



The following items are included herein:

1. 2552-10 cost report
2. Worksheet A Expense Grouping Schedule
3. There were no Worksheet A-6 Reclassifications
4. Support for Worksheet A-8 Adjustments
5. Support for Worksheet A-8-1 (if applicable)
6. PS&R Crosswalk
7. PS&R
8. Worksheet G Balance Sheet Groupings
9. Worksheet G-2, G-3 Revenue Groupings
10. Trial Balance
- 11. Medicare Bad Debt Schedule**
12. The provider does not have audited financial statements
13. The provider does not have GME

Any further questions about the cost report filing should be directed to:

Michael Freeman
TFG Consulting, LLC
8550 United Plaza Blvd., Suite 702
Baton Rouge, LA 70809
mfreeman@tfgconsulting.org
225.610.1100 (office)
225.301.2510 (mobile)
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CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY		1. <input type="checkbox"/> ELECTRONICALLY FILED COST REPORT	DATE:	TIME:
		2. <input checked="" type="checkbox"/> MANUALLY SUBMITTED COST REPORT		
		3. <input type="checkbox"/> IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THE COST REPORT		
		4. <input type="checkbox"/> MEDICARE UTILIZATION. ENTER 'F' FOR FULL OR 'L' FOR LOW.		
CONTRACTOR USE ONLY	5. <input type="checkbox"/> COST REPORT STATUS	6. DATE RECEIVED: _____	10. NPR DATE: _____	
	1 -AS SUBMITTED	7. CONTRACTOR NO: _____	11. CONTRACTOR'S VENDOR CODE: _____	
	2 -SETTLED WITHOUT AUDIT	8. <input type="checkbox"/> INITIAL REPORT FOR THIS PROVIDER CCN		
	3 -SETTLED WITH AUDIT	9. <input type="checkbox"/> FINAL REPORT FOR THIS PROVIDER CCN		
	4 -REOPENED	12. <input type="checkbox"/> IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED = 0-9.		
	5 -AMENDED			

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY CENTRAL INDIANA-AMG SPECIALTY HOSPIT (15-2025) {(PROVIDER NAME(S) AND NUMBER(S))} FOR THE COST REPORTING PERIOD BEGINNING 09/01/2013 AND ENDING 08/31/2014, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, 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

PART III - SETTLEMENT SUMMARY

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		17,814				1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		17,814				200

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 THIS 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 THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

Hospital and Hospital Health Care Complex Address:										
1	Street: 2401 W. UNIVERSITY AVE, 8TH FLOOR N	P.O. Box:								1
2	City: MUNCIE	State: IN	ZIP Code: 47303	County: DELAWARE						2
Hospital and Hospital-Based Component Identification:										
							Payment System (P, T, O, or N)			
Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	V	XVIII	XIX		
0	1	2	3	4	5	6	7	8		
3	Hospital	CENTRAL INDIANA-AMG SPECIALTY HOSPIT	15-2025	34620	2	02/16/2005	N	P	P	3
4	Subprovider - IPF									4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19
20	Cost Reporting Period (mm/dd/yyyy)	From: 09 / 01 / 2013	To: 08 / 31 / 2014							20
21	Type of control (see instructions)	4								21
Inpatient PPS Information										
22	Does this facility qualify for and receive disproportionate share hospital payments 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 §412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.							N	N	22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							N	N	22.01
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.							3	N	23
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1	2	3	4	5	6			
24	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 col. 5, and other Medicaid days in col. 6.									24
25	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, 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.									25
26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.				1					26
27	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
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.									35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				Beginning:		Ending:			36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.									37
38	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				Beginning:		Ending:			38
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)							N	N	39

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

		V	XVIII	XIX	
Prospective Payment System (PPS)-Capital		1	2	3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	N	N	45
46	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
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N	48
Teaching Hospitals					
		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	N			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Worksheet E-4. If column 2 is 'N', complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57
58	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
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59
60	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
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06
Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.					
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count
		1	2	3	4
Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.					
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62	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)				62
62.01	Enter the number of FTE residents that rotated from a teaching health center (THC) into your hospital in this cost reporting period of HRSA THC program. (see instructions)				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings					
63	Has your facility trained residents in non-provider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	N			63

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

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.				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	RATIO (col. 1/ col. 1 + col. 2))	
64	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)						64
Enter in lines 65-65.49 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)							
	Program Name	Program Code		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1	2		3	4	5	
65							65
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings-Effective for cost reporting periods beginning on or after July 1, 2010				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	RATIO (col. 1/ col. 1 + col. 2))	
66	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)						66
Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)							
	Program Name	Program Code		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1	2		3	4	5	
67							67
Inpatient Psychiatric Facility PPS				1	2	3	
70	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
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, enter 1, 2, or 3 respectively in column 3. If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5.						71
Inpatient Rehabilitation Facility PPS				1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.			N			75
76	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 and 'N' for no. Column 3: If column 2 is Y, enter 1, 2, or 3 respectively in column 3. If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5.						76
Long Term Care Hospital PPS							
80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.				Y		80
TEFRA Providers							
85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA?. Enter 'Y' for yes or 'N' for no.				N		85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.						86

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

		V	XIX	
Title V and XIX Services		1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	Y	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	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
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97
Rural Providers		1	2	
105	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106
107	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. 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.			107
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.	N		108
109	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 each therapy.	Physical	Occupational Speech Respiratory	109
		N	N	
Miscellaneous Cost Reporting Information				
115	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'	N		115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N		116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	N		117
118	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.			118
		Premiums	Paid Losses	Self Insurance
118.01	List amounts of malpractice premiums and paid losses:			118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
120	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
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	N		121
Transplant Center Information				
125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	N		125
126	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
127	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
128	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
129	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
130	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
131	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
132	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
133	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
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.			134

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WORKSHEET S-2
PART I

All Providers						
140	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)		1	2		140
			Y	HB0043		
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	Name: NAME: ACADIANA MANAGEMENT GRO	Contractor's Name: NOVITAS	Contractor's Number: 0000			141
142	Street: STREET: 101 LA RUE FRANCE, SU	P.O. Box:				142
143	City: LAFAYETTE	State: LA	ZIP Code: 70508			143
144	Are provider based physicians' costs included in Worksheet A?		Y			144
145	If costs for renal services are claimed on Worksheet A, line 74 are they costs for inpatient services only? Enter 'Y' for yes, or 'N' for no.		Y			145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and '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
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.		N			147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.		N			148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.		N			149
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)						
			Title XVIII		Title V	Title XIX
			Part A	Part B	2	3
155	Hospital		N	N	N	N
156	Subprovider - IPF		N	N		
157	Subprovider - IRF		N	N		
158	Subprovider - Other					
159	SNF		N	N		
160	HHA		N	N		
161	CMHC			N		
161.10	CORF					161.10
Multicampus						
165	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs? Enter 'Y' for yes or 'N' for no.	N				165
166	If line 165 is yes, for each campus, enter the name in column 0, county in column 1, state in column 2, ZIP in column 3, CBSA in column 4, FTE/campus in column 5.					166
	Name	County	State	ZIP Code	CBSA	FTE/Campus
	0	1	2	3	4	5
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act						
167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.		N			167
168	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
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transitional factor. (see instructions)					169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					170

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

		Y/N	DATE		
PROVIDER ORGANIZATION AND OPERATION		1	2		
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (see instructions)	N			1
		Y/N	DATE	V/I	
		1	2	3	
2	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
3	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
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE	
		1	2	3	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (see instructions). IF NO, SEE INSTRUCTIONS.	N			4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N			5
APPROVED EDUCATIONAL ACTIVITIES		Y/N	Y/N		
		1	2		
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N			6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N			7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N			8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N			9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N			10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N			11
BAD DEBTS			Y/N		
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.		Y		12
13	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
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.		N		14
BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		N		15
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
PS&R REPORT DATA		1	2	3	4
16	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)	Y	12/04/2014	Y	12/04/2014
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (see instructions)	N		N	
18	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 THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART IIGENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

CAPITAL RELATED COSTS			
22	HAVE ASSETS BEEN RELIFED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS.		22
23	HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		23
24	WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		24
25	HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		25
26	WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		26
27	HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		27
INTEREST EXPENSE			
28	WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		28
29	DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (debt service reserve fund) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS.		29
30	HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS.		30
31	HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS.		31
PURCHASED SERVICES			
32	HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS.		32
33	IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS.		33
PROVIDER-BASED PHYSICIANS			
34	ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS.		34
35	IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		35
HOME OFFICE COSTS			
		Y/N	DATE
36	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?	1	2
37	IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
38	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.		
39	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.		
40	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
COST REORT PREPARER INFORMATION			
41	FIRST NAME: MICHAEL	LAST NAME: FREEMAN	TITLE: MANAGING DIRECTOR
42	EMPLOYER: TFG CONSULTING		
43	PHONE NUMBER: 2256101100	E-MAIL ADDRESS: MFREEMAN@TFGCONSULTING.ORG	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	WKST A LINE NO.	NO. OF BEDS	BED DAYS AVAILABLE	CAH HOURS	INPATIENT DAYS/OUTPATIENT VISITS/TRIPS				
						TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
		1	2	3	4	5	6	7	8	
1	HOSPITAL ADULTS & PEDS. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	32	11,680			6,604	4	7,970	1
2	HMO AND OTHER (see instructions)						450			2
3	HMO IPF SUBPROVIDER									3
4	HMO IRF SUBPROVIDER									4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF									5
6	HOSPITAL ADULTS & PEDS. SWING BED NF									6
7	TOTAL ADULTS & PEDS. (exclude observation beds)(see instructions)		32	11,680			6,604	4	7,970	7
8	INTENSIVE CARE UNIT	31								8
9	CORONARY CARE UNIT	32								9
10	BURN INTENSIVE CARE UNIT	33								10
11	SURGICAL INTENSIVE CARE UNIT	34								11
12	OTHER SPECIAL CARE (SPECIFY)	35								12
13	NURSERY	43								13
14	TOTAL (see instructions)		32	11,680			6,604	4	7,970	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40								16
17	SUBPROVIDER - IRF	41								17
18	SUBPROVIDER I	42								18
19	SKILLED NURSING FACILITY	44								19
20	NURSING FACILITY	45								20
21	OTHER LONG TERM CARE	46								21
22	HOME HEALTH AGENCY	101								22
23	ASC (Distinct Part)	115								23
24	HOSPICE (Distinct Part)	116								24
24.10	HOSPICE (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	TOTAL (sum of lines 14-26)		32							27
28	OBSERVATION BED DAYS									28
29	AMBULANCE TRIPS									29
30	EMPLOYEE DISCOUNT DAYS (see instructions)									30
31	EMPLOYEE DISCOUNT DAYS-IRF									31
32	LABOR & DELIVERY DAYS (see instructions)									32
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)									32.01
33	LTCH NON-COVERED DAYS									33

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	FULL TIME EQUIVALENTS			DISCHARGES				
		TOTAL INTERNS & RESIDENTS	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
		9	10	11	12	13	14	15	
1	HOSPITAL ADULTS & PEDS. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					258	1	309	1
2	HMO AND OTHER (see instructions)					19			2
3	HMO IPF SUBPROVIDER								3
4	HMO IRF SUBPROVIDER								4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF								5
6	HOSPITAL ADULTS & PEDS. SWING BED NF								6
7	TOTAL ADULTS & PEDS. (exclude observation beds)(see instructions)								7
8	INTENSIVE CARE UNIT								8
9	CORONARY CARE UNIT								9
10	BURN INTENSIVE CARE UNIT								10
11	SURGICAL INTENSIVE CARE UNIT								11
12	OTHER SPECIAL CARE (SPECIFY)								12
13	NURSERY								13
14	TOTAL (see instructions)		63.36			258	1	309	14
15	CAH VISITS								15
16	SUBPROVIDER - IPF								16
17	SUBPROVIDER - IRF								17
18	SUBPROVIDER I								18
19	SKILLED NURSING FACILITY								19
20	NURSING FACILITY								20
21	OTHER LONG TERM CARE								21
22	HOME HEALTH AGENCY								22
23	ASC (Distinct Part)								23
24	HOSPICE (Distinct Part)								24
24.10	HOSPICE (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	TOTAL (sum of lines 14-26)		63.36						27
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)								32

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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PARTS II-III

PART II - WAGE DATA

	WKST A LINE NO.	AMOUNT REPORTED	RECLASSIF- ICATION OF SALARIES (from Worksheet A-6)	ADJUSTED SALARIES (column 2 ± column 3)	PAID HOURS RELATED TO SALARIES IN COLUMN 4	AVERAGE HOURLY WAGE (column 4 ± column 5)	
	1	2	3	4	5	6	
SALARIES							
1	200	4,206,703			138,027.00		1
2							2
3							3
4							4
4.01							4.01
5							5
6							6
7	21						7
7.01							7.01
8							8
9	44						9
10							10
OTHER WAGES & RELATED COSTS							
11							11
12							12
13							13
14							14
15							15
16							16
WAGE-RELATED COSTS							
17		612,588					17
18							18
19							19
20							20
21							21
22							22
22.01							22.01
23							23
24							24
25							25
OVERHEAD COSTS - DIRECT SALARIES							
26							26
27		664,157			22,498.63		27
28							28
29							29
30							30
31							31
32							32
33							33
34		54,183			1,488.00		34
35							35
36							36
37							37
38							38
39							39
40							40
41		66,564			2,628.00		41
42		61,394			1,813.00		42
43							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (see instructions)		4,206,703		4,206,703	138,027.00	30.48	1
2	EXCLUDED AREA SALARIES (see instructions)							2
3	SUBTOTAL SALARIES (line 1 minus line 2)		4,206,703		4,206,703	138,027.00	30.48	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (see instructions)							4
5	SUBTOTAL WAGE-RELATED COSTS (see instructions)		612,588		612,588		14.56%	5
6	TOTAL (sum of lines 3 through 5)		4,819,291		4,819,291	138,027.00	34.92	6
7	TOTAL OVERHEAD COST (see instructions)		846,298		846,298	28,427.63	29.77	7

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HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3

PART IV - WAGE RELATED COST

PART IV

PART A - CORE LIST

		AMOUNT REPORTED	
	RETIREMENT COST		
1	401K EMPLOYER CONTRIBUTIONS	34,126	1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3	NONQUALIFIED DEFINED BENEFIT PLAN COST (see instructions)		3
4	QUALIFIED DEFINED BENEFIT PLAN COST (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA PLAN ADMINISTRATION FEES		5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
	HEALTH AND INSURANCE COST		
8	HEALTH INSURANCE (Purchased or Self Funded)	166,946	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN		10
11	LIFE INSURANCE (If employee is owner or beneficiary)		11
12	ACCIDENTAL INSURANCE (If employee is owner or beneficiary)		12
13	DISABILITY INSURANCE (If employee is owner or beneficiary)		13
14	LONG-TERM CARE INSURANCE (If employee is owner or beneficiary)		14
15	WORKERS' COMPENSATION INSURANCE	64,602	15
16	RETIREMENT HEALTH CARE COST (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-EMPLOYERS PORTION ONLY	338,771	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE		19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES		20
	OTHER		
21	EXECUTIVE DEFERRED COMPENSATION (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	DAY CARE COSTS AND ALLOWANCES		22
23	TUITION REIMBURSEMENT		23
24	TOTAL WAGE RELATED COST (Sum of lines 1-23)	604,445	24
	PART B - OTHER THAN CORE RELATED COST		
25	OTHER WAGE RELATED (OTHER WAGE REL	8,143	25

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WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3, Part IV, Line 4)

EXHIBIT 3

STEP 2: DETERMINE THE 3-YEAR AVERAGING PERIOD			
1	WAGE INDEX FISCAL YEAR ENDING DATE		1
2	PROVIDER'S COST REPORTING PERIOD USED FOR WAGE INDEX YEAR ON LINE 1 (FYB in Col. 1, FYE in Col. 2)		2
3	MIDPOINT OF PROVIDER'S COST REPORTING PERIOD SHOWN ON LINE 2, ADJUSTED TO FIRST OF MONTH		3
4	DATE BEGINNING THE 3-YEAR AVERAGING PERIOD (subtract 18 months from midpoint shown on Line 3)		4
5	DATE ENDING THE 3-YEAR AVERAGING PERIOD (add 18 months to midpoint shown on Line 3)		5
STEP 2 (OPTIONAL): ADJUST AVERAGING PERIOD FOR A NEW PLAN (see instructions)			
6	EFFECTIVE DATE OF PENSION PLAN		6
7	FIRST DAY OF THE PROVIDER COST REPORTING PERIOD CONTAINING THE PENSION PLAN EFFECTIVE DATE		7
8	STARTING DATE OF THE ADJUSTED AVERAGING PERIOD (date on Line 7, adjusted to first of month)		8

IF THIS DATE OCCURS AFTER THE PERIOD SHOWN ON LINE 2, STOP HERE AND SEE INSTRUCTIONS

STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD			
9	BEGINNING DATE OF AVERAGING PERIOD FROM LINE 4 OR LINE 8, AS APPLICABLE		9
10	ENDING DATE OF AVERAGING PERIOD FROM LINE 5		10
11	ENTER PROVIDER CONTRIBUTIONS MADE DURING AVERAGING PERIOD ON LINES 9 & 10	DEPOSIT DATE(S)	CONTRIB- UTION(S)
12	TOTAL CALENDAR MONTHS INCLUDED IN AVERAGING PERIOD (36 unless Step 2 completed)		12
13	TOTAL CONTRIBUTIONS MADE DURING AVERAGING PERIOD		13
14	AVERAGE MONTHLY CONTRIBUTION (Line 13 divided by Line 12)		14
15	NUMBER OF MONTHS IN PROVIDER COST REPORTING PERIOD ON LINE 2		15
16	AVERAGE PENSION CONTRIBUTIONS (Line 14 times Line 15)		16
STEP 4: TOTAL PENSION COST FOR WAGE INDEX			
17	ANNUAL PREFUNDING INSTALLMENT (see instructions)		17
18	REPORTABLE PREFUNDING INSTALLMENT ((Line 17 times Line 15) divided by 12)		18
19	TOTAL PENSION COST FOR WAGE INDEX (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)		19

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HOSPITAL CONTRACT LABOR AND BENEFIT COST

**WORKSHEET S-3
PART V**

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

	COMPONENT	CONTRACT LABOR	BENEFIT COST	
	0	1	2	
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST			1
2	HOSPITAL			2
3	SUBPROVIDER - IPF			3
4	SUBPROVIDER - IRF			4
5	SUBPROVIDER - (OTHER)			5
6	SWING BEDS - SNF			6
7	SWING BEDS - NF			7
8	HOSPITAL-BASED SNF			8
9	HOSPITAL-BASED NF			9
10	HOSPITAL-BASED OLTC			10
11	HOSPITAL-BASED HHA			11
12	SEPARATELY CERTIFIED ASC			12
13	HOSPITAL-BASED HOSPICE			13
14	HOSPITAL-BASED HEALTH CLINIC - RHC			14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC			15
16	HOSPITAL-BASED (CMHC)			16
17	RENAL DIALYSIS			17
18	OTHER			18

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CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	CAP REL COSTS-BLDG & FIXT		1,238,924	1,238,924		1,238,924	-203,472	1,035,452	1
2	00200	CAP REL COSTS-MVBLE EQUIP								2
3	00300	OTHER CAP REL COSTS							-0-	3
4	00400	EMPLOYEE BENEFITS DEPARTMENT		612,588	612,588		612,588		612,588	4
5	00500	ADMINISTRATIVE & GENERAL	664,157	2,054,925	2,719,082		2,719,082	-971,482	1,747,600	5
6	00600	MAINTENANCE & REPAIRS								6
7	00700	OPERATION OF PLANT		29,453	29,453		29,453		29,453	7
8	00800	LAUNDRY & LINEN SERVICE		55,169	55,169		55,169		55,169	8
9	00900	HOUSEKEEPING		123,981	123,981		123,981		123,981	9
10	01000	DIETARY	54,183	147,463	201,646		201,646		201,646	10
11	01100	CAFETERIA								11
12	01200	MAINTENANCE OF PERSONNEL								12
13	01300	NURSING ADMINISTRATION								13
14	01400	CENTRAL SERVICES & SUPPLY								14
15	01500	PHARMACY								15
16	01600	MEDICAL RECORDS & LIBRARY	66,564	63,794	130,358		130,358	-475	129,883	16
17	01700	SOCIAL SERVICE	61,394		61,394		61,394		61,394	17
18	01850	RECREATIONAL THERAPY								18
19	01900	NONPHYSICIAN ANESTHETISTS								19
20	02000	NURSING SCHOOL								20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD								21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD								22
23	02300	PARAMED ED PRGM-(SPECIFY)								23
		INPATIENT ROUTINE SERV COST CENTERS								
30	03000	ADULTS & PEDIATRICS	2,703,206	595,904	3,299,110		3,299,110		3,299,110	30
		ANCILLARY SERVICE COST CENTERS								
50	05000	OPERATING ROOM		156,851	156,851		156,851		156,851	50
54	05400	RADIOLOGY-DIAGNOSTIC		252,320	252,320		252,320		252,320	54
60	06000	LABORATORY		253,245	253,245		253,245		253,245	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	RESPIRATORY THERAPY	575,004	113,011	688,015		688,015		688,015	65
66	06600	PHYSICAL THERAPY	62,743	61,980	124,723		124,723		124,723	66
67	06700	OCCUPATIONAL THERAPY	19,452	99,700	119,152		119,152		119,152	67
68	06800	SPEECH PATHOLOGY		78,060	78,060		78,060		78,060	68
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		88,081	88,081		88,081		88,081	71
73	07300	DRUGS CHARGED TO PATIENTS		1,304,657	1,304,657		1,304,657		1,304,657	73
74	07400	RENAL DIALYSIS		94,481	94,481		94,481		94,481	74
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)								92
		OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	4,206,703	7,424,587	11,631,290		11,631,290	-1,175,429	10,455,861	118
		NONREIMBURSABLE COST CENTERS								
200		TOTAL (sum of lines 118-199)	4,206,703	7,424,587	11,631,290		11,631,290	-1,175,429	10,455,861	200

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
GRAND TOTAL (INCREASES)					

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	DECREASES				WKST A-7 REF. 10
		COST CENTER	LINE #	SALARY	OTHER	
	1	6	7	8	9	
GRAND TOTAL (DECREASES)						

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS			DISPOSALS AND RETIRE- MENTS	ENDING BALANCE	FULLY DEPREC- IATED ASSETS	
			PURCHASES	DONATION	TOTAL				
		1	2	3	4	5	6	7	
1	LAND								1
2	LAND IMPROVEMENTS								2
3	BUILDINGS AND FIXTURES								3
4	BUILDING IMPROVEMENTS		96,287		96,287		96,287		4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT	230,760	551,438		551,438		782,198		6
7	HIT DESIGNATED ASSETS								7
8	SUBTOTAL (sum of lines 1-7)	230,760	647,725		647,725		878,485		8
9	RECONCILING ITEMS								9
10	TOTAL (line 7 minus line 9)	230,760	647,725		647,725		878,485		10

PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 AND 2

	DESCRIPTION	SUMMARY OF CAPITAL							TOTAL(1) (Sum of cols. 9 through 14)	
		DEPREC- IATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL- RELATED COSTS (see instr.)			
*		9	10	11	12	13	14	15		
1	CAP REL COSTS-BLDG & FIXT	444,342	472,927	282,033	37,134	2,488		1,238,924	1	
2	CAP REL COSTS-MVBLE EQUIP								2	
3	TOTAL (sum of lines 1-2)	444,342	472,927	282,033	37,134	2,488		1,238,924	3	

(1) The amount in columns 9 through 14 must equal the amount on Worksheet A, column 2, lines 1 and 2. Enter in each column the appropriate amounts including any directly assigned cost that may have been included in Worksheet A, column 2, lines 1 and 2.

* All lines numbers are to be consistent with Worksheet A line numbers for capital cost centers.

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITAL- IZED LEASES	GROSS ASSETS FOR RATIO (col. 1 - col. 2)	RATIO (see instr.)	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL (sum of cols. 5 through 7)	
*		9	10	11	12	13	14	15	16	
1	CAP REL COSTS-BLDG & FI				0.000000					1
2	CAP REL COSTS-MVBLE EQU				0.000000					2
3	TOTAL (sum of lines 1-2)				0.000000					3

	DESCRIPTION	SUMMARY OF CAPITAL							TOTAL(2) (sum of cols. 9 through 14)	
		DEPREC- IATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL- RELATED COSTS (see instr.)			
*		9	10	11	12	13	14	15		
1	CAP REL COSTS-BLDG & FIXT	240,870	472,927	282,033	37,134	2,488		1,035,452	1	
2	CAP REL COSTS-MVBLE EQUIP								2	
3	TOTAL (sum of lines 1-2)	240,870	472,927	282,033	37,134	2,488		1,035,452	3	

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications, Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	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	2	3	4	5
1	INVESTMENT INCOME-BUILDINGS & FIXTURES (chapter 2)	B	-214	CAP REL COSTS-BLDG & FIXT	1	9
2	INVESTMENT INCOME-MOVABLE EQUIPMENT (chapter 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3	INVESTMENT INCOME-OTHER (chapter 2)					3
4	TRADE, QUANTITY, AND TIME DISCOUNTS (chapter 8)					4
5	REFUNDS AND REBATES OF EXPENSES (chapter 8)					5
6	RENTAL OF PROVIDER SPACE BY SUPPLIERS (chapter 8)					6
7	TELEPHONE SERVICES (PAY STATIONS EXCL) (chapter 21)					7
8	TELEVISION AND RADIO SERVICE (chapter 21)					8
9	PARKING LOT (chapter 21)					9
10	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-320,318			10
11	SALE OF SCRAP, WASTE, ETC. (chapter 23)					11
12	RELATED ORGANIZATION TRANSACTIONS (chapter 10)	WKST A-8-1	-598,715			12
13	LAUNDRY AND LINEN SERVICE					13
14	CAFETERIA - EMPLOYEES AND GUESTS					14
15	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17	SALE OF DRUGS TO OTHER THAN PATIENTS					17
18	SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-475	MEDICAL RECORDS & LIBRARY	16	18
19	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20	VENDING MACHINES					20
21	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (chapter 21)					21
22	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENTS	A	-203,258	CAP REL COSTS-BLDG & FIXT	1	9
23	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25	UTIL REVIEW-PHYSICIANS' COMPENSATION (chapter 21)			UTILIZATION REVIEW-SNF	114	25
26	DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27	DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29	PHYSICIANS' ASSISTANT					29
30	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32	CAH HIT ADJ FOR DEPRECIATION AND					32
33	ADVERTISING	A	-44,557	ADMINISTRATIVE & GENERAL	5	33
34	OTHER	A	-3,020	ADMINISTRATIVE & GENERAL	5	34
35	MISC. INCOME	B	-4,872	ADMINISTRATIVE & GENERAL	5	35
36						36
37						37
38						38
39						39
40						40
41						41
42						42
43						43
44						44
45						45
46						46
47						47
48						48
49						49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-1,175,429			50

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-1
- (2) Basis for adjustment (see instructions)
 - A. Costs - if cost, including applicable overhead, can be determined
 - B. Amount Received - if cost cannot be determined
- (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

WORKSHEET A-8-1

A: COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS
OR CLAIMED HOME OFFICE COSTS:

	LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT INCLUDED IN WKST. A COLUMN 5	NET ADJUSTMENTS (col. 4 minus col. 5)*	WKST. A-7 REF.
	1	2	3	4	5	6	7
1	5	ADMINISTRATIVE & GENERAL	HO OPERATING	604,764	1,203,479	-598,715	1
2							2
3							3
4							4
5	TOTALS (SUM OF LINES 1-4) TRANSFER COLUMN 6, LINE 5 TO WORKSHEET A-8, COLUMN 2, LINE 12			604,764	1,203,479	-598,715	5

* The amounts on lines 1 through 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 have not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

B. INTERRELATIONSHIP OF 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.

	SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE			
				NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
	1	2	3	4	5	6	
6	F			ACADIANA MANAGEMENT GROUP		MANAGEMENT COMPANY	6
7							7
8							8
9							9
10							10

(1) Use the following symbols to indicate the 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.
- G. Other (financial Or non-financial) specify:

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFESS- IONAL COMPON- ENT	PROVIDER COMPON- ENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPON- ENT HOURS	UNADJ- USTED RCE LIMIT	5 PERCENT OF UNADJ- USTED RCE LIMIT	
	1	2	3	4	5	6	7	8	9	
1	5	ADMINISTRATIVE & GEN AGGREGATE	339,106	301,131	37,975	171,400	228	18,788	939	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	339,106	301,131	37,975		228	18,788	939	200

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBER- SHIPS & CONTIN- UING EDUCATION	PROVIDER COMPON- ENT SHARE OF COL. 12	PHYSICIAN COST OF MALPRACT- ICE INSURANCE	PROVIDER COMPON- ENT SHARE OF COL. 14	ADJUSTED RCE LIMIT	RCE DISALLOW- ANCE	ADJUST- MENT	
	10	11	12	13	14	15	16	17	18	
1	5	ADMINISTRATIVE & GEN AGGREGATE					18,788	19,187	320,318	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					18,788	19,187	320,318	200

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7) 0	CAP BLDGS & FIXTURES 1	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (cols.0-4) 4A	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	1,035,452	1,035,452					1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT	612,588		612,588				4
5	ADMINISTRATIVE & GENERAL	1,747,600	107,528	96,716	1,951,844	1,951,844		5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	29,453			29,453	6,760	36,213	7
8	LAUNDRY & LINEN SERVICE	55,169			55,169	12,662		8
9	HOUSEKEEPING	123,981			123,981	28,456		9
10	DIETARY	201,646		7,890	209,536	48,093		10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	129,883	19,790	9,693	159,366	36,578	772	16
17	SOCIAL SERVICE	61,394		8,940	70,334	16,143		17
18	RECREATIONAL THERAPY							18
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	3,299,110	788,536	393,646	4,481,292	1,028,549	30,773	30
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	156,851			156,851	36,000		50
54	RADIOLOGY-DIAGNOSTIC	252,320			252,320	57,912		54
60	LABORATORY	253,245			253,245	58,125		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	688,015	18,442	83,733	790,190	181,364	720	65
66	PHYSICAL THERAPY	124,723	9,987	9,137	143,847	33,016	390	66
67	OCCUPATIONAL THERAPY	119,152	9,987	2,833	131,972	30,290	390	67
68	SPEECH PATHOLOGY	78,060	9,926		87,986	20,195	387	68
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	88,081	71,256		159,337	36,571	2,781	71
73	DRUGS CHARGED TO PATIENTS	1,304,657			1,304,657	299,445		73
74	RENAL DIALYSIS	94,481			94,481	21,685		74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	10,455,861	1,035,452	612,588	10,455,861	1,951,844	36,213	118
	NONREIMBURSABLE COST CENTERS							
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	10,455,861	1,035,452	612,588	10,455,861	1,951,844	36,213	202

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	
		8	9	10	16	17	24	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE	67,831						8
9	HOUSEKEEPING		152,437					9
10	DIETARY			257,629				10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY		3,251		199,967			16
17	SOCIAL SERVICE					86,477		17
18	RECREATIONAL THERAPY							18
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	67,831	129,537	257,629	199,967	86,477	6,282,055	30
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM						192,851	50
54	RADIOLOGY-DIAGNOSTIC						310,232	54
60	LABORATORY						311,370	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY		3,030				975,304	65
66	PHYSICAL THERAPY		1,641				178,894	66
67	OCCUPATIONAL THERAPY		1,641				164,293	67
68	SPEECH PATHOLOGY		1,631				110,199	68
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		11,706				210,395	71
73	DRUGS CHARGED TO PATIENTS						1,604,102	73
74	RENAL DIALYSIS						116,166	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	67,831	152,437	257,629	199,967	86,477	10,455,861	118
	NONREIMBURSABLE COST CENTERS							
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	67,831	152,437	257,629	199,967	86,477	10,455,861	202

Optimizer Systems, Inc.

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5	ADMINISTRATIVE & GENERAL						5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
18	RECREATIONAL THERAPY						18
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS		6,282,055				30
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM		192,851				50
54	RADIOLOGY-DIAGNOSTIC		310,232				54
60	LABORATORY		311,370				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY		975,304				65
66	PHYSICAL THERAPY		178,894				66
67	OCCUPATIONAL THERAPY		164,293				67
68	SPEECH PATHOLOGY		110,199				68
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		210,395				71
73	DRUGS CHARGED TO PATIENTS		1,604,102				73
74	RENAL DIALYSIS		116,166				74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)		10,455,861				118
	NONREIMBURSABLE COST CENTERS						
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)		10,455,861				202

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	SUBTOTAL	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		0	1	2A	5	7	8	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL		107,528	107,528	107,528			5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT					372		7
8	LAUNDRY & LINEN SERVICE						698	8
9	HOUSEKEEPING					1,568		9
10	DIETARY				2,649			10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY		19,790	19,790	2,015	8		16
17	SOCIAL SERVICE				889			17
18	RECREATIONAL THERAPY							18
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS		788,536	788,536	56,665	316	698	30
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM				1,983			50
54	RADIOLOGY-DIAGNOSTIC				3,190			54
60	LABORATORY				3,202			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY		18,442	18,442	9,991	7		65
66	PHYSICAL THERAPY		9,987	9,987	1,819	4		66
67	OCCUPATIONAL THERAPY		9,987	9,987	1,669	4		67
68	SPEECH PATHOLOGY		9,926	9,926	1,112	4		68
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		71,256	71,256	2,015	29		71
73	DRUGS CHARGED TO PATIENTS				16,496			73
74	RENAL DIALYSIS				1,195			74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)		1,035,452	1,035,452	107,528	372	698	118
	NONREIMBURSABLE COST CENTERS							
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)		1,035,452	1,035,452	107,528	372	698	202

Optimizer Systems, Inc.

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CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		9	10	16	17	24	25	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING	1,568						9
10	DIETARY		2,649					10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	33		21,846				16
17	SOCIAL SERVICE				889			17
18	RECREATIONAL THERAPY							18
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	1,333	2,649	21,846	889	872,932		30
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM					1,983		50
54	RADIOLOGY-DIAGNOSTIC					3,190		54
60	LABORATORY					3,202		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	31				28,471		65
66	PHYSICAL THERAPY	17				11,827		66
67	OCCUPATIONAL THERAPY	17				11,677		67
68	SPEECH PATHOLOGY	17				11,059		68
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	120				73,420		71
73	DRUGS CHARGED TO PATIENTS					16,496		73
74	RENAL DIALYSIS					1,195		74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,568	2,649	21,846	889	1,035,452		118
	NONREIMBURSABLE COST CENTERS							
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	1,568	2,649	21,846	889	1,035,452		202

Optimizer Systems, Inc.

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CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	TOTAL				
		26				
	GENERAL SERVICE COST CENTERS					
1	CAP REL COSTS-BLDG & FIXT					1
2	CAP REL COSTS-MVBLE EQUIP					2
4	EMPLOYEE BENEFITS DEPARTMENT					4
5	ADMINISTRATIVE & GENERAL					5
6	MAINTENANCE & REPAIRS					6
7	OPERATION OF PLANT					7
8	LAUNDRY & LINEN SERVICE					8
9	HOUSEKEEPING					9
10	DIETARY					10
11	CAFETERIA					11
12	MAINTENANCE OF PERSONNEL					12
13	NURSING ADMINISTRATION					13
14	CENTRAL SERVICES & SUPPLY					14
15	PHARMACY					15
16	MEDICAL RECORDS & LIBRARY					16
17	SOCIAL SERVICE					17
18	RECREATIONAL THERAPY					18
19	NONPHYSICIAN ANESTHETISTS					19
20	NURSING SCHOOL					20
21	I&R SERVICES-SALARY & FRINGES APPRVD					21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23	PARAMED ED PRGM-(SPECIFY)					23
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS	872,932				30
	ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	1,983				50
54	RADIOLOGY-DIAGNOSTIC	3,190				54
60	LABORATORY	3,202				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	RESPIRATORY THERAPY	28,471				65
66	PHYSICAL THERAPY	11,827				66
67	OCCUPATIONAL THERAPY	11,677				67
68	SPEECH PATHOLOGY	11,059				68
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	73,420				71
73	DRUGS CHARGED TO PATIENTS	16,496				73
74	RENAL DIALYSIS	1,195				74
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
92	OBSERVATION BEDS (NON-DISTINCT PART)					92
	OTHER REIMBURSABLE COST CENTERS					
99.10	CORF					99.10
99.20	OUTPATIENT PHYSICAL THERAPY					99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	OUTPATIENT SPEECH PATHOLOGY					99.40
	SPECIAL PURPOSE COST CENTERS					
118	SUBTOTALS (sum of lines 1-117)	1,035,452				118
	NONREIMBURSABLE COST CENTERS					
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	TOTAL (sum of lines 118-201)	1,035,452				202

Optimizer Systems, Inc.

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	
		1	2	4	5A	5	6	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	16,900						1
2	CAP REL COSTS-MVBLE EQUIP		16,900					2
4	EMPLOYEE BENEFITS DEPARTMENT			4,206,703				4
5	ADMINISTRATIVE & GENERAL	1,755	1,755	664,157	-1,951,844	8,504,017		5
6	MAINTENANCE & REPAIRS						15,145	6
7	OPERATION OF PLANT					29,453		7
8	LAUNDRY & LINEN SERVICE					55,169		8
9	HOUSEKEEPING					123,981		9
10	DIETARY			54,183		209,536		10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	323	323	66,564		159,366	323	16
17	SOCIAL SERVICE			61,394		70,334		17
18	RECREATIONAL THERAPY							18
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	12,870	12,870	2,703,206		4,481,292	12,870	30
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM					156,851		50
54	RADIOLOGY-DIAGNOSTIC					252,320		54
60	LABORATORY					253,245		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	301	301	575,004		790,190	301	65
66	PHYSICAL THERAPY	163	163	62,743		143,847	163	66
67	OCCUPATIONAL THERAPY	163	163	19,452		131,972	163	67
68	SPEECH PATHOLOGY	162	162			87,986	162	68
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,163	1,163			159,337	1,163	71
73	DRUGS CHARGED TO PATIENTS					1,304,657		73
74	RENAL DIALYSIS					94,481		74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	16,900	16,900	4,206,703	-1,951,844	8,504,017	15,145	118
	NONREIMBURSABLE COST CENTERS							
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	1,035,452		612,588		1,951,844		202
203	UNIT COST MULT-WS B PT I	61,269,349		0,145,622		0,229,520		203
204	COST TO BE ALLOC PER B PT II					107,528		204
205	UNIT COST MULT-WS B PT II					0,012,644		205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		7	8	9	10	13	14	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	15,145						7
8	LAUNDRY & LINEN SERVICE		7,970					8
9	HOUSEKEEPING			15,145				9
10	DIETARY				23,910			10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION					85,060		13
14	CENTRAL SERVICES & SUPPLY						100	14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	323		323				16
17	SOCIAL SERVICE							17
18	RECREATIONAL THERAPY							18
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	12,870	7,970	12,870	23,910	85,060		30
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
54	RADIOLOGY-DIAGNOSTIC							54
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	301		301				65
66	PHYSICAL THERAPY	163		163				66
67	OCCUPATIONAL THERAPY	163		163				67
68	SPEECH PATHOLOGY	162		162				68
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,163		1,163			100	71
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	15,145	7,970	15,145	23,910	85,060	100	118
	NONREIMBURSABLE COST CENTERS							
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	36,213	67,831	152,437	257,629			202
203	UNIT COST MULT-WS B PT I	2.391086	8.510790	10.065170	10.774948			203
204	COST TO BE ALLOC PER B PT II	372	698	1,568	2,649			204
205	UNIT COST MULT-WS B PT II	0.024563	0.087578	0.103533	0.110790			205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT				
	16	17				

GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5	ADMINISTRATIVE & GENERAL						5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY	2,628					16
17	SOCIAL SERVICE		1,813				17
18	RECREATIONAL THERAPY						18
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	2,628	1,813				30
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM						50
54	RADIOLOGY-DIAGNOSTIC						54
60	LABORATORY						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS						74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	2,628	1,813				118
NONREIMBURSABLE COST CENTERS							
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	199,967	86,477				202
203	UNIT COST MULT-WS B PT I	76.090944	47.698290				203
204	COST TO BE ALLOC PER B PT II	21,846	889				204
205	UNIT COST MULT-WS B PT II	8.312785	0.490347				205

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	COSTS					
		TOTAL COST (from Wkst. B, Part I, col. 26)	THERAPY LIMIT ADJ.	TOTAL COSTS	RCE DISALLOW- ANCE	TOTAL COSTS	
		1	2	3	4	5	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	6,282,055		6,282,055		6,282,055	30
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	192,851		192,851		192,851	50
54	RADIOLOGY-DIAGNOSTIC	310,232		310,232		310,232	54
60	LABORATORY	311,370		311,370		311,370	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	975,304		975,304		975,304	65
66	PHYSICAL THERAPY	178,894		178,894		178,894	66
67	OCCUPATIONAL THERAPY	164,293		164,293		164,293	67
68	SPEECH PATHOLOGY	110,199		110,199		110,199	68
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	210,395		210,395		210,395	71
73	DRUGS CHARGED TO PATIENTS	1,604,102		1,604,102		1,604,102	73
74	RENAL DIALYSIS	116,166		116,166		116,166	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
200	SUBTOTAL (SEE INSTRUCTIONS)	10,455,861		10,455,861		10,455,861	200
201	LESS OBSERVATION BEDS						201
202	TOTAL (SEE INSTRUCTIONS)	10,455,861		10,455,861		10,455,861	202

Optimizer Systems, Inc.

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CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	CHARGES			COST OR OTHER RATIO	TEFRA INPATIENT RATIO	PPS INPATIENT RATIO	
		INPATIENT	OUTPATIENT	TOTAL (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	9,592,404		9,592,404				30
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	211,267		211,267	0.912831	0.912831	0.912831	50
54	RADIOLOGY-DIAGNOSTIC	1,579,666		1,579,666	0.196391	0.196391	0.196391	54
60	LABORATORY	1,625,978		1,625,978	0.191497	0.191497	0.191497	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	11,679,530		11,679,530	0.083505	0.083505	0.083505	65
66	PHYSICAL THERAPY	240,623		240,623	0.743462	0.743462	0.743462	66
67	OCCUPATIONAL THERAPY	207,032		207,032	0.793563	0.793563	0.793563	67
68	SPEECH PATHOLOGY	414,036		414,036	0.266158	0.266158	0.266158	68
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,445,155		1,445,155	0.145586	0.145586	0.145586	71
73	DRUGS CHARGED TO PATIENTS	2,812,667		2,812,667	0.570314	0.570314	0.570314	73
74	RENAL DIALYSIS	179,317		179,317	0.647825	0.647825	0.647825	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
200	SUBTOTAL (SEE INSTRUCTIONS)	29,987,675		29,987,675				200
201	LESS OBSERVATION BEDS							201
202	TOTAL (SEE INSTRUCTIONS)	29,987,675		29,987,675				202

Optimizer Systems, Inc.

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Micro System

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

CHECK TITLE V PPS
 APPLICABLE TITLE XVIII, PART A TEFRA
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II, col. 26)	SWING BED ADJUSTMENT	REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	TOTAL PATIENT DAYS	PER DIEM (col. 3 ÷ col. 4)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
	INPATIENT ROUTINE SERV COST CENTERS	1	2	3	4	5	6	7	
30	ADULTS & PEDIATRICS (General Routine Care)	872,932		872,932	7,970	109.53	6,604	723,336	30
31	INTENSIVE CARE UNIT								31
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	OTHER SPECIAL CARE (SPECIFY)								35
40	SUBPROVIDER - IPF								40
41	SUBPROVIDER - IRF								41
42	SUBPROVIDER I								42
43	NURSERY								43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	872,932		872,932	7,970		6,604	723,336	200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

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Micro System

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 15-2025

WORKSHEET D
PART II

CHECK TITLE V HOSPITAL SUB (OTHER) PPS
 APPLICABLE TITLE XVIII, PART A IPF TEFRA
 BOXES: TITLE XIX IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	1,983	211,267	0.009386	141,658	1,330	50
54	RADIOLOGY-DIAGNOSTIC	3,190	1,579,666	0.002019	1,294,249	2,613	54
60	LABORATORY	3,202	1,625,978	0.001969	1,380,201	2,718	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	28,471	11,679,530	0.002438	9,601,527	23,409	65
66	PHYSICAL THERAPY	11,827	240,623	0.049152	191,884	9,431	66
67	OCCUPATIONAL THERAPY	11,677	207,032	0.056402	147,006	8,291	67
68	SPEECH PATHOLOGY	11,059	414,036	0.026710	343,259	9,168	68
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	73,420	1,445,155	0.050804	1,197,201	60,823	71
73	DRUGS CHARGED TO PATIENTS	16,496	2,812,667	0.005865	2,319,029	13,601	73
74	RENAL DIALYSIS	1,195	179,317	0.006664	171,876	1,145	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	162,520	20,395,271		16,787,890	132,529	200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

WinLASH

Micro System

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

CHECK TITLE V PPS
 APPLICABLE TITLE XVIII, PART A TEFRA
 BOXES: TITLE XIX

		NURSING SCHOOL	ALLIED HEALTH COST	ALL OTHER MEDICAL EDUCATION COST	SWING-BED ADJUST- MENT AMOUNT (see instruct- ions)	TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)	
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS (General Routine Care)						30
31	INTENSIVE CARE UNIT						31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	OTHER SPECIAL CARE (SPECIFY)						35
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)						200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

WinLASH

Micro System

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK TITLE V PPS
 APPLICABLE TITLE XVIII, PART A TEFRA
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM (col. 5÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
6		7		8	9	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	7,970		6,604		30
31	INTENSIVE CARE UNIT					31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY					43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	7,970		6,604		200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

Win L A S H

Micro System

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 15-2025

WORKSHEET D
PART IV

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX IRF NF

(A)	COST CENTER DESCRIPTION	1 NON PHYSICIAN ANESTH- ETIST COST	2 NURSING SCHOOL	3 ALLIED HEALTH	4 ALL OTHER MEDICAL EDUCATION COST	5 TOTAL COST (sum of col. 1 through col. 4)	6 TOTAL OUTPAT- IENT COST (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
54	RADIOLOGY-DIAGNOSTIC							54
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

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Micro System

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 15-2025

WORKSHEET D
PART IV

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX IRF NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	211,267			141,658				50
54	RADIOLOGY-DIAGNOSTIC	1,579,666			1,294,249				54
60	LABORATORY	1,625,978			1,380,201				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	11,679,530			9,601,527				65
66	PHYSICAL THERAPY	240,623			191,884				66
67	OCCUPATIONAL THERAPY	207,032			147,006				67
68	SPEECH PATHOLOGY	414,036			343,259				68
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,445,155			1,197,201				71
73	DRUGS CHARGED TO PATIENTS	2,812,667			2,319,029				73
74	RENAL DIALYSIS	179,317			171,876				74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
92	OBSERVATION BEDS (NON-DISTINCT PART)								92
	OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	20,395,271			16,787,890				200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

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Micro System

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 15-2025

WORKSHEET D
PART V

CHECK TITLE V - O/P HOSPITAL SUB (OTHER) SWING BED SNF
 APPLICABLE TITLE XVIII, PART B IPF SNF SWING BED NF
 BOXES: TITLE XIX - O/P IRF NF ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST			
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.912831							50
54	RADIOLOGY-DIAGNOSTIC	0.196391							54
60	LABORATORY	0.191497							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	0.083505							65
66	PHYSICAL THERAPY	0.743462							66
67	OCCUPATIONAL THERAPY	0.793563							67
68	SPEECH PATHOLOGY	0.266158							68
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.145586							71
73	DRUGS CHARGED TO PATIENTS	0.570314							73
74	RENAL DIALYSIS	0.647825							74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
92	OBSERVATION BEDS (NON-DISTINCT PART)								92
	OTHER REIMBURSABLE COST CENTERS								
200	SUBTOTAL (see instructions)								200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)								202

(A) Worksheet A line numbers

Optimizer Systems, Inc.

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CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

CHECK TITLE V PPS
 APPLICABLE TITLE XVIII, PART A TEFRA
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II, (col. 26))	SWING BED ADJUSTMENT	REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	TOTAL PATIENT DAYS	PER DIEM (col. 3 ÷ col. 4)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
	INPATIENT ROUTINE SERV COST CENTERS	1	2	3	4	5	6	7	
30	ADULTS & PEDIATRICS (General Routine Care)	872,932		872,932	7,970	109.53	4	438	30
31	INTENSIVE CARE UNIT								31
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	OTHER SPECIAL CARE (SPECIFY)								35
40	SUBPROVIDER - IPF								40
41	SUBPROVIDER - IRF								41
42	SUBPROVIDER I								42
43	NURSERY								43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	872,932		872,932	7,970		4	438	200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

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Micro System

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 15-2025

WORKSHEET D
PART II

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] TEFRA
 BOXES: [XX] TITLE XIX [] IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)
		1	2	3	4	5
	ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	1,983	211,267	0.009386		50
54	RADIOLOGY-DIAGNOSTIC	3,190	1,579,666	0.002019		54
60	LABORATORY	3,202	1,625,978	0.001969		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	RESPIRATORY THERAPY	28,471	11,679,530	0.002438		65
66	PHYSICAL THERAPY	11,827	240,623	0.049152		66
67	OCCUPATIONAL THERAPY	11,677	207,032	0.056402		67
68	SPEECH PATHOLOGY	11,059	414,036	0.026710		68
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	73,420	1,445,155	0.050804		71
73	DRUGS CHARGED TO PATIENTS	16,496	2,812,667	0.005865		73
74	RENAL DIALYSIS	1,195	179,317	0.006664		74
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
92	OBSERVATION BEDS (NON-DISTINCT PART)					92
	OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (sum of lines 50-199)	162,520	20,395,271			200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

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Micro System

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK TITLE V PPS
 APPLICABLE TITLE XVIII, PART A TEFRA
 BOXES: TITLE XIX

	COST CENTER DESCRIPTION	NURSING SCHOOL	ALLIED HEALTH COST	ALL OTHER MEDICAL EDUCATION COST	SWING-BED ADJUSTMENT AMOUNT (see instructions)	TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)	
(A)		1	2	3	4	5	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS (General Routine Care)						30
31	INTENSIVE CARE UNIT						31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	OTHER SPECIAL CARE (SPECIFY)						35
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)						200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

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Micro System

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK TITLE V PPS
 APPLICABLE TITLE XVIII, PART A TEFRA
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM (col. 5÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
6		7		8	9	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	7,970		4		30
31	INTENSIVE CARE UNIT					31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY					43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	7,970		4		200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

Win L A S H

Micro System

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 15-2025

WORKSHEET D
PART IV

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX IRF NF

(A)	COST CENTER DESCRIPTION	1 NON PHYSICIAN ANESTH- ETIST COST	2 NURSING SCHOOL	3 ALLIED HEALTH	4 ALL OTHER MEDICAL EDUCATION COST	5 TOTAL COST (sum of col. 1 through col. 4)	6 TOTAL OUTPAT- IENT COST (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
54	RADIOLOGY-DIAGNOSTIC							54
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

WinLASH

Micro System

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 15-2025

WORKSHEET D
PART IV

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX IRF NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	211,267						50
54	RADIOLOGY-DIAGNOSTIC	1,579,666						54
60	LABORATORY	1,625,978						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	11,679,530						65
66	PHYSICAL THERAPY	240,623						66
67	OCCUPATIONAL THERAPY	207,032						67
68	SPEECH PATHOLOGY	414,036						68
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,445,155						71
73	DRUGS CHARGED TO PATIENTS	2,812,667						73
74	RENAL DIALYSIS	179,317						74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)	20,395,271						200

(A) Worksheet A line numbers

Optimizer Systems, Inc.

WinLASH

Micro System

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 15-2025

WORKSHEET D
PART V

CHECK TITLE V - O/P HOSPITAL SUB (OTHER) SWING BED SNF
 APPLICABLE TITLE XVIII, PART B IPF SNF SWING BED NF
 BOXES: TITLE XIX - O/P IRF NF ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST			
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.912831							50
54	RADIOLOGY-DIAGNOSTIC	0.196391							54
60	LABORATORY	0.191497							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	0.083505							65
66	PHYSICAL THERAPY	0.743462							66
67	OCCUPATIONAL THERAPY	0.793563							67
68	SPEECH PATHOLOGY	0.266158							68
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.145586							71
73	DRUGS CHARGED TO PATIENTS	0.570314							73
74	RENAL DIALYSIS	0.647825							74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
92	OBSERVATION BEDS (NON-DISTINCT PART)								92
	OTHER REIMBURSABLE COST CENTERS								
200	SUBTOTAL (see instructions)								200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)								202

(A) Worksheet A line numbers

Optimizer Systems, Inc.

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Micro System

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-2025

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX - I/P [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	7,970	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	7,970	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	7,970	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	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)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	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)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	6,604	9
10	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)		10
11	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)		11
12	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		12
13	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)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed days)		14
15	TOTAL NURSERY DAYS (Title V or Title XIX only)		15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)		16

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (see instructions)	6,282,055	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 5 x line 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 6 x line 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 7 x line 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 8 x line 20)		25
26	TOTAL SWING-BED COST (see instructions)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	6,282,055	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	6,282,055	37

Optimizer Systems, Inc.

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-2025

WORKSHEET D-1
PART II

CHECK [] TITLE V - I/P [XX] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] TEFRA
 BOXES: [] TITLE XIX - I/P [] IRF [] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 ÷ col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)		
		1	2	3	4	5		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					788.21	38	
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					5,205,339	39	
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (line 14 x line 35)						40	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 39 + line 40)					5,205,339	41	
42	NURSERY (Titles V and XIX only)						42	
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT						43	
44	CORONARY CARE UNIT						44	
45	BURN INTENSIVE CARE UNIT						45	
46	SURGICAL INTENSIVE CARE UNIT						46	
47	OTHER SPECIAL CARE (SPECIFY)						47	
						1		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)					3,408,464	48	
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					8,613,803	49	
	PASS-THROUGH COST ADJUSTMENTS							
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					723,336	50	
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)					132,529	51	
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					855,865	52	
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)					7,757,938	53	
	TARGET AMOUNT AND LIMIT COMPUTATION							
54	PROGRAM DISCHARGES						54	
55	TARGET AMOUNT PER DISCHARGE						55	
56	TARGET AMOUNT (line 54 x line 55)						56	
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT (line 56 minus line 53)						57	
58	BONUS PAYMENT (see instructions)						58	
59	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET						59	
60	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET						60	
61	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 (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)						61	
62	RELIEF PAYMENT (see instructions)						62	
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)						63	
	PROGRAM INPATIENT ROUTINE SWING BED COST							
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)						64	
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)						65	
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only. For CAH, see instructions)						66	
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 12 x line 19)						67	
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 13 x line 20)						68	
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)						69	

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Micro System

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-2025

WORKSHEET D-1
PARTS III & IV

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)							87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)						788.21	88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)							89
		COST	ROUTINE COST (from line 27)	column 1 ÷ column 2	TOTAL OBSERVATION BED COST (from line 89)	OBSERVATION BED PASS-THROUGH COST (col. 3 x col. 4) (see instructions)		
		1	2	3	4	5		
90	CAPITAL-RELATED COST							90
91	NURSING SCHOOL COST							91
92	ALLIED HEALTH COST							92
93	ALL OTHER MEDICAL EDUCATION							93

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CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-2025

WORKSHEET D-1
PART I

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	7,970	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	7,970	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	7,970	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	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)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	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)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	4	9
10	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)		10
11	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)		11
12	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		12
13	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)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed days)		14
15	TOTAL NURSERY DAYS (Title V or Title XIX only)		15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)		16

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (see instructions)	6,282,055	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 5 x line 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 6 x line 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 7 x line 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 8 x line 20)		25
26	TOTAL SWING-BED COST (see instructions)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	6,282,055	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	6,282,055	37

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-2025

WORKSHEET D-1
PART II

CHECK [] TITLE V - I/P [XX] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] TEFRA
 BOXES: [XX] TITLE XIX - I/P [] IRF [] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					788.21	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					3,153	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (line 14 x line 35)						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 39 + line 40)					3,153	41
		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 ÷ col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)	
		1	2	3	4	5	
42	NURSERY (Titles V and XIX only)						42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT						43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47
							1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)						48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					3,153	49
							PASS-THROUGH COST ADJUSTMENTS
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					438	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)						51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					438	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)					2,715	53
							TARGET AMOUNT AND LIMIT COMPUTATION
54	PROGRAM DISCHARGES						54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT (line 54 x line 55)						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT (line 56 minus line 53)						57
58	BONUS PAYMENT (see instructions)						58
59	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET						59
60	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET						60
61	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 (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)						61
62	RELIEF PAYMENT (see instructions)						62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)						63
							PROGRAM INPATIENT ROUTINE SWING BED COST
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)						64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)						65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only. For CAH, see instructions)						66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 12 x line 19)						67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 13 x line 20)						68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)						69

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-2025

WORKSHEET D-1
PARTS III & IV

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)						87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)						88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)						89
		COST	ROUTINE COST (from line 27)	column 1 ÷ column 2	TOTAL OBSERVATION BED COST (from line 89)	OBSERVATION BED PASS-THROUGH COST (col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	CAPITAL-RELATED COST						90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93

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CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 15-2025

WORKSHEET D-3

CHECK TITLE V HOSPITAL SUB (OTHER) SWING BED SNF PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF SWING BED NF TEFRA
 BOXES: TITLE XIX IRF NF ICF/MR OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS		7,924,800		30
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.912831	141,658	129,310	50
54	RADIOLOGY-DIAGNOSTIC	0.196391	1,294,249	254,179	54
60	LABORATORY	0.191497	1,380,201	264,304	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.083505	9,601,527	801,776	65
66	PHYSICAL THERAPY	0.743462	191,884	142,658	66
67	OCCUPATIONAL THERAPY	0.793563	147,006	116,659	67
68	SPEECH PATHOLOGY	0.266158	343,259	91,361	68
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.145586	1,197,201	174,296	71
73	DRUGS CHARGED TO PATIENTS	0.570314	2,319,029	1,322,575	73
74	RENAL DIALYSIS	0.647825	171,876	111,346	74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
92	OBSERVATION BEDS (NON-DISTINCT PART)				92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		16,787,890	3,408,464	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		16,787,890		202

(A) Worksheet A line numbers

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CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 15-2025

WORKSHEET D-3

CHECK TITLE V HOSPITAL SUB (OTHER) SWING BED SNF PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF SWING BED NF TEFRA
 BOXES: TITLE XIX IRF NF ICF/MR OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.912831			50
54	RADIOLOGY-DIAGNOSTIC	0.196391			54
60	LABORATORY	0.191497			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.083505			65
66	PHYSICAL THERAPY	0.743462			66
67	OCCUPATIONAL THERAPY	0.793563			67
68	SPEECH PATHOLOGY	0.266158			68
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.145586			71
73	DRUGS CHARGED TO PATIENTS	0.570314			73
74	RENAL DIALYSIS	0.647825			74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
92	OBSERVATION BEDS (NON-DISTINCT PART)				92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)				200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)				202

(A) Worksheet A line numbers

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CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 15-2025

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL IPF IRF SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)				1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (see instructions)				2
3	PPS PAYMENTS				3
4	OUTLIER PAYMENT (see instructions)				4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)				5
6	LINE 2 TIMES LINE 5				6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6				7
8	TRANSITIONAL CORRIDOR PAYMENT (see instructions)				8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200				9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES				12
13	ORGAN ACQUISITION CHARGES (from Wkst D-4, Part III, line 69, col. 4)				13
14	TOTAL REASONABLE CHARGES (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				15
16	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)				16
17	RATIO OF LINE 15 TO LINE 16 (not to exceed 1.000000)	1.000000			17
18	TOTAL CUSTOMARY CHARGES (see instructions)				18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))				19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 11 exceeds line 18 (see instructions))				20
21	LESSER OF COST OR CHARGES (line 11 minus line 20) (for CAH, see instructions)				21
22	INTERNS AND RESIDENTS (see instructions)				22
23	COST OF TEACHING PHYSICIANS (see instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)				23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)				24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	DEDUCTIBLES AND COINSURANCE (see instructions)				25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)				26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)				27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)				28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)				29
30	SUBTOTAL (sum of lines 27 through 29)				30
31	PRIMARY PAYER PAYMENTS				31
32	SUBTOTAL (line 30 minus line 31)				32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	COMPOSITE RATE ESRD (from Wkst I-5, line 11)				33
34	ALLOWABLE BAD DEBTS (see instructions)				34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)				35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)				36
37	SUBTOTAL (see instructions)				37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)				40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)				40.01
41	INTERIM PAYMENTS				41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)				43
44	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2				44

TO BE COMPLETED BY CONTRACTOR

90	ORIGINAL OUTLIER AMOUNT (see instructions)				90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)				91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY				92
93	TIME VALUE OF MONEY (see instructions)				93
94	TOTAL (sum of lines 91 and 93)				94

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 15-2025

WORKSHEET E-1
PART I

CHECK HOSPITAL SUB (OTHER)
 APPLICABLE IPF SNF
 BOXES: IRF SWING BED SNF

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
		1	2	3	4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		10,570,538			1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO					2
3	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)					
		08/31/2014	209,180			3.01
						3.02
						3.03
						3.04
						3.05
						3.06
						3.07
						3.08
						3.09
						3.10
						3.50
						3.51
						3.52
						3.53
						3.54
						3.55
						3.56
						3.57
						3.58
						3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		209,180			3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		10,779,718			4
TO BE COMPLETED BY CONTRACTOR						
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)					
						5.01
						5.02
						5.03
						5.04
						5.05
						5.06
						5.07
						5.08
						5.09
						5.10
						5.50
						5.51
						5.52
						5.53
						5.54
						5.55
						5.56
						5.57
						5.58
						5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)					5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due) BASED ON THE COST REPORT (1)					6.01
						6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)					7
8	NAME OF CONTRACTOR	CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)		8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART IICHECK [XX] HOSPITAL [] CAH
APPLICABLE BOX:

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14		1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12		2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2		3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	7,970	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200		5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20		6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (see instructions)		8
9	SEQUESTRATION ADJUSTMENT AMOUNT (see instructions)		9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (see instructions)		10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)		30
31	OTHER ADJUSTMENTS ()		31
32	BALANCE DUE PROVIDER (line 8 (or line 10) minus line 30 and line 31) (see instructions)		32

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CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART IV

CHECK [XX] HOSPITAL
APPLICABLE BOX:

PART IV - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER LTCH PPS

1	NET FEDERAL PPS PAYMENT (see instructions)	10,474,455	1
2	OUTLIER PAYMENTS	785,596	2
3	TOTAL PPS PAYMENTS (sum of lines 1 and 2)	11,260,051	3
4	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (see instructions)		4
5	DO NOT USE THIS LINE		5
6	COST OF TEACHING PHYSICIANS		6
7	SUBTOTAL (see instructions)	11,260,051	7
8	PRIMARY PAYER PAYMENTS		8
9	SUBTOTAL (line 7 less line 8)	11,260,051	9
10	DEDUCTIBLES	79,204	10
11	SUBTOTAL (line 9 minus line 10)	11,180,847	11
12	COINSURANCE	394,584	12
13	SUBTOTAL (line 11 minus line 12)	10,786,263	13
14	ALLOWABLE BAD DEBTS (exclude bad debts for professional services) (see instructions)	356,349	14
15	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	231,627	15
16	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	324,269	16
17	SUBTOTAL (sum of lines 13 and 15)	11,017,890	17
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4, line 49) (for freestanding LTCH only)		18
19	OTHER PASS THROUGH COSTS (see instructions)		19
20	OUTLIER PAYMENTS RECONCILIATION		20
21	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		21
22	TOTAL AMOUNT PAYABLE TO THE PROVIDER (see instructions)	11,017,890	22
22.01	SEQUESTRATION ADJUSTMENT (see instructions)	220,358	22.01
23	INTERIM PAYMENTS	10,779,718	23
24	TENTATIVE SETTLEMENT (for contractor use only)		24
25	BALANCE DUE PROVIDER/PROGRAM (line 22 minus lines 22.01, 23 and 24)	17,814	25
26	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		26

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL PPS PAYMENT AND OUTLIER AMOUNT FROM WORKSHEET E-3, PART IV, LINE 3 (see instructions)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (see instructions)		52
53	TIME VALUE OF MONEY (see instructions)		53

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CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 15-2025

WORKSHEET E-3
PART VII

CHECK TITLE V HOSPITAL NF PPS
 APPLICABLE TITLE XIX SUB (OTHER) ICF/MR TEFRA
 BOXES: SNF OTHER

PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1			1
2			2
3			3
4			4
5			5
6			6
7			7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8			8
9			9
10			10
11			11
12			12
CUSTOMARY CHARGES			
13			13
14			14
15	1	1	15
16			16
17			17
18			18
19			19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43

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CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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BALANCE SHEET

WORKSHEET G

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

	ASSETS (Omit Cents)	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
CURRENT ASSETS						
1	CASH ON HAND AND IN BANKS	56,270				1
2	TEMPORARY INVESTMENTS					2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	1,510,210				4
5	OTHER RECEIVABLES					5
6	ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE					6
7	INVENTORY					7
8	PREPAID EXPENSES	346,914				8
9	OTHER CURRENT ASSETS					9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS (sum of lines 1-10)	1,913,394				11
FIXED ASSETS						
12	LAND					12
13	LAND IMPROVEMENTS					13
14	ACCUMULATED DEPRECIATION					14
15	BUILDINGS					15
16	ACCUMULATED DEPRECIATION					16
17	LEASEHOLD IMPROVEMENTS	96,287				17
18	ACCUMULATED AMORTIZATION					18
19	FIXED EQUIPMENT					19
20	ACCUMULATED DEPRECIATION					20
21	AUTOMOBILES AND TRUCKS					21
22	ACCUMULATED DEPRECIATION					22
23	MAJOR MOVABLE EQUIPMENT	782,198				23
24	ACCUMULATED DEPRECIATION	-263,779				24
25	MINOR EQUIPMENT DEPRECIABLE	-463,898				25
26	ACCUMULATED DEPRECIATION					26
27	HIT DESIGNATED ASSETS					27
28	ACCUMULATED DEPRECIATION					28
29	MINOR EQUIPMENT-NONDEPRECIABLE					29
30	TOTAL FIXED ASSETS (sum of lines 12-29)	150,808				30
OTHER ASSETS						
31	INVESTMENTS					31
32	DEPOSITS ON LEASES	34,000				32
33	DUE FROM OWNERS/OFFICERS					33
34	OTHER ASSETS	3,446,266				34
35	TOTAL OTHER ASSETS (sum of lines 31-34)	3,480,266				35
36	TOTAL ASSETS (sum of lines 11, 30 and 35)	5,544,468				36
LIABILITIES AND FUND BALANCES						
	(Omit Cents)	1	2	3	4	
CURRENT LIABILITIES						
37	ACCOUNTS PAYABLE	1,168,197				37
38	SALARIES, WAGES & FEES PAYABLE	219,411				38
39	PAYROLL TAXES PAYABLE					39
40	NOTES & LOANS PAYABLE (short term)					40
41	DEFERRED INCOME					41
42	ACCELERATED PAYMENTS					42
43	DUE TO OTHER FUNDS	19,710				43
44	OTHER CURRENT LIABILITIES					44
45	TOTAL CURRENT LIABILITIES (sum of lines 37 thru 44)	1,407,318				45
LONG TERM LIABILITIES						
46	MORTGAGE PAYABLE					46
47	NOTES PAYABLE	2,976,580				47
48	UNSECURED LOANS					48
49	OTHER LONG TERM LIABILITIES					49
50	TOTAL LONG TERM LIABILITIES (sum of lines 46 thru 49)	2,976,580				50
51	TOTAL LIABILITIES (sum of lines 45 and 50)	4,383,898				51
CAPITAL ACCOUNTS						
52	GENERAL FUND BALANCE	1,160,570				52
53	SPECIFIC PURPOSE FUND BALANCE					53
54	DONOR CREATED - ENDOWMENT FUND BALANCE - RESTRICTED					54
55	DONOR CREATED - ENDOWMENT FUND BALANCE - UNRESTRICTED					55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BALANCE					56
57	PLANT FUND BALANCE - INVESTED IN PLANT					57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT, AND EXPANSION					58
59	TOTAL FUND BALANCES (sum of lines 52-58)	1,160,570				59
60	TOTAL LIABILITIES AND FUND BALANCES (sum of lines 51 and 59)	5,544,468				60

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CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	FUND BALANCES AT BEGINNING OF PERIOD		923,159			1
2	NET INCOME (loss) (from Worksheet G-3, line 29)		2,083,729			2
3	TOTAL (sum of line 1 and line 2)		3,006,888			3
4	ADDITIONS (credit adjustments)					4
5						5
6						6
7						7
8						8
9						9
10	TOTAL ADDITIONS (sum of lines 4-9)					10
11	SUBTOTAL (line 3 plus line 10)		3,006,888			11
12	DEDUCTIONS (debit adjustments)					12
13	DISTRIBUTIONS					13
14	DISTRIBUTIONS					14
15						15
16						16
17						17
18	TOTAL DEDUCTIONS (sum of lines 12-17)					18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)		3,006,888			19

		ENDOWMENT FUND		PLANT FUND		
		5	6	7	8	
1	FUND BALANCES AT BEGINNING OF PERIOD					1
2	NET INCOME (loss) (from Worksheet G-3, line 29)					2
3	TOTAL (sum of line 1 and line 2)					3
4	ADDITIONS (credit adjustments)					4
5						5
6						6
7						7
8						8
9						9
10	TOTAL ADDITIONS (sum of lines 4-9)					10
11	SUBTOTAL (line 3 plus line 10)					11
12	DEDUCTIONS (debit adjustments)					12
13	DISTRIBUTIONS					13
14	DISTRIBUTIONS					14
15						15
16						16
17						17
18	TOTAL DEDUCTIONS (sum of lines 12-17)					18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)					19

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CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT	OUTPATIENT	TOTAL	
		1	2	3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	9,592,404		9,592,404	1
2	SUBPROVIDER IPF				2
3	SUBPROVIDER IRF				3
5	SWING BED - SNF				5
6	SWING BED - NF				6
7	SKILLED NURSING FACILITY				7
8	NURSING FACILITY				8
9	OTHER LONG TERM CARE				9
10	TOTAL GENERAL INPATIENT CARE SERVICES (sum of lines 1-9)	9,592,404		9,592,404	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	INTENSIVE CARE UNIT				11
12	CORONARY CARE UNIT				12
13	BURN INTENSIVE CARE UNIT				13
14	SURGICAL INTENSIVE CARE UNIT				14
15	OTHER SPECIAL CARE (SPECIFY)				15
16	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (sum of lines 11-15)				16
17	TOTAL INPATIENT ROUTINE CARE SERVICES (sum of lines 10 and 16)	9,592,404		9,592,404	17
18	ANCILLARY SERVICES	20,395,271		20,395,271	18
19	OUTPATIENT SERVICES				19
20	RHC				20
21	FQHC				21
22	HOME HEALTH AGENCY				22
23	AMBULANCE				23
25	ASC				25
26	HOSPICE				26
27	OTHER (SPECIFY)				27
27.01	PART B PHYSICIAN REVENUE	900,995		900,995	27.01
28	TOTAL PATIENT REVENUES (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	30,888,670		30,888,670	28

PART II - OPERATING EXPENSES

		1	2	
29	OPERATING EXPENSES (per Worksheet A, column 3, line 200)		11,631,290	29
30	ADD (SPECIFY)			30
31				31
32				32
33				33
34				34
35				35
36	TOTAL ADDITIONS (sum of lines 30-35)			36
37	DEDUCT (SPECIFY)			37
38				38
39				39
40				40
41				41
42	TOTAL DEDUCTIONS (sum of lines 37-41)			42
43	TOTAL OPERATING EXPENSES (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		11,631,290	43

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CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/30/2015 Run Time: 15:52 Version: 2014.10
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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES (from Worksheet G-2, Part I, column 3, line 28)	30,888,670	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	17,179,212	2
3	NET PATIENT REVENUES (line 1 minus line 2)	13,709,458	3
4	LESS - TOTAL OPERATING EXPENSES (from Worksheet G-2, Part II, line 43)	11,631,290	4
5	NET INCOME FROM SERVICE TO PATIENTS (line 3 minus line 4)	2,078,168	5

OTHER INCOME

6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	214	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	475	18
19	TUITION (fees, sale of textbooks, uniforms, etc.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (OTHER INCOME)	4,872	24
25	TOTAL OTHER INCOME (sum of lines 6-24)	5,561	25
26	TOTAL (line 5 plus line 25)	2,083,729	26
29	NET INCOME (or loss) FOR THE PERIOD (line 26 minus line 28)	2,083,729	29

Central Indiana - AMG Specialty Hospital
Worksheet A Expense Groupings
August 31, 2014

Account Number	Division	Account Description	Medicare Balance	Cost Center Subtotal	MC #	Cost Center Description
101520		80155 · Insurance-Property & G/L	34,448		1.02	Capital Related Costs - Buildings
101660		80295 · Rent	441,822		1.02	Capital Related Costs - Buildings
101680		80375 · Taxes-Property	2,488		1.02	Capital Related Costs - Buildings
102070		90155 · Insurance-Property & G/L	2,686		1.02	Capital Related Costs - Buildings
102160		90295 · Rent	31,105		1.02	Capital Related Costs - Buildings
102830		63331 · Amortization Expense	322,651		1.02	Capital Related Costs - Buildings
102840		63333 · Depreciation Expense	121,691		1.02	Capital Related Costs - Buildings
102850		63400 · Interest Expense	282,033	1,238,924	1.02	Capital Related Costs - Buildings
101470		80105 · Employee Health and Screening	8,143		4.02	Employee Benefits - Other
101500		80145 · Insurance-Employee Health/Life	165,403		4.02	Employee Benefits - Other
101530		80160 · Insurance-Worker's Comp	64,602		4.02	Employee Benefits - Other
101610		80240 · Pension Plan Expense	34,126		4.02	Employee Benefits - Other
102050		90145 · Insurance-Employee Health/Life	1,543		4.02	Employee Benefits - Other
102550		Payroll Tax Expense	326,343		4.02	Employee Benefits - Other
102740		Payroll Tax Expense	12,428	612,588	4.02	Employee Benefits - Other
102360		Administrator	191,259		5.01	Administrative & General - Salary
102370		Admissions Coordinator	64,761		5.01	Administrative & General - Salary
102380		Case Manager	71,109		5.01	Administrative & General - Salary
102390		Central Supply	32,992		5.01	Administrative & General - Salary
102400		Clerical-Admin. Asst.	40,204		5.01	Administrative & General - Salary
102450		Marketing	1,051		5.01	Administrative & General - Salary
102540		Ward Clerk/Receptionist	108,007		5.01	Administrative & General - Salary
102650		QA/Infection Control	84,426		5.01	Administrative & General - Salary
102690		Administrator	55,537		5.01	Administrative & General - Salary
102730		Ward Cler/Receptionist	14,811	664,157	5.01	Administrative & General - Salary
101410		80020 · Bank Fees	8,520		5.02	Administrative & General - Other
101420		80035 · Cable Services	2,686		5.02	Administrative & General - Other
101430		80050 · Computer Software Lease/Maint.	73,524		5.02	Administrative & General - Other
101440		80075 · Continuing Education	14,228		5.02	Administrative & General - Other
101450		80080 · Copier Lease/Maintenance	11,749		5.02	Administrative & General - Other
101460		80100 · Dues and Subscriptions	11,797		5.02	Administrative & General - Other
101480		80120 · Equipment Rentals-Other	26,636		5.02	Administrative & General - Other
101510		80150 · Insurance-Prof. Liability	56,309		5.02	Administrative & General - Other
101540		80175 · Licenses and Permits	9,028		5.02	Administrative & General - Other
101550		80180 · Marketing and Advertising	38,653		5.02	Administrative & General - Other
101560		80195 · Medical Director/Asst Med Dir	339,106		5.02	Administrative & General - Other
101570		80205 · Miscellaneous Expense	3,020		5.02	Administrative & General - Other
101580		80210 · Office Expense/Printing	16,254		5.02	Administrative & General - Other
101590		80225 · Parking	1,486		5.02	Administrative & General - Other
101600		80235 · Payroll Processing Fees	11,209		5.02	Administrative & General - Other
101620		80260 · Postage & Freight	7,566		5.02	Administrative & General - Other
101630		80265 · Professional Fees-Accounting	26,510		5.02	Administrative & General - Other
101640		80270 · Professional Fees-Legal	9,416		5.02	Administrative & General - Other
101650		80275 · Professional Fees-Other	52,762		5.02	Administrative & General - Other
101690		80380 · Taxes-Sales	4,797		5.02	Administrative & General - Other
101710		80400 · Travel	74,951		5.02	Administrative & General - Other
101720		80425 · Waste Disposal Service	600		5.02	Administrative & General - Other
101730		81000 · Billing/Collections/AP	522,096		5.02	Administrative & General - Other
101810		80000 · Management Oversight A	652,612		5.02	Administrative & General - Other
101960		81120 · Transcription Services	23,935		5.02	Administrative & General - Other
101970		81125 · Transportation	31,844		5.02	Administrative & General - Other
101980		90035 · Cable Services	387		5.02	Administrative & General - Other
101990		90050 · Computer Software Lease/Mainten	982		5.02	Administrative & General - Other
102000		90075 · Continuing Education	450		5.02	Administrative & General - Other
102020		90100 · Dues and Subscriptions	55		5.02	Administrative & General - Other
102030		90105 · Employee Health and Screening	570		5.02	Administrative & General - Other
102060		90150 · Insurance-Prof. Liability	2,602		5.02	Administrative & General - Other
102080		90175 · Licenses and Permits	731		5.02	Administrative & General - Other
102090		90180 · Marketing and Advertising	4,853		5.02	Administrative & General - Other
102100		90195 · Medical Director/Asst Med Dir	7,600		5.02	Administrative & General - Other
102110		90210 · Office Expense/Printing	626		5.02	Administrative & General - Other
102120		90225 · Parking	28		5.02	Administrative & General - Other
102130		90235 · Payroll Processing Fees	121		5.02	Administrative & General - Other
102140		90260 · Postage & Freight	1,652		5.02	Administrative & General - Other
102150		90275 · Professional Fees-Other	537		5.02	Administrative & General - Other
102180		90380 · Taxes-Sales	220		5.02	Administrative & General - Other
102190		90400 · Travel	2,217	2,054,925	5.02	Administrative & General - Other
101670		80300 · Repairs and Maintenance	16,912		7.02	Operation of Plant - Other
101700		80385 · Telephone Service	7,061		7.02	Operation of Plant - Other
101890		81080 · Supplies-Maintenance	814		7.02	Operation of Plant - Other
102010		90080 · Copier Lease/Maintenance	1,699		7.02	Operation of Plant - Other

Central Indiana - AMG Specialty Hospital
Worksheet A Expense Groupings
August 31, 2014

Account Number	Division	Account Description	Medicare Balance	Cost Center Subtotal	MC #	Cost Center Description
102170		90300 · Repairs and Maintenance	2,257		7.02	Operation of Plant - Other
102300		91080 · Supplies-Maintenance	710	29,453	7.02	Operation of Plant - Other
101800		81040 · Laundry-Contract Services	55,169	55,169	8.02	Laundry & Linen - Other
101490		80130 · Housekeeping-Contract Services	92,328		9.02	Housekeeping - Other
101880		81075 · Supplies-Housekeeping/Janitoria	26,357		9.02	Housekeeping - Other
102040		90130 · Housekeeping-Contract Services	5,200		9.02	Housekeeping - Other
102290		91075 · Supplies-Houskeeping/Janitorial	96	123,981	9.02	Housekeeping - Other
102410		Dietician	54,183	54,183	10.01	Dietary - Salary
101760		81015 · Dietary, Food	36,764		10.02	Dietary - Other
101770		81020 · Dietary, Purchased Services	86,041		10.02	Dietary - Other
101870		81070 · Supplies-Dietary/Kitchen	18,523		10.02	Dietary - Other
102200		91015 · Dietary, Food	387		10.02	Dietary - Other
102280		91070 · Supplies-Dietary/Kitchen	647		10.02	Dietary - Other
102420		Dietician-Contract Services	5,021		10.02	Dietary - Other
102700		Dietician-Contract Services	80	147,463	10.02	Dietary - Other
102430		HIM/Coding	66,564	66,564	16.01	Med Records & Library - Salary
101910		81095 · Supplies-Office/HIM	33,426		16.02	Med Records & Library - Other
102320		91095 · Supplies-Office/HIM	1,598		16.02	Med Records & Library - Other
102440		HIM/Coding-Contract Services	28,770	63,794	16.02	Med Records & Library - Other
102500		Social Services	56,037		17.01	Social Service - Salary
102710		Social Services	5,357	61,394	17.01	Social Service - Salary
102470		Nurses-Chief Clinical Officer	84,313		30.01	Adults and Pediatrics - Salary
102480		Nurses-Nurse Liaison	239,612		30.01	Adults and Pediatrics - Salary
102490		Physician	499,315		30.01	Adults and Pediatrics - Salary
102560		Nurses - RN	910,648		30.01	Adults and Pediatrics - Salary
102570		Nurses - LPN	393,661		30.01	Adults and Pediatrics - Salary
102580		Nurses - Wound Care	85,740		30.01	Adults and Pediatrics - Salary
102590		Nurses - Aides/CNAs	187,486		30.01	Adults and Pediatrics - Salary
102600		Nurses - Contract Services	145,626		30.01	Adults and Pediatrics - Salary
102610		Nurses - RN - Other Pay	55,098		30.01	Adults and Pediatrics - Salary
102620		Nurses - LPN - Other Pay	29,633		30.01	Adults and Pediatrics - Salary
102630		Nurses - Wound Care - Other Pay	7,667		30.01	Adults and Pediatrics - Salary
102640		Nurses - Aides/CNAs - Other Pay	12,375		30.01	Adults and Pediatrics - Salary
102750		Nurses - RN	38,325		30.01	Adults and Pediatrics - Salary
102760		Nurses - LPN	7,913		30.01	Adults and Pediatrics - Salary
102770		Nurses - Aides/CNAs	2,585		30.01	Adults and Pediatrics - Salary
102780		Nurses - Wound Care	2,368		30.01	Adults and Pediatrics - Salary
102790		Nurses - RN - Other Pay	544		30.01	Adults and Pediatrics - Salary
102800		Nurses - Wound Care - Other Pay	297	2,703,206	30.01	Adults and Pediatrics - Salary
101780		81025 · Equipment Rentals-Nursing	159,119		30.02	Adults and Pediatrics - Other
101900		81085 · Supplies-Nursing	275,653		30.02	Adults and Pediatrics - Other
102210		91025 · Equipment Rentals-Nursing	1,717		30.02	Adults and Pediatrics - Other
102310		91085 · Supplies-Nursing	13,643		30.02	Adults and Pediatrics - Other
102460		Nurse Practitioner	145,772	595,904	30.02	Adults and Pediatrics - Other
101830		81050 · Outpatient Procedures	155,501		50.02	Operating Room-Other
102240		91050 · Outpatient Procedures	1,350	156,851	50.02	Operating Room-Other
101860		81065 · Radiology-Contract Services	252,148		54.02	Radiology-Diagnostic-Other
102270		91065 · Radiology-Contract Services	172	252,320	54.02	Radiology-Diagnostic-Other
101740		81005 · Blood Storage & Processing	47,902		60.02	Laboratory - Other
101790		81035 · Laboratory Fees	202,888		60.02	Laboratory - Other
102220		91035 · Laboratory Fees	2,455	253,245	60.02	Laboratory - Other
102530		Therapy-Respiratory Therapist	553,185		65.01	Oxygen (Inhal) Therapy - Salary
102720		Therapy-Respiratory Therapist	21,819	575,004	65.01	Oxygen (Inhal) Therapy - Salary
101940		81110 · Supplies-Respiratory Therapy	109,649		65.02	Oxygen (Inhal) Therapy - Other
102340		91110 · Supplies-Respiratory Therapy	3,362	113,011	65.02	Oxygen (Inhal) Therapy - Other
102510		Therapy-Director of Therapy	62,743	62,743	66.01	Physical Therapy - Salary
101930		81105 · Supplies-Physical Therapy	4,944		66.02	Physical Therapy - Other
102330		91105 · Supplies-Physical Therapy	596		66.02	Physical Therapy - Other
102670		Therapy - Contract PT	55,530		66.02	Physical Therapy - Other
102820		Therapy - Contract PT	910	61,980	66.02	Physical Therapy - Other
102520		Therapy-PT/OT Techs	19,452	19,452	67.01	Occupational Therapy - Salary
102660		Therapy - Contract OT	99,570		67.02	Occupational Therapy - Other
102810		Therapy - Contract OT	130	99,700	67.02	Occupational Therapy - Other
102680		Therapy - Contract ST	78,060	78,060	68.02	Speech Pathology - Other
101820		81045 · Medical Gas	3,773		71.02	Medical Supplies Chargeable - Other
101950		81115 · Supplies-Wound Care	77,421		71.02	Medical Supplies Chargeable - Other
102230		91045 · Medical Gas	446		71.02	Medical Supplies Chargeable - Other
102350		91115 · Supplies-Wound Care	6,441	88,081	71.02	Medical Supplies Chargeable - Other
101840		81055 · Pharmacy	835,248		73.02	Drugs Chargeable - Other
101850		81060 · Pharmacy-Contract Services	446,680		73.02	Drugs Chargeable - Other
101920		81100 · Supplies-Pharmacy	1,167		73.02	Drugs Chargeable - Other
102250		91055 · Pharmacy	5,779		73.02	Drugs Chargeable - Other

Central Indiana - AMG Specialty Hospital
 Worksheet A Expense Groupings
August 31, 2014

Account Number	Division	Account Description	Medicare Balance	Cost Center Subtotal	MC #	Cost Center Description
102260	91060	Pharmacy-Contract Services	15,783	1,304,657	73.02	Drugs Chargeable - Other
101750	81010	Dialysis-Contract Services	94,481	94,481	74.02	Dialysis - Other
TOTAL			11,631,290	11,631,290		

Central Indiana - AMG Specialty Hospital
Worksheet A-8 Adjustments to Expenses
August 31, 2014

Account Number	Division	Account Description	Unadj GL Balance	W/S A-8 Subtotal	A-8	Worksheet A-8 Description
101260		Income-Interest	-214	(214)	1	Investment Income
101270		Income-Medical Records	-475	(475)	18	Sale of Medical Records
102850		63400 · Interest Expense	282,033	282,033	21	Interest Expense (\$203,258) on Medic
101550		80180 · Marketing and Advertising	38,653		31	Advertising/Marketing
102090		90180 · Marketing and Advertising	4,853		31	Advertising/Marketing
102450		Marketing	1,051	44,557	31	Advertising/Marketing
101280		Income-Miscellaneous	-4,872	(4,872)	39	Misc. Income
101570		80205 · Miscellaneous Expense	3,020	3,020	44	Other
TOTAL			324,049	324,049		

Central Indiana - AMG Specialty Hospital

August 31, 2014

Inpatient Part A

Summary of PS&R

Claims Paid through 12/04/2014

Title XVIII-Medicare

IP

	9/1/2013-8/31/2014	Total
111 Med-Sur-gy/PVT	1,960,800	1,960,800
121 Med-Sur-gy/2Bed	5,964,000	5,964,000
Total Accomadations	7,924,800	7,924,800

Discharges	258	258
Patient Days	6,604	6,604

CR

Line #			
999	230 Nursing Increm	1,680	1,680
73	250 Pharmacy	2,319,029	2,319,029
71	270 Med-Surg Supplies	111,564	111,564
71	271 Med-Surg Supplies	836,460	836,460
60	300 Lab	751,208	751,208
60	301 Lab	466,866	466,866
60	302 Lab	0	0
60	305 Lab	80	80
60	306 Lab	71,341	71,341
60	307 Lab	5,001	5,001
60	309 Lab	452	452
54	320 DX Xray	241,831	241,831
54	323 DX Xray	8,300	8,300
54	324 DX Xray	10,373	10,373
54	341 Nuclear Medicine	45,987	45,987
54	342 Nuclear Medicine	0	0
54	350 CT Scan	232,737	232,737
50	360 OR Services	1,500	1,500
50	361 OR Services	120,455	120,455
50	379 Anesthesia	375	375
60	381 Blood/PKD Red	67,727	67,727
60	383 Blood/Plasma	2,573	2,573
60	384 Blood/Platelets	3,615	3,615
60	391 Blood	5,293	5,293
54	402 Imaging Service	21,803	21,803
54	403 Imaging Service	0	0
65	410 Inhalation Therapy	9,601,527	9,601,527
65	412 Inhalation Therapy	0	0
66	420 Physical Therapy	191,884	191,884
67	430 Occupational Therapy	147,006	147,006
68	440 Speech Therapy	343,259	343,259
54	480 Cardiology	35,471	35,471
54	610 MRI	11,690	11,690
54	611 MRI	13,458	13,458
54	612 MRI	1,318	1,318
54	730 EKG	23,529	23,529
54	732 Telemetry	643,162	643,162
54	740 EEG	4,590	4,590
50	761 Treatment Room	19,328	19,328
74	800 Inpatient Dialysis	16,056	16,056
74	801 Inpatient Dialysis	65,370	65,370
74	802 Inpatient Dialysis	90,450	90,450
60	921 Perivascular Lab	6,045	6,045
71	947 Complex Medical Equip	249,177	249,177
	Total Ancillary	16,789,570	16,789,570
	Total Charges	24,714,370	24,714,370
	Federal Specific	10,474,455	10,474,455
	Outlier	785,596	785,596
	Low Volume Adjustment	0	0
	Gross Reimbursement	11,260,051	11,260,051
	Deductible	79,204	79,204
	Coinsurance	394,584	394,584
	Sequestration	215,725	215,725
	Net Reimbursement	10,570,538	10,570,538
		10,474,455	

Worksheet D by Line #

50	Operating / Surgery	141,658	141,658
52	Labor & Delivery	0	0
53	Anesthesia	0	0
54	Radiology-Diagnostic	1,294,249	1,294,249
55	Radiology-Therapeutic	0	0
58	MRI	0	0
60	Laboratory	1,380,201	1,380,201
63	Blood	0	0
64	IV Therapy	0	0
65	Oxygen (Inhal) Therapy	9,601,527	9,601,527
66	Physical Therapy	191,884	191,884
67	Occupational Therapy	147,006	147,006
68	Speech Pathology	343,259	343,259
69	EKG	0	0
71	Medical Supplies Chargea	1,197,201	1,197,201
73	Drugs Chargeable	2,319,029	2,319,029
74	Dialysis	171,876	171,876
76	Psychological Services	0	0
88	RHC #1	0	0
89	RHC #2	0	0
90	Clinic	0	0
91	Emergency Room	0	0
92	Observation Room	0	0
999	Unidentified-MUST BE RE	1,680	1,680
		16,789,570	16,789,570

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

REPORT COVER PAGE FOR REQUEST: BTAR654-S-2247250

Provider#-Report Type	Total # of Pages						
152025-118	5	152025-11S	5				

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 12/04/14
 Report Run Date: 12/04/14
 Provider FYE: 08/31
 Provider Number: 152025 Central Indiana AMG Specialty Hospital

P R O V I D E R S U M M A R Y R E P O R T
 I N P A T I E N T - P A R T A M A N A G E D C A R E

Page: 1
 Report #: OD44203
 Report Type: 118

	SERVICES FOR PERIOD 09/01/13 - 08/31/14	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
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STATISTIC SECTION

DISCHARGES	19		
MEDICARE DAYS	450		
CLAIMS	19		

CHARGE SECTION

***** ACCOMMODATION CHARGES *****

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0111	MED-SUR-GY/PVT	122	\$146,400.00						
0121	MED-SUR-GY/2BED	328	\$393,600.00						
0180	LEAVE OF ABSENCE OR LOA	0	\$0.00						
TOTAL ACCOMMODATIONS		450	\$540,000.00						

***** ANCILLARY CHARGES *****

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0230	NURSING INCREM	1	\$16.00						
0250	PHARMACY	13,730	\$134,150.30						
0270	MED-SUR SUPPLIES	305	\$6,024.56						
0271	NONSTER SUPPLY	567	\$56,606.76						
0300	LABORATORY or (LAB)	1,754	\$59,969.62						
0301	LAB/CHEMISTRY	404	\$30,817.93						
0305	LAB/HEMATOLOGY	2	\$10.04						
0306	LAB/BACT-MICRO	88	\$6,227.92						
0307	LAB/UROLOGY	10	\$373.80						
0320	DX X-RAY	104	\$13,163.20						
0324	DX X-RAY/CHEST	6	\$550.80						

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 12/04/14
 Report Run Date: 12/04/14
 Provider FYE: 08/31
 Provider Number: 152025 Central Indiana AMG Specialty Hospital

P R O V I D E R S U M M A R Y R E P O R T
 I N P A T I E N T - P A R T A M A N A G E D C A R E

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 Report #: OD44203
 Report Type: 118

SERVICES FOR PERIOD 09/01/13 - 08/31/14	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
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REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0341	NUC MED/DX	2	\$1,424.82						
0350	CT SCAN	12	\$13,199.56						
0361	OR/MINOR	40	\$12,902.00						
0381	BLOOD/PKD RED	11	\$7,376.77						
0383	BLOOD/PLASMA	4	\$411.60						
0402	ULTRASOUND	3	\$691.07						
0410	RESPIRATORY SVC	13,898	\$573,259.58						
0420	PHYSICAL THERP	165	\$11,528.00						
0430	OCCUPATION THER	103	\$8,718.00						
0440	SPEECH PATHOL	73	\$20,023.20						
0480	CARDIOLOGY	3	\$3,117.00						
0730	EKG/ECG	17	\$1,285.20						
0732	TELEMETRY	124	\$46,748.00						
0761	TREATMENT RM	3	\$1,050.00						
0801	DIALY/INPT	1	\$1,146.84						
0921	PERI VASCUL LAB	2	\$930.00						
0947	COMPLX MED EQUIP-ANC	188	\$20,552.93						
<i>TOTAL ANCILLARY</i>		31,620	\$1,032,275.50						
TOTAL COVERED CHARGES			\$1,572,275.50						

REIMBURSEMENT SECTION

OPERATING

HOSPITAL SPECIFIC	\$0.00		
FEDERAL SPECIFIC	\$602,337.84		

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 12/04/14
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 Provider Number: 152025 Central Indiana AMG Specialty Hosptial

P R O V I D E R S U M M A R Y R E P O R T
 I N P A T I E N T - P A R T A M A N A G E D C A R E

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 Report #: OD44203
 Report Type: 118

	SERVICES FOR PERIOD 09/01/13 - 08/31/14	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
OUTLIER	\$0.00			
DSH/LIP	\$0.00			
DSH UNCOMP. CARE	\$0.00			
IME/TEACHING ADJ.	\$0.00			
NEW TECHNOLOGY	\$0.00			
IPF ECT	\$0.00			
TOTAL OPERATING PAYMENTS	\$602,337.84			
LOW VOLUME	\$0.00			
HOSPITAL READMISSION ADJ	\$0.00			
VALUE BASED PURCHASING ADJ	\$0.00			
CAPITAL				
HOSPITAL SPECIFIC	\$0.00			
FEDERAL SPECIFIC	\$0.00			
OUTLIER	\$0.00			
HOLD HARMLESS	\$0.00			
DSH	\$0.00			
INDIRECT MEDICAL EDUCATION	\$0.00			
EXCEPTIONS	\$0.00			
TOTAL CAPITAL PAYMENTS	\$0.00			
PAYMENT				
GROSS REIMBURSEMENT	\$602,337.84			
LESS				
DEVICE CREDIT	\$0.00			

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 12/04/14
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 Provider Number: 152025 Central Indiana AMG Specialty Hospital

P R O V I D E R S U M M A R Y R E P O R T
 I N P A T I E N T - P A R T A M A N A G E D C A R E

Page: 4
 Report #: OD44203
 Report Type: 118

	SERVICES FOR PERIOD 09/01/13 - 08/31/14	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
CASH DEDUCTIBLE	\$0.00			
BLOOD DEDUCTIBLE	\$3,353.13			
COINSURANCE	\$304.00			
NET MSP PAYMENTS	\$0.00			
MSP PASS THRU RECONCILIATION	\$0.00			
SEQUESTRATION	\$0.00			
OTHER ADJUSTMENTS	\$598,680.71			
NET REIMBURSEMENT	\$0.00			

ADDITIONAL INFORMATION SECTION

CALCULATED NET REIMB FOR PIP	\$0.00			
ACTUAL CLAIM PAYMENTS FOR PIP	\$0.00			
CLAIM INTEREST PAYMENTS	\$0.00			
IRF PENALTY AMOUNT	\$0.00			
LTCH SHORT STAY OUTLIER PAYMENTS	\$146,233.54			
CAP FED-SPECIFIC @ 100%	\$0.00			
CAP OUTLIER @ 100%	\$0.00			
DISCHARGES	19			
DRG/CMG WEIGHT	22.7193			
WEIGHT/DISCHARGES	1.1958			
DISCHARGE FRACTION	0			
DRG WEIGHT FRACTION	0.0000			
DRG WEIGHT FRACTION/DISCHARGES	0			
PPS PAYMENTS	\$0.00			

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

Program ID: REDESIGN

Paid Dates: 08/01/07 THRU 12/04/14

Report Run Date: 12/04/14

Provider FYE: 08/31

Provider Number: 152025 Central Indiana AMG Specialty Hospital

PROVIDER SUMMARY REPORT
INPATIENT - PART A MANAGED CARE

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SERVICES FOR PERIOD 09/01/13 - 08/31/14	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
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PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 12/04/14
 Report Run Date: 12/04/14
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PROVIDER SUMMARY REPORT
 INPATIENT LONG TERM CARE - PART A PPS

Page: 1
 Report #: OD44203
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	SERVICES FOR PERIOD 09/01/13 - 08/31/14	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
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STATISTIC SECTION

DISCHARGES	258		
MEDICARE DAYS	6,604		
CLAIMS	258		

CHARGE SECTION

***** ACCOMMODATION CHARGES *****

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0111	MED-SUR-GY/PVT	1,634	\$1,960,800.00						
0121	MED-SUR-GY/2BED	4,970	\$5,964,000.00						
0180	LEAVE OF ABSENCE OR LOA	0	\$0.00						
TOTAL ACCOMMODATIONS		6,604	\$7,924,800.00						

***** ANCILLARY CHARGES *****

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0230	NURSING INCREM	68	\$1,679.75						
0250	PHARMACY	204,890	\$2,319,028.78						
0270	MED-SUR SUPPLIES	4,675	\$111,563.53						
0271	NONSTER SUPPLY	8,464	\$836,459.56						
0300	LABORATORY or (LAB)	24,127	\$751,207.98						
0301	LAB/CHEMISTRY	5,857	\$466,866.30						
0305	LAB/HEMATOLOGY	16	\$80.32						
0306	LAB/BACT-MICRO	1,015	\$71,340.89						
0307	LAB/UROLOGY	142	\$5,001.42						
0309	LAB/OTHER	2	\$451.91						
0320	DX X-RAY	1,279	\$241,831.47						
0323	DX X-RAY/ARTER	3	\$8,300.00						

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 12/04/14
 Report Run Date: 12/04/14
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 Provider Number: 152025 Central Indiana AMG Specialty Hospital

P R O V I D E R S U M M A R Y R E P O R T
 I N P A T I E N T L O N G T E R M C A R E - P A R T A P P S

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SERVICES FOR PERIOD 09/01/13 - 08/31/14	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
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REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0324	DX X-RAY/CHEST	113	\$10,373.40						
0341	NUC MED/DX	19	\$45,986.58						
0350	CT SCAN	216	\$232,736.82						
0360	OR SERVICES	1	\$1,500.00						
0361	OR/MINOR	363	\$120,455.00						
0379	ANESTHE/OTHER	1	\$375.00						
0381	BLOOD/PKD RED	99	\$67,726.82						
0383	BLOOD/PLASMA	25	\$2,572.50						
0384	BLOOD/PLATELETS	4	\$3,615.32						
0391	BLOOD/ADMIN	10	\$5,293.35						
0402	ULTRASOUND	69	\$21,802.84						
0410	RESPIRATORY SVC	237,616	\$9,601,527.06						
0420	PHYSICAL THERP	2,815	\$191,884.10						
0430	OCCUPATION THER	1,967	\$147,006.10						
0440	SPEECH PATHOL	1,284	\$343,259.10						
0480	CARDIOLOGY	34	\$35,471.10						
0610	MRT	8	\$11,689.60						
0611	MRI - BRAIN	7	\$13,458.15						
0612	MRI - SPINE	1	\$1,317.60						
0730	EKG/ECG	313	\$23,538.60						
0732	TELEMETRY	1,708	\$643,162.00						
0740	EEG	17	\$4,590.00						
0761	TREATMENT RM	44	\$19,327.50						
0800	RENAL DIALYSIS	14	\$16,055.76						

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 12/04/14
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PROVIDER SUMMARY REPORT
 INPATIENT LONG TERM CARE - PART A PPS

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 Report #: OD44203
 Report Type: 115

SERVICES FOR PERIOD 09/01/13 - 08/31/14	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
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REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0801	DIALY/INPT	57	\$65,369.88						
0802	DIALY/INPT/PER	67	\$90,450.00						
0921	PERI VASCUL LAB	13	\$6,045.00						
0947	COMPLX MED EQUIP-ANC	2,816	\$249,177.48						
TOTAL ANCILLARY		500,239	\$16,789,578.57						
TOTAL COVERED CHARGES			\$24,714,378.57						

REIMBURSEMENT SECTION

OPERATING

HOSPITAL SPECIFIC	\$0.00						
FEDERAL SPECIFIC	\$10,474,454.70						
OUTLIER	\$785,595.73						
DSH/LIP	\$0.00						
DSH UNCOMP. CARE	\$0.00						
IME/TEACHING ADJ.	\$0.00						
NEW TECHNOLOGY	\$0.00						
IPF ECT	\$0.00						
TOTAL OPERATING PAYMENTS	\$11,260,050.43						

LOW VOLUME	\$0.00						
HOSPITAL READMISSION ADJ	\$0.00						
VALUE BASED PURCHASING ADJ	\$0.00						

CAPITAL

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 12/04/14
 Report Run Date: 12/04/14
 Provider FYE: 08/31
 Provider Number: 152025 Central Indiana AMG Specialty Hospital

P R O V I D E R S U M M A R Y R E P O R T
 I N P A T I E N T L O N G T E R M C A R E - P A R T A P P S

Page: 4
 Report #: OD44203
 Report Type: 115

	SERVICES FOR PERIOD 09/01/13 - 08/31/14	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
HOSPITAL SPECIFIC	\$0.00			
FEDERAL SPECIFIC	\$0.00			
OUTLIER	\$0.00			
HOLD HARMLESS	\$0.00			
DSH	\$0.00			
INDIRECT MEDICAL EDUCATION	\$0.00			
EXCEPTIONS	\$0.00			
TOTAL CAPITAL PAYMENTS	\$0.00			

PAYMENT

GROSS REIMBURSEMENT	\$11,260,050.43			
LESS				
DEVICE CREDIT	\$0.00			
CASH DEDUCTIBLE	\$21,536.00			
BLOOD DEDUCTIBLE	\$57,667.98			
COINSURANCE	\$394,584.00			
NET MSP PAYMENTS	\$0.00			
SEQUESTRATION	\$215,725.17			
MSP PASS THRU RECONCILIATION	\$0.00			
OTHER ADJUSTMENTS	\$0.00			
NET REIMBURSEMENT	\$10,570,537.28			

ADDITIONAL INFORMATION SECTION

CALCULATED NET REIMB FOR PIP	\$0.00			
ACTUAL CLAIM PAYMENTS FOR PIP	\$0.00			

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
Paid Dates: 08/01/07 THRU 12/04/14
Report Run Date: 12/04/14
Provider FYE: 08/31
Provider Number: 152025 Central Indiana AMG Specialty Hospital

PROVIDER SUMMARY REPORT
INPATIENT LONG TERM CARE - PART A PPS

Page: 5
Report #: OD44203
Report Type: 115

	SERVICES FOR PERIOD 09/01/13 - 08/31/14	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
CLAIM INTEREST PAYMENTS	\$0.00			
IRF PENALTY AMOUNT	\$0.00			
LTCH SHORT STAY OUTLIER PAYMENTS	\$1,216,939.68			
CAP FED-SPECIFIC @ 100%	\$0.00			
CAP OUTLIER @ 100%	\$0.00			
DISCHARGES	258			
DRG/CMG WEIGHT	328.3604			
WEIGHT/DISCHARGES	1.2727			
DISCHARGE FRACTION	0			
DRG WEIGHT FRACTION	0.0000			
DRG WEIGHT FRACTION/DISCHARGES	0.0000			
PPS PAYMENTS	\$0.00			

Central Indiana - AMG Specialty Hospital
Worksheet G Balance Sheet Groupings
August 31, 2014

Account Number	Division	Account Description	Medicare Balance	Cost Center Subtotal	MC #	Cost Center Description
100010		BOK Operating	(81,101)		101.00	Cash on Hand and in Banks
100020		BOK Commercial Deposit Account	3,658		101.00	Cash on Hand and in Banks
100030		Business First Operating	132,996		101.00	Cash on Hand and in Banks
100040		Business First Payroll	(137)		101.00	Cash on Hand and in Banks
100050		Regions Bank-Operating	854	56,270	101.00	Cash on Hand and in Banks
100060		Accounts Receivable	23,383		104.00	Accounts Receivable
100070		Accounts Receivable-Billings	2,064,281		104.00	Accounts Receivable
100080		Accounts Receivable-Part B	357,313		104.00	Accounts Receivable
100090		Allowance for Contractuals	(629,347)		104.00	Accounts Receivable
100100		Allow for Contractuals-Part B	(299,211)		104.00	Accounts Receivable
100110		Direct Deposit Sweep Account	(6,209)	1,510,210	104.00	Accounts Receivable
100120		Prepaid Insurance-Main	62,422		108.00	Prepaid Expenses
100130		Prepaid Insurance-Loc 2	14,175		108.00	Prepaid Expenses
100140		Prepaid Pharmacy-Main	72,164		108.00	Prepaid Expenses
100150		Prepaid Expense Adv-Main	1,200		108.00	Prepaid Expenses
100160		Prepaid Other-Main	42,911		108.00	Prepaid Expenses
100170		Prepaid Other-Loc 2	1,042		108.00	Prepaid Expenses
100180		Prepaid Rent-Loc 2	153,000	346,914	108.00	Prepaid Expenses
100260		Leasehold Improvements	96,287	96,287	117.00	Leasehold Improvements
100190		Computer Equipment/Software	45,704		123.00	Major Moveable Equipment
100200		Computer Equip/Software-Hancock	11,444		123.00	Major Moveable Equipment
100210		Hospital Equipment	330,770		123.00	Major Moveable Equipment
100220		Hospital Equipment-Hancock	392,402		123.00	Major Moveable Equipment
100230		Furniture & Fixtures	1,878	782,198	123.00	Major Moveable Equipment
100240		Accumulated Depreciation	(263,779)	(263,779)	124.00	Less: Accumulated Depreciation
100310		Accumulated Amortization	(463,898)	(463,898)	125.00	Minor Equipment Nondepreciable
100250		Goodwill	3,334,923		126.00	Other Fixed Assets
100280		Capital Finance Loan Fees	34,400		126.00	Other Fixed Assets
100290		BOK-Loan Fees	17,962		126.00	Other Fixed Assets
100300		Captive Ins Security Collateral	58,981	3,446,266	126.00	Other Fixed Assets
100270		Security Deposits	34,000	34,000	129.00	Deposits on Leases
100320		2000 - Accounts Payable	(1,147,280)		134.00	Accounts Payable
100330		Due to M. Reddy, M.D.	(20,917)	(1,168,197)	134.00	Accounts Payable
100370		Accrued Payroll	(219,411)	(219,411)	135.00	Salaries, Wages & Fees Payable
100350		Due to KCI-Wound Vac Purchase	(19,710)	(19,710)	141.00	Intercompany Accounts
100340		Note Payable-Flatiron Capital	(59,796)		144.00	Notes Payable
100360		Note Payable, Imperial Credit	(21,838)		144.00	Notes Payable
100380		Due to/fr AMG-Treasury Only	(55,440)		144.00	Notes Payable
100390		Note Payable-AMG RLOC (BOK)	(956,599)		144.00	Notes Payable
100400		Note Payable, Recovercare 004#	(24,751)		144.00	Notes Payable
100410		Note Payable-RecoverCare #003	(14,328)		144.00	Notes Payable
100420		N/P- RecoverCare-Hancock V4	(27,475)		144.00	Notes Payable
100430		Note Payable, Philips V200 #806	(19,630)		144.00	Notes Payable
100440		N/P Philips- 2 V60 Vent Bi-Pap	(21,569)		144.00	Notes Payable
100450		N/P-Philips Med Cap V60 #150	(8,709)		144.00	Notes Payable
100460		N/P Baxter-Baxter #930 30/102	(89,510)		144.00	Notes Payable
100470		Note Payable, Baxter 4/24 #915	(3,255)		144.00	Notes Payable
100480		Note Payable, Baxter 10/100 pum	(9,476)		144.00	Notes Payable
100490		Note Payable, Star Equipment	(16,205)		144.00	Notes Payable
100500		N/P-LA Barrington-Endo-\$1,508.70	(41,590)		144.00	Notes Payable
100510		N/P-LA Barrington-Tlm-\$2,061.89	(92,471)		144.00	Notes Payable
100520		N/P-LA Barrington-Vent-\$2,645.04	(74,844)		144.00	Notes Payable
100530		Note Payable, MCARE (ERP 2007)	(454,762)		144.00	Notes Payable
100540		Note Payable, MCARE (ERP 2011)	(984,332)	(2,976,580)	144.00	Notes Payable
100550		Equity-R&H of Indiana	(628,663)		151.00	Retained Earnings / General Fund Balance
100560		Distributions-R&H of Indiana	1,551,822	(1,160,570)	151.00	Retained Earnings / General Fund Balance
TOTAL			2,083,729	0		

Central Indiana - AMG Specialty Hospital
Worksheet G Revenue Groupings
August 31, 2014

Account Number	Division	Account Description	Medicare Balance	Cost Center Subtotal	MC #	Cost Center Description
100570		Room and Board-Medicare	(7,948,800)		201.00	Total Gross Patient Charges (See WS C Rev)
100580		Room and Board-Private	(1,021,103)		201.00	Total Gross Patient Charges (See WS C Rev)
100590		Room and Board-Medicaid	(4,800)		201.00	Total Gross Patient Charges (See WS C Rev)
100600		Room and Board-Mcare Adv	(566,400)		201.00	Total Gross Patient Charges (See WS C Rev)
100610		Room and Board-Mcaid Adv	(48,000)		201.00	Total Gross Patient Charges (See WS C Rev)
100870		Nursing Care Spec-Mcare Adv	(16)		201.00	Total Gross Patient Charges (See WS C Rev)
100880		Nursing Care Spec-Medicare	(1,678)		201.00	Total Gross Patient Charges (See WS C Rev)
100890		Nursing Care Spec-Private	(407)		201.00	Total Gross Patient Charges (See WS C Rev)
101290		Room and Board-Medicare	(1,200)	(9,592,404)	201.00	Total Gross Patient Charges (See WS C Rev)
101390		Other Hospital Income:Physician Billings	(900,995)	(900,995)	205.50	Part B Supplier Rev, bnet of expense
100830		Minor Procedures-Mcare Adv	(13,452)		206.50	Operating / Surgery
100840		Minor Procedures-Medicaid	(175)		206.50	Operating / Surgery
100850		Minor Procedures-Medicare	(177,383)		206.50	Operating / Surgery
100860		Minor Procedures-Private	(20,257)	(211,267)	206.50	Operating / Surgery
101040		Radiology Rev-Mcaid Adv	(15,220)		206.54	Radiology-Diagnostic
101050		Radiology Rev-Mcare Adv	(82,937)		206.54	Radiology-Diagnostic
101060		Radiology Rev-Medicaid	(75)		206.54	Radiology-Diagnostic
101070		Radiology Rev-Medicare	(1,303,893)		206.54	Radiology-Diagnostic
101080		Radiology Rev-Private	(177,541)	(1,579,666)	206.54	Radiology-Diagnostic
100620		Blood Prod/Admin-Mcare Adv	(7,789)		206.60	Laboratory
100630		Blood Prod/Admin-Medicare	(79,207)		206.60	Laboratory
100640		Blood Prod/Admin-Private	(8,717)		206.60	Laboratory
100730		Laboratory Rev-Mcaid Adv	(5,433)		206.60	Laboratory
100740		Laboratory Rev-Mcare Adv	(100,716)		206.60	Laboratory
100750		Laboratory Rev-Medicaid	(660)		206.60	Laboratory
100760		Laboratory Rev-Medicare	(1,281,188)		206.60	Laboratory
100770		Laboratory Rev-Private	(142,023)		206.60	Laboratory
101310		Laboratory Rev-Medicare	(245)	(1,625,978)	206.60	Laboratory
101090		Respiratory Therapy-Mcaid Adv	(35,637)		206.65	Oxygen (Inhal) Therapy
101100		Respiratory Therapy-Mcare Adv	(591,720)		206.65	Oxygen (Inhal) Therapy
101110		Respiratory Therapy-Medicaid	(263)		206.65	Oxygen (Inhal) Therapy
101120		Respiratory Therapy-Medicare	(9,629,030)		206.65	Oxygen (Inhal) Therapy
101130		Respiratory Therapy-Private	(1,421,130)		206.65	Oxygen (Inhal) Therapy
101340		Respiratory Therapy-Medicare	(1,750)	(11,679,530)	206.65	Oxygen (Inhal) Therapy
100990		Physical Therapy-Mcaid Adv	(1,902)		206.66	Physical Therapy
101000		Physical Therapy-Mcare Adv	(12,981)		206.66	Physical Therapy
101010		Physical Therapy-Medicaid	(173)		206.66	Physical Therapy
101020		Physical Therapy-Medicare	(193,998)		206.66	Physical Therapy
101030		Physical Therapy-Private	(31,569)	(240,623)	206.66	Physical Therapy
100900		Occupational Therapy-Mcaid Adv	(1,734)		206.67	Occupational Therapy
100910		Occupational Therapy-Mcare Adv	(10,300)		206.67	Occupational Therapy
100920		Occupational Therapy-Medicare	(158,677)		206.67	Occupational Therapy
100930		Occupational Therapy-Private	(36,321)	(207,032)	206.67	Occupational Therapy
101140		Speech Therapy-Mcaid Adv	(2,025)		206.68	Speech Pathology
101150		Speech Therapy-Mcare Adv	(22,048)		206.68	Speech Pathology
101160		Speech Therapy-Medicare	(335,360)		206.68	Speech Pathology
101170		Speech Therapy-Private	(54,603)	(414,036)	206.68	Speech Pathology
100650		Complex Med Equip-Mcaid Adv	(241)		206.71	Medical Supplies Chargeable
100660		Complex Med Equip-Mcare Adv	(21,331)		206.71	Medical Supplies Chargeable
100670		Complex Med Equip-Medicaid	(151)		206.71	Medical Supplies Chargeable
100680		Complex Med Equip-Medicare	(230,132)		206.71	Medical Supplies Chargeable
100690		Complex Med Equip-Private	(44,849)		206.71	Medical Supplies Chargeable
100780		Medical Supplies-Mcaid Adv	(5,499)		206.71	Medical Supplies Chargeable
100790		Medical Supplies-Mcare Adv	(67,066)		206.71	Medical Supplies Chargeable
100800		Medical Supplies-Medicaid	(480)		206.71	Medical Supplies Chargeable
100810		Medical Supplies-Medicare	(954,411)		206.71	Medical Supplies Chargeable
100820		Medical Supplies-Private	(120,600)		206.71	Medical Supplies Chargeable
101300		Complex Med Equip-Medicare	(263)		206.71	Medical Supplies Chargeable
101320		Medical Supplies-Medicare	(132)	(1,445,155)	206.71	Medical Supplies Chargeable
100940		Pharmacy Rev-Mcaid Adv	(7,616)		206.73	Drugs Chargeable
100950		Pharmacy Rev-Mcare Adv	(141,192)		206.73	Drugs Chargeable
100960		Pharmacy Rev-Medicaid	(1,467)		206.73	Drugs Chargeable
100970		Pharmacy Rev-Medicare	(2,325,096)		206.73	Drugs Chargeable
100980		Pharmacy Rev-Private	(336,816)		206.73	Drugs Chargeable
101330		Pharmacy Rev-Medicare	(480)	(2,812,667)	206.73	Drugs Chargeable
100700		Dialysis Rev-Mcare Adv	(1,147)		206.74	Dialysis
100710		Dialysis Rev-Medicare	(177,024)		206.74	Dialysis

Central Indiana - AMG Specialty Hospital
Worksheet G Revenue Groupings
August 31, 2014

Account Number	Division	Account Description	Medicare Balance	Cost Center Subtotal	MC #	Cost Center Description
100720		Dialysis Rev-Private	(1,146)	(179,317)	206.74	Dialysis
101180		Cont Adj - Medicare	13,544,993		302.00	Less: Allowances and Discounts
101190		Cont Adj - Private	1,986,730		302.00	Less: Allowances and Discounts
101200		Cont Adj - Medicaid	6,051		302.00	Less: Allowances and Discounts
101210		Cont Adj - Mcare Adv	975,999		302.00	Less: Allowances and Discounts
101220		Cont Adj - Mcaid Adv	83,433		302.00	Less: Allowances and Discounts
101230		Sequestration Adjustments	229,786		302.00	Less: Allowances and Discounts
101240		Cont Adj - Bad Debt	211,431		302.00	Less: Allowances and Discounts
101250		Cost Report Settlement	(211,431)		302.00	Less: Allowances and Discounts
101350		Cont Adj - Medicare	(26,039)		302.00	Less: Allowances and Discounts
101360		Cont Adj - Private	(27,540)		302.00	Less: Allowances and Discounts
101370		Cont Adj - Mcare Adv	(25,174)		302.00	Less: Allowances and Discounts
101380		Sequestration Adjustments	971		302.00	Less: Allowances and Discounts
101400		Other Hospital Income:Cont Adj - Physician Billings	430,002	17,179,212	302.00	Less: Allowances and Discounts
101260		Income-Interest	(214)	(214)	308.00	Income from Investments
101270		Income-Medical Records	(475)	(475)	318.00	Sale of Medical Records and Abstracts
101280		Income-Miscellaneous	(4,872)	(4,872)	323.00	Other Miscellaneous Income
TOTAL			(13,715,019)	(13,715,019)		

Central Indiana - AMG Specialty Hospital
 Working Trial Balance
 August 31, 2014

Account Number	Division	Account Description	Debit	Credit
100010		BOK Operating		81,101
100020		BOK Commercial Deposit Account	3,658	
100030		Business First Operating	132,996	
100040		Business First Payroll		137
100050		Regions Bank-Operating	854	
100060		Accounts Receivable	23,383	
100070		Accounts Receivable-Billings	2,064,281	
100080		Accounts Receivable-Part B	357,313	
100090		Allowance for Contractuals		629,347
100100		Allow for Contractuals-Part B		299,211
100110		Direct Deposit Sweep Account		6,209
100120		Prepaid Insurance-Main	62,422	
100130		Prepaid Insurance-Loc 2	14,175	
100140		Prepaid Pharmacy-Main	72,164	
100150		Prepaid Expense Adv-Main	1,200	
100160		Prepaid Other-Main	42,911	
100170		Prepaid Other-Loc 2	1,042	
100180		Prepaid Rent-Loc 2	153,000	
100190		Computer Equipment/Software	45,704	
100200		Computer Equip/Software-Hancock	11,444	
100210		Hospital Equipment	330,770	
100220		Hospital Equipment-Hancock	392,402	
100230		Furniture & Fixtures	1,878	
100240		Accumulated Depreciation		263,779
100250		Goodwill	3,334,923	
100260		Leasehold Improvements	96,287	
100270		Security Deposits	34,000	
100280		Capital Finance Loan Fees	34,400	
100290		BOK-Loan Fees	17,962	
100300		Captive Ins Security Collateral	58,981	
100310		Accumulated Amortization		463,898
100320		2000 · Accounts Payable		1,147,280
100330		Due to M. Reddy, M.D.		20,917
100340		Note Payable-Flatiron Capital		59,796
100350		Due to KCI-Wound Vac Purchase		19,710
100360		Note Payable, Imperial Credit		21,838
100370		Accrued Payroll		219,411
100380		Due to/fr AMG-Treasury Only		55,440
100390		Note Payable-AMG RLOC (BOK)		956,599
100400		Note Payable, Recovercare 004#		24,751
100410		Note Payable-RecoverCare #003		14,328
100420		N/P- RecoverCare-Hancock V4		27,475
100430		Note Payable, Philips V200 #806		19,630
100440		N/P Philips- 2 V60 Vent Bi-Pap		21,569
100450		N/P-Philips Med Cap V60 #150		8,709
100460		N/P Baxter-Baxter #930 30/102		89,510
100470		Note Payable, Baxter 4/24 #915		3,255
100480		Note Payable, Baxter 10/100 pum		9,476

Central Indiana - AMG Specialty Hospital
Working Trial Balance
August 31, 2014

Account Number	Division	Account Description	Debit	Credit
100490		Note Payable, Star Equipment		16,205
100500		N/P-LA Barrington-Endo-\$1,508.70		41,590
100510		N/P-LA Barrington-Tlm-\$2,061.89		92,471
100520		N/P-LA Barrington-Vent-\$2,645.04		74,844
100530		Note Payable, MCARE (ERP 2007)		454,762
100540		Note Payable, MCARE (ERP 2011)		984,332
100550		Equity-R&H of Indiana		628,663
100560		Distributions-R&H of Indiana	1,551,822	
100570		Room and Board-Medicare		7,948,800
100580		Room and Board-Private		1,021,103
100590		Room and Board-Medicaid		4,800
100600		Room and Board-Mcare Adv		566,400
100610		Room and Board-Mcaid Adv		48,000
100620		Blood Prod/Admin-Mcare Adv		7,789
100630		Blood Prod/Admin-Medicare		79,207
100640		Blood Prod/Admin-Private		8,717
100650		Complex Med Equip-Mcaid Adv		241
100660		Complex Med Equip-Mcare Adv		21,331
100670		Complex Med Equip-Medicaid		151
100680		Complex Med Equip-Medicare		230,132
100690		Complex Med Equip-Private		44,849
100700		Dialysis Rev-Mcare Adv		1,147
100710		Dialysis Rev-Medicare		177,024
100720		Dialysis Rev-Private		1,146
100730		Laboratory Rev-Mcaid Adv		5,433
100740		Laboratory Rev-Mcare Adv		100,716
100750		Laboratory Rev-Medicaid		660
100760		Laboratory Rev-Medicare		1,281,188
100770		Laboratory Rev-Private		142,023
100780		Medical Supplies-Mcaid Adv		5,499
100790		Medical Supplies-Mcare Adv		67,066
100800		Medical Supplies-Medicaid		480
100810		Medical Supplies-Medicare		954,411
100820		Medical Supplies-Private		120,600
100830		Minor Procedures-Mcare Adv		13,452
100840		Minor Procedures-Medicaid		175
100850		Minor Procedures-Medicare		177,383
100860		Minor Procedures-Private		20,257
100870		Nursing Care Spec-Mcare Adv		16
100880		Nursing Care Spec-Medicare		1,678
100890		Nursing Care Spec-Private		407
100900		Occupational Therapy-Mcaid Adv		1,734
100910		Occupational Therapy-Mcare Adv		10,300
100920		Occupational Therapy-Medicare		158,677
100930		Occupational Therapy-Private		36,321
100940		Pharmacy Rev-Mcaid Adv		7,616
100950		Pharmacy Rev-Mcare Adv		141,192

Central Indiana - AMG Specialty Hospital
Working Trial Balance
August 31, 2014

Account Number	Division	Account Description	Debit	Credit
100960		Pharmacy Rev-Medicaid		1,467
100970		Pharmacy Rev-Medicare		2,325,096
100980		Pharmacy Rev-Private		336,816
100990		Physical Therapy-Mcaid Adv		1,902
101000		Physical Therapy-Mcare Adv		12,981
101010		Physical Therapy-Medicaid		173
101020		Physical Therapy-Medicare		193,998
101030		Physical Therapy-Private		31,569
101040		Radiology Rev-Mcaid Adv		15,220
101050		Radiology Rev-Mcare Adv		82,937
101060		Radiology Rev-Medicaid		75
101070		Radiology Rev-Medicare		1,303,893
101080		Radiology Rev-Private		177,541
101090		Respiratory Therapy-Mcaid Adv		35,637
101100		Respiratory Therapy-Mcare Adv		591,720
101110		Respiratory Therapy-Medicaid		263
101120		Respiratory Therapy-Medicare		9,629,030
101130		Respiratory Therapy-Private		1,421,130
101140		Speech Therapy-Mcaid Adv		2,025
101150		Speech Therapy-Mcare Adv		22,048
101160		Speech Therapy-Medicare		335,360
101170		Speech Therapy-Private		54,603
101180		Cont Adj - Medicare	13,544,993	
101190		Cont Adj - Private	1,986,730	
101200		Cont Adj - Medicaid	6,051	
101210		Cont Adj - Mcare Adv	975,999	
101220		Cont Adj - Mcaid Adv	83,433	
101230		Sequestration Adjustments	229,786	
101240		Cont Adj - Bad Debt	211,431	
101250		Cost Report Settlement		211,431
101260		Income-Interest		214
101270		Income-Medical Records		475
101280		Income-Miscellaneous		4,872
101290		Room and Board-Medicare		1,200
101300		Complex Med Equip-Medicare		263
101310		Laboratory Rev-Medicare		245
101320		Medical Supplies-Medicare		132
101330		Pharmacy Rev-Medicare		480
101340		Respiratory Therapy-Medicare		1,750
101350		Cont Adj - Medicare		26,039
101360		Cont Adj - Private		27,540
101370		Cont Adj - Mcare Adv		25,174
101380		Sequestration Adjustments	971	
101390		Other Hospital Income:Physician Billings		900,995
101400		Other Hospital Income:Cont Adj - Physician Billings	430,002	
101410		80020 · Bank Fees	8,520	
101420		80035 · Cable Services	2,686	

Central Indiana - AMG Specialty Hospital
Working Trial Balance
August 31, 2014

Account Number	Division	Account Description	Debit	Credit
101430		80050 · Computer Software Lease/Maint.	73,524	
101440		80075 · Continuing Education	14,228	
101450		80080 · Copier Lease/Maintenance	11,749	
101460		80100 · Dues and Subscriptions	11,797	
101470		80105 · Employee Health and Screening	8,143	
101480		80120 · Equipment Rentals-Other	26,636	
101490		80130 · Housekeeping-Contract Services	92,328	
101500		80145 · Insurance-Employee Health/Life	165,403	
101510		80150 · Insurance-Prof. Liability	56,309	
101520		80155 · Insurance-Property & G/L	34,448	
101530		80160 · Insurance-Worker's Comp	64,602	
101540		80175 · Licenses and Permits	9,028	
101550		80180 · Marketing and Advertising	38,653	
101560		80195 · Medical Director/Asst Med Dir	339,106	
101570		80205 · Miscellaneous Expense	3,020	
101580		80210 · Office Expense/Printing	16,254	
101590		80225 · Parking	1,486	
101600		80235 · Payroll Processing Fees	11,209	
101610		80240 · Pension Plan Expense	34,126	
101620		80260 · Postage & Freight	7,566	
101630		80265 · Professional Fees-Accounting	26,510	
101640		80270 · Professional Fees-Legal	9,416	
101650		80275 · Professional Fees-Other	52,762	
101660		80295 · Rent	441,822	
101670		80300 · Repairs and Maintenance	16,912	
101680		80375 · Taxes-Property	2,488	
101690		80380 · Taxes-Sales	4,797	
101700		80385 · Telephone Service	7,061	
101710		80400 · Travel	74,951	
101720		80425 · Waste Disposal Service	600	
101730		81000 · Billing/Collections/AP	522,096	
101740		81005 · Blood Storage & Processing	47,902	
101750		81010 · Dialysis-Contract Services	94,481	
101760		81015 · Dietary, Food	36,764	
101770		81020 · Dietary, Purchased Services	86,041	
101780		81025 · Equipment Rentals-Nursing	159,119	
101790		81035 · Laboratory Fees	202,888	
101800		81040 · Laundry-Contract Services	55,169	
101810		80000 · Management Oversight A	652,612	
101820		81045 · Medical Gas	3,773	
101830		81050 · Outpatient Procedures	155,501	
101840		81055 · Pharmacy	835,248	
101850		81060 · Pharmacy-Contract Services	446,680	
101860		81065 · Radiology-Contract Services	252,148	
101870		81070 · Supplies-Dietary/Kitchen	18,523	
101880		81075 · Supplies-Housekeeping/Janitoria	26,357	
101890		81080 · Supplies-Maintenance	814	
101900		81085 · Supplies-Nursing	275,653	

Central Indiana - AMG Specialty Hospital
Working Trial Balance
August 31, 2014

Account Number	Division	Account Description	Debit	Credit
101910		81095 · Supplies-Office/HIM	33,426	
101920		81100 · Supplies-Pharmacy	1,167	
101930		81105 · Supplies-Physical Therapy	4,944	
101940		81110 · Supplies-Respiratory Therapy	109,649	
101950		81115 · Supplies-Wound Care	77,421	
101960		81120 · Transcription Services	23,935	
101970		81125 · Transportation	31,844	
101980		90035 · Cable Services	387	
101990		90050 · Computer Software Lease/Mainten	982	
102000		90075 · Continuing Education	450	
102010		90080 · Copier Lease/Maintenance	1,699	
102020		90100 · Dues and Subscriptions	55	
102030		90105 · Employee Health and Screening	570	
102040		90130 · Housekeeping-Contract Services	5,200	
102050		90145 · Insurance-Employee Health/Life	1,543	
102060		90150 · Insurance-Prof. Liability	2,602	
102070		90155 · Insurance-Property & G/L	2,686	
102080		90175 · Licenses and Permits	731	
102090		90180 · Marketing and Advertising	4,853	
102100		90195 · Medical Director/Asst Med Dir	7,600	
102110		90210 · Office Expense/Printing	626	
102120		90225 · Parking	28	
102130		90235 · Payroll Processing Fees	121	
102140		90260 · Postage & Freight	1,652	
102150		90275 · Professional Fees-Other	537	
102160		90295 · Rent	31,105	
102170		90300 · Repairs and Maintenance	2,257	
102180		90380 · Taxes-Sales	220	
102190		90400 · Travel	2,217	
102200		91015 · Dietary, Food	387	
102210		91025 · Equipment Rentals-Nursing	1,717	
102220		91035 · Laboratory Fees	2,455	
102230		91045 · Medical Gas	446	
102240		91050 · Outpatient Procedures	1,350	
102250		91055 · Pharmacy	5,779	
102260		91060 · Pharmacy-Contract Services	15,783	
102270		91065 · Radiology-Contract Services	172	
102280		91070 · Supplies-Dietary/Kitchen	647	
102290		91075 · Supplies-Houskeeping/Janitorial	96	
102300		91080 · Supplies-Maintenance	710	
102310		91085 · Supplies-Nursing	13,643	
102320		91095 · Supplies-Office/HIM	1,598	
102330		91105 · Supplies-Physical Therapy	596	
102340		91110 · Supplies-Respiratory Therapy	3,362	
102350		91115 · Supplies-Wound Care	6,441	
102360		Administrator	191,259	
102370		Admissions Coordinator	64,761	
102380		Case Manager	71,109	
102390		Central Supply	32,992	
102400		Clerical-Admin. Asst.	40,204	
102410		Dietician	54,183	

Central Indiana - AMG Specialty Hospital
Working Trial Balance
August 31, 2014

Account Number	Division	Account Description	Debit	Credit
102420		Dietician-Contract Services	5,021	
102430		HIM/Coding	66,564	
102440		HIM/Coding-Contract Services	28,770	
102450		Marketing	1,051	
102460		Nurse Practitioner	145,772	
102470		Nurses-Chief Clinical Officer	84,313	
102480		Nurses-Nurse Liaison	239,612	
102490		Physician	499,315	
102500		Social Services	56,037	
102510		Therapy-Director of Therapy	62,743	
102520		Therapy-PT/OT Techs	19,452	
102530		Therapy-Respiratory Therapist	553,185	
102540		Ward Clerk/Receptionist	108,007	
102550		Payroll Tax Expense	326,343	
102560		Nurses - RN	910,648	
102570		Nurses - LPN	393,661	
102580		Nurses - Wound Care	85,740	
102590		Nurses - Aides/CNAs	187,486	
102600		Nurses - Contract Services	145,626	
102610		Nurses - RN - Other Pay	55,098	
102620		Nurses - LPN - Other Pay	29,633	
102630		Nurses - Wound Care - Other Pay	7,667	
102640		Nurses - Aides/CNAs - Other Pay	12,375	
102650		QA/Infection Control	84,426	
102660		Therapy - Contract OT	99,570	
102670		Therapy - Contract PT	55,530	
102680		Therapy - Contract ST	78,060	
102690		Administrator	55,537	
102700		Dietician-Contract Services	80	
102710		Social Services	5,357	
102720		Therapy-Respiratory Therapist	21,819	
102730		Ward Cler/Receptionist	14,811	
102740		Payroll Tax Expense	12,428	
102750		Nurses - RN	38,325	
102760		Nurses - LPN	7,913	
102770		Nurses - Aides/CNAs	2,585	
102780		Nurses - Wound Care	2,368	
102790		Nurses - RN - Other Pay	544	
102800		Nurses - Wound Care - Other Pay	297	
102810		Therapy - Contract OT	130	
102820		Therapy - Contract PT	910	
102830		63331 · Amortization Expense	322,651	
102840		63333 · Depreciation Expense	121,691	
102850		63400 · Interest Expense	282,033	
TOTAL			37,940,658	37,940,658

Schedule 6

Medicare Bad Debts - Part A

Name: **Central Indiana-AMG Specialty Hospital**

Provider #15-2025

FYE **9/1/2013 - 8/31/2014**

Prepared By

Date Prepared

(1) PATIENT NAME	(2) HIC. NO.	(3) DATES OF SERVICE		YES	(4) INDIGENCY & WEL. RECIP. (CK IF APPL.) MEDICAID NUMBER	(5) DATE FIRST BILL SENT TO BENEFICIARY	(6) WRITE OFF DATE	(7) REMIT. ADVICE DATES	(8)* DEDUCT	(9)* CO-INS	(10) TOTAL	(11) AMOUNT COLLECTED	(12) MEDICARE BAD DEBT Col. (10-11)
		FROM	TO										
Chapman, Mona	316545300A	7/17/2013	7/31/2013	X	10082481199		9/3/2013	8/28/2013	1,342		1,342		1,342
Chapman, Mona	316545300A	8/27/2013	9/3/2013	X	10082481199		10/1/2013	9/25/2013	671	2,072	2,743		2,743
Baker, Michael	307486990A	3/14/2014	4/8/2014	X	100019984299		5/6/2014	4/30/2014	1,341		1,341		1,341
Bantz, Virginia	311621925A	7/11/2013	8/15/2013	X	100022546499		9/10/2013	9/4/2013	1,184		1,184		1,184
Jones, Beatrice	311248346D4	3/13/2014	4/16/2014	X	100107181899		5/13/2014	5/7/2014		6,992	6,992		6,992
Hancock, Michael	315768201A	11/11/2013	1/10/2014	X	100197536499		2/4/2014	1/29/2014		4,216	4,216		4,216
Holland, Ice	303620425A	8/5/2013	9/5/2013	X	100223921699		10/1/2013	9/25/2013		3,256	3,256		3,256
Cargal, Valerie	307582806A	12/6/2013	2/25/2014	X	100226488399		4/1/2014	3/20/2014		32,096	32,096		32,096
Johnson, Alonzo	427722807C1	2/8/2013	5/16/2013	X	100247256999		10/1/2013	9/18/2013	1,341	29,600	30,941		30,941
Ullman, Lydia	304744422A	7/29/2013	9/3/2013	X	100268263999		10/1/2013	9/25/2013	1,184		1,184		1,184
Moore, Tamara	315700436A	9/27/2013	11/8/2013	X	100338524099		12/3/2013	11/27/2013		13,837	13,837		13,837
Muterspaugh, Katherine	314683175A	7/3/2013	8/9/2013	X	100346789999		9/3/2013	8/28/2013	1,341	5,920	7,261		7,261
Smith, Doris	317600177A	2/4/2014	3/5/2014	X	100416272199		4/1/2014	3/26/2014		7,904	7,904		7,904
Taylor, Vincent	307582485A	1/13/2014	3/11/2014	X	100477506899		4/15/2014	4/2/2014		6,688	6,688		6,688
Wertm Kenneth	308018894C1	2/26/2014	3/7/2014	X	100515143499		4/1/2014	3/26/2014	1,216		1,216		1,216
Dale, Jack	308426251A	1/10/2014	2/24/2014	X	100649060999		4/1/2014	3/25/2014		5,168	5,168		5,168
Foster, Trudy	319303109M	9/9/2013	10/22/2013	X	100663463699		11/19/2013	11/13/2013		18,352	18,352		18,352
Clemons, Sherry	313588002A	11/8/2013	12/17/2013	X	100813810799		1/21/2014	1/10/2014	1,341		1,341		1,341
Roberts, Judith	310469146A	2/26/2014	3/18/2014	X	100894836499		4/29/2014	4/9/2014		12,160	12,160		12,160
Walter, Gary	307544221A	5/8/2014	5/10/2014	X	101118642499		6/3/2014	5/28/2014	1,216		1,216		1,216
Lykins, Michael	309667512A	4/7/2014	5/2/2014	X	101317458499		5/27/2014	5/21/2014		5,472	5,472		5,472
Messer, Nellie	310362526A	5/20/2013	6/11/2013	X	101418430199		7/9/2013	7/3/2013	671	2,664	3,335		3,335
Orr, Shellie R	304944660A	2/14/2014	3/17/2014	X	101447739099		5/27/2014	4/9/2014	1,341		1,341		1,341
Manuel, Douglas W.	061409634T	11/4/2013	12/5/2013	X	101604994099		1/7/2014	12/26/2013		12,432	12,432		12,432
Shaw, Charles	305801503A	6/12/2014	7/18/2014	X	101879802399		8/12/2014	8/6/2014		3,040	3,040		3,040
Huntzinger, Nancy	309524104A	11/16/2012	12/4/2012	X	101991714399		5/6/2014	12/26/2012		2,890	2,890		2,890
Huntzinger, Nancy	309524104A	9/15/2012	10/15/2012	X	101991714399		8/12/2014	11/7/2012	1,302		1,302		1,302
Stephens, Gail	306364502D	2/27/2014	4/3/2014	X	102101701599		5/6/2014	4/23/2014	2,012		2,012		2,012
Graham, Linda	307543695A	6/24/2013	8/9/2013	X	102184437699		9/3/2013	8/28/2013		2,960	2,960		2,960
Murphy, Louis	317389914A	7/9/2013	8/8/2013	X	102219368899		9/17/2013	8/28/2013		10,064	10,064		10,064
Dougherty, Arthur	314525140A	10/22/2013	11/25/2013	X	102559319399		12/24/2013	12/18/2013	1,184		1,184		1,184
Wolfe, Elaine Lee	310705210A	2/3/2014	3/18/2014	X	102635836499		4/15/2014	4/9/2014	1,341	2,432	3,773		3,773
Wright, Carolinda	305569364A	1/6/2014	3/12/2014	X	102642171799		4/15/2014	4/2/2014	2,012	7,600	9,612		9,612

Schedule 6

Medicare Bad Debts - Part A

Name: **Central Indiana-AMG Specialty Hospital**

Provider #15-2025

FYE **9/1/2013 - 8/31/2014**

Prepared By

Date Prepared

(1) PATIENT NAME	(2) HIC. NO.	(3) DATES OF SERVICE		YES	(4) INDIGENCY & WEL. RECIP. (CK IF APPL.) MEDICAID NUMBER	(5) DATE FIRST BILL SENT TO BENEFICIARY	(6) WRITE OFF DATE	(7) REMIT. ADVICE DATES	(8)* DEDUCT	(9)* CO-INS	(10) TOTAL	(11) AMOUNT COLLECTED	(12) MEDICARE BAD DEBT Col. (10-11)
		FROM	TO										
Miller, Billy	312402037A	11/15/2013	1/3/2014	X	102647335399		2/25/2014	2/19/2014		4,160	4,160		4,160
Denton, Janet	314442667A	11/15/2013	12/19/2013	X	102953063999		5/20/2014	1/17/2014	1,184		1,184		1,184
Blanton, Kathy	312649198A	9/22/2012	10/22/2012	X	103186039699		6/10/2014	11/14/2012		1,734	1,734		1,734
Laudermilt, Wanda	305480878M	6/17/2014	7/14/2014	X	103253355499		8/12/2014	8/6/2014	1,341	5,472	6,813		6,813
Callahan, Larry	276405099A	1/24/2014	2/25/2014	X	103498617299		4/1/2014	3/25/2014	2,012	19,456	21,468		21,468
Hickerson, Richard	306566907A	12/2/2013	12/26/2013	X	103522188499		5/20/2014	1/17/2014		2,664	2,664		2,664
Bickel, Joshua	305946244A	3/28/2014	4/22/2014	X	103778198499		5/20/2014	5/14/2014		6,384	6,384		6,384
Burke, Betty	492260355A	9/3/2013	10/25/2013	X	103794517599		11/19/2013	11/13/2013		27,633	27,633		27,633
Johnson, Lonnie	308642827A	7/3/2012	8/1/2012	X	104298179399		5/13/2014	8/22/2012		578	578		578
Johnson, Lonnie	308642827A	7/3/2012	8/1/2012	X	104298179399		5/13/2014	8/22/2012		29	29		29
Lemon, Marilyn	310442015A	2/3/2014	3/12/2014	X	104762114799		4/15/2014	4/2/2014	1,341	22,496	23,837		23,837
Wright, Timothy	362749075A	9/18/2013	9/29/2013	X	104986096699		10/29/2013	10/23/2013	1,184		1,184		1,184
Grayson, Sean	564712094A	1/17/2014	2/5/2014	X	105738337299		3/11/2014	2/26/2014	1,341		1,341		1,341
Morton, Deanna	315481990A	8/13/2013	10/8/2013	X	1007191949199		12/10/2013	12/3/2013	671	4,736	5,407		5,407
Horn, Donald	315409830A	1/4/2013	1/8/2013			2/6/2013	11/19/2013	1/31/2013	1,302		1,302		1,302
Huntsman, Debra	309600381A	11/28/2012	1/22/2013			3/6/2013	12/26/2013	2/14/2013		888	888		888
Rodman, Lin	305386360A	8/14/2012	10/12/2012			11/8/2012	12/26/2013	10/31/2012		8,092	8,092		8,092
Sampley, Robbie	308644301A	9/17/2012	9/22/2012			12/10/2012	12/26/2013	11/21/2012		1,445	1,445		1,445
Sampley, Robbie	308644301A	10/1/2012	11/7/2012			12/10/2012	12/26/2013	11/28/2012		2,312	2,312		2,312
Fiers, Joe David	317465249A	10/2/2012	11/9/2012			12/10/2012	1/3/2014	11/28/2012	651		651		651
Gable, Rodger	311807525A	1/11/2013	2/28/2013			3/6/2013	1/3/2014	2/28/2013	1,302		1,302		1,302
Boggs, Ruth	305529105A	3/1/2013	4/11/2013			6/7/2013	12/26/2013	5/1/2013	2,012		2,012		2,012
Caldwell, Philip	305528245A	7/10/2013	8/5/2013			10/9/2013	3/24/2014	9/5/2013		296	296		296
Livingston, Janet	273268380A	9/4/2013	9/19/2013			10/9/2013	3/24/2014	10/9/2013	671		671		671
Dorton, Michael	310680443A	7/30/2013	8/21/2013			10/9/2013	3/31/2014	9/11/2013		1,776	1,776		1,776
Huntsman, Debra	309600381A	9/25/2013	10/30/2013			12/17/2013	5/23/2014	11/20/2013	1,184		1,184	184	1,000
Burke, Richard	309381045A	6/4/2013	6/25/2013			11/11/2013	5/23/2014	10/25/2013		3,552	3,552	210	3,342
Schroeder, Robert	317329425A	9/23/2013	10/24/2013			12/16/2013	5/23/2014	11/13/2013	671	5,328	5,999	191	5,808
Bowling, Euell Ray	317389084A	12/27/2013	1/30/2014			3/13/2014	8/13/2014	2/19/2014	1,184		1,184		1,184
											-		
PAGE TOTAL									40,088	316,846	356,934	585	356,349
Dually Eligible									31,112	293,157	324,269	-	324,269