIVE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.04	5.05	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03
5.04	00513	ADMINISTRATIVE	82,716				5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	0	1,155,584			5.05
6.00	00600	MAINTENANCE & REPAIRS	0	48,854	73,168		6.00
7.00	00700	OPERATION OF PLANT	0	34,334	14,384	1,543,690	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,864	0	4,891	8.00
9.00	00900	HOUSEKEEPING	0	50,669	1,057	27,758	9.00
10.00	01000	DIETARY	0	13,162	481	12,643	10.00
11.00	01100	CAFETERIA	0	14,456	2,694	70,744	11.00
13.00	01300	NURSING ADMINISTRATION	0	44,263	451	11,836	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	87,147	2,280	59,881	24 14.00
15.00	01500	PHARMACY	0	27,404	659	17,303	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,513	177	4,656	0 16.00
17.00	01700	SOCIAL SERVICE	0	2,974	120	3,142	0 17.00
18.00	01850	PATIENT TRANSPORTATION	0	2,615	47	1,224	0 18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,777	222,300	21,511	564,866	2,788 30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	591	14,975	1,516	39,812	0 34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	1,594	34,839	4,104	107,780	157 34.02
41.00	04100	SUBPROVIDER - IIRF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	709	16,407	1,849	48,558	604 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	17,828	92,838	8,673	227,766	311 50.00
51.00	05100	RECOVERY ROOM	2,351	25,223	1,728	45,378	53 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,781	54,188	3,028	79,510	351 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	696	3,201	114	2,995	0 56.00
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	8,535	55,242	1,525	40,040	13 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	1,157	21,353	359	9,439	1 65.00
66.00	06600	PHYSICAL THERAPY	1,512	18,796	63	1,647	35 66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,615	24,761	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	9,187	91,781	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,339	34,909	0	0	0 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	3,558	24,672	2,383	62,572	152 75.01
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0 76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	ADULT SLEEP LAB	325	4,704	0	0	35 90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0 90.02
90.03	09003	IVF	0	0	0	0	0 90.03
91.00	09100	EMERGENCY	5,045	34,676	2,089	54,870	363 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)	82,600	1,109,120	71,292	1,494,420	4,887 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	738	321	8,419	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

Period:
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Cost Center Description			ADM I T T I N G	OTHER ADM I N I S T R A T I V E AND GENERAL	MA I N T E N A N C E & R E P A I R S	OPERATION OF P L A N T	LAUNDRY & L I N E N S E R V I C E	
			5. 04	5. 05	6. 00	7. 00	8. 00	
192.01	19201	OTHER NON-REIMBURSABLE	0	22,638	519	13,634	4	192.01
192.02	19202	PURCHASED SERVICES	0	0	0	0	0	192.02
192.03	19203	ZI O N S V I L L E S C H O O L N U R S E S	0	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	2,496	1,036	27,217	0	192.04
192.05	19205	BARIATRIC PHYSICIANS	116	20,577	0	0	0	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	15	0	0	0	194.00
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)	82,716	1,155,584	73,168	1,543,690	4,891	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00560						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	206,919					9.00
10.00	01000	1,726	79,643				10.00
11.00	01100	9,656	0	362,286			11.00
13.00	01300	1,616	0	23,756	131,459		13.00
14.00	01400	8,174	0	8,484	0	440,831	14.00
15.00	01500	2,362	0	13,575	0	2,794	15.00
16.00	01600	635	0	0	0	0	16.00
17.00	01700	429	0	1,697	1,252	0	17.00
18.00	01850	167	0	3,394	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	77,101	67,990	124,723	92,021	32,927	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	5,434	2,555	7,636	5,634	960	34.01
34.02	03402	14,712	8,980	15,272	11,268	3,070	34.02
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	6,628	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	31,089	0	31,392	0	332,898	50.00
51.00	05100	6,194	87	14,424	0	4,990	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	10,853	31	25,453	0	7,201	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	409	0	848	0	2,294	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	5,465	0	21,211	0	25,473	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	1,288	0	11,878	0	3,371	65.00
66.00	06600	225	0	11,030	0	887	66.00
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
75.00	07500	0	0	0	0	0	75.00
75.01	07501	8,541	0	10,181	7,512	18,582	75.01
76.00	03020	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	2,545	0	200	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
91.00	09100	7,490	0	18,666	13,772	5,000	91.00
92.00	09200	0	0	0	0	0	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		200,194	79,643	346,165	131,459	440,647	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	1,149	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
192.01	19201	OTHER NON-REIMBURSABLE	1,861	0	3,394	0	12	192.01
192.02	19202	PURCHASED SERVICES	0	0	0	0	0	192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	3,715	0	0	0	1	192.04
192.05	19205	BARIATRIC PHYSICIANS	0	0	12,727	0	171	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
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)	206,919	79,643	362,286	131,459	440,831	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		Subtotal
				PATIENT TRANSPORTATION		
	15.00	16.00	17.00	18.00		24.00
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-INTEREST						1.01
1.02 00102 MOB LEASED SPACE						1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00511 DATA PROCESSING						5.02
5.03 00512 PURCHASING, RECEIVING AND STORES						5.03
5.04 00513 ADMITTING						5.04
5.05 00560 OTHER ADMINISTRATIVE AND GENERAL						5.05
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	178,623					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	28,987				16.00
17.00 01700 SOCIAL SERVICE	99	0	22,013			17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	0	12,143		18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	398	3,779	18,793	10,366	3,539,644	30.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	0	207	706	390	243,344	34.01
34.02 03402 PREMATURE INTENSIVE CARE UNIT	96	559	2,482	1,369	652,653	34.02
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	249	0	0	259,615	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	7,459	6,233	0	0	2,107,354	50.00
51.00 05100 RECOVERY ROOM	0	825	24	13	294,320	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	280	3,780	8	5	801,910	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	489	244	0	0	30,896	56.00
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	32	2,993	0	0	368,406	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	171	406	0	0	108,963	65.00
66.00 06600 PHYSICAL THERAPY	1	530	0	0	68,935	66.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	566	0	0	26,942	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	3,221	0	0	104,189	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	168,978	2,223	0	0	212,449	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	582	1,248	0	0	489,874	75.01
76.00 03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 ADULT SLEEP LAB	5	114	0	0	20,544	90.01
90.02 09002 PEDIATRIC SLEEP LAB	0	0	0	0	0	90.02
90.03 09003 IVF	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	25	1,769	0	0	369,271	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 SUBTOTALS (SUM OF LINES 1-117)	178,615	28,946	22,013	12,143	9,699,309	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

Period:
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	
				PATIENT TRANSPORTATION		
	15.00	16.00	17.00	18.00	24.00	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	42,862	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0	0	100,721	192.01
192.02 19202 PURCHASED SERVICES	0	0	0	0	0	192.02
192.03 19203 ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	146,000	192.04
192.05 19205 BARIATRIC PHYSICIANS	8	41	0	0	49,815	192.05
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	15	194.00
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	178,623	28,987	22,013	12,143	10,038,722	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet B Part II Date/Time Prepared: 2/22/2013 1:35 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-INTEREST		1.01
1.02	00102	MOB LEASED SPACE		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.01	00510	NONPATIENT TELEPHONES		5.01
5.02	00511	DATA PROCESSING		5.02
5.03	00512	PURCHASING, RECEIVING AND STORES		5.03
5.04	00513	ADMITTING		5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL		5.05
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
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	PATIENT TRANSPORTATION		18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	3,539,644
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	243,344
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	652,653
41.00	04100	SUBPROVIDER - IRF	0	0
42.00	04200	SUBPROVIDER	0	0
43.00	04300	NURSERY	0	259,615
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	2,107,354
51.00	05100	RECOVERY ROOM	0	294,320
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0
53.00	05300	ANESTHESIOLOGY	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	801,910
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0
56.00	05600	RADIOISOTOPE	0	30,896
57.00	05700	CT SCAN	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0
60.00	06000	LABORATORY	0	368,406
60.01	06001	BLOOD LABORATORY	0	0
65.00	06500	RESPIRATORY THERAPY	0	108,963
66.00	06600	PHYSICAL THERAPY	0	68,935
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	26,942
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	104,189
73.00	07300	DRUGS CHARGED TO PATIENTS	0	212,449
75.00	07500	ASC (NON-DISTINCT PART)	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	489,874
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0
90.00	09000	CLINIC	0	0
90.01	09001	ADULT SLEEP LAB	0	20,544
90.02	09002	PEDIATRIC SLEEP LAB	0	0
90.03	09003	IVF	0	0
91.00	09100	EMERGENCY	0	369,271
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	0
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0
111.00	11100	ISLET ACQUISITION	0	0
113.00	11300	INTEREST EXPENSE	0	0
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	9,699,309

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	42,862	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	100,721	192.01
192.02	19202	PURCHASED SERVICES	0	0	192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	146,000	192.04
192.05	19205	BARIATRIC PHYSICIANS	0	49,815	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	15	194.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	10,038,722	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	MOB LEASED SPACE (MOB SQ FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	435,595				1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	0	435,595			1.01
1.02	00102	MOB LEASED SPACE	0	0	25,589		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				49,647,446	2.00
4.00	00400	EMPLOYEE BENEFITS	257	257	1,291	17,898	36,932,426
5.01	00510	NONPATIENT TELEPHONES	0	0	0	201,305	16,255
5.02	00511	DATA PROCESSING	6,253	6,253	383	987,228	1,259,290
5.03	00512	PURCHASING, RECEIVING AND STORES	11,151	11,151	195	205,118	374,940
5.04	00513	ADMITTING	3,534	3,534	0	252,109	1,132,644
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	9,525	9,525	11,744	20,573,661	4,375,662
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	475,628	757,975
7.00	00700	OPERATION OF PLANT	79,594	79,594	1,229	1,670,017	174,454
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	610	0
9.00	00900	HOUSEKEEPING	5,849	5,849	311	479,432	774,488
10.00	01000	DIETARY	2,664	2,664	0	55,843	453,840
11.00	01100	CAFETERIA	14,907	14,907	0	13,409	560,550
13.00	01300	NURSING ADMINISTRATION	2,494	2,494	0	77,557	2,157,885
14.00	01400	CENTRAL SERVICES & SUPPLY	12,618	12,618	0	1,043,628	424,713
15.00	01500	PHARMACY	3,646	3,646	0	1,026,715	1,276,736
16.00	01600	MEDICAL RECORDS & LIBRARY	981	981	0	6,995	226,875
17.00	01700	SOCIAL SERVICE	662	662	0	1,100	129,495
18.00	01850	PATIENT TRANSPORTATION	258	258	0	2,359	117,508
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	119,027	119,027	0	2,679,765	8,372,094
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	8,389	8,389	0	254,119	582,255
34.02	03402	PREMATURE INTENSIVE CARE UNIT	22,711	22,711	0	814,785	1,293,179
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	10,232	10,232	0	0	546,681
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	47,994	47,994	0	7,369,633	2,213,557
51.00	05100	RECOVERY ROOM	9,562	9,562	0	447,839	1,112,417
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,754	16,754	5,682	5,825,469	1,752,816
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	631	631	0	163,667	87,189
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	0	0	0	0
60.00	06000	LABORATORY	8,437	8,437	0	931,679	1,432,745
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,989	1,989	0	477,395	1,002,105
66.00	06600	PHYSICAL THERAPY	347	347	4,754	110,823	874,915
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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	13,185	13,185	0	2,308,230	846,593
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	ADULT SLEEP LAB	0	0	0	244,259	163,063
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0
90.03	09003	IVF	0	0	0	0	0
91.00	09100	EMERGENCY	11,562	11,562	0	275,647	1,459,691
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
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)	425,213	425,213	25,589	48,993,922	35,952,610

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	MOB LEASED SPACE (MOB SQ FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
	1.00	1.01	1.02	2.00		
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,774	1,774	0	6,225	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 OTHER NON-REIMBURSABLE	2,873	2,873	0	116,417	194,982	192.01
192.02 19202 PURCHASED SERVICES	0	0	0	0	0	192.02
192.03 19203 ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04 19204 PHYSICIANS' PRIVATE OFFICES	5,735	5,735	0	183,539	0	192.04
192.05 19205 BARIATRIC PHYSICIANS	0	0	0	347,343	784,834	192.05
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,178,137	6,513,853	108,845	2,237,887	1,389,600	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	2.704661	14.953920	4.253586	0.045076	0.037625	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)					10,836	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)					0.000293	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (PHONE LINES)	PURCHASING, RECEIVING AND STORES (COSTED REQUISITIONS)	ADMINISTRATIVE (TOTAL CHARGES)	Reconciliation	
		5.01	5.02	5.03	5.04	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00510	1,663					5.01
5.02	00511	77	1,586				5.02
5.03	00512	7	7	13,690,226			5.03
5.04	00513	82	82	2,122	268,362,436		5.04
5.05	00560	84	84	0	0	-23,707,593	5.05
6.00	00600	24	24	9,280	0	0	6.00
7.00	00700	85	85	146	0	0	7.00
8.00	00800	0	0	0	0	0	8.00
9.00	00900	8	8	9,920	0	0	9.00
10.00	01000	18	18	3,651	0	0	10.00
11.00	01100	7	7	0	0	0	11.00
13.00	01300	13	13	509	0	0	13.00
14.00	01400	10	10	251,047	0	0	14.00
15.00	01500	21	21	85,023	0	0	15.00
16.00	01600	22	22	0	0	0	16.00
17.00	01700	5	5	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	468	468	1,001,876	34,989,361	0	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	26	26	29,223	1,917,765	0	34.01
34.02	03402	65	65	93,413	5,174,481	0	34.02
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	36	36	0	2,301,160	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	160	160	10,129,398	57,686,698	0	50.00
51.00	05100	13	13	151,828	7,634,670	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	191	191	219,122	35,002,928	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	69,809	2,259,230	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	45	45	775,073	27,709,928	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	10	10	102,557	3,756,826	0	65.00
66.00	06600	21	21	27,002	4,910,327	0	66.00
71.00	07100	0	0	0	5,244,338	0	71.00
72.00	07200	0	0	0	29,827,250	0	72.00
73.00	07300	0	0	0	20,582,293	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	40	40	565,400	11,551,744	0	75.01
76.00	03020	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	14	14	6,097	1,056,761	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
91.00	09100	59	59	152,139	16,380,169	0	91.00
92.00	09200	0	0	0	0	0	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		1,611	1,534	13,684,635	267,985,929	-23,707,593	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description		NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (PHONE LINES)	PURCHASING, RECEIVING AND STORES (COSTED REQUISITIONS)	ADMINISTRATIVE (TOTAL CHARGES)	Reconciliation	
		5.01	5.02	5.03	5.04	5A.05	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6	6	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01	19201	OTHER NON-REIMBURSABLE	25	25	352	0	0 192.01
192.02	19202	PURCHASED SERVICES	0	0	0	0	0 192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0 192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	19	19	40	0	0 192.04
192.05	19205	BARIATRIC PHYSICIANS	2	2	5,199	376,507	0 192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.00
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)	96,804	4,641,541	805,335	1,398,884	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	58.210463	2,926.570618	0.058826	0.005213	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	9,079	157,337	207,828	82,716	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	5.459411	99.203657	0.015181	0.000308	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5.05	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00560	77,485,799					5.05
6.00	00600	3,275,939	404,875				6.00
7.00	00700	2,302,258	79,594	325,281			7.00
8.00	00800	326,163	0	0	146,065		8.00
9.00	00900	3,397,665	5,849	5,849	0	319,432	9.00
10.00	01000	882,608	2,664	2,664	0	2,664	10.00
11.00	01100	969,386	14,907	14,907	3	14,907	11.00
13.00	01300	2,968,075	2,494	2,494	0	2,494	13.00
14.00	01400	5,843,678	12,618	12,618	708	12,618	14.00
15.00	01500	1,837,607	3,646	3,646	0	3,646	15.00
16.00	01600	235,571	981	981	0	981	16.00
17.00	01700	199,450	662	662	0	662	17.00
18.00	01850	175,331	258	258	0	258	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	14,903,749	119,027	119,027	83,203	119,027	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	1,004,152	8,389	8,389	0	8,389	34.01
34.02	03402	2,336,161	22,711	22,711	4,683	22,711	34.02
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,100,179	10,232	10,232	18,050	10,232	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	6,225,335	47,994	47,994	9,282	47,994	50.00
51.00	05100	1,691,359	9,562	9,562	1,584	9,562	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	3,633,621	16,754	16,754	10,497	16,754	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	214,639	631	631	0	631	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	3,704,263	8,437	8,437	393	8,437	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	1,431,820	1,989	1,989	38	1,989	65.00
66.00	06600	1,260,364	347	347	1,054	347	66.00
71.00	07100	1,660,342	0	0	0	0	71.00
72.00	07200	6,154,415	0	0	0	0	72.00
73.00	07300	2,340,824	0	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	1,654,428	13,185	13,185	4,545	13,185	75.01
76.00	03020	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	315,463	0	0	1,058	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
91.00	09100	2,325,237	11,562	11,562	10,851	11,562	91.00
92.00	09200	0	0	0	0	0	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		74,370,082	394,493	314,899	145,949	309,050	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)		
		5.05	6.00	7.00	8.00	9.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	49,515	1,774	1,774	0	1,774	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	1,518,030	2,873	2,873	116	2,873	192.01
192.02	19202	PURCHASED SERVICES	0	0	0	0	0	192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	167,398	5,735	5,735	0	5,735	192.04
192.05	19205	BARIATRIC PHYSICIANS	1,379,778	0	0	0	0	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	996	0	0	0	0	194.00
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)	23,707,593	4,278,245	3,847,713	425,956	4,568,207	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.305960	10.566829	11.828889	2.916209	14.301031	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,155,584	73,168	1,543,690	4,891	206,919	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.014913	0.180718	4.745712	0.033485	0.647772	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description		DIETARY (PATIENT DAYS)	CAFETERIA (FTEs)	NURSING ADMINISTRATION (NURSING FTEs)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00560						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	18,269					10.00
11.00	01100	0	427				11.00
13.00	01300	0	28	210			13.00
14.00	01400	0	10	0	13,413,551		14.00
15.00	01500	0	16	0	85,023	2,268,775	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	2	2	0	1,263	17.00
18.00	01850	0	4	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	15,596	147	147	1,001,876	5,057	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	586	9	9	29,223	0	34.01
34.02	03402	2,060	18	18	93,413	1,214	34.02
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	37	0	10,129,398	94,736	50.00
51.00	05100	20	17	0	151,828	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	7	30	0	219,122	3,553	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	1	0	69,809	6,205	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	25	0	775,073	405	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	14	0	102,557	2,167	65.00
66.00	06600	0	13	0	27,002	17	66.00
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	2,146,290	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	12	12	565,400	7,386	75.01
76.00	03020	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	3	0	6,097	60	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
91.00	09100	0	22	22	152,139	323	91.00
92.00	09200	0	0	0	0	0	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		18,269	408	210	13,407,960	2,268,676	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description		DIETARY (PATIENT DAYS)	CAFETERIA (FTEs)	NURSING ADMINISTRATION (NURSING FTEs)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	4	0	352	192.01
192.02	19202	PURCHASED SERVICES	0	0	0	0	192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	0	0	40	192.04
192.05	19205	BARIATRIC PHYSICIANS	0	15	0	5,199	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,250,411	1,813,026	4,086,596	8,139,174	2,653,164
203.00		Unit cost multiplier (Wkst. B, Part I)	68.444414	4,245.962529	19,459.980952	0.606787	1.169426
204.00		Cost to be allocated (per Wkst. B, Part II)	79,643	362,286	131,459	440,831	178,623
205.00		Unit cost multiplier (Wkst. B, Part II)	4.359461	848.444965	625.995238	0.032865	0.078731

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet B-1
Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE		
			PATIENT TRANSPORTATION (PATIENT DAYS)		
	16.00	17.00	18.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101 NEW CAP REL COSTS-INTEREST					1.01
1.02 00102 MOB LEASED SPACE					1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS					4.00
5.01 00510 NONPATIENT TELEPHONES					5.01
5.02 00511 DATA PROCESSING					5.02
5.03 00512 PURCHASING, RECEIVING AND STORES					5.03
5.04 00513 ADMITTING					5.04
5.05 00560 OTHER ADMINISTRATIVE AND GENERAL					5.05
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	268,362,436				16.00
17.00 01700 SOCIAL SERVICE	0	18,269			17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	18,269		18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	34,989,361	15,596	15,596		30.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	1,917,765	586	586		34.01
34.02 03402 PREMATURE INTENSIVE CARE UNIT	5,174,481	2,060	2,060		34.02
41.00 04100 SUBPROVIDER - IRF	0	0	0		41.00
42.00 04200 SUBPROVIDER	0	0	0		42.00
43.00 04300 NURSERY	2,301,160	0	0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	57,686,698	0	0		50.00
51.00 05100 RECOVERY ROOM	7,634,670	20	20		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	35,002,928	7	7		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 05600 RADIOISOTOPE	2,259,230	0	0		56.00
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	0	0	0		59.00
60.00 06000 LABORATORY	27,709,928	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	3,756,826	0	0		65.00
66.00 06600 PHYSICAL THERAPY	4,910,327	0	0		66.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,244,338	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	29,827,250	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	20,582,293	0	0		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	11,551,744	0	0		75.01
76.00 03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 09000 CLINIC	0	0	0		90.00
90.01 09001 ADULT SLEEP LAB	1,056,761	0	0		90.01
90.02 09002 PEDIATRIC SLEEP LAB	0	0	0		90.02
90.03 09003 IVF	0	0	0		90.03
91.00 09100 EMERGENCY	16,380,169	0	0		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
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE		
			PATIENT TRANSPORTATION (PATIENT DAYS)		
	16.00	17.00	18.00		
118.00	SUBTOTALS (SUM OF LINES 1-117)	267,985,929	18,269	18,269	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201 OTHER NON-REIMBURSABLE	0	0	0	192.01
192.02	19202 PURCHASED SERVICES	0	0	0	192.02
192.03	19203 ZIONSVILLE SCHOOL NURSES	0	0	0	192.03
192.04	19204 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.04
192.05	19205 BARIATRIC PHYSICIANS	376,507	0	0	192.05
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.00
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)	343,645	333,656	255,427	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.001281	18.263506	13.981444	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	28,987	22,013	12,143	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000108	1.204937	0.664678	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet C
Part I
Date/Time Prepared:
2/22/2013 1:35 pm

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	29,788,063		29,788,063	0	29,788,063	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	1,911,777		1,911,777	0	1,911,777	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	4,596,868		4,596,868	0	4,596,868	34.02
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	1,867,857		1,867,857	0	1,867,857	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,406,381		16,406,381	0	16,406,381	50.00
51.00	05100	RECOVERY ROOM	2,740,462		2,740,462	0	2,740,462	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,700,830		5,700,830	0	5,700,830	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	360,221		360,221	0	360,221	56.00
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	0	0	59.00
60.00	06000	LABORATORY	5,760,798		5,760,798	0	5,760,798	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	2,072,020	0	2,072,020	0	2,072,020	65.00
66.00	06600	PHYSICAL THERAPY	1,739,685	0	1,739,685	0	1,739,685	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,175,058		2,175,058	0	2,175,058	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,075,629		8,075,629	0	8,075,629	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,593,315		5,593,315	0	5,593,315	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	3,308,702		3,308,702	0	3,308,702	75.01
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	432,929		432,929	0	432,929	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0		0	0	0	90.02
90.03	09003	IVF	0		0	0	0	90.03
91.00	09100	EMERGENCY	4,127,808		4,127,808	0	4,127,808	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	645,584		645,584	0	645,584	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)	97,303,987	0	97,303,987	0	97,303,987	200.00
201.00		Less Observation Beds	645,584		645,584	0	645,584	201.00
202.00		Total (see instructions)	96,658,403	0	96,658,403	0	96,658,403	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet C
Part I
Date/Time Prepared:
2/22/2013 1:35 pm

		Title XVIIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	35,288,152		35,288,152		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	1,917,765		1,917,765		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	5,174,481		5,174,481		34.02
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	2,301,160		2,301,160		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	27,399,962	30,286,737	57,686,699	0.284405	50.00
51.00	05100	RECOVERY ROOM	2,437,295	5,197,375	7,634,670	0.358950	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,354,868	27,648,060	35,002,928	0.162867	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	446,384	1,812,845	2,259,229	0.159444	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	11,661,222	16,048,706	27,709,928	0.207897	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	2,906,223	850,603	3,756,826	0.551535	65.00
66.00	06600	PHYSICAL THERAPY	1,880,018	3,030,310	4,910,328	0.354291	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,269,346	1,974,993	5,244,339	0.414744	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	23,772,695	6,054,555	29,827,250	0.270747	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,046,778	4,535,515	20,582,293	0.271754	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	5,260,388	6,291,356	11,551,744	0.286424	75.01
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	ADULT SLEEP LAB	0	1,056,761	1,056,761	0.409675	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0.000000	90.02
90.03	09003	IVF	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	3,392,501	12,987,668	16,380,169	0.252000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	103,675	674,166	777,841	0.829969	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	PANCREAS ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
200.00		Subtotal (see instructions)	150,612,913	118,449,650	269,062,563		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	150,612,913	118,449,650	269,062,563		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet C Part I Date/Time Prepared: 2/22/2013 1:35 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT			34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT			34.02
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.284405		50.00
51.00	05100 RECOVERY ROOM	0.358950		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.162867		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.159444		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.207897		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.551535		65.00
66.00	06600 PHYSICAL THERAPY	0.354291		66.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.414744		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.270747		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.271754		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.286424		75.01
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 ADULT SLEEP LAB	0.409675		90.01
90.02	09002 PEDIATRIC SLEEP LAB	0.000000		90.02
90.03	09003 IVF	0.000000		90.03
91.00	09100 EMERGENCY	0.252000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.829969		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
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet C
Part I
Date/Time Prepared:
2/22/2013 1:35 pm

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		29,788,063	0	29,788,063	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		1,911,777	0	1,911,777	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		4,596,868	0	4,596,868	34.02
41.00	04100	SUBPROVIDER - IRF		0	0	0	41.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
43.00	04300	NURSERY		1,867,857	0	1,867,857	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		16,406,381	0	16,406,381	50.00
51.00	05100	RECOVERY ROOM		2,740,462	0	2,740,462	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		5,700,830	0	5,700,830	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	55.00
56.00	05600	RADIOISOTOPE		360,221	0	360,221	56.00
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		0	0	0	59.00
60.00	06000	LABORATORY		5,760,798	0	5,760,798	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	2,072,020	0	2,072,020	65.00
66.00	06600	PHYSICAL THERAPY	0	1,739,685	0	1,739,685	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		2,175,058	0	2,175,058	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		8,075,629	0	8,075,629	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		5,593,315	0	5,593,315	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY		3,308,702	0	3,308,702	75.01
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS		0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000	CLINIC		0	0	0	90.00
90.01	09001	ADULT SLEEP LAB		432,929	0	432,929	90.01
90.02	09002	PEDIATRIC SLEEP LAB		0	0	0	90.02
90.03	09003	IVF		0	0	0	90.03
91.00	09100	EMERGENCY		4,127,808	0	4,127,808	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		645,584	0	645,584	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
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00
200.00		Subtotal (see instructions)		97,303,987	0	97,303,987	200.00
201.00		Less Observation Beds		645,584	0	645,584	201.00
202.00		Total (see instructions)		96,658,403	0	96,658,403	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150161		Period: From 01/01/2012 To 06/30/2012		Worksheet C Part I Date/Time Prepared: 2/22/2013 1:35 pm	
			Title XIX		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	35,288,152		35,288,152			30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	1,917,765		1,917,765			34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	5,174,481		5,174,481			34.02
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	2,301,160		2,301,160			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	27,399,962	30,286,737	57,686,699	0.284405	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,437,295	5,197,375	7,634,670	0.358950	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,354,868	27,648,060	35,002,928	0.162867	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	446,384	1,812,845	2,259,229	0.159444	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	11,661,222	16,048,706	27,709,928	0.207897	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	2,906,223	850,603	3,756,826	0.551535	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,880,018	3,030,310	4,910,328	0.354291	0.000000	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,269,346	1,974,993	5,244,339	0.414744	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	23,772,695	6,054,555	29,827,250	0.270747	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,046,778	4,535,515	20,582,293	0.271754	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	5,260,388	6,291,356	11,551,744	0.286424	0.000000	75.01
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	ADULT SLEEP LAB	0	1,056,761	1,056,761	0.409675	0.000000	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0.000000	0.000000	90.02
90.03	09003	IVF	0	0	0	0.000000	0.000000	90.03
91.00	09100	EMERGENCY	3,392,501	12,987,668	16,380,169	0.252000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	103,675	674,166	777,841	0.829969	0.000000	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	PANCREAS ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
200.00		Subtotal (see instructions)	150,612,913	118,449,650	269,062,563			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	150,612,913	118,449,650	269,062,563			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet C Part I Date/Time Prepared: 2/22/2013 1:35 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT			34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT			34.02
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.284405		50.00
51.00	05100 RECOVERY ROOM	0.358950		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.162867		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.159444		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.207897		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.551535		65.00
66.00	06600 PHYSICAL THERAPY	0.354291		66.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.414744		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.270747		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.271754		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.286424		75.01
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 ADULT SLEEP LAB	0.409675		90.01
90.02	09002 PEDIATRIC SLEEP LAB	0.000000		90.02
90.03	09003 IVF	0.000000		90.03
91.00	09100 EMERGENCY	0.252000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.829969		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
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 150161

Period: From 01/01/2012 To 06/30/2012

Worksheet C Part II Date/Time Prepared: 2/22/2013 1:35 pm

Cost Center Description			Title XIX			Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,406,381	2,107,354	14,299,027	0	0	50.00
51.00	05100	RECOVERY ROOM	2,740,462	294,320	2,446,142	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,700,830	801,910	4,898,920	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	360,221	30,896	329,325	0	0	56.00
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	5,760,798	368,406	5,392,392	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	2,072,020	108,963	1,963,057	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,739,685	68,935	1,670,750	0	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,175,058	26,942	2,148,116	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,075,629	104,189	7,971,440	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,593,315	212,449	5,380,866	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	3,308,702	489,874	2,818,828	0	0	75.01
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	432,929	20,544	412,385	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0	90.02
90.03	09003	IVF	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	4,127,808	369,271	3,758,537	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	645,584	76,713	568,871	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
200.00		Subtotal (sum of lines 50 thru 199)	59,139,422	5,080,766	54,058,656	0	0	200.00
201.00		Less Observation Beds	645,584	76,713	568,871	0	0	201.00
202.00		Total (line 200 minus line 201)	58,493,838	5,004,053	53,489,785	0	0	202.00

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

Provider CCN: 150161

Period: From 01/01/2012 To 06/30/2012

Worksheet C Part II Date/Time Prepared: 2/22/2013 1:35 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Title XIX	
					Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	16,406,381	57,686,699	0.284405		50.00
51.00	05100 RECOVERY ROOM	2,740,462	7,634,670	0.358950		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,700,830	35,002,928	0.162867		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000		55.00
56.00	05600 RADIOISOTOPE	360,221	2,259,229	0.159444		56.00
57.00	05700 CT SCAN	0	0	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000		59.00
60.00	06000 LABORATORY	5,760,798	27,709,928	0.207897		60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	2,072,020	3,756,826	0.551535		65.00
66.00	06600 PHYSICAL THERAPY	1,739,685	4,910,328	0.354291		66.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,175,058	5,244,339	0.414744		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	8,075,629	29,827,250	0.270747		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,593,315	20,582,293	0.271754		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	3,308,702	11,551,744	0.286424		75.01
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	09001 ADULT SLEEP LAB	432,929	1,056,761	0.409675		90.01
90.02	09002 PEDIATRIC SLEEP LAB	0	0	0.000000		90.02
90.03	09003 IVF	0	0	0.000000		90.03
91.00	09100 EMERGENCY	4,127,808	16,380,169	0.252000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	645,584	777,841	0.829969		92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF	0	0	0.000000		99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0.000000		109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0.000000		110.00
111.00	11100 ISLET ACQUISITION	0	0	0.000000		111.00
113.00	11300 INTEREST EXPENSE	0	0	0.000000		113.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000		115.00
200.00	Subtotal (sum of lines 50 thru 199)	59,139,422	224,381,005			200.00
201.00	Less Observation Beds	645,584	0			201.00
202.00	Total (line 200 minus line 201)	58,493,838	224,381,005			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150161		Period: From 01/01/2012 To 06/30/2012		Worksheet D Part I Date/Time Prepared: 2/22/2013 1:35 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	3,539,644	0	3,539,644	12,412	285.18	30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT	243,344		243,344	586	415.26	34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT	652,653		652,653	2,060	316.82	34.02
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	04300 NURSERY	259,615		259,615	2,615	99.28	43.00
200.00	Total (lines 30-199)	4,695,256		4,695,256	17,673		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet D Part I Date/Time Prepared: 2/22/2013 1:35 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	3,583	1,021,800	30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT	0	0	34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT	0	0	34.02
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
200.00	Total (lines 30-199)	3,583	1,021,800	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet D Part II Date/Time Prepared: 2/22/2013 1:35 pm
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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	2,107,354	57,686,699	0.036531	7,757,717	283,397	50.00
51.00	05100	RECOVERY ROOM	294,320	7,634,670	0.038550	683,159	26,336	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	801,910	35,002,928	0.022910	2,772,629	63,521	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	30,896	2,259,229	0.013675	186,052	2,544	56.00
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	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	368,406	27,709,928	0.013295	3,554,728	47,260	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	108,963	3,756,826	0.029004	735,225	21,324	65.00
66.00	06600	PHYSICAL THERAPY	68,935	4,910,328	0.014039	746,477	10,480	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,942	5,244,339	0.005137	847,801	4,355	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	104,189	29,827,250	0.003493	6,391,436	22,325	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	212,449	20,582,293	0.010322	3,983,080	41,113	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	489,874	11,551,744	0.042407	2,260,602	95,865	75.01
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	ADULT SLEEP LAB	20,544	1,056,761	0.019441	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0.000000	0	0	90.02
90.03	09003	IVF	0	0	0.000000	0	0	90.03
91.00	09100	EMERGENCY	369,271	16,380,169	0.022544	1,358,239	30,620	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	76,713	777,841	0.098623	21,982	2,168	92.00
200.00		Total (lines 50-199)	5,080,766	224,381,005		31,299,127	651,308	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150161		Period: From 01/01/2012 To 06/30/2012		Worksheet D Part III Date/Time Prepared: 2/22/2013 1:35 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	PPS	
			1.00	2.00	3.00	Swing-Bed Adjustment Amount (see instructions) 4.00	Total Costs (sum of cols. 1 through 3, minus col. 4) 5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	34.02
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150161		Period: From 01/01/2012 To 06/30/2012		Worksheet D Part III Date/Time Prepared: 2/22/2013 1:35 pm	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	PPS
		6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	12,412	0.00	3,583	0	0	30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT	586	0.00	0	0	0	34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT	2,060	0.00	0	0	0	34.02
41.00	04100 SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	04300 NURSERY	2,615	0.00	0	0	0	43.00
200.00	Total (lines 30-199)	17,673		3,583	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet D Part III Date/Time Prepared: 2/22/2013 1:35 pm
Title XVIII		Hospital	PPS

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
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0		34.00
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	0	0		34.01
34.02 03402 PREMATURE INTENSIVE CARE UNIT	0	0		34.02
41.00 04100 SUBPROVIDER - I RF	0	0		41.00
42.00 04200 SUBPROVIDER	0	0		42.00
43.00 04300 NURSERY	0	0		43.00
200.00 Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet D
Part IV
Date/Time Prepared:
2/22/2013 1:35 pm

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	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
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	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	0	75.01
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	90.02
90.03	09003	IVF	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 2/22/2013 1:35 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)	Hospital		Inpatient Program Charges	PPS
					Outpatient 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	57,686,699	0.000000	0.000000	7,757,717	50.00
51.00	05100	RECOVERY ROOM	0	7,634,670	0.000000	0.000000	683,159	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	35,002,928	0.000000	0.000000	2,772,629	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	2,259,229	0.000000	0.000000	186,052	56.00
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	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	27,709,928	0.000000	0.000000	3,554,728	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	3,756,826	0.000000	0.000000	735,225	65.00
66.00	06600	PHYSICAL THERAPY	0	4,910,328	0.000000	0.000000	746,477	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,244,339	0.000000	0.000000	847,801	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	29,827,250	0.000000	0.000000	6,391,436	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,582,293	0.000000	0.000000	3,983,080	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	11,551,744	0.000000	0.000000	2,260,602	75.01
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	ADULT SLEEP LAB	0	1,056,761	0.000000	0.000000	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0.000000	0.000000	0	90.02
90.03	09003	IVF	0	0	0.000000	0.000000	0	90.03
91.00	09100	EMERGENCY	0	16,380,169	0.000000	0.000000	1,358,239	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	777,841	0.000000	0.000000	21,982	92.00
200.00		Total (lines 50-199)	0	224,381,005			31,299,127	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 2/22/2013 1:35 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	PPS
Title XVIII		11.00	12.00	13.00	21.00	22.00	
Hospital							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	3,979,110	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	651,666	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	5,466,237	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	413,841	0	0	0	56.00
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	1,628,135	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	189,245	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,093,688	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	1,222,890	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	693,581	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0	272,720	0	0	0	75.01
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ADULT SLEEP LAB	0	174,169	0	0	0	90.01
90.02	09002 PEDIATRIC SLEEP LAB	0	0	0	0	0	90.02
90.03	09003 IVF	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	9,553	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	58,174	0	0	0	92.00
200.00	Total (lines 50-199)	0	15,853,009	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 2/22/2013 1:35 pm
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Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00	05600 RADIOISOTOPE	0	0			56.00
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
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
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
75.00	07500 ASC (NON-DISTINCT PART)	0	0			75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0	0			75.01
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0			76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	09000 CLINIC	0	0			90.00
90.01	09001 ADULT SLEEP LAB	0	0			90.01
90.02	09002 PEDIATRIC SLEEP LAB	0	0			90.02
90.03	09003 IVF	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: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 2/22/2013 1:35 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.284405	3,979,110	0	0	50.00
51.00	05100 RECOVERY ROOM	0.358950	651,666	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.162867	5,466,237	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.159444	413,841	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000 LABORATORY	0.207897	1,628,135	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.551535	189,245	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.354291	0	0	0	66.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.414744	1,093,688	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.270747	1,222,890	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.271754	693,581	0	11,960	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.286424	272,720	0	0	75.01
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	09000 CLINIC	0.000000	0	0	0	90.00
90.01	09001 ADULT SLEEP LAB	0.409675	174,169	0	0	90.01
90.02	09002 PEDIATRIC SLEEP LAB	0.000000	0	0	0	90.02
90.03	09003 IVF	0.000000	0	0	0	90.03
91.00	09100 EMERGENCY	0.252000	9,553	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.829969	58,174	0	0	92.00
200.00	Subtotal (see instructions)		15,853,009	0	11,960	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		15,853,009	0	11,960	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 2/22/2013 1:35 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			Hospital	PPS
	PPS Services (see inst.)	Cost	Cost		
		Reimbursed Services Subject To Ded. & Coins. (see inst.)	Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	1,131,679	0	0		50.00
51.00 05100 RECOVERY ROOM	233,916	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	890,270	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 05600 RADIOISOTOPE	65,984	0	0		56.00
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	0	0	0		59.00
60.00 06000 LABORATORY	338,484	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	104,375	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0		66.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	453,601	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	331,094	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	188,483	0	3,250		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	78,114	0	0		75.01
76.00 03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 09000 CLINIC	0	0	0		90.00
90.01 09001 ADULT SLEEP LAB	71,353	0	0		90.01
90.02 09002 PEDIATRIC SLEEP LAB	0	0	0		90.02
90.03 09003 IVF	0	0	0		90.03
91.00 09100 EMERGENCY	2,407	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	48,283	0	0		92.00
200.00 Subtotal (see instructions)	3,938,043	0	3,250		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	3,938,043	0	3,250		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet D
Part I
Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	3,539,644	0	3,539,644	12,412	285.18	30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT	243,344		243,344	586	415.26	34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT	652,653		652,653	2,060	316.82	34.02
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	04300 NURSERY	259,615		259,615	2,615	99.28	43.00
200.00	Total (lines 30-199)	4,695,256		4,695,256	17,673		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet D Part I Date/Time Prepared: 2/22/2013 1:35 pm
		Title XIX	Hospital	PPS

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	979	279,191	30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT	47	19,517	34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT	166	52,592	34.02
41.00	04100 SUBPROVIDER - IRF	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	211	20,948	43.00
200.00	Total (lines 30-199)	1,403	372,248	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet D
Part II
Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description		Title XIX			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	2,107,354	57,686,699	0.036531	636,324	23,246	50.00
51.00	05100	RECOVERY ROOM	294,320	7,634,670	0.038550	49,333	1,902	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	801,910	35,002,928	0.022910	328,109	7,517	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	30,896	2,259,229	0.013675	32,937	450	56.00
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	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	368,406	27,709,928	0.013295	640,861	8,520	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	108,963	3,756,826	0.029004	320,350	9,291	65.00
66.00	06600	PHYSICAL THERAPY	68,935	4,910,328	0.014039	67,658	950	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,942	5,244,339	0.005137	101,766	523	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	104,189	29,827,250	0.003493	219,353	766	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	212,449	20,582,293	0.010322	824,894	8,515	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	489,874	11,551,744	0.042407	242,303	10,275	75.01
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	ADULT SLEEP LAB	20,544	1,056,761	0.019441	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0.000000	0	0	90.02
90.03	09003	IVF	0	0	0.000000	0	0	90.03
91.00	09100	EMERGENCY	369,271	16,380,169	0.022544	185,057	4,172	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	76,713	777,841	0.098623	1,740	172	92.00
200.00		Total (lines 50-199)	5,080,766	224,381,005		3,650,685	76,299	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150161		Period: From 01/01/2012 To 06/30/2012		Worksheet D Part III Date/Time Prepared: 2/22/2013 1:35 pm		
Cost Center Description		Title XIX			Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	34.02
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet D Part III Date/Time Prepared: 2/22/2013 1:35 pm
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Cost Center Description	Title XIX					Hospital		PPS
	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School			
	6.00	7.00	8.00	9.00	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000 ADULTS & PEDIATRICS	12,412	0.00	979	0	0	0	30.00	
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	0	34.00	
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	586	0.00	47	0	0	0	34.01	
34.02 03402 PREMATURE INTENSIVE CARE UNIT	2,060	0.00	166	0	0	0	34.02	
41.00 04100 SUBPROVIDER - IRF	0	0.00	0	0	0	0	41.00	
42.00 04200 SUBPROVIDER	0	0.00	0	0	0	0	42.00	
43.00 04300 NURSERY	2,615	0.00	211	0	0	0	43.00	
200.00 Total (lines 30-199)	17,673		1,403	0	0	0	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet D Part III Date/Time Prepared: 2/22/2013 1:35 pm
		Title XIX	Hospital	PPS

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
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	0	34.02
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
200.00		Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet D
Part IV
Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description			Title XIX				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	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
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
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	0	0	75.01
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0	90.02
90.03	09003	IVF	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: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 2/22/2013 1:35 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	57,686,699	0.000000	0.000000	636,324	50.00
51.00	05100 RECOVERY ROOM	0	7,634,670	0.000000	0.000000	49,333	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	35,002,928	0.000000	0.000000	328,109	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	2,259,229	0.000000	0.000000	32,937	56.00
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	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	27,709,928	0.000000	0.000000	640,861	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	3,756,826	0.000000	0.000000	320,350	65.00
66.00	06600 PHYSICAL THERAPY	0	4,910,328	0.000000	0.000000	67,658	66.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,244,339	0.000000	0.000000	101,766	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	29,827,250	0.000000	0.000000	219,353	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	20,582,293	0.000000	0.000000	824,894	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0	11,551,744	0.000000	0.000000	242,303	75.01
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 ADULT SLEEP LAB	0	1,056,761	0.000000	0.000000	0	90.01
90.02	09002 PEDIATRIC SLEEP LAB	0	0	0.000000	0.000000	0	90.02
90.03	09003 IVF	0	0	0.000000	0.000000	0	90.03
91.00	09100 EMERGENCY	0	16,380,169	0.000000	0.000000	185,057	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	777,841	0.000000	0.000000	1,740	92.00
200.00	Total (lines 50-199)	0	224,381,005			3,650,685	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 2/22/2013 1:35 pm
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Cost Center Description		Title XIX			Hospital		PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	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
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
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
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
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	0	0	75.01
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0	90.02
90.03	09003	IVF	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: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 2/22/2013 1:35 pm
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Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XIX	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00	05600 RADIOISOTOPE	0	0			56.00
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
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
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
75.00	07500 ASC (NON-DISTINCT PART)	0	0			75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0	0			75.01
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0			76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	09000 CLINIC	0	0			90.00
90.01	09001 ADULT SLEEP LAB	0	0			90.01
90.02	09002 PEDIATRIC SLEEP LAB	0	0			90.02
90.03	09003 IVF	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: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 2/22/2013 1:35 pm
	Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.284405	0	934,060	0	50.00
51.00	05100 RECOVERY ROOM	0.358950	0	149,232	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.162867	0	701,976	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.159444	0	36,558	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000 LABORATORY	0.207897	0	442,849	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.551535	0	41,122	0	65.00
66.00	06600 PHYSICAL THERAPY	0.354291	0	126,672	0	66.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.414744	0	40,470	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.270747	0	573,471	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.271754	0	136,169	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.286424	0	128,357	0	75.01
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	09000 CLINIC	0.000000	0	0	0	90.00
90.01	09001 ADULT SLEEP LAB	0.409675	0	17,463	0	90.01
90.02	09002 PEDIATRIC SLEEP LAB	0.000000	0	0	0	90.02
90.03	09003 IVF	0.000000	0	0	0	90.03
91.00	09100 EMERGENCY	0.252000	0	430,239	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.829969	0	25,622	0	92.00
200.00	Subtotal (see instructions)		0	3,784,260	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	3,784,260	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 2/22/2013 1:35 pm
	Title XIX	Hospital	PPS

Cost Center Description	Costs			Hospital	PPS	
	PPS Services (see inst.)	Cost	Cost			
		Reimbursed Services Subject To Ded. & Coins. (see inst.)	Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
5.00	6.00	7.00				
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	265,651	0	50.00
51.00	05100	RECOVERY ROOM	0	53,567	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	114,329	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	5,829	0	56.00
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	0	0	0	59.00
60.00	06000	LABORATORY	0	92,067	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	22,680	0	65.00
66.00	06600	PHYSICAL THERAPY	0	44,879	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,785	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	155,266	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	37,004	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	36,765	0	75.01
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	7,154	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	90.02
90.03	09003	IVF	0	0	0	90.03
91.00	09100	EMERGENCY	0	108,420	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	21,265	0	92.00
200.00		Subtotal (see instructions)	0	981,661	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	981,661	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 2/22/2013 1:35 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)		12,412	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,412	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)		12,143	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)		3,583	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)		29,788,063	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)		29,788,063	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		37,589,312	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		37,589,312	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.792461	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)		3,095.55	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)		29,788,063	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)		2,399.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,598,985	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)		8,598,985	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150161		Period: From 01/01/2012 To 06/30/2012		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0 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	0	0	0.00	0	0 46.00	
46.01	PEDIATRIC INTENSIVE CARE UNIT	1,911,777	586	3,262.42	0	0 46.01	
46.02	PREMATURE INTENSIVE CARE UNIT	4,596,868	2,060	2,231.49	0	0 46.02	
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00	
Cost Center Description							
		1.00					
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	8,514,289 48.00					
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	17,113,274 49.00					
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	1,021,800 50.00					
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	651,308 51.00					
52.00	Total Program excludable cost (sum of lines 50 and 51)	1,673,108 52.00					
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	15,440,166 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)	269 87.00					
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	2,399.94 88.00					
89.00	Observation bed cost (line 87 x line 88) (see instructions)	645,584 89.00					

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet D-1

Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description		Cost	Title XVIII		Hospital	PPS	
			Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,539,644	29,788,063	0.118828	645,584	76,713	90.00
91.00	Nursing School cost	0	29,788,063	0.000000	645,584	0	91.00
92.00	Allied health cost	0	29,788,063	0.000000	645,584	0	92.00
93.00	All other Medical Education	0	29,788,063	0.000000	645,584	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 2/22/2013 1:35 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)		12,412	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,412	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)		12,143	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)		979	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)		2,615	15.00
16.00	Nursery days (title V or XIX only)		211	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)		29,788,063	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)		29,788,063	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	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)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		29,788,063	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)		2,399.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,349,541	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)		2,349,541	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet D-1 Date/Time Prepared: 2/22/2013 1:35 pm		
Cost Center Description			Title XIX		Hospital	PPS	
	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)	1,867,857	2,615	714.29	211	150,715	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	0	0	0.00	0	0	46.00
46.01	PEDIATRIC INTENSIVE CARE UNIT	1,911,777	586	3,262.42	47	153,334	46.01
46.02	PREMATURE INTENSIVE CARE UNIT	4,596,868	2,060	2,231.49	166	370,427	46.02
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,034,503	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,058,520	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)					372,248	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					76,299	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					448,547	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,609,973	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)					269	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,399.94	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					645,584	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet D-1
Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description	Cost	Title XIX		Hospital	PPS	
		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	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	3,539,644	29,788,063	0.118828	645,584	76,713	90.00
91.00 Nursing School cost	0	29,788,063	0.000000	645,584	0	91.00
92.00 Allied health cost	0	29,788,063	0.000000	645,584	0	92.00
93.00 All other Medical Education	0	29,788,063	0.000000	645,584	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet D-3 Date/Time Prepared: 2/22/2013 1:35 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		7,007,087	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		0	34.02
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	0.284405	7,757,717	2,206,334 50.00
51.00	05100	RECOVERY ROOM	0.358950	683,159	245,220 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.162867	2,772,629	451,570 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.159444	186,052	29,665 56.00
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	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.207897	3,554,728	739,017 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	0.551535	735,225	405,502 65.00
66.00	06600	PHYSICAL THERAPY	0.354291	746,477	264,470 66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.414744	847,801	351,620 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.270747	6,391,436	1,730,462 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.271754	3,983,080	1,082,418 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.286424	2,260,602	647,491 75.01
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0 76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	ADULT SLEEP LAB	0.409675	0	0 90.01
90.02	09002	PEDIATRIC SLEEP LAB	0.000000	0	0 90.02
90.03	09003	IVF	0.000000	0	0 90.03
91.00	09100	EMERGENCY	0.252000	1,358,239	342,276 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.829969	21,982	18,244 92.00
200.00		Total (sum of lines 50-94 and 96-98)		31,299,127	8,514,289 200.00
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)		31,299,127	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet D-3 Date/Time Prepared: 2/22/2013 1:35 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		1,119,095	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		433,260	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		703,797	34.02
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	0.284405	636,324	50.00
51.00	05100	RECOVERY ROOM	0.358950	49,333	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.162867	328,109	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.159444	32,937	56.00
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	0.000000	0	59.00
60.00	06000	LABORATORY	0.207897	640,861	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.551535	320,350	65.00
66.00	06600	PHYSICAL THERAPY	0.354291	67,658	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.414744	101,766	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.270747	219,353	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.271754	824,894	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.286424	242,303	75.01
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	ADULT SLEEP LAB	0.409675	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0.000000	0	90.02
90.03	09003	IVF	0.000000	0	90.03
91.00	09100	EMERGENCY	0.252000	185,057	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.829969	1,740	92.00
200.00		Total (sum of lines 50-94 and 96-98)		3,650,685	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)		3,650,685	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet E Part A Date/Time Prepared: 2/22/2013 1:35 pm
		Title VIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		6,851,300	1.00
2.00	Outlier payments for discharges. (see instructions)		1,586,683	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		187.52	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		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.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	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.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	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		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	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)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.94	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		15.44	31.00
32.00	Sum of lines 30 and 31		18.38	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.70	33.00
34.00	Disproportionate share adjustment (see instructions)		322,011	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)		8,759,994	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)		8,759,994	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,251,309	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).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).		0	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet E Part A Date/Time Prepared: 2/22/2013 1:35 pm
		Title XVIII	Hospital	PPS
				1.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			10,011,303 59.00
60.00	Primary payer payments			0 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			10,011,303 61.00
62.00	Deductibles billed to program beneficiaries			725,632 62.00
63.00	Coinsurance billed to program beneficiaries			30,598 63.00
64.00	Allowable bad debts (see instructions)			-43,227 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			-30,259 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			2,209 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			9,224,814 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
70.95	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)			9,224,814 71.00
72.00	Interim payments			9,242,245 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)			-17,431 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			52,070 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: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 2/22/2013 1:35 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,250	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,938,043	2.00
3.00	PPS payments		2,530,939	3.00
4.00	Outlier payment (see instructions)		153,339	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)		3,250	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		11,960	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)		11,960	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)		11,960	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		8,710	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)		3,250	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)		2,684,278	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)		619,792	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)		2,067,736	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)		2,067,736	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		2,067,736	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)		-3,298	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		-2,309	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		19,170	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		2,065,427	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		2,065,427	40.00
41.00	Interim payments		2,107,214	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)		-41,787	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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 2/22/2013 1:35 pm
		Title XVIII	Hospital
			PPS
			Overrides
WORKSHEET OVERRIDE VALUES			1.00
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet E-1
Part I
Date/Time Prepared:
2/22/2013 1:35 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		9,242,245		2,107,214	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		9,242,245		2,107,214	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		17,431		41,787	6.02	
7.00	Total Medicare program liability (see instructions)		9,224,814		2,065,427	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: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet E-1
Part II
Date/Time Prepared:
2/22/2013 1:35 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			0 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			0 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			0 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			0 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			0 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			0 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			0 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)			0 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet E-3 Part VII Date/Time Prepared: 2/22/2013 1:35 pm	
		Title XIX	Hospital	PPS	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			981,661	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	981,661	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	981,661	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		3,650,685	3,784,260	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		3,650,685	3,784,260	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		3,650,685	3,784,260	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		3,650,685	2,802,599	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	981,661	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	981,661	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	981,661	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	981,661	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	981,661	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	981,661	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	981,661	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	0	43.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 150161 Period: From 01/01/2012 To 06/30/2012 Worksheet G Date/Time Prepared: 2/22/2013 1:35 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	62,858,000	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	28,048,000	0	0	0	4.00
5.00	Other receivable	4,714,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,859,000	0	0	0	7.00
8.00	Prepaid expenses	899,000	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)	99,378,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	11,942,000	0	0	0	13.00
14.00	Accumulated depreciation	-5,240,000	0	0	0	14.00
15.00	Buildings	148,757,000	0	0	0	15.00
16.00	Accumulated depreciation	-24,376,000	0	0	0	16.00
17.00	Leasehold improvements	8,730,000	0	0	0	17.00
18.00	Accumulated depreciation	-1,592,000	0	0	0	18.00
19.00	Fixed equipment	25,122,000	0	0	0	19.00
20.00	Accumulated depreciation	-18,239,000	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	68,627,000	0	0	0	23.00
24.00	Accumulated depreciation	-50,545,000	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)	163,186,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	3,658,000	0	0	0	33.00
34.00	Other assets	666,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,324,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	266,888,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	16,269,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,822,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,657,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	5,280,000	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	33,028,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	231,720,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	3,817,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	235,537,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	268,565,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-1,677,000	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-1,677,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	266,888,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet G-1

Date/Time Prepared:
2/22/2013 1:35 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		-19,194,000	
2.00	Net income (loss) (From Wkst. G-3, line 29)		17,517,000			2.00
3.00	Total (sum of line 1 and line 2)		-1,677,000		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)		-1,677,000		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)		-1,677,000		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet G-1

Date/Time Prepared:
2/22/2013 1:35 pm

	Endowment Fund		Plant Fund			
	5.00	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		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)		0		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)		0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	37,589,312		37,589,312	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	37,589,312		37,589,312	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.01	PEDIATRIC INTENSIVE CARE UNIT	1,917,765		1,917,765	14.01
14.02	PREMATURE INTENSIVE CARE UNIT	5,174,481		5,174,481	14.02
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	7,092,246		7,092,246	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	44,681,558		44,681,558	17.00
18.00	Ancillary services	105,931,354	118,449,649	224,381,003	18.00
19.00	Outpatient services	0	376,507	376,507	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	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	150,612,912	118,826,156	269,439,068	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		106,716,868		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	ROUNDING	5,868			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)		5,868		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		106,711,000		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet G-3

Date/Time Prepared:
2/22/2013 1:35 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	269,439,068	1.00
2.00	Less contractual allowances and discounts on patients' accounts	149,065,000	2.00
3.00	Net patient revenues (line 1 minus line 2)	120,374,068	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	106,711,000	4.00
5.00	Net income from service to patients (line 3 minus line 4)	13,663,068	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	2,000	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	80,000	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	857,000	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.)	23,000	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	6,000	20.00
21.00	Rental of vending machines	2,000	21.00
22.00	Rental of hospital space	173,000	22.00
23.00	Governmental appropriations	14,000	23.00
24.00	REV DIRECT SUPPORT - EHSC	0	24.00
24.01	IC REV DIRECT SUPPORT - IUH	149,000	24.01
24.02	IC REV DIRECT SUPPORT - EHSC	0	24.02
24.03	IC REV MARKETING SUPPORT - TPN	60,000	24.03
24.04	IC REV LAB - IUH	212,000	24.04
24.05	REV-OTHER OPERATING-GAIN/LOSS ASSET	1,085,000	24.05
24.06	EHRC INCENTIVE	1,109,000	24.06
24.07	IC REV- SHARED EMP. (TOTAL OF ALL)	153,000	24.07
24.08	IC REV-WOMEN'S HEALTH-CHP	40,000	24.08
24.09	REV MED STAFF OFFICE-IUHP	91,000	24.09
24.10	CONSOL CASH INT - NORTH HOSPITAL	49,000	24.10
25.00	Total other income (sum of lines 6-24)	4,105,000	25.00
26.00	Total (line 5 plus line 25)	17,768,068	26.00
27.00	OTHER EXPENSES (SPECIFY)	251,068	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	251,068	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	17,517,000	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150161	Period: From 01/01/2012 To 06/30/2012	Worksheet L Parts I-III Date/Time Prepared: 2/22/2013 1:35 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		551,886	1.00
2.00	Capital DRG outlier payments		678,507	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		81.26	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.94	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		15.44	8.00
9.00	Sum of lines 7 and 8		18.38	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.79	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		20,916	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,251,309	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

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet L-1
Part I
Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description	Extraordinary Capital Related Costs	Capital Related Costs				
		NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-INTEREST	MOB LEASED SPACE	NEW CAP REL COSTS-MVBLE EQUIP	
		1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	0	0			1.00
1.01 00101	NEW CAP REL COSTS-INTEREST	0	0	0		1.01
1.02 00102	MOB LEASED SPACE	0	0	0	0	1.02
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	0			0	2.00
4.00 00400	EMPLOYEE BENEFITS	0	0	0	0	4.00
5.01 00510	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02 00511	DATA PROCESSING	0	0	0	0	5.02
5.03 00512	PURCHASING, RECEIVING AND STORES	0	0	0	0	5.03
5.04 00513	ADMITTING	0	0	0	0	5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	5.05
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	0	0	0	9.00
10.00 01000	DIETARY	0	0	0	0	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	0	0	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00 01850	PATIENT TRANSPORTATION	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01 03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	34.01
34.02 03402	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	34.02
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
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
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	0	0	59.00
60.00 06000	LABORATORY	0	0	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	0	75.01
76.00 03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	ADULT SLEEP LAB	0	0	0	0	90.01
90.02 09002	PEDIATRIC SLEEP LAB	0	0	0	0	90.02
90.03 09003	IVF	0	0	0	0	90.03
91.00 09100	EMERGENCY	0	0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	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
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	118.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet L-1
Part I
Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description	Extraordinary Capital Related Costs	Capital Related Costs						
		NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-INTEREST	MOB LEASED SPACE	NEW CAP REL COSTS-MVBLE EQUIP			
		1.00	1.01	1.02	2.00			
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00	
192.01	19201	OTHER NON-REIMBURSABLE	0	0	0	0	192.01	
192.02	19202	PURCHASED SERVICES	0	0	0	0	192.02	
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	192.03	
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.04	
192.05	19205	BARIATRIC PHYSICIANS	0	0	0	0	192.05	
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00	
200.00		Cross Foot Adjustments					200.00	
201.00		Negative Cost Centers		0	0		201.00	
202.00		Total (sum of lines 118 and 190-201)	0	0	0	0	202.00	
203.00		Total Statistical Basis		435,595	435,595	25,589	49,647,446	203.00
204.00		Unit Cost Multiplier		0.000000	0.000000	0.000000	0.000000	204.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet L-1
Part I
Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description			Subtotal	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	
			2A	4.00	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
1.02	00102	MOB LEASED SPACE						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS	0	0				4.00
5.01	00510	NONPATIENT TELEPHONES	0	0	0			5.01
5.02	00511	DATA PROCESSING	0	0	0	0		5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00513	ADMITTING	0	0	0	0	0	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	34.02
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
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
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	0	0	75.01
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0	90.02
90.03	09003	IVF	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
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)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet L-1
Part I
Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description			Subtotal	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	
			2A	4.00	5.01	5.02	5.03	
192.01	19201	OTHER NON-REIMBURSABLE	0	0	0	0	0	192.01
192.02	19202	PURCHASED SERVICES	0	0	0	0	0	192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.04
192.05	19205	BARIATRIC PHYSICIANS	0	0	0	0	0	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		Total (sum of lines 118 and 190-201)	0	0	0	0	0	202.00
203.00		Total Statistical Basis	0	36,932,426	1,663	1,586	13,690,226	203.00
204.00		Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	204.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet L-1
Part I
Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description		ADMITTING	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.04	5.05	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03
5.04	00513	ADMITTING	0				5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0			5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	34.02
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
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
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	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	0	75.01
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	90.02
90.03	09003	IVF	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	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
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet L-1
Part I
Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description		ADMITTING	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.04	5.05	6.00	7.00	8.00	
192.01	19201 OTHER NON-REIMBURSABLE	0	0	0	0	0	192.01
192.02	19202 PURCHASED SERVICES	0	0	0	0	0	192.02
192.03	19203 ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04	19204 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.04
192.05	19205 BARIATRIC PHYSICIANS	0	0	0	0	0	192.05
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	Total (sum of lines 118 and 190-201)	0	0	0	0	0	202.00
203.00	Total Statistical Basis	268,362,436	77,485,799	404,875	325,281	146,065	203.00
204.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	204.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet L-1
Part I
Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00560						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	0					9.00
10.00	01000	0	0				10.00
11.00	01100	0	0	0			11.00
13.00	01300	0	0	0	0		13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	0	0	0	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	0	0	0	0	0	34.01
34.02	03402	0	0	0	0	0	34.02
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	0	0	0	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	0	0	0	0	65.00
66.00	06600	0	0	0	0	0	66.00
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
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	0	0	0	0	75.01
76.00	03020	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	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		0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 150161

Period:
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To 06/30/2012

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Part I
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
192.01	19201	OTHER NON-REIMBURSABLE	0	0	0	0	0	192.01
192.02	19202	PURCHASED SERVICES	0	0	0	0	0	192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.04
192.05	19205	BARIATRIC PHYSICIANS	0	0	0	0	0	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		Total (sum of lines 118 and 190-201)	0	0	0	0	0	202.00
203.00		Total Statistical Basis	319,432	18,269	427	210	13,413,551	203.00
204.00		Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	204.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

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Part I
Date/Time Prepared:
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Other General Service	Subtotal	
				PATIENT TRANSPORTATION		
	15.00	16.00	17.00	18.00	24.00	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0	0	0	192.01
192.02 19202 PURCHASED SERVICES	0	0	0	0	0	192.02
192.03 19203 ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.04
192.05 19205 BARIATRIC PHYSICIANS	0	0	0	0	0	192.05
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 Total (sum of lines 118 and 190-201)	0	0	0	0	0	202.00
203.00 Total Statistical Basis	2,268,775	268,362,436	18,269	18,269		203.00
204.00 Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		204.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 150161

Period:
From 01/01/2012
To 06/30/2012

Worksheet L-1
Part I
Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-INTEREST		1.01
1.02	00102	MOB LEASED SPACE		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.01	00510	NONPATIENT TELEPHONES		5.01
5.02	00511	DATA PROCESSING		5.02
5.03	00512	PURCHASING, RECEIVING AND STORES		5.03
5.04	00513	ADMITTING		5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL		5.05
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
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	PATIENT TRANSPORTATION		18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	34.02
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	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	75.01
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	ADULT SLEEP LAB	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	90.02
90.03	09003	IVF	0	90.03
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	118.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 150161

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From 01/01/2012
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Worksheet L-1
Part I
Date/Time Prepared:
2/22/2013 1:35 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	192.01
192.02	19202	PURCHASED SERVICES	0	192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	192.04
192.05	19205	BARIATRIC PHYSICIANS	0	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	194.00
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		Total (sum of lines 118 and 190-201)	0	202.00
203.00		Total Statistical Basis		203.00
204.00		Unit Cost Multiplier		204.00