

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 07/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 6/13/2013 12:04 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/30/2013	Time: 4:35 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 IU HEALTH NORTH HOSPITAL (150161) for the cost reporting period beginning 07/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) _____
 Officer or Administrator of Provider(s)

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00		
		Part A 2.00	Part B 3.00				
PART III - SETTLEMENT SUMMARY							
1.00	Hospital	0	128,783	-1,389	0	748,108	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	128,783	-1,389	0	748,108	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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PART I - COST REPORT STATUS

Provider use only
 1. Electronically filed cost report
 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.

Date: 5/30/2013 Time: 4:35 pm

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.

PART II - CERTIFICATION

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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 IU HEALTH NORTH HOSPITAL (150161) for the cost reporting period beginning 07/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information
 ECR: Date: 5/30/2013 Time: 4:35 pm
 Gc9lLwmzCVpcW5xAeGMg6FylxEiI40
 Ccx3l0yCSr2lGMiur5S.w4USCv9UNJ
 Ranm1V6T500cybd7
 PI: Date: 5/30/2013 Time: 4:35 pm
 gLTnCEcBUumCqmEJNUnzJ1l13dG200
 SMh.g0A06M8XfGyp5lEktjq:iTgrK2
 mzE40iTG.00i8eUL

(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	128,783	-1,389	0	748,108	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	128,783	-1,389	0	748,108	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 07/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 6/13/2013 12:04 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
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)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		IU HEALTH NORTH HOSPITAL		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
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)						07/01/2012		12/31/2012		20.00	
21.00	Type of Control (see instructions)								4		21.00	
Inpatient PPS Information												
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						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.			699	1,490		5		2	1,129	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.			0	0		0		0	0	0	25.00
							Urban/Rural	S		Date of Geogr		
							1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.								1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.								1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.								0		35.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150161	Period: From 07/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 6/13/2013 12:04 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.	N				39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	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 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)		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 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet S-2
Part I
Date/Time Prepared:
6/13/2013 12:04 pm

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
					5.00	
1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00

	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))
			3.00
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))	
					5.00	
1.00	2.00	3.00	4.00	5.00		
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.		0.00	0.00	0.000000	67.00

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		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost 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		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150161	Period: From 07/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 6/13/2013 12:04 pm	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	415,208	0		0
				1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150161			Period: From 07/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 6/13/2013 12:04 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 07/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 6/13/2013 12:04 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)	Y	07/01/2012		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		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		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/19/2013	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			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.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA		UTTER	
42.00	Enter the employer/company name of the cost report preparer.	INDIANA UNIVERSITY HEALTH			
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317.962.1093		RUTTER@IUHEALTH.ORG	

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/19/2013	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER, COST REPORTING	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HFS Supplemental Information		Provider CCN: 150161	Period: From 07/01/2012 To 12/31/2012	Worksheet S-2 Part IX Date/Time Prepared: 6/13/2013 12:04 pm
		Title V	Title XIX	
		1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient	Outpatient	
		1.00	2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet S-3
Part I
Date/Time Prepared:
6/13/2013 12:04 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Visi ts / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	132	24,288	0.00	0	1.00
2.00 HMO						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		132	24,288	0.00	0	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	0	11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT	34.01	6	1,104	0.00	0	11.01
11.02 PREMATURE INTENSIVE CARE UNIT	34.02	23	4,232	0.00	0	11.02
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		161	29,624	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		161				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00
Component	I/P Days / O/P Visi ts / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payrol l	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	3,341	484	11,581			1.00
2.00 HMO	0	2,621				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	3,341	484	11,581			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			11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT	1	23	545			11.01
11.02 PREMATURE INTENSIVE CARE UNIT	0	88	2,113			11.02
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		109	2,595			13.00
14.00 Total (see instructions)	3,342	704	16,834	0.00	161.27	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet S-3
Part I
Date/Time Prepared:
6/13/2013 12:04 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
24.00	HOSPICE						24.00
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				0.00	161.27	27.00
28.00	Observation Bed Days		108	564			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)		0	769			32.00
33.00	LTCH non-covered days	0					33.00
Component		Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX		Total All Patients
		11.00	12.00	13.00	14.00		15.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	753	512	5,030	1.00
2.00	HMO			0			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	0	753	512	5,030	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet S-3
Part II
Date/Time Prepared:
6/13/2013 12:04 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	32,991,621	0	32,991,621	1,090,260.87	30.26
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		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		1,044,455	0	1,044,455	39,063.47	26.74
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		88,008	0	88,008	1,741.00	50.55
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		4,793,734	0	4,793,734	157,360.00	30.46
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		7,973,454	0	7,973,454		
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		255,221	0	255,221		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	329,787	0	329,787	12,161.38	27.12
27.00	Administrative & General	5.00	3,538,681	0	3,538,681	77,165.47	45.86
28.00	Administrative & General under contract (see inst.)		107,742	0	107,742	719.75	149.69
29.00	Maintenance & Repairs	6.00	810,316	0	810,316	27,141.80	29.85
30.00	Operation of Plant	7.00	108,081	0	108,081	3,064.30	35.27
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	772,803	0	772,803	55,867.22	13.83
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	444,412	0	444,412	29,123.60	15.26
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	573,729	0	573,729	38,058.18	15.08
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,083,144	0	2,083,144	57,945.08	35.95
39.00	Central Services and Supply	14.00	441,336	0	441,336	20,132.21	21.92
40.00	Pharmacy	15.00	1,291,318	0	1,291,318	31,237.39	41.34
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150161		Period: From 07/01/2012 To 12/31/2012		Worksheet S-3 Part II Date/Time Prepared: 6/13/2013 12:04 pm		
	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
42.00	Social Service	17.00	137,408	0	137,408	4,332.70	31.71	42.00
43.00	Other General Service	18.00	116,182	0	116,182	8,388.47	13.85	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet S-3
Part III
Date/Time Prepared:
6/13/2013 12:04 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es 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)	33,099,363	0	33,099,363	1,090,980.62	30.34	1.00
2.00	Excluded area salaries (see instructions)	1,044,455	0	1,044,455	39,063.47	26.74	2.00
3.00	Subtotal salaries (line 1 minus line 2)	32,054,908	0	32,054,908	1,051,917.15	30.47	3.00
4.00	Subtotal other wages & related costs (see inst.)	4,881,742	0	4,881,742	159,101.00	30.68	4.00
5.00	Subtotal wage-related costs (see inst.)	7,973,454	0	7,973,454	0.00	24.87	5.00
6.00	Total (sum of lines 3 thru 5)	44,910,104	0	44,910,104	1,211,018.15	37.08	6.00
7.00	Total overhead cost (see instructions)	10,754,939	0	10,754,939	365,337.55	29.44	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet S-3
Part IV
Date/Time Prepared:
6/13/2013 12:04 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,055,920	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)	4,290,977	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	146,160	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	35,718	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)	74,200	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	301	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	2,241,664	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	218,048	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	165,687	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	8,228,675	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 07/01/2012 To 12/31/2012	Worksheet S-3 Part V Date/Time Prepared: 6/13/2013 12:04 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		195,750	8,228,675
2.00	Hospital		195,750	8,228,675
3.00	Subprovider - IPF			
4.00	Subprovider - IRF			
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis			
18.00	Other		0	0

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet A
Date/Time Prepared:
6/13/2013 12:04 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	5,413,996	5,413,996	1.00
1.01 00101 NEW CAP REL COSTS-INTEREST		0	0	7,700,143	7,700,143	1.01
1.02 00102 MOB LEASED SPACE		0	0	395,722	395,722	1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	2,788,025	2,788,025	2.00
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS	329,787	300,492	630,279	5,612,398	6,242,677	4.00
5.01 00510 NONPATIENT TELEPHONES	0	62,612	62,612	0	62,612	5.01
5.02 00511 DATA PROCESSING	55,884	-116,793	-60,909	165,524	104,615	5.02
5.03 00512 PURCHASING, RECEIVING AND STORES	208,869	114,182	323,051	-101,225	221,826	5.03
5.04 00513 ADMITTING	684,001	413,820	1,097,821	-156,299	941,522	5.04
5.05 00560 OTHER ADMINISTRATIVE AND GENERAL	2,589,927	33,052,847	35,642,774	-16,314,272	19,328,502	5.05
6.00 00600 MAINTENANCE & REPAIRS	810,316	2,616,052	3,426,368	-206,836	3,219,532	6.00
7.00 00700 OPERATION OF PLANT	108,081	123,677	231,758	-23,608	208,150	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	286,944	286,944	0	286,944	8.00
9.00 00900 HOUSEKEEPING	772,803	2,152,913	2,925,716	-253,284	2,672,432	9.00
10.00 01000 DIETARY	444,412	453,869	898,281	-115,276	783,005	10.00
11.00 01100 CAFETERIA	573,729	1,106,628	1,680,357	-138,620	1,541,737	11.00
13.00 01300 NURSING ADMINISTRATION	2,083,144	811,350	2,894,494	-440,701	2,453,793	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	441,336	700,250	1,141,586	4,489,751	5,631,337	14.00
15.00 01500 PHARMACY	1,291,318	1,869,289	3,160,607	-1,721,731	1,438,876	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	196,513	196,513	-3,177	193,336	16.00
17.00 01700 SOCIAL SERVICE	137,408	39,120	176,528	-23,049	153,479	17.00
18.00 01850 PATIENT TRANSPORTATION	116,182	54,791	170,973	-44,505	126,468	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	8,547,142	4,464,435	13,011,577	-3,075,226	9,936,351	30.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	582,586	895,727	1,478,313	-111,856	1,366,457	34.01
34.02 03402 PREMATURE INTENSIVE CARE UNIT	1,309,911	765,283	2,075,194	-296,959	1,778,235	34.02
43.00 04300 NURSERY	0	0	0	603,617	603,617	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,191,985	10,507,344	12,699,329	-9,590,683	3,108,646	50.00
51.00 05100 RECOVERY ROOM	1,155,531	422,329	1,577,860	-328,071	1,249,789	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	1,604,388	1,073,000	2,677,388	-675,777	2,001,611	54.00
56.00 05600 RADIOISOTOPE	93,558	84,198	177,756	-14,811	162,945	56.00
60.00 06000 LABORATORY	1,395,112	2,872,510	4,267,622	-646,087	3,621,535	60.00
65.00 06500 RESPIRATORY THERAPY	990,489	329,085	1,319,574	-252,986	1,066,588	65.00
66.00 06600 PHYSICAL THERAPY	919,473	328,261	1,247,734	-185,305	1,062,429	66.00
69.00 06900 ELECTROCARDIOLOGY	91,097	101,097	192,194	-11,386	180,808	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	93,782	114,167	207,949	45,649	253,598	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,789,889	2,789,889	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	4,636,527	4,636,527	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	1,573,032	1,573,032	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	761,307	936,229	1,697,536	-753,198	944,338	75.01
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 ADULT SLEEP LAB	155,023	191,752	346,775	-41,189	305,586	90.01
90.02 09002 PEDIATRIC SLEEP LAB	0	0	0	0	0	90.02
90.03 09003 IVF	0	6,160	6,160	-6,160	0	90.03
91.00 09100 EMERGENCY	1,408,585	1,350,470	2,759,055	-354,732	2,404,323	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	31,947,166	68,680,603	100,627,769	327,264	100,955,033	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
192.01 19201 OTHER NON-REIMBURSABLE	238,210	1,011,994	1,250,204	-5,176	1,245,028	192.01
192.02 19202 PURCHASED SERVICES	0	0	0	0	0	192.02
192.03 19203 ZI ONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	670	670	-209	461	192.04
192.05 19205 BARIATRIC PHYSICIANS	806,245	682,190	1,488,435	-321,879	1,166,556	192.05
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00 TOTAL (SUM OF LINES 118-199)	32,991,621	70,375,457	103,367,078	0	103,367,078	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet A
Date/Time Prepared:
6/13/2013 12:04 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	135,149	5,549,145	1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	-531,082	7,169,061	1.01
1.02	00102	MOB LEASED SPACE	0	395,722	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	234,489	3,022,514	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	1,888,317	8,130,994	4.00
5.01	00510	NONPATIENT TELEPHONES	-92,815	-30,203	5.01
5.02	00511	DATA PROCESSING	4,219,769	4,324,384	5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	203,396	425,222	5.03
5.04	00513	ADMITTING	1,869,408	2,810,930	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	-12,339,711	6,988,791	5.05
6.00	00600	MAINTENANCE & REPAIRS	-321,185	2,898,347	6.00
7.00	00700	OPERATION OF PLANT	327,778	535,928	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	286,944	8.00
9.00	00900	HOUSEKEEPING	82,788	2,755,220	9.00
10.00	01000	DIETARY	-7,306	775,699	10.00
11.00	01100	CAFETERIA	-751,578	790,159	11.00
13.00	01300	NURSING ADMINISTRATION	94,623	2,548,416	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-202	5,631,135	14.00
15.00	01500	PHARMACY	0	1,438,876	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	193,336	16.00
17.00	01700	SOCIAL SERVICE	0	153,479	17.00
18.00	01850	PATIENT TRANSPORTATION	0	126,468	18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,433,029	8,503,322	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	-731,009	635,448	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	-309,474	1,468,761	34.02
43.00	04300	NURSERY	0	603,617	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-441,561	2,667,085	50.00
51.00	05100	RECOVERY ROOM	158	1,249,947	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	-75,273	1,926,338	54.00
56.00	05600	RADIOISOTOPE	865	163,810	56.00
60.00	06000	LABORATORY	591,163	4,212,698	60.00
65.00	06500	RESPIRATORY THERAPY	36	1,066,624	65.00
66.00	06600	PHYSICAL THERAPY	2,338	1,064,767	66.00
69.00	06900	ELECTROCARDIOLOGY	-90,295	90,513	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,386	252,212	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,789,889	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	4,636,527	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	748	1,573,780	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	-81,075	863,263	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	ADULT SLEEP LAB	14,400	319,986	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	90.02
90.03	09003	IVF	0	0	90.03
91.00	09100	EMERGENCY	-431,472	1,972,851	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-7,973,028	92,982,005	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
192.01	19201	OTHER NON-REIMBURSABLE	0	1,245,028	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	461	192.04
192.05	19205	BARIATRIC PHYSICIANS	0	1,166,556	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-7,973,028	95,394,050	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet Non-CMS W
Date/Time Prepared:
6/13/2013 12:04 pm

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
GENERAL SERVICE COST CENTERS			
1.00 NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
1.01 NEW CAP REL COSTS-INTEREST	00101		1.01
1.02 MOB LEASED SPACE	00102		1.02
2.00 NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00 OTHER CAPITAL RELATED COSTS	00300		3.00
4.00 EMPLOYEE BENEFITS	00400		4.00
5.01 NONPATIENT TELEPHONES	00510		5.01
5.02 DATA PROCESSING	00511		5.02
5.03 PURCHASING, RECEIVING AND STORES	00512		5.03
5.04 ADMITTING	00513		5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL	00560		5.05
6.00 MAINTENANCE & REPAIRS	00600		6.00
7.00 OPERATION OF PLANT	00700		7.00
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
10.00 DIETARY	01000		10.00
11.00 CAFETERIA	01100		11.00
13.00 NURSING ADMINISTRATION	01300		13.00
14.00 CENTRAL SERVICES & SUPPLY	01400		14.00
15.00 PHARMACY	01500		15.00
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
17.00 SOCIAL SERVICE	01700		17.00
18.00 PATIENT TRANSPORTATION	01850		18.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	03000		30.00
34.00 SURGICAL INTENSIVE CARE UNIT	03400		34.00
34.01 PEDIATRIC INTENSIVE CARE UNIT	03401		34.01
34.02 PREMATURE INTENSIVE CARE UNIT	03402		34.02
43.00 NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	05000		50.00
51.00 RECOVERY ROOM	05100		51.00
52.00 DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00 ANESTHESIOLOGY	05300		53.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
56.00 RADIOISOTOPE	05600		56.00
60.00 LABORATORY	06000		60.00
65.00 RESPIRATORY THERAPY	06500		65.00
66.00 PHYSICAL THERAPY	06600		66.00
69.00 ELECTROCARDIOLOGY	06900		69.00
70.00 ELECTROENCEPHALOGRAPHY	07000		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
75.00 ASC (NON-DISTINCT PART)	07500		75.00
75.01 CARDIAC CATHETERIZATION LABORATORY	07501		75.01
OUTPATIENT SERVICE COST CENTERS			
90.00 CLINIC	09000		90.00
90.01 ADULT SLEEP LAB	09001		90.01
90.02 PEDIATRIC SLEEP LAB	09002		90.02
90.03 IVF	09003		90.03
91.00 EMERGENCY	09100		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
SPECIAL PURPOSE COST CENTERS			
113.00 INTEREST EXPENSE	11300		113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00 PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01 OTHER NON-REIMBURSABLE	19201		192.01
192.02 PURCHASED SERVICES	19202		192.02
192.03 ZIONSVILLE SCHOOL NURSES	19203		192.03
192.04 PHYSICIANS' PRIVATE OFFICES	19204		192.04
192.05 BARIATRIC PHYSICIANS	19205		192.05
194.00 OTHER NONREIMBURSABLE COST CENTERS	07950		194.00
200.00 TOTAL (SUM OF LINES 118-199)			200.00

		Increases			
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
A - BILLABLE SUPPLIES					
1.00	EMPLOYEE BENEFITS	4.00	0	6	1.00
2.00	ADMINISTRATIVE	5.04	0	8	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	31,077	3.00
4.00	OPERATION OF PLANT	7.00	0	2	4.00
5.00	DIETARY	10.00	0	210	5.00
6.00	CAFETERIA	11.00	0	332	6.00
7.00	NURSING ADMINISTRATION	13.00	0	5	7.00
8.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	168	8.00
9.00	RADIOISOTOPE	56.00	0	420	9.00
10.00	ELECTROENCEPHALOGRAPHY	70.00	0	49	10.00
11.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,789,889	11.00
12.00	ADULT SLEEP LAB	90.01	0	4	12.00
13.00	OTHER NON-REIMBURSABLE	192.01	0	2	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
	TOTALS		0	2,822,172	
B - NON-BILLABLE SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,682,091	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
	TOTALS		0	4,682,091	
C - DRUGS					
1.00	PURCHASING, RECEIVING AND STORES	5.03	0	1	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	1	2.00
3.00	CAFETERIA	11.00	0	2	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	6	4.00
5.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	1	5.00
6.00	RECOVERY ROOM	51.00	0	3	6.00
7.00	RADIOISOTOPE	56.00	0	1	7.00
8.00	LABORATORY	60.00	0	6	8.00
9.00	RESPIRATORY THERAPY	65.00	0	2	9.00
10.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,573,032	10.00
11.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	23	11.00
12.00	EMERGENCY	91.00	0	15	12.00
	TOTALS		0	1,573,093	

RECLASSIFICATIONS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet A-6

Date/Time Prepared:
6/13/2013 12:04 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
D - IMPLANTABLE DEVICES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	32,687	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	508	2.00
3.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	4,636,527	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
TOTALS			0	4,669,722	
F - LEASES					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,090,630	1.00
2.00	MOB LEASED SPACE	1.02	0	395,722	2.00
3.00	DATA PROCESSING	5.02	0	253,835	3.00
4.00	LABORATORY	60.00	0	40,337	4.00
5.00	ELECTROENCEPHALOGRAPHY	70.00	0	65,161	5.00
6.00	OTHER NON-REIMBURSABLE	192.01	0	116	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
TOTALS			0	1,845,801	
G - PACU					
1.00		0.00	0	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	11,695	1,091	2.00
TOTALS			11,695	1,091	
H - IVF					
1.00	DIETARY	10.00	0	5	1.00
TOTALS			0	5	
I - NURSERY					
1.00	NURSERY	43.00	546,416	57,201	1.00
TOTALS			546,416	57,201	
J - MARKETING					
1.00	MAINTENANCE & REPAIRS	6.00	0	690	1.00
2.00	OTHER NON-REIMBURSABLE	192.01	0	42,087	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
TOTALS			0	42,777	
K - INTEREST					
1.00	NEW CAP REL COSTS-INTEREST	1.01	0	7,700,143	1.00
2.00	ADMINISTRATIVE	5.04	0	8	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
TOTALS			0	7,700,151	

RECLASSIFICATIONS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet A-6

Date/Time Prepared:
6/13/2013 12:04 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
L - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	4,323,366	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	2,788,025	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	217	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	117	4.00
5.00	BARI ATRIC PHYSICIANS	192.05	0	3,461	5.00
	TOTALS		0	7,115,186	
M - BENEFITS					
1.00	EMPLOYEE BENEFITS	4.00	0	5,614,750	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
	TOTALS		0	5,614,750	
500.00	Grand Total: Increases		558,111	36,124,040	500.00

RECLASSIFICATIONS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet A-6
Date/Time Prepared:
6/13/2013 12:04 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	PURCHASING, RECEIVING AND STORES	5.03	0	56,265	0	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	55,575	0	2.00	
3.00	HOUSEKEEPING	9.00	0	7,124	0	3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	123,622	0	4.00	
5.00	PHARMACY	15.00	0	23,513	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	9,338	0	6.00	
7.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	2,374	0	7.00	
8.00	OPERATING ROOM	50.00	0	2,076,758	0	8.00	
9.00	RECOVERY ROOM	51.00	0	12,002	0	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	75,605	0	10.00	
11.00	LABORATORY	60.00	0	143,664	0	11.00	
12.00	RESPIRATORY THERAPY	65.00	0	5,605	0	12.00	
13.00	PHYSICAL THERAPY	66.00	0	15,773	0	13.00	
14.00	ELECTROCARDIOLOGY	69.00	0	1,306	0	14.00	
15.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	201,957	0	15.00	
16.00	IVF	90.03	0	6,155	0	16.00	
17.00	EMERGENCY	91.00	0	4,934	0	17.00	
18.00	BARITRIC PHYSICIANS	192.05	0	602	0	18.00	
	TOTALS		0	2,822,172			
B - NON-BILLABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS	4.00	0	943	0	1.00	
2.00	PURCHASING, RECEIVING AND STORES	5.03	0	241	0	2.00	
3.00	ADMINISTRATIVE AND GENERAL	5.04	0	5,871	0	3.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	135,842	0	4.00	
5.00	MAINTENANCE & REPAIRS	6.00	0	1,232	0	5.00	
6.00	OPERATION OF PLANT	7.00	0	50	0	6.00	
7.00	HOUSEKEEPING	9.00	0	9,846	0	7.00	
8.00	DIETARY	10.00	0	3,446	0	8.00	
9.00	CAFETERIA	11.00	0	241	0	9.00	
10.00	NURSING ADMINISTRATION	13.00	0	1,329	0	10.00	
11.00	PHARMACY	15.00	0	53,907	0	11.00	
12.00	ADULTS & PEDIATRICS	30.00	0	883,232	0	12.00	
13.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	11,310	0	13.00	
14.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	91,108	0	14.00	
15.00	OPERATING ROOM	50.00	0	2,451,940	0	15.00	
16.00	RECOVERY ROOM	51.00	0	142,644	0	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	141,050	0	17.00	
18.00	RADIOISOTOPE	56.00	0	761	0	18.00	
19.00	LABORATORY	60.00	0	319,457	0	19.00	
20.00	RESPIRATORY THERAPY	65.00	0	89,640	0	20.00	
21.00	PHYSICAL THERAPY	66.00	0	9,446	0	21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	1,819	0	22.00	
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	7,446	0	23.00	
24.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	181,335	0	24.00	
25.00	ADULT SLEEP LAB	90.01	0	8,561	0	25.00	
26.00	EMERGENCY	91.00	0	124,073	0	26.00	
27.00	OTHER NON-REIMBURSABLE	192.01	0	364	0	27.00	
28.00	PHYSICIANS' PRIVATE OFFICES	192.04	0	209	0	28.00	
29.00	BARITRIC PHYSICIANS	192.05	0	4,748	0	29.00	
	TOTALS		0	4,682,091			
C - DRUGS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	42,623	0	1.00	
2.00	PHARMACY	15.00	0	1,456,407	0	2.00	
3.00	SOCIAL SERVICE	17.00	0	1,107	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	379	0	4.00	
5.00	OPERATING ROOM	50.00	0	72,546	0	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	31	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	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	
	TOTALS		0	1,573,093			

RECLASSIFICATIONS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet A-6
Date/Time Prepared:
6/13/2013 12:04 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
D - IMPLANTABLE DEVICES						
1.00	PURCHASING, RECEIVING AND STORES	5.03	0	173	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	25,117	0	2.00
3.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	251	0	3.00
4.00	OPERATING ROOM	50.00	0	4,416,827	0	4.00
5.00	LABORATORY	60.00	0	29	0	5.00
6.00	PHYSICAL THERAPY	66.00	0	88	0	6.00
7.00	ELECTROCARDIOLOGY	69.00	0	198	0	7.00
8.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,226	0	8.00
9.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	223,813	0	9.00
	TOTALS		0	4,669,722		
F - LEASES						
1.00	EMPLOYEE BENEFITS	4.00	0	1,069	10	1.00
2.00	PURCHASING, RECEIVING AND STORES	5.03	0	656	10	2.00
3.00	ADMINISTRATIVE AND GENERAL	5.04	0	1,221	0	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	1,180,173	0	4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	17,817	0	5.00
6.00	OPERATION OF PLANT	7.00	0	9,141	0	6.00
7.00	DIETARY	10.00	0	656	0	7.00
8.00	CAFETERIA	11.00	0	1,687	0	8.00
9.00	NURSING ADMINISTRATION	13.00	0	27,471	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	518	0	10.00
11.00	PHARMACY	15.00	0	21,964	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,177	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	12,029	0	13.00
14.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	6,476	0	14.00
15.00	OPERATING ROOM	50.00	0	139,645	0	15.00
16.00	RECOVERY ROOM	51.00	0	710	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	181,042	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	1,404	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	42,679	0	19.00
20.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	397	0	20.00
21.00	EMERGENCY	91.00	0	1,117	0	21.00
22.00	BARITRIC PHYSICIANS	192.05	0	194,752	0	22.00
	TOTALS		0	1,845,801		
G - PACU						
1.00		0.00	0	0	0	1.00
2.00	RECOVERY ROOM	51.00	11,695	1,091	0	2.00
	TOTALS		11,695	1,091		
H - IVF						
1.00	IVF	90.03	0	5	0	1.00
	TOTALS		0	5		
I - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	546,416	57,201	0	1.00
	TOTALS		546,416	57,201		
J - MARKETING						
1.00	EMPLOYEE BENEFITS	4.00	0	346	0	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	4,500	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	368	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	5,308	0	4.00
5.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	2,422	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,633	0	6.00
7.00	LABORATORY	60.00	0	1,562	0	7.00
8.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	2,513	0	8.00
9.00	EMERGENCY	91.00	0	16,125	0	9.00
	TOTALS		0	42,777		
K - INTEREST						
1.00	DATA PROCESSING	5.02	0	80,593	11	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	7,589,070	0	2.00
3.00	NURSING ADMINISTRATION	13.00	0	37	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	433	0	4.00
5.00	RECOVERY ROOM	51.00	0	18	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	21,945	0	6.00

RECLASSIFICATIONS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet A-6

Date/Time Prepared:
6/13/2013 12:04 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
7.00	LABORATORY	60.00	0	5,743	0	7.00	
8.00	PHYSICAL THERAPY	66.00	0	109	0	8.00	
9.00	CARDIAC CATHETERIZATION	75.01	0	215	0	9.00	
10.00	LABORATORY						
10.00	ADULT SLEEP LAB	90.01	0	210	0	10.00	
11.00	BARIATRIC PHYSICIANS	192.05	0	1,778	0	11.00	
	TOTALS		0	7,700,151			
L - DEPRECIATION							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	7,108,920	9	1.00	
2.00	NURSING ADMINISTRATION	13.00	0	42	9	2.00	
3.00	PHYSICAL THERAPY	66.00	0	2,310	0	3.00	
4.00	CARDIAC CATHETERIZATION	75.01	0	271	0	4.00	
5.00	LABORATORY						
5.00	ADULT SLEEP LAB	90.01	0	3,643	0	5.00	
	TOTALS		0	7,115,186			
M - BENEFITS							
1.00	DATA PROCESSING	5.02	0	7,718	0	1.00	
2.00	PURCHASING, RECEIVING AND STORES	5.03	0	43,891	0	2.00	
3.00	ADMINISTRATIVE	5.04	0	144,723	0	3.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	288,353	0	4.00	
5.00	MAINTENANCE & REPAIRS	6.00	0	132,903	0	5.00	
6.00	OPERATION OF PLANT	7.00	0	14,419	0	6.00	
7.00	HOUSEKEEPING	9.00	0	236,314	0	7.00	
8.00	DIETARY	10.00	0	111,389	0	8.00	
9.00	CAFETERIA	11.00	0	137,026	0	9.00	
10.00	NURSING ADMINISTRATION	13.00	0	411,827	0	10.00	
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	100,893	0	11.00	
12.00	PHARMACY	15.00	0	165,940	0	12.00	
13.00	SOCIAL SERVICE	17.00	0	21,942	0	13.00	
14.00	PATIENT TRANSPORTATION	18.00	0	44,505	0	14.00	
15.00	ADULTS & PEDIATRICS	30.00	0	1,548,776	0	15.00	
16.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	98,292	0	16.00	
17.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	196,751	0	17.00	
18.00	OPERATING ROOM	50.00	0	432,967	0	18.00	
19.00	RECOVERY ROOM	51.00	0	159,914	0	19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	247,096	0	20.00	
21.00	RADIOISOTOPE	56.00	0	14,471	0	21.00	
22.00	LABORATORY	60.00	0	215,975	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0	156,339	0	23.00	
24.00	PHYSICAL THERAPY	66.00	0	114,900	0	24.00	
25.00	ELECTROCARDIOLOGY	69.00	0	8,063	0	25.00	
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	8,889	0	26.00	
27.00	CARDIAC CATHETERIZATION	75.01	0	142,720	0	27.00	
28.00	LABORATORY						
28.00	ADULT SLEEP LAB	90.01	0	28,779	0	28.00	
29.00	EMERGENCY	91.00	0	208,498	0	29.00	
30.00	OTHER NON-REIMBURSABLE	192.01	0	47,017	0	30.00	
31.00	BARIATRIC PHYSICIANS	192.05	0	123,460	0	31.00	
	TOTALS		0	5,614,750			
500.00	Grand Total: Decreases		558,111	36,124,040		500.00	

RECLASSIFICATIONS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
6/13/2013 12:04 pm

Increases			Decreases		
Cost Center	Line #	Salary	Cost Center	Line #	Salary
2.00	3.00	4.00	6.00	7.00	8.00
A - BILLABLE SUPPLIES					
1.00	EMPLOYEE BENEFITS	4.00	0 PURCHASING, RECEIVING AND STORES	5.03	0 1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0 MAINTENANCE & REPAIRS	6.00	0 2.00
3.00	OPERATION OF PLANT	5.05	0 HOUSEKEEPING	9.00	0 3.00
4.00	DIETARY	7.00	0 CENTRAL SERVICES & SUPPLY	14.00	0 4.00
5.00	CAFETERIA	10.00	0 PHARMACY	15.00	0 5.00
6.00	NURSING ADMINISTRATION	11.00	0 ADULTS & PEDIATRICS	30.00	0 6.00
7.00	PEDIATRIC INTENSIVE CARE UNIT	13.00	0 PREMATURE INTENSIVE CARE UNIT	34.02	0 7.00
8.00	RADIOISOTOPE	34.01	0 OPERATING ROOM	50.00	0 8.00
9.00	ELECTROENCEPHALOGRAPHY	56.00	0 RECOVERY ROOM	51.00	0 9.00
10.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	70.00	0 RADIOLOGY-DIAGNOSTIC	54.00	0 10.00
11.00	ADULT SLEEP LAB	71.00	0 LABORATORY	60.00	0 11.00
12.00	OTHER NON-REIMBURSABLE	90.01	0 RESPIRATORY THERAPY	65.00	0 12.00
13.00		192.01	0 PHYSICAL THERAPY	66.00	0 13.00
14.00		0.00	0 ELECTROCARDIOLOGY	69.00	0 14.00
15.00		0.00	0 CARDIAC CATHETERIZATION LABORATORY	75.01	0 15.00
16.00		0.00	0 IVF	90.03	0 16.00
17.00		0.00	0 EMERGENCY	91.00	0 17.00
18.00		0.00	0 BARIATRIC PHYSICIANS	192.05	0 18.00
TOTALS			TOTALS		
B - NON-BILLABLE SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0 EMPLOYEE BENEFITS	4.00	0 1.00
2.00		0.00	0 PURCHASING, RECEIVING AND STORES	5.03	0 2.00
3.00		0.00	0 ADMINISTRATION	5.04	0 3.00
4.00		0.00	0 OTHER ADMINISTRATIVE AND GENERAL	5.05	0 4.00
5.00		0.00	0 MAINTENANCE & REPAIRS	6.00	0 5.00
6.00		0.00	0 OPERATION OF PLANT	7.00	0 6.00
7.00		0.00	0 HOUSEKEEPING	9.00	0 7.00
8.00		0.00	0 DIETARY	10.00	0 8.00
9.00		0.00	0 CAFETERIA	11.00	0 9.00
10.00		0.00	0 NURSING ADMINISTRATION	13.00	0 10.00
11.00		0.00	0 PHARMACY	15.00	0 11.00
12.00		0.00	0 ADULTS & PEDIATRICS	30.00	0 12.00
13.00		0.00	0 PEDIATRIC INTENSIVE CARE UNIT	34.01	0 13.00
14.00		0.00	0 PREMATURE INTENSIVE CARE UNIT	34.02	0 14.00
15.00		0.00	0 OPERATING ROOM	50.00	0 15.00
16.00		0.00	0 RECOVERY ROOM	51.00	0 16.00
17.00		0.00	0 RADIOLOGY-DIAGNOSTIC	54.00	0 17.00
18.00		0.00	0 RADIOISOTOPE	56.00	0 18.00
19.00		0.00	0 LABORATORY	60.00	0 19.00
20.00		0.00	0 RESPIRATORY THERAPY	65.00	0 20.00
21.00		0.00	0 PHYSICAL THERAPY	66.00	0 21.00
22.00		0.00	0 ELECTROCARDIOLOGY	69.00	0 22.00
23.00		0.00	0 ELECTROENCEPHALOGRAPHY	70.00	0 23.00
24.00		0.00	0 CARDIAC CATHETERIZATION LABORATORY	75.01	0 24.00
25.00		0.00	0 ADULT SLEEP LAB	90.01	0 25.00
26.00		0.00	0 EMERGENCY	91.00	0 26.00
27.00		0.00	0 OTHER NON-REIMBURSABLE	192.01	0 27.00
28.00		0.00	0 PHYSICIANS' PRIVATE OFFICES	192.04	0 28.00
29.00		0.00	0 BARIATRIC PHYSICIANS	192.05	0 29.00
TOTALS			TOTALS		
C - DRUGS					
1.00	PURCHASING, RECEIVING AND STORES	5.03	0 OTHER ADMINISTRATIVE AND GENERAL	5.05	0 1.00
2.00	MAINTENANCE & REPAIRS	6.00	0 PHARMACY	15.00	0 2.00
3.00	CAFETERIA	11.00	0 SOCIAL SERVICE	17.00	0 3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0 ADULTS & PEDIATRICS	30.00	0 4.00
5.00	PREMATURE INTENSIVE CARE UNIT	34.02	0 OPERATING ROOM	50.00	0 5.00
6.00	RECOVERY ROOM	51.00	0 RADIOLOGY-DIAGNOSTIC	54.00	0 6.00
7.00	RADIOISOTOPE	56.00	0	0.00	0 7.00
8.00	LABORATORY	60.00	0	0.00	0 8.00
9.00	RESPIRATORY THERAPY	65.00	0	0.00	0 9.00

RECLASSIFICATIONS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
6/13/2013 12:04 pm

Increases				Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
10.00	DRUGS CHARGED TO PATIENTS	73.00	0		0.00	0	10.00
11.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0		0.00	0	11.00
12.00	EMERGENCY	91.00	0		0.00	0	12.00
	TOTALS		0	TOTALS		0	
D - IMPLANTABLE DEVICES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	PURCHASING, RECEIVING AND STORES	5.03	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	ADULTS & PEDIATRICS	30.00	0	2.00
3.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	PREMATURE INTENSIVE CARE UNIT	34.02	0	3.00
4.00		0.00	0	OPERATING ROOM	50.00	0	4.00
5.00		0.00	0	LABORATORY	60.00	0	5.00
6.00		0.00	0	PHYSICAL THERAPY	66.00	0	6.00
7.00		0.00	0	ELECTROCARDIOLOGY	69.00	0	7.00
8.00		0.00	0	ELECTROENCEPHALOGRAPHY	70.00	0	8.00
9.00		0.00	0	CARDIAC CATHETERIZATION LABORATORY	75.01	0	9.00
	TOTALS		0	TOTALS		0	
F - LEASES							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	EMPLOYEE BENEFITS	4.00	0	1.00
2.00	MOB LEASED SPACE	1.02	0	PURCHASING, RECEIVING AND STORES	5.03	0	2.00
3.00	DATA PROCESSING	5.02	0	ADMINISTRATIVE AND GENERAL	5.04	0	3.00
4.00	LABORATORY	60.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	4.00
5.00	ELECTROENCEPHALOGRAPHY	70.00	0	MAINTENANCE & REPAIRS	6.00	0	5.00
6.00	OTHER NON-REIMBURSABLE	192.01	0	OPERATION OF PLANT	7.00	0	6.00
7.00		0.00	0	DIETARY	10.00	0	7.00
8.00		0.00	0	CAFETERIA	11.00	0	8.00
9.00		0.00	0	NURSING ADMINISTRATION	13.00	0	9.00
10.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0	10.00
11.00		0.00	0	PHARMACY	15.00	0	11.00
12.00		0.00	0	MEDICAL RECORDS & LIBRARY	16.00	0	12.00
13.00		0.00	0	ADULTS & PEDIATRICS	30.00	0	13.00
14.00		0.00	0	PREMATURE INTENSIVE CARE UNIT	34.02	0	14.00
15.00		0.00	0	OPERATING ROOM	50.00	0	15.00
16.00		0.00	0	RECOVERY ROOM	51.00	0	16.00
17.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	17.00
18.00		0.00	0	RESPIRATORY THERAPY	65.00	0	18.00
19.00		0.00	0	PHYSICAL THERAPY	66.00	0	19.00
20.00		0.00	0	CARDIAC CATHETERIZATION LABORATORY	75.01	0	20.00
21.00		0.00	0	EMERGENCY	91.00	0	21.00
22.00		0.00	0	BARiatric PHYSICIANS	192.05	0	22.00
	TOTALS		0	TOTALS		0	
G - PACU							
1.00		0.00	0		0.00	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	11,695	RECOVERY ROOM	51.00	11,695	2.00
	TOTALS		11,695	TOTALS		11,695	
H - IVF							
1.00	DIETARY	10.00	0	IVF	90.03	0	1.00
	TOTALS		0	TOTALS		0	
I - NURSERY							
1.00	NURSERY	43.00	546,416	ADULTS & PEDIATRICS	30.00	546,416	1.00
	TOTALS		546,416	TOTALS		546,416	
J - MARKETING							
1.00	MAINTENANCE & REPAIRS	6.00	0	EMPLOYEE BENEFITS	4.00	0	1.00
2.00	OTHER NON-REIMBURSABLE	192.01	0	ADMINISTRATIVE AND GENERAL	5.04	0	2.00
3.00		0.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	3.00
4.00		0.00	0	ADULTS & PEDIATRICS	30.00	0	4.00
5.00		0.00	0	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	5.00
6.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	6.00
7.00		0.00	0	LABORATORY	60.00	0	7.00
8.00		0.00	0	CARDIAC CATHETERIZATION LABORATORY	75.01	0	8.00
9.00		0.00	0	EMERGENCY	91.00	0	9.00
	TOTALS		0	TOTALS		0	

RECLASSIFICATIONS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
6/13/2013 12:04 pm

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
K - INTEREST						
1.00	NEW CAP REL COSTS-INTEREST	1.01	DATA PROCESSING	5.02	0	1.00
2.00	ADMINING	5.04	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	2.00
3.00		0.00	NURSING ADMINISTRATION	13.00	0	3.00
4.00		0.00	ADULTS & PEDIATRICS	30.00	0	4.00
5.00		0.00	RECOVERY ROOM	51.00	0	5.00
6.00		0.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6.00
7.00		0.00	LABORATORY	60.00	0	7.00
8.00		0.00	PHYSICAL THERAPY	66.00	0	8.00
9.00		0.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	9.00
10.00		0.00	ADULT SLEEP LAB	90.01	0	10.00
11.00		0.00	BARIATRIC PHYSICIANS	192.05	0	11.00
	TOTALS		TOTALS		0	
L - DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	NURSING ADMINISTRATION	13.00	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	PHYSICAL THERAPY	66.00	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	4.00
5.00	BARIATRIC PHYSICIANS	192.05	ADULT SLEEP LAB	90.01	0	5.00
	TOTALS		TOTALS		0	
M - BENEFITS						
1.00	EMPLOYEE BENEFITS	4.00	DATA PROCESSING	5.02	0	1.00
2.00		0.00	PURCHASING, RECEIVING AND STORES	5.03	0	2.00
3.00		0.00	ADMINING	5.04	0	3.00
4.00		0.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	4.00
5.00		0.00	MAINTENANCE & REPAIRS	6.00	0	5.00
6.00		0.00	OPERATION OF PLANT	7.00	0	6.00
7.00		0.00	HOUSEKEEPING	9.00	0	7.00
8.00		0.00	DIETARY	10.00	0	8.00
9.00		0.00	CAFETERIA	11.00	0	9.00
10.00		0.00	NURSING ADMINISTRATION	13.00	0	10.00
11.00		0.00	CENTRAL SERVICES & SUPPLY	14.00	0	11.00
12.00		0.00	PHARMACY	15.00	0	12.00
13.00		0.00	SOCIAL SERVICE	17.00	0	13.00
14.00		0.00	PATIENT TRANSPORTATION	18.00	0	14.00
15.00		0.00	ADULTS & PEDIATRICS	30.00	0	15.00
16.00		0.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	16.00
17.00		0.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	17.00
18.00		0.00	OPERATING ROOM	50.00	0	18.00
19.00		0.00	RECOVERY ROOM	51.00	0	19.00
20.00		0.00	RADIOLOGY-DIAGNOSTIC	54.00	0	20.00
21.00		0.00	RADIOISOTOPE	56.00	0	21.00
22.00		0.00	LABORATORY	60.00	0	22.00
23.00		0.00	RESPIRATORY THERAPY	65.00	0	23.00
24.00		0.00	PHYSICAL THERAPY	66.00	0	24.00
25.00		0.00	ELECTROCARDIOLOGY	69.00	0	25.00
26.00		0.00	ELECTROENCEPHALOGRAPHY	70.00	0	26.00
27.00		0.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	27.00
28.00		0.00	ADULT SLEEP LAB	90.01	0	28.00
29.00		0.00	EMERGENCY	91.00	0	29.00
30.00		0.00	OTHER NON-REIMBURSABLE	192.01	0	30.00
31.00		0.00	BARIATRIC PHYSICIANS	192.05	0	31.00
	TOTALS		TOTALS		0	
500.00	Grand Total : Increases		558,111	Grand Total : Decreases		558,111

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet A-7
Part I
Date/Time Prepared:
6/13/2013 12:04 pm

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
		1.00	2.00	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	8,435,000	386,000	0	386,000	4.00	
5.00	Fixed Equipment	25,122,000	0	0	0	5.00	
6.00	Movable Equipment	68,465,000	0	0	0	628,000	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	262,719,000	386,000	0	386,000	628,000	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	262,719,000	386,000	0	386,000	628,000	10.00
	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	8,821,000	0			4.00	
5.00	Fixed Equipment	25,122,000	0			5.00	
6.00	Movable Equipment	67,837,000	0			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	262,477,000	0			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	262,477,000	0			10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet A-7
Part II
Date/Time Prepared:
6/13/2013 12:04 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet A-7
Part III
Date/Time Prepared:
6/13/2013 12:04 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	194,640,000	0	194,640,000	0.741551	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0.000000	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0.000000	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	67,837,000	0	67,837,000	0.258449	0	2.00
3.00	Total (sum of lines 1-2)	262,477,000	0	262,477,000	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	4,323,366	1,090,630	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	395,722	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	2,788,025	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,111,391	1,486,352	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	135,149	0	0	0	5,549,145	1.00
1.01	NEW CAP REL COSTS-INTEREST	7,169,061	0	0	0	7,169,061	1.01
1.02	MOB LEASED SPACE	0	0	0	0	395,722	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	234,489	0	0	0	3,022,514	2.00
3.00	Total (sum of lines 1-2)	7,538,699	0	0	0	16,136,442	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet A-8

Date/Time Prepared:
6/13/2013 12:04 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
				Cost Center	Line #		
				3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - NEW CAP REL COSTS-INTEREST (chapter 2)			ONEW CAP REL COSTS-INTEREST	1.01	0	1.01
1.02	Investment income - MOB LEASED SPACE (chapter 2)			OMOB LEASED SPACE	1.02	0	1.02
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-436	CAFETERIA	11.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	B	-92,815	NONPATIENT TELEPHONES	5.01	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-3,417,556			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	9,520,495			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-759,568	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-3,614	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - NEW CAP REL COSTS-INTEREST			ONEW CAP REL COSTS-INTEREST	1.01	0	26.01
26.02	Depreciation - MOB LEASED SPACE			OMOB LEASED SPACE	1.02	0	26.02
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet A-8

Date/Time Prepared:
6/13/2013 12:04 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
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	0 32.00
33.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0 33.00
34.00	ACCRUED PTO TO HO	A	170,636	EMPLOYEE BENEFITS	4.00	0 34.00
35.00	AHA & IHHA LOBBYING	A	-3,677	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 35.00
36.00	BENEFITS	A	-5,838,441	EMPLOYEE BENEFITS	4.00	0 36.00
37.00	MISC INCOME	B	-258	EMPLOYEE BENEFITS	4.00	0 37.00
37.01	MISC INCOME	B	-160,369	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 37.01
37.02	MISC INCOME	B	-328,205	MAINTENANCE & REPAIRS	6.00	0 37.02
37.03	MISC INCOME	B	-967	NURSING ADMINISTRATION	13.00	0 37.03
37.04	MISC INCOME	B	-202	CENTRAL SERVICES & SUPPLY	14.00	0 37.04
38.00	REV-CLASS/LECTURE	B	-3,400	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 38.00
38.01	REV-CLASS/LECTURE	B	-13,684	NURSING ADMINISTRATION	13.00	0 38.01
38.02	REV-CLASS/LECTURE	B	-3,300	ADULTS & PEDIATRICS	30.00	0 38.02
39.00	REV-RENT & LEASE	B	-6,524	NURSING ADMINISTRATION	13.00	0 39.00
39.01	REV-RENT & LEASE	B	-7,651	OPERATING ROOM	50.00	0 39.01
40.00	REV-OTHER FOOD	B	-7,306	DIETARY	10.00	0 40.00
41.00	BAD DEBT EXPENSE	B	-3,223,972	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 41.00
41.01	BAD DEBT EXPENSE	B	-120	RADIOLOGY-DIAGNOSTIC	54.00	0 41.01
41.02	BAD DEBT EXPENSE	B	-1,108	EMERGENCY	91.00	0 41.02
42.00	HOSPITAL ASSESSMENT FEE-MEDICAL	A	-3,790,986	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 42.00
43.00			0		0.00	0 43.00
44.00			0		0.00	0 44.00
45.00			0		0.00	0 45.00
45.01			0		0.00	0 45.01
45.02			0		0.00	0 45.02
45.03			0		0.00	0 45.03
45.04			0		0.00	0 45.04
45.05			0		0.00	0 45.05
45.06			0		0.00	0 45.06
45.07			0		0.00	0 45.07
45.08			0		0.00	0 45.08
45.09			0		0.00	0 45.09
45.10			0		0.00	0 45.10
45.11			0		0.00	0 45.11
45.12			0		0.00	0 45.12
45.13			0		0.00	0 45.13
45.14			0		0.00	0 45.14
45.15			0		0.00	0 45.15
45.16			0		0.00	0 45.16
45.17			0		0.00	0 45.17
45.18			0		0.00	0 45.18
45.19			0		0.00	0 45.19
45.20			0		0.00	0 45.20
45.21			0		0.00	0 45.21
45.22			0		0.00	0 45.22
45.23			0		0.00	0 45.23
45.24			0		0.00	0 45.24
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-7,973,028			50.00

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

Provider CCN: 150161

Period: From 07/01/2012 To 12/31/2012

Worksheet A-8-1

Date/Time Prepared: 6/13/2013 12:04 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	HO COST ALLOCATION	1,090,719	955,570	1.00
2.00	1.01	NEW CAP REL COSTS-INTEREST	HO COST ALLOCATION	7,057,650	7,588,732	2.00
3.00	0.00		HO COST ALLOCATION	0	0	3.00
4.00	2.00	NEW CAP REL COSTS-MVBLE EQUIP	HO COST ALLOCATION	234,489	0	4.00
4.01	4.00	EMPLOYEE BENEFITS	HO COST ALLOCATION	7,760,151	203,771	4.01
4.02	0.00			0	0	4.02
4.03	5.02	DATA PROCESSING	HO COST ALLOCATION	4,219,769	0	4.03
4.04	5.03	PURCHASING, RECEIVING AND STORES	HO COST ALLOCATION	203,396	0	4.04
4.05	5.04	ADMINITTING	HO COST ALLOCATION	1,886,574	17,166	4.05
4.06	5.05	OTHER ADMINISTRATIVE AND GENERAL	HO COST ALLOCATION	2,951,943	7,855,454	4.06
4.07	6.00	MAINTENANCE & REPAIRS	HO COST ALLOCATION	7,020	0	4.07
4.08	7.00	OPERATION OF PLANT	HO COST ALLOCATION	328,775	997	4.08
4.09	9.00	HOUSEKEEPING	HO COST ALLOCATION	82,788	0	4.09
4.10	11.00	CAFETERIA	HO COST ALLOCATION	12,040	0	4.10
4.11	13.00	NURSING ADMINISTRATION	HO COST ALLOCATION	158,845	29,002	4.11
4.12	14.00	CENTRAL SERVICES & SUPPLY	INTERCOMPANY COSTS	8,250	8,250	4.12
4.13	16.00	MEDICAL RECORDS & LIBRARY	INTERCOMPANY COSTS	42,528	42,528	4.13
4.14	30.00	ADULTS & PEDIATRICS	INTERCOMPANY COSTS	78,073	78,073	4.14
4.15	54.00	RADIOLOGY-DIAGNOSTIC	INTERCOMPANY COSTS	50,956	50,956	4.15
4.16	60.00	LABORATORY	INTERCOMPANY COSTS	1,615,724	1,615,724	4.16
4.17	66.00	PHYSICAL THERAPY	INTERCOMPANY COSTS	24,920	24,920	4.17
4.18	70.00	ELECTROENCEPHALOGRAPHY	INTERCOMPANY COSTS	129,000	129,000	4.18
4.19	75.01	CARDIAC CATHETERIZATION LABORATORY	INTERCOMPANY COSTS	17,297	17,297	4.19
4.20	90.01	ADULT SLEEP LAB	INTERCOMPANY COSTS	13,330	13,330	4.20
4.21	91.00	EMERGENCY	INTERCOMPANY COSTS	422,498	422,498	4.21
4.22	30.00	ADULTS & PEDIATRICS	INTERCOMPANY CHARGES	1,082	0	4.22
4.23	0.00			0	0	4.23
4.24	50.00	OPERATING ROOM	INTERCOMPANY CHARGES	7,117	0	4.24
4.25	51.00	RECOVERY ROOM	INTERCOMPANY CHARGES	810	0	4.25
4.26	54.00	RADIOLOGY-DIAGNOSTIC	INTERCOMPANY CHARGES	9,198	0	4.26
4.27	0.00			0	0	4.27
4.28	56.00	RADIOISOTOPE	INTERCOMPANY CHARGES	874	0	4.28
4.29	60.00	LABORATORY	INTERCOMPANY CHARGES	657,790	0	4.29
4.30	65.00	RESPIRATORY THERAPY	INTERCOMPANY CHARGES	208	0	4.30
4.31	66.00	PHYSICAL THERAPY	INTERCOMPANY CHARGES	3,805	0	4.31
4.32	69.00	ELECTROCARDIOLOGY	INTERCOMPANY CHARGES	241	0	4.32
4.33	70.00	ELECTROENCEPHALOGRAPHY	INTERCOMPANY CHARGES	3,626	0	4.33
4.34	73.00	DRUGS CHARGED TO PATIENTS	INTERCOMPANY CHARGES	1,662	0	4.34
4.35	75.01	CARDIAC CATHETERIZATION LABORATORY	INTERCOMPANY CHARGES	422	0	4.35
4.36	91.00	EMERGENCY	INTERCOMPANY CHARGES	4,119	0	4.36
4.37	30.00	ADULTS & PEDIATRICS	INTERCOMPANY CHARGES	0	470,481	4.37
4.38	51.00	RECOVERY ROOM	INTERCOMPANY CHARGES	0	652	4.38
4.39	54.00	RADIOLOGY-DIAGNOSTIC	INTERCOMPANY CHARGES	0	20,719	4.39
4.40	56.00	RADIOISOTOPE	INTERCOMPANY CHARGES	0	9	4.40
4.41	60.00	LABORATORY	INTERCOMPANY CHARGES	0	627	4.41
4.42	65.00	RESPIRATORY THERAPY	INTERCOMPANY CHARGES	0	172	4.42
4.43	66.00	PHYSICAL THERAPY	INTERCOMPANY CHARGES	0	1,467	4.43
4.44	69.00	ELECTROCARDIOLOGY	INTERCOMPANY CHARGES	0	10,065	4.44
4.45	70.00	ELECTROENCEPHALOGRAPHY	INTERCOMPANY CHARGES	0	5,012	4.45
4.46	73.00	DRUGS CHARGED TO PATIENTS	INTERCOMPANY CHARGES	0	914	4.46
4.48	91.00	EMERGENCY	INTERCOMPANY CHARGES	0	3,808	4.48
5.00	0			29,087,689	19,567,194	5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate.

Positive amounts increase cost and negative amounts decrease cost.

For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

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

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet A-8-1

Date/Time Prepared:
6/13/2013 12:04 pm

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

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

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

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

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

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

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

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

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet A-8-1

Date/Time Prepared:
6/13/2013 12:04 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	135,149	11		1.00
2.00	-531,082	11		2.00
3.00	0	11		3.00
4.00	234,489	11		4.00
4.01	7,556,380	0		4.01
4.02	0	0		4.02
4.03	4,219,769	0		4.03
4.04	203,396	0		4.04
4.05	1,869,408	0		4.05
4.06	-4,903,511	0		4.06
4.07	7,020	0		4.07
4.08	327,778	0		4.08
4.09	82,788	0		4.09
4.10	12,040	0		4.10
4.11	129,843	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
4.19	0	0		4.19
4.20	0	0		4.20
4.21	0	0		4.21
4.22	1,082	0		4.22
4.23	0	0		4.23
4.24	7,117	0		4.24
4.25	810	0		4.25
4.26	9,198	0		4.26
4.27	0	0		4.27
4.28	874	0		4.28
4.29	657,790	0		4.29
4.30	208	0		4.30
4.31	3,805	0		4.31
4.32	241	0		4.32
4.33	3,626	0		4.33
4.34	1,662	0		4.34
4.35	422	0		4.35
4.36	4,119	0		4.36
4.37	-470,481	0		4.37
4.38	-652	0		4.38
4.39	-20,719	0		4.39
4.40	-9	0		4.40
4.41	-627	0		4.41
4.42	-172	0		4.42
4.43	-1,467	0		4.43
4.44	-10,065	0		4.44
4.45	-5,012	0		4.45
4.46	-914	0		4.46
4.48	-3,808	0		4.48
5.00	9,520,495			5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate.

Positive amounts increase cost and negative amounts decrease cost.

For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Related Organization(s) and/or Home Office	
Type of Business	
6.00	

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

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

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or

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

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet A-8-1

Date/Time Prepared:
6/13/2013 12:04 pm

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

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	HEALTH CARE	6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet A-8-2

Date/Time Prepared:
6/13/2013 12:04 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.05	AGGREGATE-OTHER ADMINISTRATIVE AND G	253,796	253,796	0	0	0	1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	47,866	0	47,866	177,200	397	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	960,330	960,330	0	0	0	3.00
4.00	34.01	AGGREGATE-PEDIATRIC INTENSIVE CARE U	731,009	731,009	0	0	0	4.00
5.00	34.02	AGGREGATE-PREMATURE INTENSIVE CARE U	309,474	309,474	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	441,027	441,027	0	0	0	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	63,632	63,632	0	0	0	7.00
8.00	60.00	AGGREGATE-LABORATORY	66,000	66,000	0	0	0	8.00
9.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	80,471	80,471	0	0	0	9.00
10.00	75.01	AGGREGATE-CARDIAC CATHETERIZATION LABO	81,497	81,497	0	0	0	10.00
11.00	90.01	AGGREGATE-ADULT SLEEP LAB	-14,400	-14,400	0	0	0	11.00
12.00	91.00	AGGREGATE-EMERGENCY	430,675	430,675	0	0	0	12.00
200.00			3,451,377	3,403,511	47,866		397	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.05	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	0	0	1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	33,821	1,691	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	34.01	AGGREGATE-PEDIATRIC INTENSIVE CARE U	0	0	0	0	0	4.00
5.00	34.02	AGGREGATE-PREMATURE INTENSIVE CARE U	0	0	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	8.00
9.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	9.00
10.00	75.01	AGGREGATE-CARDIAC CATHETERIZATION LABO	0	0	0	0	0	10.00
11.00	90.01	AGGREGATE-ADULT SLEEP LAB	0	0	0	0	0	11.00
12.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	12.00
200.00			33,821	1,691	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.05	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	253,796		1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	33,821	14,045	14,045		2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	960,330		3.00
4.00	34.01	AGGREGATE-PEDIATRIC INTENSIVE CARE U	0	0	0	731,009		4.00
5.00	34.02	AGGREGATE-PREMATURE INTENSIVE CARE U	0	0	0	309,474		5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	441,027		6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	63,632		7.00
8.00	60.00	AGGREGATE-LABORATORY	0	0	0	66,000		8.00
9.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	80,471		9.00
10.00	75.01	AGGREGATE-CARDIAC CATHETERIZATION LABO	0	0	0	81,497		10.00
11.00	90.01	AGGREGATE-ADULT SLEEP LAB	0	0	0	-14,400		11.00
12.00	91.00	AGGREGATE-EMERGENCY	0	0	0	430,675		12.00
200.00			0	33,821	14,045	3,417,556		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet B
Part I
Date/Time Prepared:
6/13/2013 12:04 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	5,549,145	5,549,145			1.00
1.01 00101	NEW CAP REL COSTS-INTEREST	7,169,061	0	7,169,061		1.01
1.02 00102	MOB LEASED SPACE	395,722	0	0	395,722	1.02
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	3,022,514				2.00
4.00 00400	EMPLOYEE BENEFITS	8,130,994	3,268	4,222	19,925	4.00
5.01 00510	NONPATIENT TELEPHONES	-30,203	0	0	0	5.01
5.02 00511	DATA PROCESSING	4,324,384	79,509	102,719	5,905	5.02
5.03 00512	PURCHASING, RECEIVING AND STORES	425,222	141,789	183,180	2,999	5.03
5.04 00513	ADMINISTRATIVE	2,810,930	43,868	56,674	0	5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	6,988,791	47,263	61,060	181,151	5.05
6.00 00600	MAINTENANCE & REPAIRS	2,898,347	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	535,928	1,018,917	1,316,361	19,987	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	286,944	0	0	0	8.00
9.00 00900	HOUSEKEEPING	2,755,220	76,012	98,202	4,807	9.00
10.00 01000	DIETARY	775,699	33,874	43,762	0	10.00
11.00 01100	CAFETERIA	790,159	189,700	245,077	0	11.00
13.00 01300	NURSING ADMINISTRATION	2,548,416	31,737	41,002	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	5,631,135	160,442	207,278	0	14.00
15.00 01500	PHARMACY	1,438,876	46,360	59,894	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	193,336	12,486	16,132	0	16.00
17.00 01700	SOCIAL SERVICE	153,479	8,418	10,875	0	17.00
18.00 01850	PATIENT TRANSPORTATION	126,468	3,281	4,238	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	8,503,322	1,429,940	1,847,369	0	30.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01 03401	PEDIATRIC INTENSIVE CARE UNIT	635,448	106,720	137,874	0	34.01
34.02 03402	PREMATURE INTENSIVE CARE UNIT	1,468,761	288,879	373,210	0	34.02
43.00 04300	NURSERY	603,617	107,953	139,467	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,667,085	672,666	869,032	0	50.00
51.00 05100	RECOVERY ROOM	1,249,947	121,749	157,290	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	1,926,338	190,310	245,866	87,600	54.00
56.00 05600	RADIOISOTOPE	163,810	8,036	10,382	0	56.00
60.00 06000	LABORATORY	4,212,698	107,330	138,662	0	60.00
65.00 06500	RESPIRATORY THERAPY	1,066,624	23,549	30,423	0	65.00
66.00 06600	PHYSICAL THERAPY	1,064,767	4,412	5,700	73,348	66.00
69.00 06900	ELECTROCARDIOLOGY	90,513	27,160	35,089	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	252,212	9,142	11,811	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,789,889	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	4,636,527	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	1,573,780	0	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 07501	CARDIAC CATHETERIZATION LABORATORY	863,263	167,969	217,003	0	75.01
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	ADULT SLEEP LAB	319,986	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	1,972,851	254,345	328,593	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	92,982,005	5,417,084	6,998,447	395,722	3,001,864
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	22,582	29,175	0	355
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01 19201	OTHER NON-REIMBURSABLE	1,245,028	36,569	47,245	0	347
192.02 19202	PURCHASED SERVICES	0	0	0	0	0
192.03 19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0
192.04 19204	PHYSICIANS' PRIVATE OFFICES	461	72,910	94,194	0	12,193
192.05 19205	BARIATRIC PHYSICIANS	1,166,556	0	0	0	7,755
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	95,394,050	5,549,145	7,169,061	395,722	3,022,514

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet B
Part I
Date/Time Prepared:
6/13/2013 12:04 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	8,159,680					4.00
5.01	00510	NONPATIENT TELEPHONES	0	-16,918				5.01
5.02	00511	DATA PROCESSING	353,336	0	4,928,658			5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	81,827	0	46,579	895,230		5.03
5.04	00513	ADMINISTRATIVE	276,174	0	110,626	417	3,313,531	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	990,906	0	250,363	9,653	0	5.05
6.00	00600	MAINTENANCE & REPAIRS	179,114	0	78,602	88	0	6.00
7.00	00700	OPERATION OF PLANT	34,364	0	238,718	4	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	182,514	0	37,846	700	0	9.00
10.00	01000	DIETARY	97,964	0	55,313	245	0	10.00
11.00	01100	CAFETERIA	128,049	0	20,378	17	0	11.00
13.00	01300	NURSING ADMINISTRATION	488,739	0	122,270	94	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	97,286	0	29,112	16,701	0	14.00
15.00	01500	PHARMACY	284,653	0	64,046	3,793	189	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	24,103	0	64,046	0	0	16.00
17.00	01700	SOCIAL SERVICE	30,290	0	14,556	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	25,611	0	46,579	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,770,186	0	1,208,149	58,662	429,186	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	128,423	0	78,602	804	24,654	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	288,752	0	189,228	6,474	67,261	34.02
43.00	04300	NURSERY	116,478	0	107,714	4,214	31,032	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	483,192	0	515,282	174,280	754,424	50.00
51.00	05100	RECOVERY ROOM	252,143	0	139,737	10,026	99,370	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	353,665	0	570,595	10,768	379,570	54.00
56.00	05600	RADIOISOTOPE	20,624	0	0	3,895	26,789	56.00
60.00	06000	LABORATORY	307,533	0	133,915	37,573	330,279	60.00
65.00	06500	RESPIRATORY THERAPY	218,339	0	49,490	5,058	47,305	65.00
66.00	06600	PHYSICAL THERAPY	202,685	0	128,093	671	66,886	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	129	43,845	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	529	10,657	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	198,258	75,306	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	344,222	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	329,488	239,230	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	167,819	0	139,737	12,886	113,266	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	34,173	0	40,757	608	12,433	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	310,503	0	291,120	8,817	217,177	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,929,445	0	4,771,453	894,852	3,313,081	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	17,467	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	52,510	0	75,691	26	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	55,313	15	0	192.04
192.05	19205	BARIATRIC PHYSICIANS	177,725	0	8,734	337	450	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	-16,918	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	8,159,680	-16,918	4,928,658	895,230	3,313,531	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet B
Part I
Date/Time Prepared:
6/13/2013 12:04 pm

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						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	9,755,849	9,755,849				5.05
6.00	00600	3,188,193	363,126	3,551,319			6.00
7.00	00700	3,271,764	372,644	691,418	4,335,826		7.00
8.00	00800	286,979	32,686	0	0	319,665	8.00
9.00	00900	3,187,079	362,999	51,580	78,200	0	9.00
10.00	01000	1,010,073	115,044	22,986	34,849	0	10.00
11.00	01100	1,374,212	156,519	128,727	195,159	6	11.00
13.00	01300	3,235,875	368,556	21,536	32,651	0	13.00
14.00	01400	6,226,309	709,158	108,873	165,059	1,483	14.00
15.00	01500	1,956,274	222,814	31,459	47,694	16	15.00
16.00	01600	310,249	35,336	8,473	12,846	0	16.00
17.00	01700	217,695	24,795	5,712	8,660	0	17.00
18.00	01850	206,312	23,498	2,226	3,375	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	15,399,589	1,753,955	970,331	1,471,094	184,243	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	1,127,723	128,444	72,418	109,791	0	34.01
34.02	03402	2,735,420	311,556	196,028	297,193	13,521	34.02
43.00	04300	1,116,092	127,120	73,255	111,060	11,718	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	6,614,025	753,318	456,458	692,025	16,097	50.00
51.00	05100	2,057,356	234,327	82,617	125,253	17,805	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	4,080,760	464,786	129,141	195,787	30,061	54.00
56.00	05600	242,883	27,664	5,453	8,267	0	56.00
60.00	06000	5,320,095	605,943	72,832	110,419	546	60.00
65.00	06500	1,469,373	167,357	15,980	24,227	0	65.00
66.00	06600	1,553,286	176,915	2,994	4,539	2,435	66.00
69.00	06900	213,063	24,267	18,430	27,942	0	69.00
70.00	07000	284,351	32,387	6,204	9,405	0	70.00
71.00	07100	3,063,453	348,918	0	0	0	71.00
72.00	07200	4,980,749	567,292	0	0	0	72.00
73.00	07300	2,142,498	244,024	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	1,834,381	208,930	113,981	172,804	13,191	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	418,147	47,626	0	0	26	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	3,407,223	388,072	172,593	261,665	28,517	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		92,287,330	9,400,076	3,461,705	4,199,964	319,665	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	69,579	7,925	15,324	23,232	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	1,457,416	165,995	24,815	37,622	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	235,086	26,776	49,475	75,008	0	192.04
192.05	19205	1,361,557	155,077	0	0	0	192.05
194.00	07950	0	0	0	0	0	194.00
200.00		0	0	0	0	0	200.00
201.00		-16,918	0	0	0	0	201.00
202.00		95,394,050	9,755,849	3,551,319	4,335,826	319,665	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet B
Part I
Date/Time Prepared:
6/13/2013 12:04 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	3,679,858					9.00
10.00	01000	30,119	1,213,071				10.00
11.00	01100	168,676	47,573	2,070,872			11.00
13.00	01300	28,220	0	141,564	3,828,402		13.00
14.00	01400	142,661	0	49,187	653	7,403,383	14.00
15.00	01500	41,222	0	76,321	0	32,376	15.00
16.00	01600	11,103	0	0	0	0	16.00
17.00	01700	7,485	0	10,594	0	0	17.00
18.00	01850	2,917	0	20,503	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,271,463	1,097,611	644,815	1,929,229	500,744	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	94,892	10,990	42,124	125,559	6,861	34.01
34.02	03402	256,864	38,003	91,107	322,663	55,266	34.02
43.00	04300	95,989	0	43,165	137,429	35,969	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	598,116	0	182,900	425,027	1,487,660	50.00
51.00	05100	108,256	0	83,180	289,232	85,580	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	169,219	0	135,314	35,065	91,919	54.00
56.00	05600	7,145	0	5,970	0	33,246	56.00
60.00	06000	95,435	0	118,571	87,336	320,726	60.00
65.00	06500	20,939	0	71,646	0	43,175	65.00
66.00	06600	3,923	0	66,184	9,923	5,730	66.00
69.00	06900	24,150	0	8,003	0	1,103	69.00
70.00	07000	8,129	0	5,056	0	4,517	70.00
71.00	07100	0	0	0	0	1,692,336	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	2,812,495	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	149,354	7,965	50,914	110,204	109,997	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	12,424	109	5,193	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	226,156	10,929	115,904	339,978	75,262	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		3,562,433	1,213,071	1,975,446	3,802,484	7,400,155	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	20,080	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	32,516	0	23,323	0	221	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	64,829	0	0	0	127	192.04
192.05	19205	0	0	72,103	25,918	2,880	192.05
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		3,679,858	1,213,071	2,070,872	3,828,402	7,403,383	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet B
Part I
Date/Time Prepared:
6/13/2013 12:04 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	
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	2,408,176						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	378,007					16.00
17.00 01700 SOCIAL SERVICE	1,734	0	276,675				17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	0	258,831			18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	587	48,954	190,340	177,211	25,640,166		30.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	0	2,812	8,957	8,340	1,738,911		34.01
34.02 03402 PREMATURE INTENSIVE CARE UNIT	0	7,672	34,728	32,333	4,392,354		34.02
43.00 04300 NURSERY	5	3,540	42,650	39,708	1,837,700		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	113,682	86,130	0	0	11,425,438		50.00
51.00 05100 RECOVERY ROOM	0	11,334	0	1,239	3,096,179		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	674	43,295	0	0	5,376,021		54.00
56.00 05600 RADIOISOTOPE	9,722	3,056	0	0	343,406		56.00
60.00 06000 LABORATORY	0	37,672	0	0	6,769,575		60.00
65.00 06500 RESPIRATORY THERAPY	0	5,396	0	0	1,818,093		65.00
66.00 06600 PHYSICAL THERAPY	72	7,629	0	0	1,823,707		66.00
69.00 06900 ELECTROCARDIOLOGY	0	5,001	0	0	321,959		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,216	0	0	351,265		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,590	0	0	5,113,297		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	39,263	0	0	5,587,304		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,281,487	27,287	0	0	7,507,791		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	0	12,919	0	0	2,784,640		75.01
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0		90.00
90.01 09001 ADULT SLEEP LAB	0	1,418	0	0	484,943		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	135	24,772	0	0	5,051,206		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE							113.00
118.00	2,408,098	377,956	276,675	258,831	91,463,955		118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	136,140		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	1,741,908		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	451,301		192.04
192.05 19205 BARIATRIC PHYSICIANS	78	51	0	0	1,617,664		192.05
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0		194.00
200.00							200.00
201.00							201.00
202.00							202.00
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers	0	0	0	0	-16,918		201.00
202.00 TOTAL (sum lines 118-201)	2,408,176	378,007	276,675	258,831	95,394,050		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet B
Part I
Date/Time Prepared:
6/13/2013 12:04 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	25,640,166
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	1,738,911
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	4,392,354
43.00	04300	NURSERY	0	1,837,700
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	11,425,438
51.00	05100	RECOVERY ROOM	0	3,096,179
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0
53.00	05300	ANESTHESIOLOGY	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,376,021
56.00	05600	RADIOISOTOPE	0	343,406
60.00	06000	LABORATORY	0	6,769,575
65.00	06500	RESPIRATORY THERAPY	0	1,818,093
66.00	06600	PHYSICAL THERAPY	0	1,823,707
69.00	06900	ELECTROCARDIOLOGY	0	321,959
70.00	07000	ELECTROENCEPHALOGRAPHY	0	351,265
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,113,297
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	5,587,304
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,507,791
75.00	07500	ASC (NON-DISTINCT PART)	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	2,784,640
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0
90.01	09001	ADULT SLEEP LAB	0	484,943
90.02	09002	PEDIATRIC SLEEP LAB	0	0
90.03	09003	IVF	0	0
91.00	09100	EMERGENCY	0	5,051,206
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	91,463,955
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	136,140
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0
192.01	19201	OTHER NON-REIMBURSABLE	0	1,741,908
192.02	19202	PURCHASED SERVICES	0	0
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	451,301
192.05	19205	BARIATRIC PHYSICIANS	0	1,617,664
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0
200.00		Cross Foot Adjustments	0	0
201.00		Negative Cost Centers	0	-16,918
202.00		TOTAL (sum lines 118-201)	0	95,394,050

COST ALLOCATION STATISTICS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet Non-CMS W

Date/Time Prepared:
6/13/2013 12:04 pm

Cost Center Description		Statistics Code	Statistics Description		
		1.00	2.00		
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	1.00
1.01	NEW CAP REL COSTS-INTEREST	3	SQUARE	FEET	1.01
1.02	MOB LEASED SPACE	27	MOB SQ	FEET	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	2.00
4.00	EMPLOYEE BENEFITS	5	GROSS	SALARIES	4.00
5.01	NONPATIENT TELEPHONES	23	PHONE	LINES	5.01
5.02	DATA PROCESSING	23	PHONE	LINES	5.02
5.03	PURCHASING, RECEIVING AND STORES	25	COSTED	REQUISITIONS	5.03
5.04	ADMITTING	26	TOTAL	CHARGES	5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	-28	ACCUM.	COST	5.05
6.00	MAINTENANCE & REPAIRS	3	SQUARE	FEET	6.00
7.00	OPERATION OF PLANT	3	SQUARE	FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	8.00
9.00	HOUSEKEEPING	3	SQUARE	FEET	9.00
10.00	DIETARY	10	MEALS SERVED		10.00
11.00	CAFETERIA	11	FTEs		11.00
13.00	NURSING ADMINISTRATION	13	NURSING	FTEs	13.00
14.00	CENTRAL SERVICES & SUPPLY	25	COSTED	REQUISITIONS	14.00
15.00	PHARMACY	15	COSTED	REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	26	TOTAL	CHARGES	16.00
17.00	SOCIAL SERVICE	17	PATIENT	DAYS	17.00
18.00	PATIENT TRANSPORTATION	18	PATIENT	DAYS	18.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet B
Part II
Date/Time Prepared:
6/13/2013 12:04 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		0					
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	3,268	4,222	19,925	1,271	4.00
5.01	00510 NONPATIENT TELEPHONES	0	0	0	0	13,285	5.01
5.02	00511 DATA PROCESSING	0	79,509	102,719	5,905	62,805	5.02
5.03	00512 PURCHASING, RECEIVING AND STORES	0	141,789	183,180	2,999	13,634	5.03
5.04	00513 ADMITTING	0	43,868	56,674	0	14,842	5.04
5.05	00560 OTHER ADMINISTRATIVE AND GENERAL	0	47,263	61,060	181,151	1,226,662	5.05
6.00	00600 MAINTENANCE & REPAIRS	0	0	0	0	32,042	6.00
7.00	00700 OPERATION OF PLANT	0	1,018,917	1,316,361	19,987	107,485	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	0	0	35	8.00
9.00	00900 HOUSEKEEPING	0	76,012	98,202	4,807	31,778	9.00
10.00	01000 DIETARY	0	33,874	43,762	0	3,216	10.00
11.00	01100 CAFETERIA	0	189,700	245,077	0	832	11.00
13.00	01300 NURSING ADMINISTRATION	0	31,737	41,002	0	3,617	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	160,442	207,278	0	84,355	14.00
15.00	01500 PHARMACY	0	46,360	59,894	0	58,463	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	12,486	16,132	0	146	16.00
17.00	01700 SOCIAL SERVICE	0	8,418	10,875	0	77	17.00
18.00	01850 PATIENT TRANSPORTATION	0	3,281	4,238	0	135	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	0	1,429,940	1,847,369	0	152,775	30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT	0	106,720	137,874	0	15,198	34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT	0	288,879	373,210	0	52,855	34.02
43.00	04300 NURSERY	0	107,953	139,467	0	5,617	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	672,666	869,032	0	478,064	50.00
51.00	05100 RECOVERY ROOM	0	121,749	157,290	0	27,094	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	190,310	245,866	87,600	316,048	54.00
56.00	05600 RADIOISOTOPE	0	8,036	10,382	0	9,347	56.00
60.00	06000 LABORATORY	0	107,330	138,662	0	52,105	60.00
65.00	06500 RESPIRATORY THERAPY	0	23,549	30,423	0	28,585	65.00
66.00	06600 PHYSICAL THERAPY	0	4,412	5,700	73,348	6,724	66.00
69.00	06900 ELECTROCARDIOLOGY	0	27,160	35,089	0	16,327	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	9,142	11,811	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO 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	167,969	217,003	0	152,438	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ADULT SLEEP LAB	0	0	0	0	10,190	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	254,345	328,593	0	23,817	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	5,417,084	6,998,447	395,722	3,001,864	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	22,582	29,175	0	355	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 OTHER NON-REIMBURSABLE	0	36,569	47,245	0	347	192.01
192.02	19202 PURCHASED SERVICES	0	0	0	0	0	192.02
192.03	19203 ZI ONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04	19204 PHYSICIANS' PRIVATE OFFICES	0	72,910	94,194	0	12,193	192.04
192.05	19205 BARIATRIC PHYSICIANS	0	0	0	0	7,755	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	TOTAL (sum lines 118-201)	0	5,549,145	7,169,061	395,722	3,022,514	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet B
Part II
Date/Time Prepared:
6/13/2013 12:04 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	28,686				4.00
5.01	00510	NONPATIENT TELEPHONES	13,285	0	13,285		5.01
5.02	00511	DATA PROCESSING	250,938	1,242	0	252,180	5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	341,602	288	0	2,383	344,273
5.04	00513	ADMINISTRATIVE	115,384	971	0	5,660	160
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	1,516,136	3,484	0	12,810	3,712
6.00	00600	MAINTENANCE & REPAIRS	32,042	630	0	4,022	34
7.00	00700	OPERATION OF PLANT	2,462,750	121	0	12,214	1
8.00	00800	LAUNDRY & LINEN SERVICE	35	0	0	0	0
9.00	00900	HOUSEKEEPING	210,799	642	0	1,936	269
10.00	01000	DIETARY	80,852	344	0	2,830	94
11.00	01100	CAFETERIA	435,609	450	0	1,043	7
13.00	01300	NURSING ADMINISTRATION	76,356	1,718	0	6,256	36
14.00	01400	CENTRAL SERVICES & SUPPLY	452,075	342	0	1,490	6,422
15.00	01500	PHARMACY	164,717	1,001	0	3,277	1,459
16.00	01600	MEDICAL RECORDS & LIBRARY	28,764	85	0	3,277	0
17.00	01700	SOCIAL SERVICE	19,370	106	0	745	0
18.00	01850	PATIENT TRANSPORTATION	7,654	90	0	2,383	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,430,084	6,220	0	61,817	22,559
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	259,792	452	0	4,022	309
34.02	03402	PREMATURE INTENSIVE CARE UNIT	714,944	1,015	0	9,682	2,490
43.00	04300	NURSERY	253,037	410	0	5,511	1,620
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,019,762	1,699	0	26,365	67,021
51.00	05100	RECOVERY ROOM	306,133	886	0	7,150	3,855
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	839,824	1,243	0	29,195	4,141
56.00	05600	RADIOISOTOPE	27,765	73	0	0	1,498
60.00	06000	LABORATORY	298,097	1,081	0	6,852	14,449
65.00	06500	RESPIRATORY THERAPY	82,557	768	0	2,532	1,945
66.00	06600	PHYSICAL THERAPY	90,184	713	0	6,554	258
69.00	06900	ELECTROCARDIOLOGY	78,576	0	0	0	50
70.00	07000	ELECTROENCEPHALOGRAPHY	20,953	0	0	0	203
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	76,242
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	126,712
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	537,410	590	0	7,150	4,956
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	ADULT SLEEP LAB	10,190	120	0	2,085	234
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0
90.03	09003	IVF	0	0	0	0	0
91.00	09100	EMERGENCY	606,755	1,092	0	14,895	3,391
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,813,117	27,876	0	244,136	344,127
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	52,112	0	0	894	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	84,161	185	0	3,873	10
192.02	19202	PURCHASED SERVICES	0	0	0	0	0
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	179,297	0	0	2,830	6
192.05	19205	BARIATRIC PHYSICIANS	7,755	625	0	447	130
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	13,285	0	0
202.00		TOTAL (sum lines 118-201)	16,136,442	28,686	13,285	252,180	344,273

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet B
Part II
Date/Time Prepared:
6/13/2013 12:04 pm

Cost Center Description		ADMINITTING	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	ADMINITTING	122,175				5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	0	1,536,142			5.05
6.00	00600	MAINTENANCE & REPAIRS	0	57,177	93,905		6.00
7.00	00700	OPERATION OF PLANT	0	58,676	18,283	2,552,045	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,147	0	5,182	8.00
9.00	00900	HOUSEKEEPING	0	57,157	1,364	46,028	9.00
10.00	01000	DIETARY	0	18,115	608	20,512	10.00
11.00	01100	CAFETERIA	0	24,645	3,404	114,870	11.00
13.00	01300	NURSING ADMINISTRATION	0	58,032	569	19,218	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	111,663	2,879	97,153	24 14.00
15.00	01500	PHARMACY	7	35,084	832	28,073	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,564	224	7,561	0 16.00
17.00	01700	SOCIAL SERVICE	0	3,904	151	5,097	0 17.00
18.00	01850	PATIENT TRANSPORTATION	0	3,700	59	1,986	0 18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	15,826	276,176	25,657	865,881	2,988 30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	909	20,225	1,915	64,622	0 34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	2,480	49,057	5,183	174,926	219 34.02
43.00	04300	NURSERY	1,144	20,016	1,937	65,369	190 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	27,809	118,616	12,070	407,323	261 50.00
51.00	05100	RECOVERY ROOM	3,664	36,897	2,185	73,723	289 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	13,997	73,184	3,415	115,239	487 54.00
56.00	05600	RADIOISOTOPE	988	4,356	144	4,866	0 56.00
60.00	06000	LABORATORY	12,179	95,411	1,926	64,992	9 60.00
65.00	06500	RESPIRATORY THERAPY	1,744	26,352	423	14,260	0 65.00
66.00	06600	PHYSICAL THERAPY	2,466	27,857	79	2,672	39 66.00
69.00	06900	ELECTROCARDIOLOGY	1,617	3,821	487	16,446	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	393	5,100	164	5,536	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,777	54,940	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	12,693	89,325	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,822	38,424	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	4,177	32,898	3,014	101,711	214 75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	ADULT SLEEP LAB	458	7,499	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	8,008	61,105	4,564	154,014	462 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	122,158	1,480,123	91,536	2,472,078	5,182 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,248	405	13,674	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	26,137	656	22,144	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	4,216	1,308	44,149	0 192.04
192.05	19205	BARIATRIC PHYSICIANS	17	24,418	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 lines 118-201)	122,175	1,536,142	93,905	2,552,045	5,182 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150161		Period: From 07/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 6/13/2013 12:04 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	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	318,195					9.00
10.00	01000	DIETARY	2,604	125,959				10.00
11.00	01100	CAFETERIA	14,585	4,940	599,553			11.00
13.00	01300	NURSING ADMINISTRATION	2,440	0	40,985	205,610		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,336	0	14,240	35	698,659	14.00
15.00	01500	PHARMACY	3,564	0	22,096	0	3,055	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	960	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	647	0	3,067	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	252	0	5,936	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	109,943	113,970	186,685	103,611	47,256	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	8,205	1,141	12,196	6,743	647	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	22,211	3,946	26,377	17,329	5,215	34.02
43.00	04300	NURSERY	8,300	0	12,497	7,381	3,394	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	51,719	0	52,953	22,827	140,392	50.00
51.00	05100	RECOVERY ROOM	9,361	0	24,082	15,534	8,076	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	14,632	0	39,176	1,883	8,675	54.00
56.00	05600	RADIOISOTOPE	618	0	1,729	0	3,137	56.00
60.00	06000	LABORATORY	8,252	0	34,328	4,691	30,267	60.00
65.00	06500	RESPIRATORY THERAPY	1,811	0	20,743	0	4,074	65.00
66.00	06600	PHYSICAL THERAPY	339	0	19,161	39	541	66.00
69.00	06900	ELECTROCARDIOLOGY	2,088	0	2,317	0	104	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	703	0	1,464	0	426	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	159,707	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	265,414	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	12,915	827	14,741	5,919	10,381	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	3,597	6	490	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	19,556	1,135	33,556	18,259	7,103	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	308,041	125,959	571,926	204,218	698,354	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,736	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	2,812	0	6,752	0	21	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	5,606	0	0	0	12	192.04
192.05	19205	BARIATRIC PHYSICIANS	0	0	20,875	1,392	272	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)	318,195	125,959	599,553	205,610	698,659	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet B
Part II
Date/Time Prepared:
6/13/2013 12:04 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	
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	263,165						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	46,435					16.00
17.00 01700 SOCIAL SERVICE	190	0	33,277				17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	0	22,060			18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	64	6,002	22,893	15,103	5,312,735		30.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	0	345	1,077	711	383,311		34.01
34.02 03402 PREMATURE INTENSIVE CARE UNIT	0	941	4,177	2,756	1,042,948		34.02
43.00 04300 NURSERY	1	434	5,130	3,384	389,755		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	12,423	10,649	0	0	2,971,889		50.00
51.00 05100 RECOVERY ROOM	0	1,390	0	106	493,331		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	74	5,308	0	0	1,150,473		54.00
56.00 05600 RADIOISOTOPE	1,062	375	0	0	46,611		56.00
60.00 06000 LABORATORY	0	4,619	0	0	577,153		60.00
65.00 06500 RESPIRATORY THERAPY	0	662	0	0	157,871		65.00
66.00 06600 PHYSICAL THERAPY	8	935	0	0	151,806		66.00
69.00 06900 ELECTROCARDIOLOGY	0	613	0	0	106,119		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	149	0	0	35,091		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,053	0	0	294,719		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	4,814	0	0	106,832		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	249,319	3,345	0	0	692,036		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	0	1,584	0	0	738,487		75.01
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0		90.00
90.01 09001 ADULT SLEEP LAB	0	174	0	0	24,853		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	15	3,037	0	0	936,947		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE							113.00
118.00							118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	70,069		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	146,751		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	237,424		192.04
192.05 19205 BARIATRIC PHYSICIANS	9	6	0	0	55,946		192.05
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0		194.00
200.00							200.00
201.00							201.00
202.00							202.00
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers	0	0	0	0	13,285		201.00
202.00 TOTAL (sum lines 118-201)	263,165	46,435	33,277	22,060	16,136,442		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet B
Part II
Date/Time Prepared:
6/13/2013 12:04 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	5,312,735
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	383,311
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	1,042,948
43.00	04300	NURSERY	0	389,755
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	2,971,889
51.00	05100	RECOVERY ROOM	0	493,331
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0
53.00	05300	ANESTHESIOLOGY	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,150,473
56.00	05600	RADIOISOTOPE	0	46,611
60.00	06000	LABORATORY	0	577,153
65.00	06500	RESPIRATORY THERAPY	0	157,871
66.00	06600	PHYSICAL THERAPY	0	151,806
69.00	06900	ELECTROCARDIOLOGY	0	106,119
70.00	07000	ELECTROENCEPHALOGRAPHY	0	35,091
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	294,719
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	106,832
73.00	07300	DRUGS CHARGED TO PATIENTS	0	692,036
75.00	07500	ASC (NON-DISTINCT PART)	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	738,487
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0
90.01	09001	ADULT SLEEP LAB	0	24,853
90.02	09002	PEDIATRIC SLEEP LAB	0	0
90.03	09003	IVF	0	0
91.00	09100	EMERGENCY	0	936,947
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	15,612,967
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	70,069
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0
192.01	19201	OTHER NON-REIMBURSABLE	0	146,751
192.02	19202	PURCHASED SERVICES	0	0
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	237,424
192.05	19205	BARIATRIC PHYSICIANS	0	55,946
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0
200.00		Cross Foot Adjustments	0	0
201.00		Negative Cost Centers	0	13,285
202.00		TOTAL (sum lines 118-201)	0	16,136,442

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
6/13/2013 12:04 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	4.00
		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	436,414				1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	0	436,414			1.01
1.02	00102	MOB LEASED SPACE	0	0	25,600		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				105,935,736	2.00
4.00	00400	EMPLOYEE BENEFITS	257	257	1,289	44,542	37,016,148
5.01	00510	NONPATIENT TELEPHONES	0	0	0	465,617	0
5.02	00511	DATA PROCESSING	6,253	6,253	382	2,201,203	1,602,898
5.03	00512	PURCHASING, RECEIVING AND STORES	11,151	11,151	194	477,862	371,206
5.04	00513	ADMITTING	3,450	3,450	0	520,172	1,252,852
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	3,717	3,717	11,719	42,994,075	4,495,211
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	1,123,013	812,544
7.00	00700	OPERATION OF PLANT	80,133	80,133	1,293	3,767,186	155,889
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,220	0
9.00	00900	HOUSEKEEPING	5,978	5,978	311	1,113,760	827,968
10.00	01000	DIETARY	2,664	2,664	0	112,709	444,412
11.00	01100	CAFETERIA	14,919	14,919	0	29,145	580,889
13.00	01300	NURSING ADMINISTRATION	2,496	2,496	0	126,758	2,217,146
14.00	01400	CENTRAL SERVICES & SUPPLY	12,618	12,618	0	2,956,516	441,336
15.00	01500	PHARMACY	3,646	3,646	0	2,049,031	1,291,318
16.00	01600	MEDICAL RECORDS & LIBRARY	982	982	0	5,128	109,344
17.00	01700	SOCIAL SERVICE	662	662	0	2,707	137,408
18.00	01850	PATIENT TRANSPORTATION	258	258	0	4,718	116,182
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	112,458	112,458	0	5,354,515	8,030,437
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	8,393	8,393	0	532,658	582,586
34.02	03402	PREMATURE INTENSIVE CARE UNIT	22,719	22,719	0	1,852,486	1,309,911
43.00	04300	NURSERY	8,490	8,490	0	196,880	528,400
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	52,902	52,902	0	16,755,378	2,191,985
51.00	05100	RECOVERY ROOM	9,575	9,575	0	949,590	1,143,836
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	14,967	14,967	5,667	11,076,962	1,604,388
56.00	05600	RADIOISOTOPE	632	632	0	327,583	93,558
60.00	06000	LABORATORY	8,441	8,441	0	1,826,200	1,395,112
65.00	06500	RESPIRATORY THERAPY	1,852	1,852	0	1,001,858	990,489
66.00	06600	PHYSICAL THERAPY	347	347	4,745	235,663	919,473
69.00	06900	ELECTROCARDIOLOGY	2,136	2,136	0	572,231	0
70.00	07000	ELECTROENCEPHALOGRAPHY	719	719	0	0	0
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	13,210	13,210	0	5,342,702	761,307
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	ADULT SLEEP LAB	0	0	0	357,131	155,023
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0
90.03	09003	IVF	0	0	0	0	0
91.00	09100	EMERGENCY	20,003	20,003	0	834,752	1,408,585
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	426,028	426,028	25,600	105,211,951	35,971,693
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,776	1,776	0	12,451	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	2,876	2,876	0	12,160	238,210
192.02	19202	PURCHASED SERVICES	0	0	0	0	0
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	5,734	5,734	0	427,359	0
192.05	19205	BARIATRIC PHYSICIANS	0	0	0	271,815	806,245
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	5,549,145	7,169,061	395,722	3,022,514	8,159,680
203.00		Unit cost multiplier (Wkst. B, Part I)	12.715323	16.427202	15.457891	0.028532	0.220436

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
6/13/2013 12:04 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			
204.00	Cost to be allocated (per Wkst. B, Part II)				4.00	28,686	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)					0.000775	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
6/13/2013 12:04 pm

Cost Center Description		NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (PHONE LINES)	PURCHASING, RECEIVING AND STORES (COSTED REQUISITIONS)	ADMITTING (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	1,769					5.01
5.02	00511	76	1,693				5.02
5.03	00512	16	16	12,597,674			5.03
5.04	00513	38	38	5,871	258,863,235		5.04
5.05	00560	86	86	135,842	0	-9,755,849	5.05
6.00	00600	27	27	1,232	0	0	6.00
7.00	00700	82	82	50	0	0	7.00
8.00	00800	0	0	0	0	0	8.00
9.00	00900	13	13	9,846	0	0	9.00
10.00	01000	19	19	3,446	0	0	10.00
11.00	01100	7	7	241	0	0	11.00
13.00	01300	42	42	1,329	0	0	13.00
14.00	01400	10	10	235,013	0	0	14.00
15.00	01500	22	22	53,373	14,754	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	16	16	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	415	415	825,498	33,530,161	0	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	27	27	11,310	1,926,066	0	34.01
34.02	03402	65	65	91,108	5,254,790	0	34.02
43.00	04300	37	37	59,296	2,424,379	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	177	177	2,452,473	58,932,959	0	50.00
51.00	05100	48	48	141,082	7,763,306	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	196	196	151,533	29,653,876	0	54.00
56.00	05600	0	0	54,807	2,092,926	0	56.00
60.00	06000	46	46	528,731	25,803,045	0	60.00
65.00	06500	17	17	71,176	3,695,683	0	65.00
66.00	06600	44	44	9,446	5,225,445	0	66.00
69.00	06900	0	0	1,819	3,425,379	0	69.00
70.00	07000	0	0	7,446	832,616	0	70.00
71.00	07100	0	0	2,789,889	5,883,319	0	71.00
72.00	07200	0	0	0	26,892,330	0	72.00
73.00	07300	0	0	4,636,527	18,689,822	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	48	48	181,335	8,848,932	0	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	14	14	8,561	971,333	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	100	100	124,073	16,966,975	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		1,715	1,639	12,592,353	258,828,096	-9,755,849	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	6	6	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	26	26	364	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	19	19	209	0	0	192.04
192.05	19205	3	3	4,748	35,139	0	192.05
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00							201.00
202.00		-16,918	4,928,658	895,230	3,313,531		202.00
203.00		0.000000	2,911.197874	0.071063	0.012800		203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
6/13/2013 12:04 pm

Cost Center Description		NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (PHONE LINES)	PURCHASING, RECEIVING AND STORES (COSTED REQUISITIONS)	ADMITTING (TOTAL CHARGES)	Reconciliation	
		5.01	5.02	5.03	5.04	5A.05	
204.00	Cost to be allocated (per Wkst. B, Part II)	13,285	252,180	344,273	122,175		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	7.509893	148.954519	0.027328	0.000472		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
6/13/2013 12:04 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	85,655,119					5.05
6.00	00600	3,188,193	411,586				6.00
7.00	00700	3,271,764	80,133	331,453			7.00
8.00	00800	286,979	0	0	261,644		8.00
9.00	00900	3,187,079	5,978	5,978	0	325,475	9.00
10.00	01000	1,010,073	2,664	2,664	0	2,664	10.00
11.00	01100	1,374,212	14,919	14,919	5	14,919	11.00
13.00	01300	3,235,875	2,496	2,496	0	2,496	13.00
14.00	01400	6,226,309	12,618	12,618	1,214	12,618	14.00
15.00	01500	1,956,274	3,646	3,646	13	3,646	15.00
16.00	01600	310,249	982	982	0	982	16.00
17.00	01700	217,695	662	662	0	662	17.00
18.00	01850	206,312	258	258	0	258	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	15,399,589	112,458	112,458	150,802	112,458	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	1,127,723	8,393	8,393	0	8,393	34.01
34.02	03402	2,735,420	22,719	22,719	11,067	22,719	34.02
43.00	04300	1,116,092	8,490	8,490	9,591	8,490	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	6,614,025	52,902	52,902	13,175	52,902	50.00
51.00	05100	2,057,356	9,575	9,575	14,573	9,575	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	4,080,760	14,967	14,967	24,605	14,967	54.00
56.00	05600	242,883	632	632	0	632	56.00
60.00	06000	5,320,095	8,441	8,441	447	8,441	60.00
65.00	06500	1,469,373	1,852	1,852	0	1,852	65.00
66.00	06600	1,553,286	347	347	1,993	347	66.00
69.00	06900	213,063	2,136	2,136	0	2,136	69.00
70.00	07000	284,351	719	719	0	719	70.00
71.00	07100	3,063,453	0	0	0	0	71.00
72.00	07200	4,980,749	0	0	0	0	72.00
73.00	07300	2,142,498	0	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	1,834,381	13,210	13,210	10,797	13,210	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	418,147	0	0	21	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	3,407,223	20,003	20,003	23,341	20,003	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00							118.00
SUBTOTALS (SUM OF LINES 1-117)		82,531,481	401,200	321,067	261,644	315,089	
NONREIMBURSABLE COST CENTERS							
190.00	19000	69,579	1,776	1,776	0	1,776	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	1,457,416	2,876	2,876	0	2,876	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	235,086	5,734	5,734	0	5,734	192.04
192.05	19205	1,361,557	0	0	0	0	192.05
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00							201.00
202.00		9,755,849	3,551,319	4,335,826	319,665	3,679,858	202.00
203.00		0.113897	8.628377	13.081269	1.221756	11.306116	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
6/13/2013 12:04 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	
204.00	Cost to be allocated (per Wkst. B, Part II)	1,536,142	93,905	2,552,045	5,182	318,195	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.017934	0.228154	7.699568	0.019806	0.977633	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
6/13/2013 12:04 pm

Cost Center Description		DIETARY (MEALS SERVED)	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	39,294					10.00
11.00	01100	1,541	81,510				11.00
13.00	01300	0	5,572	35,156			13.00
14.00	01400	0	1,936	6	12,204,804		14.00
15.00	01500	0	3,004	0	53,373	1,537,279	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	417	0	0	1,107	17.00
18.00	01850	0	807	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	35,554	25,380	17,716	825,498	375	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	356	1,658	1,153	11,310	0	34.01
34.02	03402	1,231	3,586	2,963	91,108	0	34.02
43.00	04300	0	1,699	1,262	59,296	3	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	7,199	3,903	2,452,473	72,570	50.00
51.00	05100	0	3,274	2,656	141,082	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	5,326	322	151,533	430	54.00
56.00	05600	0	235	0	54,807	6,206	56.00
60.00	06000	0	4,667	802	528,731	0	60.00
65.00	06500	0	2,820	0	71,176	0	65.00
66.00	06600	0	2,605	0	9,446	46	66.00
69.00	06900	0	315	0	1,819	0	69.00
70.00	07000	0	199	0	7,446	0	70.00
71.00	07100	0	0	0	2,789,889	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	4,636,527	1,456,406	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	258	2,004	1,012	181,335	0	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	489	1	8,561	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	354	4,562	3,122	124,073	86	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		39,294	77,754	34,918	12,199,483	1,537,229	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
192.01	19201	0	918	0	364	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	209	0	192.04
192.05	19205	0	2,838	238	4,748	50	192.05
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00							201.00
202.00		1,213,071	2,070,872	3,828,402	7,403,383	2,408,176	202.00
203.00		30.871660	25.406355	108.897542	0.606596	1.566519	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
6/13/2013 12:04 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	NURSING ADMINISTRATION (NURSING FTEs)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	125,959	599,553	205,610	698,659	263,165	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	3.205553	7.355576	5.848504	0.057245	0.171189	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
6/13/2013 12:04 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	258,848,481				16.00
17.00 01700 SOCIAL SERVICE	0	16,834			17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	16,915		18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	33,530,161	11,581	11,581		30.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	1,926,066	545	545		34.01
34.02 03402 PREMATURE INTENSIVE CARE UNIT	5,254,790	2,113	2,113		34.02
43.00 04300 NURSERY	2,424,379	2,595	2,595		43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	58,932,959	0	0		50.00
51.00 05100 RECOVERY ROOM	7,763,306	0	81		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	29,653,876	0	0		54.00
56.00 05600 RADIOISOTOPE	2,092,926	0	0		56.00
60.00 06000 LABORATORY	25,803,045	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	3,695,683	0	0		65.00
66.00 06600 PHYSICAL THERAPY	5,225,445	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	3,425,379	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	832,616	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,883,319	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	26,892,330	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	18,689,822	0	0		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	8,848,932	0	0		75.01
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	0	0		90.00
90.01 09001 ADULT SLEEP LAB	971,333	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	16,966,975	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300 INTEREST EXPENSE	0	0	0		113.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	258,813,342	16,834	16,915		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	35,139	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)	378,007	276,675	258,831	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
6/13/2013 12:04 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		
203.00 Unit cost multiplier (Wkst. B, Part I)	0.001460	16.435488	15.301862		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	46,435	33,277	22,060		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000179	1.976773	1.304168		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet C
Part I
Date/Time Prepared:
6/13/2013 12:04 pm

			Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Dissallowance	Total Costs	Inpatient			
			3.00	4.00	5.00	6.00			
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	25,640,166		25,640,166	0	25,640,166	33,701,128	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	1,738,911		1,738,911	0	1,738,911	1,926,066	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	4,392,354		4,392,354	0	4,392,354	5,254,790	34.02
43.00	04300	NURSERY	1,837,700		1,837,700	0	1,837,700	2,253,411	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	11,425,438		11,425,438	0	11,425,438	26,616,994	50.00
51.00	05100	RECOVERY ROOM	3,096,179		3,096,179	0	3,096,179	2,359,894	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	5,376,021		5,376,021	0	5,376,021	5,051,669	54.00
56.00	05600	RADIOISOTOPE	343,406		343,406	0	343,406	321,156	56.00
60.00	06000	LABORATORY	6,769,575		6,769,575	0	6,769,575	10,902,249	60.00
65.00	06500	RESPIRATORY THERAPY	1,818,093	0	1,818,093	0	1,818,093	2,766,791	65.00
66.00	06600	PHYSICAL THERAPY	1,823,707	0	1,823,707	0	1,823,707	1,941,840	66.00
69.00	06900	ELECTROCARDIOLOGY	321,959		321,959	0	321,959	1,192,620	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	351,265		351,265	0	351,265	396,054	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,113,297		5,113,297	0	5,113,297	3,768,760	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,587,304		5,587,304	0	5,587,304	18,376,986	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,507,791		7,507,791	0	7,507,791	13,704,970	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	2,784,640		2,784,640	0	2,784,640	3,505,845	75.01
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	484,943		484,943	0	484,943	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	5,051,206		5,051,206	0	5,051,206	3,184,875	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,190,700		1,190,700	0	1,190,700	109,508	92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE	0		0	0	0	0	113.00
200.00		Subtotal (see instructions)	92,654,655	0	92,654,655	0	92,654,655	137,335,606	200.00
201.00		Less Observation Beds	1,190,700		1,190,700		1,190,700		201.00
202.00		Total (see instructions)	91,463,955	0	91,463,955	0	91,463,955	137,335,606	202.00
Cost Center Description	Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio				
	Outpatient	Total (col. 6 + col. 7)							
	7.00	8.00							
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS		33,701,128					30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0					34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		1,926,066					34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		5,254,790					34.02
43.00	04300	NURSERY		2,253,411					43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	32,315,965	58,932,959	0.193872	0.000000	0.193872		50.00
51.00	05100	RECOVERY ROOM	5,403,412	7,763,306	0.398822	0.000000	0.398822		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,602,207	29,653,876	0.181292	0.000000	0.181292		54.00
56.00	05600	RADIOISOTOPE	1,771,770	2,092,926	0.164079	0.000000	0.164079		56.00
60.00	06000	LABORATORY	14,900,796	25,803,045	0.262356	0.000000	0.262356		60.00
65.00	06500	RESPIRATORY THERAPY	928,892	3,695,683	0.491950	0.000000	0.491950		65.00
66.00	06600	PHYSICAL THERAPY	3,283,605	5,225,445	0.349005	0.000000	0.349005		66.00
69.00	06900	ELECTROCARDIOLOGY	2,232,759	3,425,379	0.093992	0.000000	0.093992		69.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet C
Part I
Date/Time Prepared:
6/13/2013 12:04 pm

Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
			Outpatient	Total (col. 6 + col. 7)					
			7.00	8.00	9.00	10.00	11.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	436,562	832,616	0.421881	0.000000	0.421881		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,114,559	5,883,319	0.869118	0.000000	0.869118		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,515,344	26,892,330	0.207766	0.000000	0.207766		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,984,852	18,689,822	0.401705	0.000000	0.401705		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000		75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	5,343,087	8,848,932	0.314687	0.000000	0.314687		75.01
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0.000000	0.000000	0.000000		90.00
90.01	09001	ADULT SLEEP LAB	971,333	971,333	0.499255	0.000000	0.499255		90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0.000000	0.000000	0.000000		90.02
90.03	09003	IVF	0	0	0.000000	0.000000	0.000000		90.03
91.00	09100	EMERGENCY	13,782,100	16,966,975	0.297708	0.000000	0.297708		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	763,682	873,190	1.363621	0.000000	1.363621		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	122,350,925	259,686,531					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	122,350,925	259,686,531					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet C
Part I
Date/Time Prepared:
6/13/2013 12:04 pm

			Title XIX		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Dissallowance	Total Costs	Inpatient			
			3.00	4.00	5.00	6.00			
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	25,640,166		25,640,166	0	25,640,166	33,701,128	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	1,738,911		1,738,911	0	1,738,911	1,926,066	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	4,392,354		4,392,354	0	4,392,354	5,254,790	34.02
43.00	04300	NURSERY	1,837,700		1,837,700	0	1,837,700	2,253,411	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	11,425,438		11,425,438	0	11,425,438	26,616,994	50.00
51.00	05100	RECOVERY ROOM	3,096,179		3,096,179	0	3,096,179	2,359,894	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	5,376,021		5,376,021	0	5,376,021	5,051,669	54.00
56.00	05600	RADIOISOTOPE	343,406		343,406	0	343,406	321,156	56.00
60.00	06000	LABORATORY	6,769,575		6,769,575	0	6,769,575	10,902,249	60.00
65.00	06500	RESPIRATORY THERAPY	1,818,093	0	1,818,093	0	1,818,093	2,766,791	65.00
66.00	06600	PHYSICAL THERAPY	1,823,707	0	1,823,707	0	1,823,707	1,941,840	66.00
69.00	06900	ELECTROCARDIOLOGY	321,959		321,959	0	321,959	1,192,620	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	351,265		351,265	0	351,265	396,054	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,113,297		5,113,297	0	5,113,297	3,768,760	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,587,304		5,587,304	0	5,587,304	18,376,986	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,507,791		7,507,791	0	7,507,791	13,704,970	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	2,784,640		2,784,640	0	2,784,640	3,505,845	75.01
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	484,943		484,943	0	484,943	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	5,051,206		5,051,206	0	5,051,206	3,184,875	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,190,700		1,190,700	0	1,190,700	109,508	92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE	0		0	0	0	0	113.00
200.00		Subtotal (see instructions)	92,654,655	0	92,654,655	0	92,654,655	137,335,606	200.00
201.00		Less Observation Beds	1,190,700		1,190,700		1,190,700		201.00
202.00		Total (see instructions)	91,463,955	0	91,463,955	0	91,463,955	137,335,606	202.00
Cost Center Description	Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio				
	Outpatient	Total (col. 6 + col. 7)							
	7.00	8.00							
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS		33,701,128					30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0					34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		1,926,066					34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		5,254,790					34.02
43.00	04300	NURSERY		2,253,411					43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	32,315,965	58,932,959	0.193872	0.000000	0.193872		50.00
51.00	05100	RECOVERY ROOM	5,403,412	7,763,306	0.398822	0.000000	0.398822		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,602,207	29,653,876	0.181292	0.000000	0.181292		54.00
56.00	05600	RADIOISOTOPE	1,771,770	2,092,926	0.164079	0.000000	0.164079		56.00
60.00	06000	LABORATORY	14,900,796	25,803,045	0.262356	0.000000	0.262356		60.00
65.00	06500	RESPIRATORY THERAPY	928,892	3,695,683	0.491950	0.000000	0.491950		65.00
66.00	06600	PHYSICAL THERAPY	3,283,605	5,225,445	0.349005	0.000000	0.349005		66.00
69.00	06900	ELECTROCARDIOLOGY	2,232,759	3,425,379	0.093992	0.000000	0.093992		69.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet C
Part I
Date/Time Prepared:
6/13/2013 12:04 pm

Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
			Outpatient	Total (col. 6 + col. 7)					
			7.00	8.00					
70.00	07000	ELECTROENCEPHALOGRAPHY	436,562	832,616	0.421881	0.000000	0.421881		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,114,559	5,883,319	0.869118	0.000000	0.869118		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,515,344	26,892,330	0.207766	0.000000	0.207766		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,984,852	18,689,822	0.401705	0.000000	0.401705		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000		75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	5,343,087	8,848,932	0.314687	0.000000	0.314687		75.01
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0.000000	0.000000	0.000000		90.00
90.01	09001	ADULT SLEEP LAB	971,333	971,333	0.499255	0.000000	0.499255		90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0.000000	0.000000	0.000000		90.02
90.03	09003	IVF	0	0	0.000000	0.000000	0.000000		90.03
91.00	09100	EMERGENCY	13,782,100	16,966,975	0.297708	0.000000	0.297708		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	763,682	873,190	1.363621	0.000000	1.363621		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	122,350,925	259,686,531					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	122,350,925	259,686,531					202.00

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

Provider CCN: 150161

Period: From 07/01/2012 To 12/31/2012

Worksheet C Part II Date/Time Prepared: 6/13/2013 12:04 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	11,425,438	2,971,889	8,453,549	0	0	50.00
51.00	05100 RECOVERY ROOM	3,096,179	493,331	2,602,848	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	5,376,021	1,150,473	4,225,548	0	0	54.00
56.00	05600 RADIOISOTOPE	343,406	46,611	296,795	0	0	56.00
60.00	06000 LABORATORY	6,769,575	577,153	6,192,422	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	1,818,093	157,871	1,660,222	0	0	65.00
66.00	06600 PHYSICAL THERAPY	1,823,707	151,806	1,671,901	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	321,959	106,119	215,840	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	351,265	35,091	316,174	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,113,297	294,719	4,818,578	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	5,587,304	106,832	5,480,472	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,507,791	692,036	6,815,755	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	2,784,640	738,487	2,046,153	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ADULT SLEEP LAB	484,943	24,853	460,090	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	5,051,206	936,947	4,114,259	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,190,700	246,718	943,982	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (sum of lines 50 thru 199)	59,045,524	8,730,936	50,314,588	0	0	200.00
201.00	Less Observation Beds	1,190,700	246,718	943,982	0	0	201.00
202.00	Total (line 200 minus line 201)	57,854,824	8,484,218	49,370,606	0	0	202.00

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

Provider CCN: 150161

Period: From 07/01/2012 To 12/31/2012

Worksheet C Part II Date/Time Prepared: 6/13/2013 12:04 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)	
		6.00	7.00	8.00	
Title XIX Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	11,425,438	58,932,959	0.193872	50.00
51.00	05100 RECOVERY ROOM	3,096,179	7,763,306	0.398822	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	5,376,021	29,653,876	0.181292	54.00
56.00	05600 RADIOISOTOPE	343,406	2,092,926	0.164079	56.00
60.00	06000 LABORATORY	6,769,575	25,803,045	0.262356	60.00
65.00	06500 RESPIRATORY THERAPY	1,818,093	3,695,683	0.491950	65.00
66.00	06600 PHYSICAL THERAPY	1,823,707	5,225,445	0.349005	66.00
69.00	06900 ELECTROCARDIOLOGY	321,959	3,425,379	0.093992	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	351,265	832,616	0.421881	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,113,297	5,883,319	0.869118	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	5,587,304	26,892,330	0.207766	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,507,791	18,689,822	0.401705	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	2,784,640	8,848,932	0.314687	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0.000000	90.00
90.01	09001 ADULT SLEEP LAB	484,943	971,333	0.499255	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	5,051,206	16,966,975	0.297708	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,190,700	873,190	1.363621	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (sum of lines 50 thru 199)	59,045,524	216,551,136		200.00
201.00	Less Observation Beds	1,190,700	0		201.00
202.00	Total (line 200 minus line 201)	57,854,824	216,551,136		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150161		Period: From 07/01/2012 To 12/31/2012		Worksheet D Part I Date/Time Prepared: 6/13/2013 12:04 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)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,312,735	0	5,312,735	12,145	437.44	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	383,311		383,311	545	703.32	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	1,042,948		1,042,948	2,113	493.59	34.02
43.00	NURSERY	389,755		389,755	2,595	150.19	43.00
200.00	Total (lines 30-199)	7,128,749		7,128,749	17,398		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,341	1,461,487				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
34.01	PEDIATRIC INTENSIVE CARE UNIT	1	703				
34.02	PREMATURE INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	3,342	1,462,190				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet D
Part II
Date/Time Prepared:
6/13/2013 12:04 pm

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,971,889	58,932,959	0.050428	7,194,410	362,800	50.00
51.00	05100	RECOVERY ROOM	493,331	7,763,306	0.063547	633,635	40,266	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	1,150,473	29,653,876	0.038797	2,168,868	84,146	54.00
56.00	05600	RADIOISOTOPE	46,611	2,092,926	0.022271	136,975	3,051	56.00
60.00	06000	LABORATORY	577,153	25,803,045	0.022368	3,104,279	69,437	60.00
65.00	06500	RESPIRATORY THERAPY	157,871	3,695,683	0.042718	547,114	23,372	65.00
66.00	06600	PHYSICAL THERAPY	151,806	5,225,445	0.029051	788,479	22,906	66.00
69.00	06900	ELECTROCARDIOLOGY	106,119	3,425,379	0.030980	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	35,091	832,616	0.042145	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	294,719	5,883,319	0.050094	986,877	49,437	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	106,832	26,892,330	0.003973	4,213,545	16,740	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	692,036	18,689,822	0.037027	3,571,916	132,257	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	738,487	8,848,932	0.083455	1,335,724	111,473	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	ADULT SLEEP LAB	24,853	971,333	0.025586	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	936,947	16,966,975	0.055222	1,120,047	61,851	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	246,718	873,190	0.282548	16,530	4,671	92.00
200.00		Total (lines 50-199)	8,730,936	216,551,136		25,818,399	982,407	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150161	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 6/13/2013 12:04 pm
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Cost Center Description	Title XVIII				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	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
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School
	6.00	7.00	8.00	9.00	11.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,145	0.00	3,341	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	545	0.00	1	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	2,113	0.00	0	0	34.02
43.00	04300	NURSERY	2,595	0.00	0	0	43.00
200.00		Total (lines 30-199)	17,398		3,342	0	200.00

Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost
	12.00	13.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0			30.00
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
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 07/01/2012
To 12/31/2012

Worksheet D
Part IV
Date/Time Prepared:
6/13/2013 12:04 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	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0	0	90.02
90.03	09003	IVF	0	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150161	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 6/13/2013 12:04 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	58,932,959	0.000000	0.000000	7,194,410	50.00
51.00	05100	RECOVERY ROOM	0	7,763,306	0.000000	0.000000	633,635	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	29,653,876	0.000000	0.000000	2,168,868	54.00
56.00	05600	RADIOISOTOPE	0	2,092,926	0.000000	0.000000	136,975	56.00
60.00	06000	LABORATORY	0	25,803,045	0.000000	0.000000	3,104,279	60.00
65.00	06500	RESPIRATORY THERAPY	0	3,695,683	0.000000	0.000000	547,114	65.00
66.00	06600	PHYSICAL THERAPY	0	5,225,445	0.000000	0.000000	788,479	66.00
69.00	06900	ELECTROCARDIOLOGY	0	3,425,379	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	832,616	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,883,319	0.000000	0.000000	986,877	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	26,892,330	0.000000	0.000000	4,213,545	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,689,822	0.000000	0.000000	3,571,916	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	8,848,932	0.000000	0.000000	1,335,724	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	ADULT SLEEP LAB	0	971,333	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	16,966,975	0.000000	0.000000	1,120,047	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	873,190	0.000000	0.000000	16,530	92.00
200.00		Total (lines 50-199)	0	216,551,136			25,818,399	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150161	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 6/13/2013 12:04 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
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	3,683,761	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	620,637	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	5,100,141	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	411,082	0	0	0	56.00
60.00	06000 LABORATORY	0	227,783	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	203,201	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	382,131	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	1,422,652	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	675,214	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	1,209,339	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ADULT SLEEP LAB	0	169,583	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	1,615,239	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	80,956	0	0	0	92.00
200.00	Total (Lines 50-199)	0	15,801,719	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet D
Part IV
Date/Time Prepared:
6/13/2013 12:04 pm

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
56.00	05600 RADIOISOTOPE	0	0			56.00
60.00	06000 LABORATORY	0	0			60.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO 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
OUTPATIENT SERVICE COST CENTERS						
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 07/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 6/13/2013 12:04 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.193872	3,683,761	0	0	714,178	50.00
51.00	05100 RECOVERY ROOM	0.398822	620,637	0	0	247,524	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.181292	5,100,141	0	0	924,615	54.00
56.00	05600 RADIOISOTOPE	0.164079	411,082	0	0	67,450	56.00
60.00	06000 LABORATORY	0.262356	227,783	0	0	59,760	60.00
65.00	06500 RESPIRATORY THERAPY	0.491950	203,201	0	0	99,965	65.00
66.00	06600 PHYSICAL THERAPY	0.349005	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.093992	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.421881	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.869118	382,131	0	0	332,117	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.207766	1,422,652	0	0	295,579	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.401705	675,214	0	21,630	271,237	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.314687	1,209,339	0	0	380,563	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 ADULT SLEEP LAB	0.499255	169,583	0	0	84,665	90.01
90.02	09002 PEDIATRIC SLEEP LAB	0.000000	0	0	0	0	90.02
90.03	09003 IVF	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.297708	1,615,239	0	0	480,870	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.363621	80,956	0	0	110,393	92.00
200.00	Subtotal (see instructions)		15,801,719	0	21,630	4,068,916	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		15,801,719	0	21,630	4,068,916	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150161	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 6/13/2013 12:04 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
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
56.00 05600 RADIOISOTOPE	0	0		56.00
60.00 06000 LABORATORY	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	8,689		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	0	0		75.01
OUTPATIENT SERVICE COST CENTERS				
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 Subtotal (see instructions)	0	8,689		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	8,689		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150161		Period: From 07/01/2012 To 12/31/2012		Worksheet D Part I Date/Time Prepared: 6/13/2013 12:04 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)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,312,735	0	5,312,735	12,145	437.44	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0.00	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	383,311		383,311	545	703.32	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	1,042,948		1,042,948	2,113	493.59	34.02
43.00	NURSERY	389,755		389,755	2,595	150.19	43.00
200.00	Total (lines 30-199)	7,128,749		7,128,749	17,398		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	484	211,721				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
34.01	PEDIATRIC INTENSIVE CARE UNIT	23	16,176				
34.02	PREMATURE INTENSIVE CARE UNIT	88	43,436				
43.00	NURSERY	109	16,371				
200.00	Total (lines 30-199)	704	287,704				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet D
Part II
Date/Time Prepared:
6/13/2013 12:04 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	2,971,889	58,932,959	0.050428	968,618	48,845	50.00
51.00	05100	RECOVERY ROOM	493,331	7,763,306	0.063547	79,335	5,042	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	1,150,473	29,653,876	0.038797	292,789	11,359	54.00
56.00	05600	RADIOISOTOPE	46,611	2,092,926	0.022271	4,466	99	56.00
60.00	06000	LABORATORY	577,153	25,803,045	0.022368	630,658	14,107	60.00
65.00	06500	RESPIRATORY THERAPY	157,871	3,695,683	0.042718	470,798	20,112	65.00
66.00	06600	PHYSICAL THERAPY	151,806	5,225,445	0.029051	42,385	1,231	66.00
69.00	06900	ELECTROCARDIOLOGY	106,119	3,425,379	0.030980	56,540	1,752	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	35,091	832,616	0.042145	29,808	1,256	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	294,719	5,883,319	0.050094	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	106,832	26,892,330	0.003973	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	692,036	18,689,822	0.037027	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	738,487	8,848,932	0.083455	172,068	14,360	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	ADULT SLEEP LAB	24,853	971,333	0.025586	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	936,947	16,966,975	0.055222	142,731	7,882	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	246,718	873,190	0.282548	0	0	92.00
200.00		Total (lines 50-199)	8,730,936	216,551,136		2,890,196	126,045	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150161	Period: From 07/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 6/13/2013 12:04 pm
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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	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
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School
	6.00	7.00	8.00	9.00	11.00

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,145	0.00	484	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	545	0.00	23	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	2,113	0.00	88	0	0	34.02
43.00	04300	NURSERY	2,595	0.00	109	0	0	43.00
200.00		Total (lines 30-199)	17,398		704	0	0	200.00

Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost
	12.00	13.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0			30.00
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
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 07/01/2012
To 12/31/2012

Worksheet D
Part IV
Date/Time Prepared:
6/13/2013 12:04 pm

Cost Center Description		Title XIX				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0	0	90.02
90.03	09003	IVF	0	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet D
Part IV
Date/Time Prepared:
6/13/2013 12:04 pm

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	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	58,932,959	0.000000	0.000000	968,618	50.00
51.00	05100	RECOVERY ROOM	0	7,763,306	0.000000	0.000000	79,335	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	29,653,876	0.000000	0.000000	292,789	54.00
56.00	05600	RADIOISOTOPE	0	2,092,926	0.000000	0.000000	4,466	56.00
60.00	06000	LABORATORY	0	25,803,045	0.000000	0.000000	630,658	60.00
65.00	06500	RESPIRATORY THERAPY	0	3,695,683	0.000000	0.000000	470,798	65.00
66.00	06600	PHYSICAL THERAPY	0	5,225,445	0.000000	0.000000	42,385	66.00
69.00	06900	ELECTROCARDIOLOGY	0	3,425,379	0.000000	0.000000	56,540	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	832,616	0.000000	0.000000	29,808	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,883,319	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	26,892,330	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,689,822	0.000000	0.000000	0	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	8,848,932	0.000000	0.000000	172,068	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	ADULT SLEEP LAB	0	971,333	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	16,966,975	0.000000	0.000000	142,731	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	873,190	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	216,551,136			2,890,196	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet D
Part IV
Date/Time Prepared:
6/13/2013 12:04 pm

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	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
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
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
OUTPATIENT SERVICE COST CENTERS							
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 07/01/2012
To 12/31/2012

Worksheet D
Part IV
Date/Time Prepared:
6/13/2013 12:04 pm

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
56.00	05600 RADIOISOTOPE	0	0			56.00
60.00	06000 LABORATORY	0	0			60.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO 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
OUTPATIENT SERVICE COST CENTERS						
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 07/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 6/13/2013 12:04 pm
	Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.193872	0	784,472	0	0
51.00 05100 RECOVERY ROOM	0.398822	0	136,889	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.181292	0	678,032	0	0
56.00 05600 RADIOISOTOPE	0.164079	0	32,938	0	0
60.00 06000 LABORATORY	0.262356	0	452,498	0	0
65.00 06500 RESPIRATORY THERAPY	0.491950	0	52,223	0	0
66.00 06600 PHYSICAL THERAPY	0.349005	0	114,352	0	0
69.00 06900 ELECTROCARDIOLOGY	0.093992	0	45,571	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.421881	0	25,815	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.869118	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.207766	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.401705	0	125	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	0.314687	0	255,600	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 ADULT SLEEP LAB	0.499255	0	20,117	0	0
90.02 09002 PEDIATRIC SLEEP LAB	0.000000	0	0	0	0
90.03 09003 IVF	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.297708	0	413,436	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.363621	0	0	0	0
200.00 Subtotal (see instructions)		0	3,012,068	0	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00 Net Charges (line 200 +/- line 201)		0	3,012,068	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet D
Part V
Date/Time Prepared:
6/13/2013 12:04 pm

		Title XIX		Hospital	PPS
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	152,087	0	50.00
51.00	05100	RECOVERY ROOM	54,594	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	122,922	0	54.00
56.00	05600	RADIOISOTOPE	5,404	0	56.00
60.00	06000	LABORATORY	118,716	0	60.00
65.00	06500	RESPIRATORY THERAPY	25,691	0	65.00
66.00	06600	PHYSICAL THERAPY	39,909	0	66.00
69.00	06900	ELECTROCARDIOLOGY	4,283	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,891	0	70.00
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	50	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	80,434	0	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	ADULT SLEEP LAB	10,044	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	123,083	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	748,108	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	748,108	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150161	Period: From 07/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 6/13/2013 12:04 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)		12,145	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,145	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)		11,581	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)		3,341	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)		25,640,166	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)		25,640,166	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		35,969,415	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		35,969,415	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.712832	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)		3,105.90	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		25,640,166	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)		2,111.17	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,053,419	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)		7,053,419	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150161		Period: From 07/01/2012 To 12/31/2012		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	
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	
46.01	PEDIATRIC INTENSIVE CARE UNIT	1,738,911	545	3,190.66	1	3,191	
46.02	PREMATURE INTENSIVE CARE UNIT	4,392,354	2,113	2,078.73	0	0	
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)					7,366,262	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					14,422,872	
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,462,190	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					982,407	
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,444,597	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,978,275	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	
55.00	Target amount per discharge					0.00	
56.00	Target amount (line 54 x line 55)					0	
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	
58.00	Bonus payment (see instructions)					0	
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	
62.00	Relief payment (see instructions)					0	
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					70.00	
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00	
72.00	Program routine service cost (line 9 x line 71)					72.00	
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00	
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00	
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00	
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00	
77.00	Program capital-related costs (line 9 x line 76)					77.00	
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00	
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00	
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00	
81.00	Inpatient routine service cost per diem limitation					81.00	
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00	
83.00	Reasonable inpatient routine service costs (see instructions)					83.00	
84.00	Program inpatient ancillary services (see instructions)					84.00	
85.00	Utilization review - physician compensation (see instructions)					85.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					564	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,111.17	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,190,700	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150161		Period: From 07/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 6/13/2013 12:04 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,312,735	25,640,166	0.207204	1,190,700	246,718	90.00
91.00	Nursing School cost	0	25,640,166	0.000000	1,190,700	0	91.00
92.00	Allied health cost	0	25,640,166	0.000000	1,190,700	0	92.00
93.00	All other Medical Education	0	25,640,166	0.000000	1,190,700	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150161	Period: From 07/01/2012 To 12/31/2012	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 6/13/2013 12:04 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)		12,145	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,145	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)		11,581	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)		484	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)		2,595	15.00
16.00	Nursery days (title V or XIX only)		109	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)		25,640,166	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)		25,640,166	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		35,969,415	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		35,969,415	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.712832	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)		3,105.90	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		25,640,166	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)		2,111.17	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,021,806	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,021,806	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150161		Period: From 07/01/2012 To 12/31/2012		Worksheet D-1	
		Title XIX		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)	1,837,700	2,595	708.17	109	77,191	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	1,738,911	545	3,190.66	23	73,385	46.01
46.02	PREMATURE INTENSIVE CARE UNIT	4,392,354	2,113	2,078.73	88	182,928	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)					799,630	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,154,940	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)					287,704	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					126,045	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					413,749	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,741,191	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)					564	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,111.17	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,190,700	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet D-1

Date/Time Prepared:
6/13/2013 12:04 pm

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Title XIX		Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
				Hospital	PPS	
	1.00	2.00	3.00	Total Observation Bed Cost (from line 89)	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	5,312,735	25,640,166	0.207204	1,190,700	246,718	90.00
91.00 Nursing School cost	0	25,640,166	0.000000	1,190,700	0	91.00
92.00 Allied health cost	0	25,640,166	0.000000	1,190,700	0	92.00
93.00 All other Medical Education	0	25,640,166	0.000000	1,190,700	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150161	Period: From 07/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 6/13/2013 12:04 pm
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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		6,129,568		30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT		3,675		34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT		0		34.02
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.193872	7,194,410	1,394,795	50.00
51.00	05100 RECOVERY ROOM	0.398822	633,635	252,708	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	0.181292	2,168,868	393,198	54.00
56.00	05600 RADIOISOTOPE	0.164079	136,975	22,475	56.00
60.00	06000 LABORATORY	0.262356	3,104,279	814,426	60.00
65.00	06500 RESPIRATORY THERAPY	0.491950	547,114	269,153	65.00
66.00	06600 PHYSICAL THERAPY	0.349005	788,479	275,183	66.00
69.00	06900 ELECTROCARDIOLOGY	0.093992	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.421881	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.869118	986,877	857,713	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.207766	4,213,545	875,431	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.401705	3,571,916	1,434,857	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.314687	1,335,724	420,335	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 ADULT SLEEP LAB	0.499255	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	0.297708	1,120,047	333,447	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.363621	16,530	22,541	92.00
200.00	Total (sum of lines 50-94 and 96-98)		25,818,399	7,366,262	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)		25,818,399		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150161	Period: From 07/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 6/13/2013 12:04 pm
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		1,089,538		30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT		447,680		34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT		446,146		34.02
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.193872	968,618	187,788	50.00
51.00	05100 RECOVERY ROOM	0.398822	79,335	31,641	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	0.181292	292,789	53,080	54.00
56.00	05600 RADIOISOTOPE	0.164079	4,466	733	56.00
60.00	06000 LABORATORY	0.262356	630,658	165,457	60.00
65.00	06500 RESPIRATORY THERAPY	0.491950	470,798	231,609	65.00
66.00	06600 PHYSICAL THERAPY	0.349005	42,385	14,793	66.00
69.00	06900 ELECTROCARDIOLOGY	0.093992	56,540	5,314	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.421881	29,808	12,575	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.869118	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.207766	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.401705	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.314687	172,068	54,148	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 ADULT SLEEP LAB	0.499255	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	0.297708	142,731	42,492	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.363621	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		2,890,196	799,630	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		2,890,196		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150161	Period: From 07/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 6/13/2013 12:04 pm
		Title VIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		5,925,455	1.00
2.00	Outlier payments for discharges. (see instructions)		733,703	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)		157.93	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)		18.89	31.00
32.00	Sum of lines 30 and 31		21.83	32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.22	33.00
34.00	Disproportionate share adjustment (see instructions)		427,818	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)		7,086,976	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)		7,086,976	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		837,323	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150161	Period: From 07/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 6/13/2013 12:04 pm
		Title XVIII	Hospital	PPS
		1.00		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0 57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			7,924,299 59.00
60.00	Primary payer payments			0 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			7,924,299 61.00
62.00	Deductibles billed to program beneficiaries			672,792 62.00
63.00	Coinurance billed to program beneficiaries			7,514 63.00
64.00	Allowable bad debts (see instructions)			3,839 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			2,687 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			2,771 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			7,246,680 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.93	HVBP incentive payment (see instructions)			1,730 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-1,781 70.94
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			0 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			7,246,629 71.00
72.00	Interim payments			7,117,846 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)			128,783 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			668,606 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 07/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 6/13/2013 12:04 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,689	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		4,068,916	2.00
3.00	PPS payments		2,537,855	3.00
4.00	Outlier payment (see instructions)		97,815	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)		8,689	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		21,630	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)		21,630	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)		21,630	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		12,941	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)		8,689	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)		2,635,670	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)		571,345	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)		2,073,014	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)		2,073,014	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		2,073,014	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)		55,412	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		38,788	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		53,073	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		2,111,802	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	AB Re-billing demo amount (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		2,111,802	40.00
41.00	Interim payments		2,113,191	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)		-1,389	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		6,454	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet E-1
Part I
Date/Time Prepared:
6/13/2013 12:04 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		7,117,846		2,113,191	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)		7,117,846		2,113,191	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		128,783		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1,389	6.02
7.00	Total Medicare program liability (see instructions)		7,246,629		2,111,802	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 07/01/2012
To 12/31/2012

Worksheet E-1
Part II
Date/Time Prepared:
6/13/2013 12:04 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 07/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 6/13/2013 12:04 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			748,108	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	748,108	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	748,108	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		1,983,364		8.00
9.00	Ancillary service charges		2,890,196	3,012,068	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)		4,873,560	3,012,068	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)		4,873,560	3,012,068	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		4,873,560	2,263,960	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	748,108	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	0	24.00
25.00	Capital exception payments (see instructions)		0	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	748,108	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	748,108	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	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	748,108	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	748,108	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	748,108	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	748,108	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 07/01/2012
To 12/31/2012

Worksheet G

Date/Time Prepared:
6/13/2013 12:04 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	81,619,000	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	32,302,000	0	0	0	4.00
5.00	Other receivable	2,014,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,417,000	0	0	0	7.00
8.00	Prepaid expenses	1,102,000	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)	119,454,000	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	-5,638,000	0	0	0	14.00
15.00	Buildings	148,755,000	0	0	0	15.00
16.00	Accumulated depreciation	-26,237,000	0	0	0	16.00
17.00	Leasehold improvements	8,821,000	0	0	0	17.00
18.00	Accumulated depreciation	-1,802,000	0	0	0	18.00
19.00	Fixed equipment	25,122,000	0	0	0	19.00
20.00	Accumulated depreciation	-19,068,000	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	71,543,000	0	0	0	23.00
24.00	Accumulated depreciation	-52,139,000	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)	161,299,000	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	0	0	0	0	33.00
34.00	Other assets	516,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	516,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	281,269,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	15,514,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,515,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,902,000	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	8,669,000	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)	36,600,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	231,380,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	3,327,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	234,707,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	271,307,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	9,962,000	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)	9,962,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	281,269,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet G-1

Date/Time Prepared:
6/13/2013 12:04 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		-1,677,000			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		15,297,249				2.00
3.00	Total (sum of line 1 and line 2)		13,620,249			0	3.00
4.00	Additions (credit adjustments) (specify)	3,006,833		0		0	4.00
5.00		457,167		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		3,464,000			0	10.00
11.00	Subtotal (line 3 plus line 10)		17,084,249			0	11.00
12.00	Deductions (debit adjustments) (specify)	7,122,249		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		7,122,249			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		9,962,000			0	19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet G-2
Parts I & II
Date/Time Prepared:
6/13/2013 12:04 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	35,969,415		35,969,415	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	35,969,415		35,969,415	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	1,926,066		1,926,066	14.01
14.02	PREMATURE INTENSIVE CARE UNIT	5,254,790		5,254,790	14.02
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	7,180,856		7,180,856	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	43,150,271		43,150,271	17.00
18.00	Ancillary services	94,200,211	122,350,925	216,551,136	18.00
19.00	Outpatient services	0	0	0	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
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN FEES	0	348,544	348,544	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	137,350,482	122,699,469	260,049,951	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		103,367,078		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		103,367,078		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150161

Period:
From 07/01/2012
To 12/31/2012

Worksheet G-3

Date/Time Prepared:
6/13/2013 12:04 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	260,049,951	1.00
2.00	Less contractual allowances and discounts on patients' accounts	144,720,268	2.00
3.00	Net patient revenues (line 1 minus line 2)	115,329,683	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	103,367,078	4.00
5.00	Net income from service to patients (line 3 minus line 4)	11,962,605	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	6,151	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	92,815	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	436	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	857,403	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.)	30,771	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	7,263	20.00
21.00	Rental of vending machines	3,614	21.00
22.00	Rental of hospital space	197,807	22.00
23.00	Governmental appropriations	19,393	23.00
24.00	OTHER (SPECIFY)	0	24.00
24.01	IC REV DIRECT SUPP-IUH	63,631	24.01
24.02	CONSOL CASH INT	59,628	24.02
24.03	IC REV MARKETING SUPP	84,803	24.03
24.04	IC REV LAB	147,116	24.04
24.05	REV-GAIN/LOSS ASSET & OTHER OPER REV	1,110,006	24.05
24.06	EHRC INCENTIVE	235,818	24.06
24.07	IC REV SHARED EMPLOYEES	372,218	24.07
24.08	IC REV WOMEN'S HEALTH	37,425	24.08
24.09	IC REV MED STAFF OFFICE	8,850	24.09
25.00	Total other income (sum of lines 6-24)	3,335,148	25.00
26.00	Total (line 5 plus line 25)	15,297,753	26.00
27.00	ROUNDING	504	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	504	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	15,297,249	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150161	Period: From 07/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 6/13/2013 12:04 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		473,918	1.00
2.00	Capital DRG outlier payments		341,984	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		77.39	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)		18.89	8.00
9.00	Sum of lines 7 and 8		21.83	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.52	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		21,421	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		837,323	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