

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150161	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/29/2012 11:59 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/29/2012 Time: 11:59 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by CLARIAN NORTH MEDICAL CENTER for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 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 identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title XVIII		HIT	Title XIX	
	Title V	Part A			
	1.00	2.00	3.00	4.00	5.00
<b>PART III - SETTLEMENT SUMMARY</b>					
1.00 Hospital	0	144,173	15,834	1,203,980	0
2.00 Subprovider - IPF	0	0	0	0	0
3.00 Subprovider - IRF	0	0	0	0	0
4.00 SUBPROVIDER I	0	0	0	0	0
5.00 Swing bed - SNF	0	0	0	0	0
6.00 Swing bed - NF	0	0	0	0	0
7.00 SKILLED NURSING FACILITY	0	0	0	0	0
8.00 NURSING FACILITY	0	0	0	0	0
9.00 HOME HEALTH AGENCY I	0	0	0	0	0
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00 CMHC I	0	0	0	0	0
200.00 Total	0	144,173	15,834	1,203,980	0

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

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

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**PART I - COST REPORT STATUS**

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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 CLARIAN NORTH MEDICAL CENTER for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 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 identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information  
ECR: Date: 5/29/2012 Time: 11:59 pm  
L: KEL. kI XdTPyua3t0R0i Yacnm86t0  
Bnj 5Y0Zb6mc9PvALYgj gbhj 58HhXVq  
YyTD18V1Ie0npB9I  
PI: Date: 5/29/2012 Time: 11:59 pm  
pMXfj wAxUEN: gs9do2b0j xrln7kaw0  
I ol 9H0Qxfaj 3XxSQpcvVPI NtGi 2n1p  
hKmtWDKtdGO. OtU9

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

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	144,173	15,834	1,203,980	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	144,173	15,834	1,203,980	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150161			Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 11:56 pm				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 11700 NORTH MERIDIAN ST			PO Box:						1.00	
2.00	City: CARMEL			State: IN		Zip Code: 46032-		County: HAMILTON		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
								V	XVIII	XIX	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		CLARIAN NORTH MEDICAL CENTER	150161	26900	1	12/20/2005	N	P	N	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF							N	N	N	7.00
8.00	Swing Beds - NF							N			8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC							N	N	N	13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC							N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC							N	N	N	16.00
17.00	Hospital-Based (CMHC) 1										17.00
17.10	Hospital-Based (CORF) 1							N	N	N	17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2011	12/31/2011		20.00	
21.00	Type of Control (see instructions)						4		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.						2	N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.			1,271	1,790	0	10	2,577	0	24.00	
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.			0	0	0	0	0	0	25.00	
							Urban/Rural S	Date of Geogr			
							1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.						1				26.00
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).						1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0				35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150161	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 11:56 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00	61.00	
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/(col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/(col. 3 + col. 4)) 5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet S-2  
Part I  
Date/Time Prepared:  
5/29/2012 11:56 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4.			0.00	0.00	0.000000	65.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00	
						1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N		70.00	
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150161	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 11:56 pm		
			1.00	2.00	3.00	
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N		75.00	
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00	
			1.00			
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.		N		80.00	
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.		N		86.00	
			V	XIX		
			1.00	2.00		
<b>Title V or XIX Inpatient Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00	
<b>Rural Providers</b>						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00	
			Physical	Occupational	Speech	Respiratory
			1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	N	N
			1.00		2.00	
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118.00	
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		250,000	7,500,000	119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? 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? Enter in column 2 "Y" for yes or "N" for no.		N		120.00	
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00	
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 150161		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 11:56 pm		
			1.00	2.00					
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.								134.00
<b>All Providers</b>									
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)						Y	15H059	140.00
	1.00	2.00	3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: CLARIAN HEALTH PARTNERS		Contractor's Name: NGS		Contractor's Number: 130			141.00	
142.00	Street: 340 W. 10TH STREET		PO Box: 8115 KNUE					142.00	
143.00	City: INDIANAPOLIS		State: IN		Zip Code: 46202			143.00	
							1.00		
144.00	Are provider based physicians' costs included in Worksheet A?						Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.						N		145.00
			1.00	2.00					
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N		149.00
					Part A	Part B			
					1.00	2.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital						N	N	155.00
156.00	Subprovider - IPF						N	N	156.00
157.00	Subprovider - IRF						N	N	157.00
158.00	SUBPROVIDER						N	N	158.00
159.00	SNF						N	N	159.00
160.00	HOME HEALTH AGENCY						N	N	160.00
161.00	CMHC							N	161.00
161.10	CORF							N	161.10
							1.00		
<b>Multi campus</b>									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5								0.00
								1.00	
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								1.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150161	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/29/2012 11:56 pm
			Y/N	Date
			1.00	2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
			Y/N	Date
			1.00	2.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
			Y/N	Type
			1.00	2.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N	Legal Oper.
			1.00	2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/29/2012 11:56 pm

		Part A			
		Description	Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	N	2.00	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/29/2012 11:56 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2012 11:56 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	151	55,115	0.00		1.00
2.00 HMO						2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		151	55,115	0.00		7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00		11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT	34.01	10	3,650	0.00		11.01
11.02 PREMATURE INTENSIVE CARE UNIT	34.02	28	10,220	0.00		11.02
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		189	68,985	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		189				27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2012 11:56 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	7,307	844	25,943		1.00
2.00 HMO		1,847	0			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	7,307	844	25,943		7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT	0	6	575	1,183		11.01
11.02 PREMATURE INTENSIVE CARE UNIT	0	10	392	3,748		11.02
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		267	5,531		13.00
14.00 Total (see instructions)	0	7,323	2,078	36,405		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	0		28.00
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			182	1,682		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2012 11:56 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	1,815	1.00
2.00 HMO					398	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT						11.01
11.02 PREMATURE INTENSIVE CARE UNIT						11.02
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	1,069.05	0.00	0	1,815	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00	0.00	0.00			23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	1,069.05	0.00			27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2012 11:56 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	276	11,102		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT				11.01
11.02 PREMATURE INTENSIVE CARE UNIT				11.02
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	276	11,102		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/29/2012 11:56 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
		1.00	2.00	3.00	4.00	5.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	64,355,368	0	64,355,368	2,272,494.83	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	3.00
4.00	Physician-Part A		0	0	0	0.00	4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00	7.01
8.00	Home office personnel		10,315,713	0	10,315,713	383,344.69	8.00
9.00	SNF	44.00	0	0	0	0.00	9.00
10.00	Excluded area salaries (see instructions)		1,882,636	0	1,882,636	78,591.62	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		1,379,389	0	1,379,389	1,191.75	11.00
12.00	Management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: physician-Part A		0	0	0	0.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	14.00
15.00	Home office: physician Part A		0	0	0	0.00	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00	16.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		15,271,646	0	15,271,646		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		441,146	0	441,146		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A		0	0	0		22.00
23.00	Physician Part B		0	0	0		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		0	0	0		25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits	4.00	1,339,198	0	1,339,198	24,382.30	26.00
27.00	Administrative & General	5.00	4,505,648	0	4,505,648	154,747.10	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	28.00
29.00	Maintenance & Repairs	6.00	1,419,200	0	1,419,200	51,464.12	29.00
30.00	Operation of Plant	7.00	274,075	0	274,075	8,780.03	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	31.00
32.00	Housekeeping	9.00	1,398,462	0	1,398,462	112,343.92	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	877,238	0	877,238	60,914.54	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	1,010,487	0	1,010,487	70,740.98	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	3,826,087	0	3,826,087	112,911.03	38.00
39.00	Central Services and Supply	14.00	837,620	0	837,620	42,296.77	39.00
40.00	Pharmacy	15.00	2,594,655	0	2,594,655	68,165.57	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	41.00
42.00	Social Service	17.00	247,489	0	247,489	8,458.26	42.00
43.00	Other General Service	18.00	237,784	0	237,784	18,616.12	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150161	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/29/2012 11:56 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART II - WAGE DATA</b>			
<b>SALARIES</b>			
1.00	Total salaries (see instructions)	28.32	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	26.91	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	23.95	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>			
11.00	Contract labor (see instructions)	1,157.45	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	0.00	13.00
14.00	Home office salaries & wage-related costs	0.00	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
<b>WAGE-RELATED COSTS</b>			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>			
26.00	Employee Benefits	54.93	26.00
27.00	Administrative & General	29.12	27.00
28.00	Administrative & General under contract (see inst.)	0.00	28.00
29.00	Maintenance & Repairs	27.58	29.00
30.00	Operation of Plant	31.22	30.00
31.00	Laundry & Linen Service	0.00	31.00
32.00	Housekeeping	12.45	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	14.40	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	14.28	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	33.89	38.00
39.00	Central Services and Supply	19.80	39.00
40.00	Pharmacy	38.06	40.00
41.00	Medical Records & Medical Records Library	0.00	41.00
42.00	Social Service	29.26	42.00
43.00	Other General Service	12.77	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/29/2012 11:56 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>						
1.00	Net salaries (see instructions)	54,039,655	0	54,039,655	1,889,150.14	1.00
2.00	Excluded area salaries (see instructions)	1,882,636	0	1,882,636	78,591.62	2.00
3.00	Subtotal salaries (line 1 minus line 2)	52,157,019	0	52,157,019	1,810,558.52	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,379,389	0	1,379,389	1,191.75	4.00
5.00	Subtotal wage-related costs (see inst.)	15,271,646	0	15,271,646	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	68,808,054	0	68,808,054	1,811,750.27	6.00
7.00	Total overhead cost (see instructions)	18,567,943	0	18,567,943	733,820.74	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet S-3  
Part III  
Date/Time Prepared:  
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	

PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	28.61	1.00
2.00	Excluded area salaries (see instructions)	23.95	2.00
3.00	Subtotal salaries (line 1 minus line 2)	28.81	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,157.45	4.00
5.00	Subtotal wage-related costs (see inst.)	29.28	5.00
6.00	Total (sum of lines 3 thru 5)	37.98	6.00
7.00	Total overhead cost (see instructions)	25.30	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150161	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2012 11:56 pm
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	0	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	0	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	0	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/29/2012 11:56 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00		0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150161	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/29/2012 11:56 pm
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			1.00	
<b>Uncompensated and indigent care cost computation</b>				
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.393189	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		6,655,600	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		44,223,262	6.00
7.00	Medicaid cost (line 1 times line 6)		17,388,100	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		10,732,500	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone SCHIP		0	9.00
10.00	Stand-alone SCHIP charges		0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Uncompensated care (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		10,732,500	19.00
			1.00	
			1.00	
			2.00	
			3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	8,005,945	0	8,005,945
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,147,850	0	3,147,850
22.00	Partial payment by patients approved for charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	3,147,850	0	3,147,850
			1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		7,299,012	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		189,982	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		7,109,030	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		2,795,192	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		5,943,042	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		16,675,542	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A  
Date/Time Prepared:  
5/29/2012 11:56 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT		0	0	9,539,563	9,539,563	1.00
1.01 NEW CAP REL COSTS-INTEREST		0	0	15,532,233	15,532,233	1.01
1.02 MOB LEASED SPACE		0	0	0	0	1.02
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	8,993,208	8,993,208	2.00
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	1,339,198	829,083	2,168,281	10,434,412	12,602,693	4.00
5.01 NONPATIENT TELEPHONES	0	105,333	105,333	322	105,655	5.01
5.02 DATA PROCESSING	140,123	211,348	351,471	-98,901	252,570	5.02
5.03 PURCHASING, RECEIVING AND STORES	402,827	332,719	735,546	-203,087	532,459	5.03
5.04 ADMITTING	1,270,241	827,702	2,097,943	-226,588	1,871,355	5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL	2,692,457	56,808,596	59,501,053	-33,644,725	25,856,328	5.05
6.00 MAINTENANCE & REPAIRS	1,419,200	5,074,051	6,493,251	-348,213	6,145,038	6.00
7.00 OPERATION OF PLANT	274,075	245,575	519,650	-166,923	352,727	7.00
8.00 LAUNDRY & LINEN SERVICE	0	655,122	655,122	-30	655,092	8.00
9.00 HOUSEKEEPING	1,398,462	4,514,342	5,912,804	-454,427	5,458,377	9.00
10.00 DIETARY	877,238	854,968	1,732,206	-231,707	1,500,499	10.00
11.00 CAFETERIA	1,010,487	1,613,392	2,623,879	-241,431	2,382,448	11.00
13.00 NURSING ADMINISTRATION	3,826,087	1,174,992	5,001,079	-625,934	4,375,145	13.00
14.00 CENTRAL SERVICES & SUPPLY	837,620	1,732,028	2,569,648	-856,332	1,713,316	14.00
15.00 PHARMACY	2,594,655	4,513,543	7,108,198	-194,005	6,914,193	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	389,846	389,846	-10,085	379,761	16.00
17.00 SOCIAL SERVICE	247,489	87,403	334,892	-46,975	287,917	17.00
18.00 PATIENT TRANSPORTATION	237,784	82,138	319,922	-59,184	260,738	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	18,401,983	10,216,061	28,618,044	-7,131,239	21,486,805	30.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 PEDIATRIC INTENSIVE CARE UNIT	1,153,856	1,860,261	3,014,117	-249,698	2,764,419	34.01
34.02 PREMATURE INTENSIVE CARE UNIT	2,475,308	1,316,631	3,791,939	-572,418	3,219,521	34.02
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	1,682,683	1,682,683	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	4,638,564	23,846,953	28,485,517	-10,603,192	17,882,325	50.00
51.00 RECOVERY ROOM	2,257,295	914,059	3,171,354	-708,935	2,462,419	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,408,374	2,242,953	5,651,327	-1,337,868	4,313,459	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	164,557	178,494	343,051	-157,007	186,044	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	-295,669	-295,669	59.00
60.00 LABORATORY	3,071,962	5,955,712	9,027,674	-1,175,525	7,852,149	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	2,094,091	727,335	2,821,426	-532,926	2,288,500	65.00
66.00 PHYSICAL THERAPY	1,550,515	506,119	2,056,634	-296,141	1,760,493	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	4,551,332	4,551,332	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	12,041,598	12,041,598	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 CARDIAC CATHETERIZATION LABORATORY	1,986,324	3,504,657	5,490,981	-1,283,696	4,207,285	75.01
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 ADULT SLEEP LAB	178,001	560,676	738,677	-183,089	555,588	90.01
90.02 PEDIATRIC SLEEP LAB	0	305,489	305,489	-84,099	221,390	90.02
90.03 IVF	11,914	64,616	76,530	-44,270	32,260	90.03
91.00 EMERGENCY	2,512,045	1,000,913	3,512,958	-671,408	2,841,550	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
115.00 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A  
Date/Time Prepared:  
5/29/2012 11:56 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	62,472,732	133,253,110	195,725,842	39,624	195,765,466	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 OTHER NON-REIMBURSABLE	353,928	2,617,190	2,971,118	-336	2,970,782	192.01
192.02 PURCHASED SERVICES	0	0	0	0	0	192.02
192.03 ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04 PHYSICIANS' PRIVATE OFFICES	0	671	671	-182	489	192.04
192.05 BARIATRIC PHYSICIANS	1,528,708	1,541,125	3,069,833	-39,106	3,030,727	192.05
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	6,189	6,189	0	6,189	194.00
200.00 TOTAL (SUM OF LINES 118-199)	64,355,368	137,418,285	201,773,653	0	201,773,653	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A  
Date/Time Prepared:  
5/29/2012 11:56 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,772,088	12,311,651	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	15,532,233	1.01
1.02	MOB LEASED SPACE	-191,633	-191,633	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-1,500,943	7,492,265	2.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	3,761,075	16,363,768	4.00
5.01	NONPATIENT TELEPHONES	101,991	207,646	5.01
5.02	DATA PROCESSING	10,049,076	10,301,646	5.02
5.03	PURCHASING, RECEIVING AND STORES	612,222	1,144,681	5.03
5.04	ADMINISTRATIVE	-198	1,871,157	5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	-10,923,672	14,932,656	5.05
6.00	MAINTENANCE & REPAIRS	-471,053	5,673,985	6.00
7.00	OPERATION OF PLANT	722,870	1,075,597	7.00
8.00	LAUNDRY & LINEN SERVICE	0	655,092	8.00
9.00	HOUSEKEEPING	179,527	5,637,904	9.00
10.00	DIETARY	-16,900	1,483,599	10.00
11.00	CAFETERIA	-1,411,732	970,716	11.00
13.00	NURSING ADMINISTRATION	127,500	4,502,645	13.00
14.00	CENTRAL SERVICES & SUPPLY	-1,830	1,711,486	14.00
15.00	PHARMACY	-14	6,914,179	15.00
16.00	MEDICAL RECORDS & LIBRARY	-52,751	327,010	16.00
17.00	SOCIAL SERVICE	-9	287,908	17.00
18.00	PATIENT TRANSPORTATION	0	260,738	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	-2,472,254	19,014,551	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	-1,499,467	1,264,952	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	-390,496	2,829,025	34.02
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	1,682,683	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	-1,102,032	16,780,293	50.00
51.00	RECOVERY ROOM	0	2,462,419	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-284,189	4,029,270	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	186,044	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	-295,669	59.00
60.00	LABORATORY	12,280,181	20,132,330	60.00
60.01	BLOOD LABORATORY	0	0	60.01
65.00	RESPIRATORY THERAPY	3,220	2,291,720	65.00
66.00	PHYSICAL THERAPY	-64,945	1,695,548	66.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,551,332	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	12,041,598	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	CARDIAC CATHETERIZATION LABORATORY	-195,069	4,012,216	75.01
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97	CARDIAC REHABILITATION	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
90.01	ADULT SLEEP LAB	-317,704	237,884	90.01
90.02	PEDIATRIC SLEEP LAB	-22,111	199,279	90.02
90.03	IVF	-19,100	13,160	90.03
91.00	EMERGENCY	-36,257	2,805,293	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,635,391	205,400,857	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A  
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5/29/2012 11:56 pm

Cost Center Description	Adjustments	Net Expenses	
	(See A-8)	For Allocation	
	6.00	7.00	
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01 OTHER NON-REIMBURSABLE	0	2,970,782	192.01
192.02 PURCHASED SERVICES	0	0	192.02
192.03 ZIONSVILLE SCHOOL NURSES	0	0	192.03
192.04 PHYSICIANS' PRIVATE OFFICES	0	489	192.04
192.05 BARIATRIC PHYSICIANS	0	3,030,727	192.05
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	6,189	194.00
200.00 TOTAL (SUM OF LINES 118-199)	9,635,391	211,409,044	200.00

RECLASSIFICATIONS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A-6

Date/Time Prepared:  
5/29/2012 11:56 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	9,539,563	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	5,015,348	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
<b>TOTALS</b>			0	14,554,911	
<b>B - LEASE</b>					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	3,977,860	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
<b>TOTALS</b>			0	3,977,860	
<b>C - PACU</b>					
1.00	ADULTS & PEDIATRICS	30.00	12,436	3,206	1.00
<b>TOTALS</b>			12,436	3,206	
<b>D - NURSERY</b>					
1.00	NURSERY	43.00	1,309,393	373,290	1.00
<b>TOTALS</b>			1,309,393	373,290	
<b>E - BENEFITS</b>					
1.00	EMPLOYEE BENEFITS	4.00	0	10,439,575	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
<b>TOTALS</b>			0	10,439,575	

RECLASSIFICATIONS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A-6

Date/Time Prepared:  
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>F - INTEREST</b>					
1.00	NEW CAP REL COSTS-INTEREST	1.01	0	15,532,233	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
TOTALS			0	15,532,233	
<b>G - PHONE</b>					
1.00	NONPATIENT TELEPHONES	5.01	0	322	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	241	2.00
TOTALS			0	563	
<b>H - BILLABLE MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	17,011,986	1.00
2.00	OPERATION OF PLANT	7.00	0	12	2.00
3.00	CAFETERIA	11.00	0	12	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
TOTALS			0	17,012,010	
<b>I - MARKETING</b>					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	19,881	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
TOTALS			0	19,881	
<b>J - NON BILLABLE MED SUPPLIES</b>					
1.00	PHARMACY	15.00	0	419,056	1.00
TOTALS			0	419,056	
<b>K - IMPLANTS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	12,041,598	1.00
TOTALS			0	12,041,598	
500.00	Grand Total: Increases		1,321,829	74,374,183	500.00

RECLASSIFICATIONS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A-6  
Date/Time Prepared:  
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - DEPRECIATION</b>							
1.00	ADULT SLEEP LAB	90.01	0	3,122	9		1.00
2.00	DATA PROCESSING	5.02	0	14,421	9		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	14,523,433	9		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	13,935	9		4.00
5.00		0.00	0	0	9		5.00
	<b>TOTALS</b>		0	14,554,911			
<b>B - LEASE</b>							
1.00	EMPLOYEE BENEFITS	4.00	0	3,598	10		1.00
2.00	DATA PROCESSING	5.02	0	69,583	10		2.00
3.00	PURCHASING, RECEIVING AND STORES	5.03	0	1,900	10		3.00
4.00	ADMINISTRATIVE	5.04	0	5,147	10		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	2,480,017	10		5.00
6.00	MAINTENANCE & REPAIRS	6.00	0	38,894	10		6.00
7.00	OPERATION OF PLANT	7.00	0	117,859	10		7.00
8.00	HOUSEKEEPING	9.00	0	470	10		8.00
9.00	DIETARY	10.00	0	3,358	10		9.00
10.00	CAFETERIA	11.00	0	3,919	10		10.00
11.00	NURSING ADMINISTRATION	13.00	0	64,467	10		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,471	10		12.00
13.00	PHARMACY	15.00	0	40,904	10		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	10,069	10		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	84,856	10		15.00
16.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	15,930	10		16.00
17.00	OPERATING ROOM	50.00	0	163,002	10		17.00
18.00	RECOVERY ROOM	51.00	0	2,329	10		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	531,050	10		19.00
20.00	LABORATORY	60.00	0	38,504	10		20.00
21.00	RESPIRATORY THERAPY	65.00	0	24,976	10		21.00
22.00	PHYSICAL THERAPY	66.00	0	30,813	10		22.00
23.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	34,897	10		23.00
24.00	ADULT SLEEP LAB	90.01	0	136,725	10		24.00
25.00	PEDIATRIC SLEEP LAB	90.02	0	69,255	10		25.00
26.00	EMERGENCY	91.00	0	3,867	10		26.00
	<b>TOTALS</b>		0	3,977,860			
<b>C - PACU</b>							
1.00	RECOVERY ROOM	51.00	12,436	3,206	0		1.00
	<b>TOTALS</b>		12,436	3,206			
<b>D - NURSERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	1,309,393	373,290	0		1.00
	<b>TOTALS</b>		1,309,393	373,290			
<b>E - BENEFITS</b>							
1.00	DATA PROCESSING	5.02	0	14,692	0		1.00
2.00	PURCHASING, RECEIVING AND STORES	5.03	0	90,998	0		2.00
3.00	ADMINISTRATIVE	5.04	0	220,712	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	608,783	0		4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	241,401	0		5.00
6.00	OPERATION OF PLANT	7.00	0	49,076	0		6.00
7.00	HOUSEKEEPING	9.00	0	442,074	0		7.00
8.00	DIETARY	10.00	0	221,658	0		8.00
9.00	CAFETERIA	11.00	0	237,524	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	558,464	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	203,100	0		11.00
12.00	PHARMACY	15.00	0	334,582	0		12.00
13.00	SOCIAL SERVICE	17.00	0	46,916	0		13.00
14.00	PATIENT TRANSPORTATION	18.00	0	59,183	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	3,246,794	0		15.00
16.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	200,294	0		16.00
17.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	404,471	0		17.00
18.00	OPERATING ROOM	50.00	0	755,141	0		18.00
19.00	RECOVERY ROOM	51.00	0	338,083	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	477,771	0		20.00
21.00	RADIOISOTOPE	56.00	0	26,718	0		21.00
22.00	CARDIAC CATHETERIZATION LABORATORY	59.00	0	295,669	0		22.00
23.00	LABORATORY	60.00	0	404,317	0		23.00

RECLASSIFICATIONS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A-6

Date/Time Prepared:  
5/29/2012 11:56 pm

Decreases							Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other					
6.00	7.00	8.00	9.00	10.00				
24.00	RESPIRATORY THERAPY	65.00	0	354,364		0	24.00	
25.00	PHYSICAL THERAPY	66.00	0	221,087		0	25.00	
26.00	ADULT SLEEP LAB	90.01	0	26,132		0	26.00	
27.00	IVF	90.03	0	353		0	27.00	
28.00	EMERGENCY	91.00	0	359,218		0	28.00	
	TOTALS		0	10,439,575				
F - INTEREST								
1.00	ADMINISTRATIVE	5.04	0	75		11	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	15,514,015		0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	467		0	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16,935		0	4.00	
5.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	200		0	5.00	
6.00	PHYSICAL THERAPY	66.00	0	60		0	6.00	
7.00	ADULT SLEEP LAB	90.01	0	481		0	7.00	
	TOTALS		0	15,532,233				
G - PHONE								
1.00	DATA PROCESSING	5.02	0	188		0	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	375		0	2.00	
	TOTALS		0	563				
H - BILLABLE MEDICAL SUPPLIES								
1.00	EMPLOYEE BENEFITS	4.00	0	1,565		0	1.00	
2.00	DATA PROCESSING	5.02	0	17		0	2.00	
3.00	PURCHASING, RECEIVING AND STORES	5.03	0	110,189		0	3.00	
4.00	ADMINISTRATIVE	5.04	0	579		0	4.00	
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	538,599		0	5.00	
6.00	MAINTENANCE & REPAIRS	6.00	0	67,918		0	6.00	
7.00	LAUNDRY & LINEN SERVICE	8.00	0	30		0	7.00	
8.00	HOUSEKEEPING	9.00	0	11,883		0	8.00	
9.00	DIETARY	10.00	0	6,691		0	9.00	
10.00	NURSING ADMINISTRATION	13.00	0	1,929		0	10.00	
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	651,761		0	11.00	
12.00	PHARMACY	15.00	0	237,575		0	12.00	
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	16		0	13.00	
14.00	SOCIAL SERVICE	17.00	0	59		0	14.00	
15.00	PATIENT TRANSPORTATION	18.00	0	1		0	15.00	
16.00	ADULTS & PEDIATRICS	30.00	0	2,119,599		0	16.00	
17.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	49,404		0	17.00	
18.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	152,017		0	18.00	
19.00	OPERATING ROOM	50.00	0	9,685,049		0	19.00	
20.00	RECOVERY ROOM	51.00	0	352,881		0	20.00	
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	292,774		0	21.00	
22.00	RADIOISOTOPE	56.00	0	130,289		0	22.00	
23.00	LABORATORY	60.00	0	732,704		0	23.00	
24.00	RESPIRATORY THERAPY	65.00	0	153,586		0	24.00	
25.00	PHYSICAL THERAPY	66.00	0	43,604		0	25.00	
26.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	1,248,185		0	26.00	
27.00	ADULT SLEEP LAB	90.01	0	16,398		0	27.00	
28.00	PEDIATRIC SLEEP LAB	90.02	0	14,844		0	28.00	
29.00	IVF	90.03	0	43,917		0	29.00	
30.00	EMERGENCY	91.00	0	308,323		0	30.00	
31.00	OTHER NON-REIMBURSABLE	192.01	0	336		0	31.00	
32.00	PHYSICIANS' PRIVATE OFFICES	192.04	0	182		0	32.00	
33.00	BARIATRIC PHYSICIANS	192.05	0	39,106		0	33.00	
	TOTALS		0	17,012,010				
I - MARKETING								
1.00	ADMINISTRATIVE	5.04	0	75		0	1.00	
2.00	NURSING ADMINISTRATION	13.00	0	1,074		0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	12,482		0	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,028		0	4.00	
5.00	PHYSICAL THERAPY	66.00	0	577		0	5.00	
6.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	414		0	6.00	
7.00	ADULT SLEEP LAB	90.01	0	231		0	7.00	
	TOTALS		0	19,881				

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A-6  
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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
J - NON BILLABLE MED SUPPLIES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	419,056	0		1.00
	TOTALS		0	419,056			
K - IMPLANTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,041,598	0		1.00
	TOTALS		0	12,041,598			
500.00	Grand Total: Decreases		1,321,829	74,374,183			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	0	0	0	0	1.00
2.00	Land Improvements	11,942,000	0	0	0	2.00
3.00	Buildings and Fixtures	148,755,000	0	0	0	3.00
4.00	Building Improvements	7,448,000	882,000	0	882,000	4.00
5.00	Fixed Equipment	24,868,608	230,392	0	230,392	5.00
6.00	Movable Equipment	64,636,733	2,048,267	0	2,048,267	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	257,650,341	3,160,659	0	3,160,659	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	257,650,341	3,160,659	0	3,160,659	10.00
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
	<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	3.00
<b>COMPUTATION OF RATIOS</b>						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
	<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	194,126,000	0	194,126,000	0.744317	1.00
1.01	NEW CAP REL COSTS-INTEREST	66,685,000	0	66,685,000	0.255683	1.01
1.02	MOB LEASED SPACE	0	0	0	0.000000	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	2.00
3.00	Total (sum of lines 1-2)	260,811,000	0	260,811,000	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A-7  
Parts I-III  
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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	0	0			1.00	
2.00	Land Improvements	11,942,000	0			2.00	
3.00	Buildings and Fixtures	148,755,000	0			3.00	
4.00	Building Improvements	8,330,000	0			4.00	
5.00	Fixed Equipment	25,099,000	0			5.00	
6.00	Movable Equipment	66,685,000	0			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	260,811,000	0			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	260,811,000	0			10.00	
<b>SUMMARY OF CAPITAL</b>							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0			1.00	
1.01	NEW CAP REL COSTS-INTEREST	0	0			1.01	
1.02	MOB LEASED SPACE	0	0			1.02	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0			2.00	
3.00	Total (sum of lines 1-2)	0	0			3.00	
<b>ALLOCATION OF OTHER CAPITAL</b>							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	9,539,563	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	5,015,348	3,977,860	2.00
3.00	Total (sum of lines 1-2)	0	0	0	14,554,911	3,977,860	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A-7  
Parts I-III  
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,772,088	0	0	0	12,311,651	1.00
1.01	NEW CAP REL COSTS-INTEREST	15,532,233	0	0	0	15,532,233	1.01
1.02	MOB LEASED SPACE	-191,633	0	0	0	-191,633	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-1,500,943	0	0	0	7,492,265	2.00
3.00	Total (sum of lines 1-2)	16,611,745	0	0	0	35,144,516	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A-8

Date/Time Prepared:  
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	1.00
1.01 Investment income - NEW CAP REL COSTS-INTEREST (chapter 2)			ONEW CAP REL COSTS-INTEREST	1.01	1.01
1.02 Investment income - MOB LEASED SPACE (chapter 2)			OMOB LEASED SPACE	1.02	1.02
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00 Investment income - other (chapter 2)	B	-850	OTHER ADMINISTRATIVE AND GENERAL	5.05	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	B	-166,631	NONPATIENT TELEPHONES	5.01	7.00
8.00 Television and radio service (chapter 21)		0		0.00	8.00
9.00 Parking lot (chapter 21)		0		0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-6,385,322			10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	37,324,236			12.00
13.00 Laundry and linen service		0		0.00	13.00
14.00 Cafeteria-employees and guests		0		0.00	14.00
15.00 Rental of quarters to employee and others		0		0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	16.00
17.00 Sale of drugs to other than patients		0		0.00	17.00
18.00 Sale of medical records and abstracts		0		0.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	19.00
20.00 Vending machines		0		0.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	26.00
26.01 Depreciation - NEW CAP REL COSTS-INTEREST			ONEW CAP REL COSTS-INTEREST	1.01	26.01
26.02 Depreciation - MOB LEASED SPACE			OMOB LEASED SPACE	1.02	26.02
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00	28.00
29.00 Physicians' assistant			0	0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0		0.00	32.00
33.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00	33.00
34.00 ACCRUED PTO - SUPPORT STAFF	A	-704,708	EMPLOYEE BENEFITS	4.00	34.00
35.00 AHA & IHHA LOBBYING	A	-8,012	OTHER ADMINISTRATIVE AND GENERAL	5.05	35.00
36.00 BENEFITS EXPENSE	A	-10,439,574	EMPLOYEE BENEFITS	4.00	36.00
37.00 BAD DEBT EXPENSE	A	-7,411,029	OTHER ADMINISTRATIVE AND GENERAL	5.05	37.00
38.00 REVENUE - CAFETERIA	B	-1,410,186	CAFETERIA	11.00	38.00
39.00 REVENUE - RENT AND LEASE	B	-25	OTHER ADMINISTRATIVE AND GENERAL	5.05	39.00
40.00 REVENUE - RENT AND LEASE	B	-76,032	NURSING ADMINISTRATION	13.00	40.00
41.00 REVENUE - RENT AND LEASE	B	-43,438	OPERATING ROOM	50.00	41.00
42.00 REVENUE - RENT AND LEASE	B	-11,160	ADULT SLEEP LAB	90.01	42.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A-8

Date/Time Prepared:  
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
43.00 REV - SHARED ADMIN	B	-49,205	NURSING ADMINISTRATION	13.00 43.00
44.00 REV - GIFT SHOP	B	-9,114	OTHER ADMINISTRATIVE AND GENERAL	5.05 44.00
45.00 REV - CLASS & LECTURE	B	-75	OTHER ADMINISTRATIVE AND GENERAL	5.05 45.00
45.01 REV - CLASS & LECTURE	B	-15,836	NURSING ADMINISTRATION	13.00 45.01
45.02 REV - CLASS & LECTURE	B	-11,829	NURSING ADMINISTRATION	13.00 45.02
45.03 REV - CLASS & LECTURE	B	-4,080	ADULTS & PEDIATRICS	30.00 45.03
45.04 REV - CLASS & LECTURE	B	-300	ADULTS & PEDIATRICS	30.00 45.04
45.05 REV - CATERING	B	-14,415	CAFETERIA	11.00 45.05
45.06 REV - OTHER FOOD	B	-16,900	DIETARY	10.00 45.06
45.07 REV - VENDING	B	-8,067	CAFETERIA	11.00 45.07
45.08 REV - OTHER OPERATING	B	-341	EMPLOYEE BENEFITS	4.00 45.08
45.09 REV - OTHER OPERATING	B	-392	EMPLOYEE BENEFITS	4.00 45.09
45.10 REV - OTHER OPERATING	B	-198	ADMINISTRATION	5.04 45.10
45.11 REV - OTHER OPERATING	B	-21,229	OTHER ADMINISTRATIVE AND GENERAL	5.05 45.11
45.12 REV - OTHER OPERATING	B	-353,905	OTHER ADMINISTRATIVE AND GENERAL	5.05 45.12
45.13 REV - OTHER OPERATING	B	-102	OTHER ADMINISTRATIVE AND GENERAL	5.05 45.13
45.14 REV - OTHER OPERATING	B	-20,134	OTHER ADMINISTRATIVE AND GENERAL	5.05 45.14
45.15 REV - OTHER OPERATING	B	-479,813	MAINTENANCE & REPAIRS	6.00 45.15
45.16 REV - OTHER OPERATING	B	-474	CAFETERIA	11.00 45.16
45.17 REV - OTHER OPERATING	B	-1,680	NURSING ADMINISTRATION	13.00 45.17
45.18 REV - OTHER OPERATING	B	-125	CENTRAL SERVICES & SUPPLY	14.00 45.18
45.19 REV - OTHER OPERATING	B	-14	PHARMACY	15.00 45.19
45.20 REV - OTHER OPERATING	B	-9	SOCIAL SERVICE	17.00 45.20
45.21 REV - OTHER OPERATING	B	-23,641	OPERATING ROOM	50.00 45.21
45.22		0		0.00 45.22
45.23		0		0.00 45.23
45.24		0		0.00 45.24
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		9,635,391		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A-8

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

ADJUSTMENTS TO EXPENSES

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A-8

Date/Time Prepared:  
5/29/2012 11:56 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
45.10	REV - OTHER OPERATING	0	45.10
45.11	REV - OTHER OPERATING	0	45.11
45.12	REV - OTHER OPERATING	0	45.12
45.13	REV - OTHER OPERATING	0	45.13
45.14	REV - OTHER OPERATING	0	45.14
45.15	REV - OTHER OPERATING	0	45.15
45.16	REV - OTHER OPERATING	0	45.16
45.17	REV - OTHER OPERATING	0	45.17
45.18	REV - OTHER OPERATING	0	45.18
45.19	REV - OTHER OPERATING	0	45.19
45.20	REV - OTHER OPERATING	0	45.20
45.21	REV - OTHER OPERATING	0	45.21
45.22		0	45.22
45.23		0	45.23
45.24		0	45.24
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A-8-1

Date/Time Prepared:  
5/29/2012 11:56 pm

OFFICE COSTS

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP RELATED COSTS- BLDG & FXT	1.00
2.00	1.02	MOB LEASED SPACE	INTEREST	2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUIP	NEW CAP RELATED COSTS - MVBLE EQUIP	3.00
4.00	4.00	EMPLOYEE BENEFITS	EMPLOYEE HEALTH & WELFARE	4.00
4.01	5.01	NONPATIENT TELEPHONES	NON PATIENT PHONES	4.01
4.02	5.02	DATA PROCESSING	DATA PROCESSING	4.02
4.03	5.03	PURCHASING, RECEIVING AND STORES	PURCHASING	4.03
4.04	5.05	OTHER ADMINISTRATIVE AND GENERAL	ADMINITTING	4.04
4.05	6.00	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	4.05
4.06	7.00	OPERATION OF PLANT	OPERATION OF PLANT	4.06
4.07	9.00	HOUSEKEEPING	HOUSEKEEPING	4.07
4.08	11.00	CAFETERIA	CAFETERIA	4.08
4.09	13.00	NURSING ADMINISTRATION	NURSING ADMINISTRATION	4.09
4.10	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SUPPLY	4.10
4.11	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	4.11
4.12	30.00	ADULTS & PEDIATRICS	ADULTS & PEDS	4.12
4.13	34.01	PEDIATRIC INTENSIVE CARE UNIT	PICU	4.13
4.14	34.02	PREMATURE INTENSIVE CARE UNIT	NICU	4.14
4.15	50.00	OPERATING ROOM	OPERATING ROOM	4.15
4.16	54.00	RADIOLOGY-DIAGNOSTIC	RADIOLOGY - DIAGNOSTIC	4.16
4.17	55.00	RADIOLOGY-THERAPEUTIC	RADIOLOGY - THERAPEUTIC	4.17
4.18	60.00	LABORATORY	NICU	4.18
4.19	65.00	RESPIRATORY THERAPY	RESPIRATORY THERAPY	4.19
4.20	66.00	PHYSICAL THERAPY	PHYSICAL THERAPY	4.20
4.21	69.00	ELECTROCARDIOLOGY	ELECTROCARDIOLOGY	4.21
4.22	75.01	CARDIAC CATHETERIZATION LABORATORY	CATH LAB	4.22
4.24	90.01	ADULT SLEEP LAB	SLEEP LAB	4.24
4.25	90.02	PEDIATRIC SLEEP LAB	PEDIARTRIC SLEEP LAB	4.25
4.26	91.00	EMERGENCY	EMERGENCY	4.26
4.28	0.00			4.28
4.29	0.00			4.29
4.30	0.00			4.30
4.31	0.00			4.31
4.32	0.00			4.32
4.33	0.00			4.33
4.34	0.00			4.34
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

	Symbol (1)	Name	Percentage of Ownership	
	1.00	2.00	3.00	
<b>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS		Provider CCN: 150161	Period: From 01/01/2011 To 12/31/2011	Worksheet A-8-1 Date/Time Prepared: 5/29/2012 11:56 pm
	Symbol (1)	Name	Percentage of Ownership	
	1.00	2.00	3.00	

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

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

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

Provider CCN: 150161

Period: From 01/01/2011 To 12/31/2011

Worksheet A-8-1

Date/Time Prepared: 5/29/2012 11:56 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	2,772,088	0	2,772,088	11	1.00
2.00	15,321,247	15,512,880	-191,633	11	2.00
3.00	481,885	1,982,828	-1,500,943	11	3.00
4.00	15,191,319	285,229	14,906,090	0	4.00
4.01	268,622	0	268,622	0	4.01
4.02	10,049,269	193	10,049,076	0	4.02
4.03	612,222	0	612,222	0	4.03
4.04	10,174,239	12,870,640	-2,696,401	0	4.04
4.05	8,760	0	8,760	0	4.05
4.06	722,870	0	722,870	0	4.06
4.07	179,527	0	179,527	0	4.07
4.08	21,410	0	21,410	0	4.08
4.09	337,103	23,109	313,994	0	4.09
4.10	0	1,705	-1,705	0	4.10
4.11	0	52,751	-52,751	0	4.11
4.12	188,271	198,181	-9,910	0	4.12
4.13	0	802	-802	0	4.13
4.14	0	251	-251	0	4.14
4.15	0	94,921	-94,921	0	4.15
4.16	0	26,240	-26,240	0	4.16
4.17	52	52	0	0	4.17
4.18	15,779,233	3,367,052	12,412,181	0	4.18
4.19	3,220	0	3,220	0	4.19
4.20	524	65,469	-64,945	0	4.20
4.21	1,300	1,300	0	0	4.21
4.22	0	32,076	-32,076	0	4.22
4.24	0	277,744	-277,744	0	4.24
4.25	198,997	221,108	-22,111	0	4.25
4.26	34,921	8,312	26,609	0	4.26
4.28	0	0	0	0	4.28
4.29	0	0	0	0	4.29
4.30	0	0	0	0	4.30
4.31	0	0	0	0	4.31
4.32	0	0	0	0	4.32
4.33	0	0	0	0	4.33
4.34	0	0	0	0	4.34
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	72,347,079	35,022,843	37,324,236	5.00

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

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

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

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

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

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

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

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A-8-1

Date/Time Prepared:  
5/29/2012 11:56 pm

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A-8-2

Date/Time Prepared:  
5/29/2012 11:56 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	408,419	171,305	1.00
2.00	13.00	NURSING ADMINISTRATION	99,470	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	2,457,964	2,457,964	3.00
4.00	34.01	PEDIATRIC INTENSIVE CARE UNIT	1,498,665	1,498,665	4.00
5.00	34.02	PREMATURE INTENSIVE CARE UNIT	464,022	242,053	5.00
6.00	50.00	OPERATING ROOM	940,032	940,032	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	257,949	257,949	7.00
8.00	60.00	LABORATORY	132,000	132,000	8.00
9.00	75.01	CARDIAC CATHETERIZATION LABORATORY	162,993	162,993	9.00
10.00	90.01	ADULT SLEEP LAB	28,800	28,800	10.00
11.00	90.03	IVF	19,100	19,100	11.00
12.00	91.00	EMERGENCY	62,866	62,866	12.00
200.00			6,532,280	5,973,727	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A-8-2

Date/Time Prepared:  
5/29/2012 11:56 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	237,114	177,200	66	5,623	281	1.00
2.00	99,470	177,200	793	67,558	3,378	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	221,969	177,200	866	73,777	3,689	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
200.00	558,553		1,725	146,958	7,348	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A-8-2

Date/Time Prepared:  
5/29/2012 11:56 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	5,623	1.00
2.00	0	0	0	0	67,558	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	73,777	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
200.00	0	0	0	0	146,958	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A-8-2

Date/Time Prepared:  
5/29/2012 11:56 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	231,491	402,796	1.00
2.00	31,912	31,912	2.00
3.00	0	2,457,964	3.00
4.00	0	1,498,665	4.00
5.00	148,192	390,245	5.00
6.00	0	940,032	6.00
7.00	0	257,949	7.00
8.00	0	132,000	8.00
9.00	0	162,993	9.00
10.00	0	28,800	10.00
11.00	0	19,100	11.00
12.00	0	62,866	12.00
200.00	411,595	6,385,322	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2012 11:56 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW INTEREST	MOB LEASED SPACE	NEW MVBLE EQUIP	
		1.00	1.01	1.02	2.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	12,311,651	12,311,651				1.00
1.01 NEW CAP REL COSTS-INTEREST	15,532,233	0	15,532,233			1.01
1.02 MOB LEASED SPACE	-191,633	0	0	-191,633		1.02
2.00 NEW CAP REL COSTS-MVBLE EQUIP	7,492,265				7,492,265	2.00
4.00 EMPLOYEE BENEFITS	16,363,768	7,250	9,147	0	2,701	4.00
5.01 NONPATIENT TELEPHONES	207,646	0	0	0	30,379	5.01
5.02 DATA PROCESSING	10,301,646	176,403	222,548	0	148,983	5.02
5.03 PURCHASING, RECEIVING AND STORES	1,144,681	314,581	396,872	0	30,954	5.03
5.04 ADMITTING	1,871,157	99,698	125,777	0	38,046	5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL	14,932,656	153,496	193,649	0	3,027,132	5.05
6.00 MAINTENANCE & REPAIRS	5,673,985	0	0	0	71,777	6.00
7.00 OPERATION OF PLANT	1,075,597	2,245,427	2,832,804	0	252,022	7.00
8.00 LAUNDRY & LINEN SERVICE	655,092	0	0	0	92	8.00
9.00 HOUSEKEEPING	5,637,904	165,006	208,170	0	72,351	9.00
10.00 DIETARY	1,483,599	75,154	94,814	0	8,427	10.00
11.00 CAFETERIA	970,716	420,542	530,550	0	2,024	11.00
13.00 NURSING ADMINISTRATION	4,502,645	70,358	88,763	0	11,704	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,711,486	355,967	449,083	0	157,494	14.00
15.00 PHARMACY	6,914,179	102,857	129,764	0	154,942	15.00
16.00 MEDICAL RECORDS & LIBRARY	327,010	27,675	34,914	0	1,056	16.00
17.00 SOCIAL SERVICE	287,908	18,676	23,561	0	166	17.00
18.00 PATIENT TRANSPORTATION	260,738	7,278	9,182	0	356	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	19,014,551	3,357,874	4,236,251	0	404,403	30.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 PEDIATRIC INTENSIVE CARE UNIT	1,264,952	236,662	298,570	0	38,349	34.01
34.02 PREMATURE INTENSIVE CARE UNIT	2,829,025	640,700	808,300	0	122,959	34.02
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,682,683	288,655	364,164	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	16,780,293	1,353,959	1,708,139	0	1,112,151	50.00
51.00 RECOVERY ROOM	2,462,419	269,754	340,318	0	67,583	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	4,029,270	472,647	596,286	0	879,122	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	186,044	17,801	22,458	0	24,699	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	-295,669	0	0	0	0	59.00
60.00 LABORATORY	20,132,330	238,016	300,279	0	140,600	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	2,291,720	56,112	70,790	0	72,044	65.00
66.00 PHYSICAL THERAPY	1,695,548	9,789	12,350	0	16,724	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,551,332	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	12,041,598	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 CARDIAC CATHETERIZATION LABORATORY	4,012,216	371,962	469,263	0	348,335	75.01
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 ADULT SLEEP LAB	237,884	0	0	0	27,505	90.01
90.02 PEDIATRIC SLEEP LAB	199,279	0	0	0	9,356	90.02
90.03 IVF	13,160	138,290	174,465	0	77,608	90.03
91.00 EMERGENCY	2,805,293	326,176	411,499	0	41,598	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2012 11:56 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW INTEREST	MOB LEASED SPACE	NEW MVBLE EQUIP	
	0	1.00	1.01	1.02	2.00	
113.00 INTEREST EXPENSE						113.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	205,400,857	12,018,765	15,162,730	0	7,393,642	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	50,046	63,138	0	939	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 OTHER NON-REIMBURSABLE	2,970,782	81,050	102,252	0	17,568	192.01
192.02 PURCHASED SERVICES	0	0	0	0	0	192.02
192.03 ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04 PHYSICIANS' PRIVATE OFFICES	489	161,790	204,113	0	27,698	192.04
192.05 BARIATRIC PHYSICIANS	3,030,727	0	0	0	52,418	192.05
194.00 OTHER NONREIMBURSABLE COST CENTERS	6,189	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	-191,633	0	201.00
202.00 TOTAL (sum lines 118-201)	211,409,044	12,311,651	15,532,233	-191,633	7,492,265	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B  
Part I  
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Cost Center Description		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	
		4.00	5.01	5.02	5.03	5.04	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-INTEREST						1.01
1.02	MOB LEASED SPACE						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	16,382,866					4.00
5.01	NONPATIENT TELEPHONES	9,773	247,798				5.01
5.02	DATA PROCESSING	759,466	11,474	11,620,520			5.02
5.03	PURCHASING, RECEIVING AND STORES	194,424	1,043	51,289	2,133,844		5.03
5.04	ADMINISTRATIVE	567,515	12,219	600,809	41	3,315,262	5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	1,397,844	11,175	549,520	17,786	422	5.05
6.00	MAINTENANCE & REPAIRS	321,511	3,576	175,846	4,844	0	6.00
7.00	OPERATION OF PLANT	87,075	12,666	622,790	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	2	0	8.00
9.00	HOUSEKEEPING	344,038	1,192	58,615	847	0	9.00
10.00	DIETARY	197,789	2,682	131,885	477	0	10.00
11.00	CAFETERIA	231,142	1,043	51,289	0	0	11.00
13.00	NURSING ADMINISTRATION	928,975	1,937	95,250	137	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	188,857	1,490	73,269	0	0	14.00
15.00	PHARMACY	585,012	3,129	153,866	17,261	127	15.00
16.00	MEDICAL RECORDS & LIBRARY	136,408	3,278	161,193	1	0	16.00
17.00	SOCIAL SERVICE	55,801	745	36,635	4	0	17.00
18.00	PATIENT TRANSPORTATION	53,613	0	0	0	0	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	3,856,659	69,738	3,429,005	140,122	458,121	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	260,158	3,874	190,500	3,521	23,866	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	558,103	9,685	476,251	10,834	56,063	34.02
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	295,226	5,364	263,770	11,824	34,940	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	1,045,848	23,841	1,172,310	1,537,619	1,098,844	50.00
51.00	RECOVERY ROOM	506,144	1,937	95,250	25,149	97,030	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	768,479	28,460	1,399,445	32,855	404,763	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	37,102	0	0	9,291	22,341	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	692,629	6,705	329,712	92,829	320,754	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	472,151	1,490	73,269	10,954	41,687	65.00
66.00	PHYSICAL THERAPY	349,592	3,129	153,866	3,108	57,563	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	230,575	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	CARDIAC CATHETERIZATION LABORATORY	447,852	5,960	293,077	184,124	237,408	75.01
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	ADULT SLEEP LAB	40,134	2,086	102,577	1,169	17,515	90.01
90.02	PEDIATRIC SLEEP LAB	0	0	0	1,058	19,166	90.02
90.03	IVF	2,686	1,341	65,942	3,130	22,191	90.03
91.00	EMERGENCY	566,386	8,791	432,289	21,992	171,530	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	15,958,392	240,050	11,239,519	2,130,979	3,314,906	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2012 11:56 pm

Cost Center Description	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	
	4.00	5.01	5.02	5.03	5.04	
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	894	43,962	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 OTHER NON-REIMBURSABLE	79,799	3,725	183,173	65	0	192.01
192.02 PURCHASED SERVICES	0	0	0	0	0	192.02
192.03 ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04 PHYSICIANS' PRIVATE OFFICES	0	2,831	139,212	13	0	192.04
192.05 BARIATRIC PHYSICIANS	344,675	298	14,654	2,787	356	192.05
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	16,382,866	247,798	11,620,520	2,133,844	3,315,262	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B  
Part I  
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Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5A.04	5.05	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-INTEREST						1.01
1.02	MOB LEASED SPACE						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMINITTING						5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	20,283,680	20,283,680				5.05
6.00	MAINTENANCE & REPAIRS	6,251,539	661,775	6,913,314			6.00
7.00	OPERATION OF PLANT	7,128,381	754,596	1,342,824	9,225,801		7.00
8.00	LAUNDRY & LINEN SERVICE	655,186	69,357		0	724,543	8.00
9.00	HOUSEKEEPING	6,488,123	686,820	98,678	163,430	0	9.00
10.00	DIETARY	1,994,827	211,168	44,944	74,436	0	10.00
11.00	CAFETERIA	2,207,306	233,661	251,495	416,524	11	11.00
13.00	NURSING ADMINISTRATION	5,699,769	603,366	42,076	69,686	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	2,937,646	310,973	212,877	352,566	3,129	14.00
15.00	PHARMACY	8,061,137	853,336	61,511	101,875	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	691,535	73,205	16,550	27,411	0	16.00
17.00	SOCIAL SERVICE	423,496	44,830	11,169	18,497	0	17.00
18.00	PATIENT TRANSPORTATION	331,167	35,057	4,353	7,209	0	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	34,966,724	3,701,456	2,008,095	3,325,790	446,923	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	2,320,452	245,638	141,530	234,401	0	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	5,511,920	583,481	383,155	634,579	20,680	34.02
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	2,946,626	311,924	172,623	285,897	79,718	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	25,833,004	2,734,630	809,703	1,341,023	40,995	50.00
51.00	RECOVERY ROOM	3,865,584	409,203	161,320	267,176	6,996	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	8,611,327	911,578	282,655	468,132	46,359	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	319,736	33,847	10,646	17,631	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	-295,669	0	0	0	0	59.00
60.00	LABORATORY	22,253,854	2,355,748	142,340	235,742	1,736	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	3,090,217	327,124	33,556	55,576	166	65.00
66.00	PHYSICAL THERAPY	2,301,669	243,650	5,854	9,696	4,653	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,551,332	481,795	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	12,041,598	1,274,699	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	230,575	24,408	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	CARDIAC CATHETERIZATION LABORATORY	6,370,197	674,336	222,443	368,408	20,073	75.01
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	ADULT SLEEP LAB	428,870	45,399	0	0	234	90.01
90.02	PEDIATRIC SLEEP LAB	228,859	24,227	0	0	4,438	90.02
90.03	IVF	498,813	52,803	82,701	136,969	0	90.03
91.00	EMERGENCY	4,785,554	506,589	195,062	323,059	47,920	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	204,015,034	19,480,679	6,738,160	8,935,713	724,031	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

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Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	5A.04	5.05	6.00	7.00	8.00	
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	158,979	16,829	29,929	49,568	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 OTHER NON-REIMBURSABLE	3,438,414	363,984	48,470	80,276	512	192.01
192.02 PURCHASED SERVICES	0	0	0	0	0	192.02
192.03 ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04 PHYSICIANS' PRIVATE OFFICES	536,146	56,755	96,755	160,244	0	192.04
192.05 BARIATRIC PHYSICIANS	3,445,915	364,778	0	0	0	192.05
194.00 OTHER NONREIMBURSABLE COST CENTERS	6,189	655	0	0	0	194.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	-191,633	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	211,409,044	20,283,680	6,913,314	9,225,801	724,543	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	9.00	10.00	11.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-INTEREST						1.01
1.02 MOB LEASED SPACE						1.02
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMINITTING						5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING	7,437,051					9.00
10.00 DIETARY	61,086	2,386,461				10.00
11.00 CAFETERIA	341,821	75,818	3,526,636			11.00
13.00 NURSING ADMINISTRATION	57,188	0	222,609	6,694,694		13.00
14.00 CENTRAL SERVICES & SUPPLY	289,334	0	82,533	0	4,189,058	14.00
15.00 PHARMACY	83,604	0	135,939	0	34,274	15.00
16.00 MEDICAL RECORDS & LIBRARY	22,495	0	0	0	0	16.00
17.00 SOCIAL SERVICE	15,180	0	16,590	62,960	8	17.00
18.00 PATIENT TRANSPORTATION	5,916	0	36,189	0	0	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	2,729,314	2,160,870	1,241,250	4,402,919	278,227	30.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 PEDIATRIC INTENSIVE CARE UNIT	192,362	37,213	71,375	270,871	6,991	34.01
34.02 PREMATURE INTENSIVE CARE UNIT	520,768	60,088	147,681	560,455	21,512	34.02
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	234,622	0	878	314,324	23,477	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	1,100,513	0	304,640	0	3,053,111	50.00
51.00 RECOVERY ROOM	219,259	0	141,706	0	49,937	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	384,173	0	241,539	0	65,237	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	14,469	0	9,152	0	18,448	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	193,462	0	206,687	0	184,322	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	45,608	0	122,065	0	21,751	65.00
66.00 PHYSICAL THERAPY	7,957	0	92,562	0	6,170	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 CARDIAC CATHETERIZATION LABORATORY	302,335	28,889	117,510	445,953	365,597	75.01
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 ADULT SLEEP LAB	0	0	12,286	0	2,321	90.01
90.02 PEDIATRIC SLEEP LAB	0	0	0	0	2,101	90.02
90.03 IVF	112,404	23,583	961	0	6,215	90.03
91.00 EMERGENCY	265,119	0	167,907	637,212	43,667	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	7,198,989	2,386,461	3,372,059	6,694,694	4,183,368	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

Period:  
From 01/01/2011  
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Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	9.00	10.00	11.00	13.00	14.00	
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	40,678	0	33,264	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 OTHER NON-REIMBURSABLE	65,879	0	0	0	130	192.01
192.02 PURCHASED SERVICES	0	0	0	0	0	192.02
192.03 ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04 PHYSICIANS' PRIVATE OFFICES	131,505	0	0	0	26	192.04
192.05 BARIATRIC PHYSICIANS	0	0	121,313	0	5,534	192.05
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	7,437,051	2,386,461	3,526,636	6,694,694	4,189,058	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		Subtotal	
				PATIENT TRANSPORTATION			
	15.00	16.00	17.00	18.00		24.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01 NEW CAP REL COSTS-INTEREST							1.01
1.02 MOB LEASED SPACE							1.02
2.00 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 EMPLOYEE BENEFITS							4.00
5.01 NONPATIENT TELEPHONES							5.01
5.02 DATA PROCESSING							5.02
5.03 PURCHASING, RECEIVING AND STORES							5.03
5.04 ADMITTING							5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL							5.05
6.00 MAINTENANCE & REPAIRS							6.00
7.00 OPERATION OF PLANT							7.00
8.00 LAUNDRY & LINEN SERVICE							8.00
9.00 HOUSEKEEPING							9.00
10.00 DIETARY							10.00
11.00 CAFETERIA							11.00
13.00 NURSING ADMINISTRATION							13.00
14.00 CENTRAL SERVICES & SUPPLY							14.00
15.00 PHARMACY	9,331,676						15.00
16.00 MEDICAL RECORDS & LIBRARY	0	831,198					16.00
17.00 SOCIAL SERVICE	9,852	0	602,582				17.00
18.00 PATIENT TRANSPORTATION	0	0	0	419,891			18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 ADULTS & PEDIATRICS	9,386	114,888	429,413	298,396	56,113,651		30.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
34.01 PEDIATRIC INTENSIVE CARE UNIT	0	5,985	19,581	13,607	3,560,006		34.01
34.02 PREMATURE INTENSIVE CARE UNIT	3,508	14,060	62,038	43,109	8,567,034		34.02
41.00 SUBPROVIDER - IRF	0	0	0	0	0		41.00
42.00 SUBPROVIDER	0	0	0	0	0		42.00
43.00 NURSERY	0	8,762	91,550	63,617	4,534,018		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	498,649	275,499	0	0	35,991,767		50.00
51.00 RECOVERY ROOM	128,779	24,333	0	1,162	5,275,455		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	11,811	101,507	0	0	11,124,318		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0		55.00
56.00 RADIOISOTOPE	223	5,603	0	0	429,755		56.00
57.00 CT SCAN	0	0	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	-295,669		59.00
60.00 LABORATORY	24,047	80,439	0	0	25,678,377		60.00
60.01 BLOOD LABORATORY	0	0	0	0	0		60.01
65.00 RESPIRATORY THERAPY	30,942	10,454	0	0	3,737,459		65.00
66.00 PHYSICAL THERAPY	234	14,436	0	0	2,686,881		66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	5,033,127		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	13,316,297		72.00
73.00 DRUGS CHARGED TO PATIENTS	8,542,680	57,824	0	0	8,855,487		73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
75.01 CARDIAC CATHETERIZATION LABORATORY	55,371	59,538	0	0	9,030,650		75.01
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0		76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
90.00 CLINIC	0	0	0	0	0		90.00
90.01 ADULT SLEEP LAB	710	4,393	0	0	494,213		90.01
90.02 PEDIATRIC SLEEP LAB	2,496	4,807	0	0	266,928		90.02
90.03 IVF	0	5,565	0	0	920,014		90.03
91.00 EMERGENCY	11,092	43,016	0	0	7,026,197		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 CORF	0	0	0	0	0		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 PANCREAS ACQUISITION	0	0	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0	0	0		111.00
113.00 INTEREST EXPENSE							113.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0		115.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		Subtotal	
				PATIENT TRANSPORTATION			
	15.00	16.00	17.00	18.00		24.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	9,329,780	831,109	602,582	419,891		202,345,965	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		329,247	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		0	192.00
192.01 OTHER NON-REIMBURSABLE	0	0	0	0		3,997,665	192.01
192.02 PURCHASED SERVICES	0	0	0	0		0	192.02
192.03 ZIONSVILLE SCHOOL NURSES	0	0	0	0		0	192.03
192.04 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		981,431	192.04
192.05 BARIATRIC PHYSICIANS	1,896	89	0	0		3,939,525	192.05
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		6,844	194.00
200.00 Cross Foot Adjustments						0	200.00
201.00 Negative Cost Centers	0	0	0	0		-191,633	201.00
202.00 TOTAL (sum lines 118-201)	9,331,676	831,198	602,582	419,891		211,409,044	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT			1.00
1.01	NEW CAP REL COSTS-INTEREST			1.01
1.02	MOB LEASED SPACE			1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.01	NONPATIENT TELEPHONES			5.01
5.02	DATA PROCESSING			5.02
5.03	PURCHASING, RECEIVING AND STORES			5.03
5.04	ADMITTING			5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL			5.05
6.00	MAINTENANCE & REPAIRS			6.00
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
18.00	PATIENT TRANSPORTATION			18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	0	56,113,651	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	0	3,560,006	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	0	8,567,034	34.02
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	4,534,018	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0	35,991,767	50.00
51.00	RECOVERY ROOM	0	5,275,455	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	11,124,318	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	429,755	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	-295,669	59.00
60.00	LABORATORY	0	25,678,377	60.00
60.01	BLOOD LABORATORY	0	0	60.01
65.00	RESPIRATORY THERAPY	0	3,737,459	65.00
66.00	PHYSICAL THERAPY	0	2,686,881	66.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,033,127	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	13,316,297	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	8,855,487	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	CARDIAC CATHETERIZATION LABORATORY	0	9,030,650	75.01
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97	CARDIAC REHABILITATION	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
90.01	ADULT SLEEP LAB	0	494,213	90.01
90.02	PEDIATRIC SLEEP LAB	0	266,928	90.02
90.03	IVF	0	920,014	90.03
91.00	EMERGENCY	0	7,026,197	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
115.00	AMBULATORY SURGICAL CENTER (D. P.)	0	0	115.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

Period:  
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To 12/31/2011

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
118.00	SUBTOTALS (SUM OF LINES 1-117)	25.00	26.00	
		0	202,345,965	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	329,247	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	OTHER NON-REIMBURSABLE	0	3,997,665	192.01
192.02	PURCHASED SERVICES	0	0	192.02
192.03	ZIONSVILLE SCHOOL NURSES	0	0	192.03
192.04	PHYSICIANS' PRIVATE OFFICES	0	981,431	192.04
192.05	BARIATRIC PHYSICIANS	0	3,939,525	192.05
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	6,844	194.00
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	-191,633	201.00
202.00	TOTAL (sum lines 118-201)	0	211,409,044	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT	NEW INTEREST	MOB LEASED SPACE	NEW MVBLE EQUIP		
		0	1.00	1.01	1.02		2.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	NEW CAP REL COSTS-INTEREST					1.01	
1.02	MOB LEASED SPACE					1.02	
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	EMPLOYEE BENEFITS	0	7,250	9,147	0	2,701	4.00
5.01	NONPATIENT TELEPHONES	0	0	0	0	30,379	5.01
5.02	DATA PROCESSING	0	176,403	222,548	0	148,983	5.02
5.03	PURCHASING, RECEIVING AND STORES	0	314,581	396,872	0	30,954	5.03
5.04	ADMINISTRATIVE	0	99,698	125,777	0	38,046	5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	0	153,496	193,649	0	3,027,132	5.05
6.00	MAINTENANCE & REPAIRS	0	0	0	0	71,777	6.00
7.00	OPERATION OF PLANT	0	2,245,427	2,832,804	0	252,022	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	92	8.00
9.00	HOUSEKEEPING	0	165,006	208,170	0	72,351	9.00
10.00	DIETARY	0	75,154	94,814	0	8,427	10.00
11.00	CAFETERIA	0	420,542	530,550	0	2,024	11.00
13.00	NURSING ADMINISTRATION	0	70,358	88,763	0	11,704	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	355,967	449,083	0	157,494	14.00
15.00	PHARMACY	0	102,857	129,764	0	154,942	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	27,675	34,914	0	1,056	16.00
17.00	SOCIAL SERVICE	0	18,676	23,561	0	166	17.00
18.00	PATIENT TRANSPORTATION	0	7,278	9,182	0	356	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	0	3,357,874	4,236,251	0	404,403	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	0	236,662	298,570	0	38,349	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	0	640,700	808,300	0	122,959	34.02
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	288,655	364,164	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	1,353,959	1,708,139	0	1,112,151	50.00
51.00	RECOVERY ROOM	0	269,754	340,318	0	67,583	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	472,647	596,286	0	879,122	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	17,801	22,458	0	24,699	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	238,016	300,279	0	140,600	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	56,112	70,790	0	72,044	65.00
66.00	PHYSICAL THERAPY	0	9,789	12,350	0	16,724	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	CARDIAC CATHETERIZATION LABORATORY	0	371,962	469,263	0	348,335	75.01
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	ADULT SLEEP LAB	0	0	0	0	27,505	90.01
90.02	PEDIATRIC SLEEP LAB	0	0	0	0	9,356	90.02
90.03	IVF	0	138,290	174,465	0	77,608	90.03
91.00	EMERGENCY	0	326,176	411,499	0	41,598	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

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Part II  
Date/Time Prepared:  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW INTEREST	MOB LEASED SPACE	NEW MVBLE EQUIP	
		1.00	1.01	1.02	2.00	
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	12,018,765	15,162,730	0	7,393,642	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	50,046	63,138	0	939	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 OTHER NON-REIMBURSABLE	0	81,050	102,252	0	17,568	192.01
192.02 PURCHASED SERVICES	0	0	0	0	0	192.02
192.03 ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04 PHYSICIANS' PRIVATE OFFICES	0	161,790	204,113	0	27,698	192.04
192.05 BARIATRIC PHYSICIANS	0	0	0	0	52,418	192.05
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	-191,633	0	201.00
202.00 TOTAL (sum lines 118-201)	0	12,311,651	15,532,233	-191,633	7,492,265	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2012 11:56 pm

Cost Center Description		Subtotal	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	
		2A	4.00	5.01	5.02	5.03	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-INTEREST						1.01
1.02	MOB LEASED SPACE						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	19,098	19,098				4.00
5.01	NONPATIENT TELEPHONES	30,379	11	30,390			5.01
5.02	DATA PROCESSING	547,934	886	1,407	550,227		5.02
5.03	PURCHASING, RECEIVING AND STORES	742,407	227	128	2,428	745,190	5.03
5.04	ADMINISTRATIVE	263,521	662	1,498	28,448	14	5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	3,374,277	1,631	1,371	26,020	6,211	5.05
6.00	MAINTENANCE & REPAIRS	71,777	375	439	8,326	1,692	6.00
7.00	OPERATION OF PLANT	5,330,253	102	1,553	29,489	0	7.00
8.00	LAUNDRY & LINEN SERVICE	92	0	0	0	1	8.00
9.00	HOUSEKEEPING	445,527	401	146	2,775	296	9.00
10.00	DIETARY	178,395	231	329	6,245	167	10.00
11.00	CAFETERIA	953,116	270	128	2,428	0	11.00
13.00	NURSING ADMINISTRATION	170,825	1,084	238	4,510	48	13.00
14.00	CENTRAL SERVICES & SUPPLY	962,544	220	183	3,469	0	14.00
15.00	PHARMACY	387,563	682	384	7,285	6,028	15.00
16.00	MEDICAL RECORDS & LIBRARY	63,645	159	402	7,632	0	16.00
17.00	SOCIAL SERVICE	42,403	65	91	1,735	1	17.00
18.00	PATIENT TRANSPORTATION	16,816	63	0	0	0	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	7,998,528	4,487	8,551	162,365	48,934	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	573,581	303	475	9,020	1,230	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	1,571,959	651	1,188	22,550	3,784	34.02
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	652,819	344	658	12,489	4,129	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	4,174,249	1,220	2,924	55,508	536,972	50.00
51.00	RECOVERY ROOM	677,655	590	238	4,510	8,783	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,948,055	896	3,490	66,263	11,474	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	64,958	43	0	0	3,245	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	678,895	808	822	15,612	32,418	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	198,946	551	183	3,469	3,826	65.00
66.00	PHYSICAL THERAPY	38,863	408	384	7,285	1,085	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	CARDIAC CATHETERIZATION LABORATORY	1,189,560	522	731	13,877	64,301	75.01
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	ADULT SLEEP LAB	27,505	47	256	4,857	408	90.01
90.02	PEDIATRIC SLEEP LAB	9,356	0	0	0	369	90.02
90.03	IVF	390,363	3	164	3,122	1,093	90.03
91.00	EMERGENCY	779,273	661	1,078	20,469	7,680	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	34,575,137	18,603	29,439	532,186	744,189	118.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150161		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 11:56 pm	
Cost Center Description	Subtotal	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES		
	2A	4.00	5.01	5.02	5.03		
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	114,123	0	110	2,082	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	OTHER NON-REIMBURSABLE	200,870	93	457	8,673	23	192.01
192.02	PURCHASED SERVICES	0	0	0	0	0	192.02
192.03	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04	PHYSICIANS' PRIVATE OFFICES	393,601	0	347	6,592	5	192.04
192.05	BARIATRIC PHYSICIANS	52,418	402	37	694	973	192.05
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments	0					200.00
201.00	Negative Cost Centers	-191,633	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	35,144,516	19,098	30,390	550,227	745,190	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150161		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 11:56 pm	
Cost Center Description		ADMINISTRATIVE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.04	5.05	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-INTEREST						1.01
1.02	MOB LEASED SPACE						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE	294,143					5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	37	3,409,547				5.05
6.00	MAINTENANCE & REPAIRS	0	111,240	193,849			6.00
7.00	OPERATION OF PLANT	0	126,842	37,653	5,525,892		7.00
8.00	LAUNDRY & LINEN SERVICE	0	11,658	0	0	11,751	8.00
9.00	HOUSEKEEPING	0	115,450	2,767	97,888	0	9.00
10.00	DIETARY	0	35,496	1,260	44,584	0	10.00
11.00	CAFETERIA	0	39,277	7,052	249,481	0	11.00
13.00	NURSING ADMINISTRATION	0	101,422	1,180	41,739	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	52,272	5,969	211,173	51	14.00
15.00	PHARMACY	11	143,440	1,725	61,019	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	12,305	464	16,418	0	16.00
17.00	SOCIAL SERVICE	0	7,536	313	11,079	0	17.00
18.00	PATIENT TRANSPORTATION	0	5,893	122	4,318	0	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	40,658	622,192	56,306	1,992,020	7,249	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	2,118	41,290	3,969	140,397	0	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	4,976	98,079	10,744	380,088	335	34.02
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	3,101	52,432	4,840	171,241	1,293	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	97,436	459,672	22,704	803,220	665	50.00
51.00	RECOVERY ROOM	8,611	68,784	4,523	160,028	113	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	35,923	153,230	7,926	280,392	752	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	1,983	5,689	299	10,560	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	28,467	395,985	3,991	141,200	28	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	3,700	54,987	941	33,288	3	65.00
66.00	PHYSICAL THERAPY	5,109	40,956	164	5,807	75	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	80,986	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	214,268	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	20,464	4,103	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	CARDIAC CATHETERIZATION LABORATORY	21,070	113,351	6,237	220,662	326	75.01
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	ADULT SLEEP LAB	1,554	7,631	0	0	4	90.01
90.02	PEDIATRIC SLEEP LAB	1,701	4,072	0	0	72	90.02
90.03	IVF	1,969	8,876	2,319	82,039	0	90.03
91.00	EMERGENCY	15,223	85,154	5,470	193,500	777	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	294,111	3,274,568	188,938	5,352,141	11,743	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2012 11:56 pm

Cost Center Description	ADMITTING	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	5.04	5.05	6.00	7.00	8.00	
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,829	839	29,689	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 OTHER NON-REIMBURSABLE	0	61,183	1,359	48,082	8	192.01
192.02 PURCHASED SERVICES	0	0	0	0	0	192.02
192.03 ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04 PHYSICIANS' PRIVATE OFFICES	0	9,540	2,713	95,980	0	192.04
192.05 BARIATRIC PHYSICIANS	32	61,317	0	0	0	192.05
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	110	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	294,143	3,409,547	193,849	5,525,892	11,751	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150161		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 11:56 pm	
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-INTEREST						1.01
1.02	MOB LEASED SPACE						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMINITTING						5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING	665,250					9.00
10.00	DIETARY	5,464	272,171				10.00
11.00	CAFETERIA	30,576	8,647	1,290,975			11.00
13.00	NURSING ADMINISTRATION	5,116	0	81,489	407,651		13.00
14.00	CENTRAL SERVICES & SUPPLY	25,881	0	30,212	0	1,291,974	14.00
15.00	PHARMACY	7,478	0	49,762	0	10,571	15.00
16.00	MEDICAL RECORDS & LIBRARY	2,012	0	0	0	1	16.00
17.00	SOCIAL SERVICE	1,358	0	6,073	3,834	3	17.00
18.00	PATIENT TRANSPORTATION	529	0	13,248	0	0	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	244,139	246,442	454,377	268,100	85,811	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	17,207	4,244	26,128	16,494	2,156	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	46,583	6,853	54,061	34,127	6,635	34.02
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	20,987	0	321	19,140	7,241	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	98,442	0	111,518	0	941,624	50.00
51.00	RECOVERY ROOM	19,613	0	51,873	0	15,401	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	34,365	0	88,419	0	20,120	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	1,294	0	3,350	0	5,690	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	17,305	0	75,661	0	56,849	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	4,080	0	44,684	0	6,708	65.00
66.00	PHYSICAL THERAPY	712	0	33,884	0	1,903	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	CARDIAC CATHETERIZATION LABORATORY	27,044	3,295	43,016	27,155	112,757	75.01
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	ADULT SLEEP LAB	0	0	4,497	0	716	90.01
90.02	PEDIATRIC SLEEP LAB	0	0	0	0	648	90.02
90.03	IVF	10,055	2,690	352	0	1,917	90.03
91.00	EMERGENCY	23,715	0	61,465	38,801	13,468	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	643,955	272,171	1,234,390	407,651	1,290,219	118.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150161			Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 11:56 pm	
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		9.00	10.00	11.00	13.00	14.00		
NONREIMBURSABLE COST CENTERS								
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,639	0	12,177	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	OTHER NON-REIMBURSABLE	5,893	0	0	0	0	40	192.01
192.02	PURCHASED SERVICES	0	0	0	0	0	0	192.02
192.03	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	0	192.03
192.04	PHYSICIANS' PRIVATE OFFICES	11,763	0	0	0	0	8	192.04
192.05	BARIATRIC PHYSICIANS	0	0	44,408	0	1,707	0	192.05
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	665,250	272,171	1,290,975	407,651	1,291,974		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2012 11:56 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		Subtotal	
				PATIENT TRANSPORTATION			
	15.00	16.00	17.00	18.00		24.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01 NEW CAP REL COSTS-INTEREST							1.01
1.02 MOB LEASED SPACE							1.02
2.00 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 EMPLOYEE BENEFITS							4.00
5.01 NONPATIENT TELEPHONES							5.01
5.02 DATA PROCESSING							5.02
5.03 PURCHASING, RECEIVING AND STORES							5.03
5.04 ADMITTING							5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL							5.05
6.00 MAINTENANCE & REPAIRS							6.00
7.00 OPERATION OF PLANT							7.00
8.00 LAUNDRY & LINEN SERVICE							8.00
9.00 HOUSEKEEPING							9.00
10.00 DIETARY							10.00
11.00 CAFETERIA							11.00
13.00 NURSING ADMINISTRATION							13.00
14.00 CENTRAL SERVICES & SUPPLY							14.00
15.00 PHARMACY	675,948						15.00
16.00 MEDICAL RECORDS & LIBRARY	0	103,038					16.00
17.00 SOCIAL SERVICE	714	0	75,205				17.00
18.00 PATIENT TRANSPORTATION	0	0	0	40,989			18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 ADULTS & PEDIATRICS	680	14,245	53,592	29,130	12,337,806		30.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
34.01 PEDIATRIC INTENSIVE CARE UNIT	0	742	2,444	1,328	843,126		34.01
34.02 PREMATURE INTENSIVE CARE UNIT	254	1,743	7,743	4,208	2,256,561		34.02
41.00 SUBPROVIDER - IRF	0	0	0	0	0		41.00
42.00 SUBPROVIDER	0	0	0	0	0		42.00
43.00 NURSERY	0	1,086	11,426	6,210	969,757		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	36,120	34,138	0	0	7,376,412		50.00
51.00 RECOVERY ROOM	9,328	3,017	0	113	1,033,180		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	856	12,586	0	0	2,664,747		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0		55.00
56.00 RADIOISOTOPE	16	695	0	0	97,822		56.00
57.00 CT SCAN	0	0	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00 LABORATORY	1,742	9,973	0	0	1,459,756		60.00
60.01 BLOOD LABORATORY	0	0	0	0	0		60.01
65.00 RESPIRATORY THERAPY	2,241	1,296	0	0	358,903		65.00
66.00 PHYSICAL THERAPY	17	1,790	0	0	138,442		66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	80,986		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	214,268		72.00
73.00 DRUGS CHARGED TO PATIENTS	618,797	7,169	0	0	650,533		73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
75.01 CARDIAC CATHETERIZATION LABORATORY	4,011	7,382	0	0	1,855,297		75.01
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0		76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
90.00 CLINIC	0	0	0	0	0		90.00
90.01 ADULT SLEEP LAB	51	545	0	0	48,071		90.01
90.02 PEDIATRIC SLEEP LAB	181	596	0	0	16,995		90.02
90.03 IVF	0	690	0	0	505,652		90.03
91.00 EMERGENCY	803	5,334	0	0	1,252,871		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 CORF	0	0	0	0	0		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 PANCREAS ACQUISITION	0	0	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0	0	0		111.00
113.00 INTEREST EXPENSE							113.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0		115.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2012 11:56 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		Subtotal	
				PATIENT TRANSPORTATION			
	15.00	16.00	17.00	18.00		24.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	675,811	103,027	75,205	40,989		34,161,185	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		165,488	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		0	192.00
192.01 OTHER NON-REIMBURSABLE	0	0	0	0		326,681	192.01
192.02 PURCHASED SERVICES	0	0	0	0		0	192.02
192.03 ZIONSVILLE SCHOOL NURSES	0	0	0	0		0	192.03
192.04 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		520,549	192.04
192.05 BARIATRIC PHYSICIANS	137	11	0	0		162,136	192.05
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		110	194.00
200.00 Cross Foot Adjustments						0	200.00
201.00 Negative Cost Centers	0	0	0	0		-191,633	201.00
202.00 TOTAL (sum lines 118-201)	675,948	103,038	75,205	40,989		35,144,516	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150161	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Prepared: 5/29/2012 11:56 pm
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Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00 NEW CAP REL COSTS-BLDG & FIXT			1.00
1.01 NEW CAP REL COSTS-INTEREST			1.01
1.02 MOB LEASED SPACE			1.02
2.00 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00 EMPLOYEE BENEFITS			4.00
5.01 NONPATIENT TELEPHONES			5.01
5.02 DATA PROCESSING			5.02
5.03 PURCHASING, RECEIVING AND STORES			5.03
5.04 ADMITTING			5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL			5.05
6.00 MAINTENANCE & REPAIRS			6.00
7.00 OPERATION OF PLANT			7.00
8.00 LAUNDRY & LINEN SERVICE			8.00
9.00 HOUSEKEEPING			9.00
10.00 DIETARY			10.00
11.00 CAFETERIA			11.00
13.00 NURSING ADMINISTRATION			13.00
14.00 CENTRAL SERVICES & SUPPLY			14.00
15.00 PHARMACY			15.00
16.00 MEDICAL RECORDS & LIBRARY			16.00
17.00 SOCIAL SERVICE			17.00
18.00 PATIENT TRANSPORTATION			18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 ADULTS & PEDIATRICS	0	12,337,806	30.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01 PEDIATRIC INTENSIVE CARE UNIT	0	843,126	34.01
34.02 PREMATURE INTENSIVE CARE UNIT	0	2,256,561	34.02
41.00 SUBPROVIDER - IRF	0	0	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	969,757	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	0	7,376,412	50.00
51.00 RECOVERY ROOM	0	1,033,180	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	2,664,747	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 RADIOISOTOPE	0	97,822	56.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	1,459,756	60.00
60.01 BLOOD LABORATORY	0	0	60.01
65.00 RESPIRATORY THERAPY	0	358,903	65.00
66.00 PHYSICAL THERAPY	0	138,442	66.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	80,986	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	214,268	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	650,533	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
75.01 CARDIAC CATHETERIZATION LABORATORY	0	1,855,297	75.01
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
90.01 ADULT SLEEP LAB	0	48,071	90.01
90.02 PEDIATRIC SLEEP LAB	0	16,995	90.02
90.03 IVF	0	505,652	90.03
91.00 EMERGENCY	0	1,252,871	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10 CORF	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00 PANCREAS ACQUISITION	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	110.00
111.00 ISLET ACQUISITION	0	0	111.00
113.00 INTEREST EXPENSE			113.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2012 11:56 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
118.00	SUBTOTALS (SUM OF LINES 1-117)	25.00	26.00	
		0	34,161,185	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	165,488	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	OTHER NON-REIMBURSABLE	0	326,681	192.01
192.02	PURCHASED SERVICES	0	0	192.02
192.03	ZIONSVILLE SCHOOL NURSES	0	0	192.03
192.04	PHYSICIANS' PRIVATE OFFICES	0	520,549	192.04
192.05	BARIATRIC PHYSICIANS	0	162,136	192.05
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	110	194.00
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	-191,633	201.00
202.00	TOTAL (sum lines 118-201)	0	35,144,516	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B-1

Date/Time Prepared:  
5/29/2012 11:56 pm

Cost Center Description	CAPITAL RELATED COSTS					EMPLOYEE BENEFITS (GROSS SALARIES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	MOB LEASED SPACE (MOB SQ FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	1.02	2.00	4.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	436,413					1.00
1.01	NEW CAP REL COSTS-INTEREST	0	436,413				1.01
1.02	MOB LEASED SPACE	0	0	25,589			1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP				99,294,892		2.00
4.00	EMPLOYEE BENEFITS	257	257	1,291	35,796	72,661,494	4.00
5.01	NONPATIENT TELEPHONES	0	0	0	402,611	43,346	5.01
5.02	DATA PROCESSING	6,253	6,253	383	1,974,456	3,368,396	5.02
5.03	PURCHASING, RECEIVING AND STORES	11,151	11,151	195	410,236	862,312	5.03
5.04	ADMINISTRATIVE	3,534	3,534	0	504,217	2,517,055	5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	5,441	5,441	11,744	40,118,783	6,199,744	5.05
6.00	MAINTENANCE & REPAIRS	0	0	0	951,255	1,425,973	6.00
7.00	OPERATION OF PLANT	79,594	79,594	1,229	3,340,033	386,195	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	1,220	0	8.00
9.00	HOUSEKEEPING	5,849	5,849	311	958,864	1,525,886	9.00
10.00	DIETARY	2,664	2,664	0	111,686	877,238	10.00
11.00	CAFETERIA	14,907	14,907	0	26,819	1,025,167	11.00
13.00	NURSING ADMINISTRATION	2,494	2,494	0	155,113	4,120,209	13.00
14.00	CENTRAL SERVICES & SUPPLY	12,618	12,618	0	2,087,257	837,620	14.00
15.00	PHARMACY	3,646	3,646	0	2,053,431	2,594,655	15.00
16.00	MEDICAL RECORDS & LIBRARY	981	981	0	13,991	605,000	16.00
17.00	SOCIAL SERVICE	662	662	0	2,200	247,489	17.00
18.00	PATIENT TRANSPORTATION	258	258	0	4,718	237,784	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	119,027	119,027	0	5,359,530	17,105,026	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	8,389	8,389	0	508,238	1,153,856	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	22,711	22,711	0	1,629,569	2,475,308	34.02
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	10,232	10,232	0	0	1,309,393	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	47,994	47,994	0	14,739,266	4,638,564	50.00
51.00	RECOVERY ROOM	9,562	9,562	0	895,677	2,244,859	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	16,754	16,754	5,682	11,650,939	3,408,374	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	631	631	0	327,333	164,557	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	8,437	8,437	0	1,863,357	3,071,962	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	1,989	1,989	0	954,790	2,094,091	65.00
66.00	PHYSICAL THERAPY	347	347	4,754	221,646	1,550,515	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	CARDIAC CATHETERIZATION LABORATORY	13,185	13,185	0	4,616,460	1,986,324	75.01
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	ADULT SLEEP LAB	0	0	0	364,524	178,001	90.01
90.02	PEDIATRIC SLEEP LAB	0	0	0	123,994	0	90.02
90.03	IVF	4,902	4,902	0	1,028,538	11,914	90.03
91.00	EMERGENCY	11,562	11,562	0	551,295	2,512,045	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	MOB LEASED SPACE (MOB SQ FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
	1.00	1.01	1.02	2.00		
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	426,031	426,031	25,589	97,987,842	70,778,858	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,774	1,774	0	12,451	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 OTHER NON-REIMBURSABLE	2,873	2,873	0	232,833	353,928	192.01
192.02 PURCHASED SERVICES	0	0	0	0	0	192.02
192.03 ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04 PHYSICIANS' PRIVATE OFFICES	5,735	5,735	0	367,079	0	192.04
192.05 BARIATRIC PHYSICIANS	0	0	0	694,687	1,528,708	192.05
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	12,311,651	15,532,233	-191,633	7,492,265	16,382,866	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	28.211009	35.590674	0.000000	0.075455	0.225468	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)					19,098	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)					0.000263	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (PHONE LINES)	PURCHASING, RECEIVING AND STORES (COSTED REQUISITIONS)	ADMITTING (TOTAL CHARGES)	Reconciliation	
	5.01	5.02	5.03	5.04	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-INTEREST						1.01
1.02 MOB LEASED SPACE						1.02
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES	1,663					5.01
5.02 DATA PROCESSING	77	1,586				5.02
5.03 PURCHASING, RECEIVING AND STORES	7	7	29,940,818			5.03
5.04 ADMITTING	82	82	579	518,030,242		5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL	75	75	249,563	65,963	-20,283,680	5.05
6.00 MAINTENANCE & REPAIRS	24	24	67,962	0	0	6.00
7.00 OPERATION OF PLANT	85	85	0	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	30	0	0	8.00
9.00 HOUSEKEEPING	8	8	11,883	0	0	9.00
10.00 DIETARY	18	18	6,691	0	0	10.00
11.00 CAFETERIA	7	7	0	0	0	11.00
13.00 NURSING ADMINISTRATION	13	13	1,929	0	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	10	10	0	0	0	14.00
15.00 PHARMACY	21	21	242,198	19,803	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	22	22	16	0	0	16.00
17.00 SOCIAL SERVICE	5	5	59	0	0	17.00
18.00 PATIENT TRANSPORTATION	0	0	0	0	0	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	468	468	1,966,103	71,581,462	0	30.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 PEDIATRIC INTENSIVE CARE UNIT	26	26	49,404	3,728,992	0	34.01
34.02 PREMATURE INTENSIVE CARE UNIT	65	65	152,017	8,759,912	0	34.02
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	36	36	165,904	5,459,396	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	160	160	21,574,961	171,714,811	0	50.00
51.00 RECOVERY ROOM	13	13	352,881	15,160,948	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	191	191	460,999	63,244,280	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	130,366	3,490,761	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	295,669	59.00
60.00 LABORATORY	45	45	1,302,521	50,117,783	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	10	10	153,703	6,513,533	0	65.00
66.00 PHYSICAL THERAPY	21	21	43,604	8,994,171	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	36,027,376	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 CARDIAC CATHETERIZATION LABORATORY	40	40	2,583,507	37,095,062	0	75.01
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 ADULT SLEEP LAB	14	14	16,398	2,736,769	0	90.01
90.02 PEDIATRIC SLEEP LAB	0	0	14,844	2,994,726	0	90.02
90.03 IVF	9	9	43,917	3,467,386	0	90.03
91.00 EMERGENCY	59	59	308,572	26,801,527	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
115.00 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (PHONE LINES)	PURCHASING, RECEIVING AND STORES (COSTED REQUISITIONS)	ADMINISTRATIVE (TOTAL CHARGES)	Reconciliation	
	5.01	5.02	5.03	5.04	5A.05	
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,611	1,534	29,900,611	517,974,661	-19,988,011	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	6	6	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 OTHER NON-REIMBURSABLE	25	25	919	0	0	192.01
192.02 PURCHASED SERVICES	0	0	0	0	0	192.02
192.03 ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04 PHYSICIANS' PRIVATE OFFICES	19	19	182	0	0	192.04
192.05 BARIATRIC PHYSICIANS	2	2	39,106	55,581	0	192.05
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	247,798	11,620,520	2,133,844	3,315,262		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	149.006615	7,326.935687	0.071269	0.006400		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	30,390	550,227	745,190	294,143		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	18.274203	346.927491	0.024889	0.000568		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B-1

Date/Time Prepared:  
5/29/2012 11:56 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5.05	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-INTEREST						1.01
1.02	MOB LEASED SPACE						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	191,612,666					5.05
6.00	MAINTENANCE & REPAIRS	6,251,539	409,777				6.00
7.00	OPERATION OF PLANT	7,128,381	79,594	330,183			7.00
8.00	LAUNDRY & LINEN SERVICE	655,186	0	0	328,114		8.00
9.00	HOUSEKEEPING	6,488,123	5,849	5,849	0	324,334	9.00
10.00	DIETARY	1,994,827	2,664	2,664	0	2,664	10.00
11.00	CAFETERIA	2,207,306	14,907	14,907	5	14,907	11.00
13.00	NURSING ADMINISTRATION	5,699,769	2,494	2,494	0	2,494	13.00
14.00	CENTRAL SERVICES & SUPPLY	2,937,646	12,618	12,618	1,417	12,618	14.00
15.00	PHARMACY	8,061,137	3,646	3,646	0	3,646	15.00
16.00	MEDICAL RECORDS & LIBRARY	691,535	981	981	0	981	16.00
17.00	SOCIAL SERVICE	423,496	662	662	0	662	17.00
18.00	PATIENT TRANSPORTATION	331,167	258	258	0	258	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	34,966,724	119,027	119,027	202,392	119,027	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	2,320,452	8,389	8,389	0	8,389	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	5,511,920	22,711	22,711	9,365	22,711	34.02
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	2,946,626	10,232	10,232	36,101	10,232	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	25,833,004	47,994	47,994	18,565	47,994	50.00
51.00	RECOVERY ROOM	3,865,584	9,562	9,562	3,168	9,562	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	8,611,327	16,754	16,754	20,994	16,754	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	319,736	631	631	0	631	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	22,253,854	8,437	8,437	786	8,437	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	3,090,217	1,989	1,989	75	1,989	65.00
66.00	PHYSICAL THERAPY	2,301,669	347	347	2,107	347	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,551,332	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	12,041,598	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	230,575	0	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	CARDIAC CATHETERIZATION LABORATORY	6,370,197	13,185	13,185	9,090	13,185	75.01
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	ADULT SLEEP LAB	428,870	0	0	106	0	90.01
90.02	PEDIATRIC SLEEP LAB	228,859	0	0	2,010	0	90.02
90.03	IVF	498,813	4,902	4,902	0	4,902	90.03
91.00	EMERGENCY	4,785,554	11,562	11,562	21,701	11,562	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
115.00	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B-1

Date/Time Prepared:  
5/29/2012 11:56 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5.05	6.00	7.00	8.00	9.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	184,027,023	399,395	319,801	327,882	313,952	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	158,979	1,774	1,774	0	1,774	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	OTHER NON-REIMBURSABLE	3,438,414	2,873	2,873	232	2,873	192.01
192.02	PURCHASED SERVICES	0	0	0	0	0	192.02
192.03	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04	PHYSICIANS' PRIVATE OFFICES	536,146	5,735	5,735	0	5,735	192.04
192.05	BARIATRIC PHYSICIANS	3,445,915	0	0	0	0	192.05
194.00	OTHER NONREIMBURSABLE COST CENTERS	6,189	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	20,283,680	6,913,314	9,225,801	724,543	7,437,051	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.105858	16.870918	27.941478	2.208205	22.930223	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,409,547	193,849	5,525,892	11,751	665,250	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.017794	0.473060	16.735846	0.035814	2.051126	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	NURSING ADMINISTRATION (NURSING FTEs)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-INTEREST						1.01
1.02	MOB LEASED SPACE						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY	101,196					10.00
11.00	CAFETERIA	3,215	84,392				11.00
13.00	NURSING ADMINISTRATION	0	5,327	42,214			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	1,975	0	29,602,181		14.00
15.00	PHARMACY	0	3,253	0	242,198	3,981,889	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	16	0	16.00
17.00	SOCIAL SERVICE	0	397	397	59	4,204	17.00
18.00	PATIENT TRANSPORTATION	0	866	0	0	0	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	91,630	29,703	27,763	1,966,103	4,005	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	1,578	1,708	1,708	49,404	0	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	2,548	3,534	3,534	152,017	1,497	34.02
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	21	1,982	165,904	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	7,290	0	21,574,961	212,777	50.00
51.00	RECOVERY ROOM	0	3,391	0	352,881	54,951	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	5,780	0	460,999	5,040	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	219	0	130,366	95	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	4,946	0	1,302,521	10,261	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	2,921	0	153,703	13,203	65.00
66.00	PHYSICAL THERAPY	0	2,215	0	43,604	100	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,645,219	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	CARDIAC CATHETERIZATION LABORATORY	1,225	2,812	2,812	2,583,507	23,627	75.01
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	ADULT SLEEP LAB	0	294	0	16,398	303	90.01
90.02	PEDIATRIC SLEEP LAB	0	0	0	14,844	1,065	90.02
90.03	IVF	1,000	23	0	43,917	0	90.03
91.00	EMERGENCY	0	4,018	4,018	308,572	4,733	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
115.00	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	NURSING ADMINISTRATION  (NURSING FTEs)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	101,196	80,693	42,214	29,561,974	3,981,080	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	796	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	OTHER NON-REIMBURSABLE	0	0	0	919	0	192.01
192.02	PURCHASED SERVICES	0	0	0	0	0	192.02
192.03	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04	PHYSICIANS' PRIVATE OFFICES	0	0	0	182	0	192.04
192.05	BARIATRIC PHYSICIANS	0	2,903	0	39,106	809	192.05
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,386,461	3,526,636	6,694,694	4,189,058	9,331,676	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	23.582563	41.788748	158.589425	0.141512	2.343530	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	272,171	1,290,975	407,651	1,291,974	675,948	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.689543	15.297362	9.656773	0.043645	0.169756	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B-1  
Date/Time Prepared:  
5/29/2012 11:56 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE		
			PATIENT TRANSPORTATION	(PATIENT DAYS)	
	16.00	17.00	18.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 NEW CAP REL COSTS-INTEREST					1.01
1.02 MOB LEASED SPACE					1.02
2.00 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.01 NONPATIENT TELEPHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING, RECEIVING AND STORES					5.03
5.04 ADMITTING					5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00 MAINTENANCE & REPAIRS					6.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY	517,944,476				16.00
17.00 SOCIAL SERVICE	0	36,405			17.00
18.00 PATIENT TRANSPORTATION	0	0	36,506		18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 ADULTS & PEDIATRICS	71,581,462	25,943	25,943		30.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
34.01 PEDIATRIC INTENSIVE CARE UNIT	3,728,992	1,183	1,183		34.01
34.02 PREMATURE INTENSIVE CARE UNIT	8,759,912	3,748	3,748		34.02
41.00 SUBPROVIDER - IRF	0	0	0		41.00
42.00 SUBPROVIDER	0	0	0		42.00
43.00 NURSERY	5,459,396	5,531	5,531		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	171,714,811	0	0		50.00
51.00 RECOVERY ROOM	15,160,948	0	101		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	63,244,280	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 RADIOISOTOPE	3,490,761	0	0		56.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	50,117,783	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
65.00 RESPIRATORY THERAPY	6,513,533	0	0		65.00
66.00 PHYSICAL THERAPY	8,994,171	0	0		66.00
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	36,027,376	0	0		73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 CARDIAC CATHETERIZATION LABORATORY	37,095,062	0	0		75.01
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
76.97 CARDIAC REHABILITATION	0	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
90.01 ADULT SLEEP LAB	2,736,769	0	0		90.01
90.02 PEDIATRIC SLEEP LAB	2,994,726	0	0		90.02
90.03 IVF	3,467,386	0	0		90.03
91.00 EMERGENCY	26,801,527	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10 CORF	0	0	0		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00 PANCREAS ACQUISITION	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0		111.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B-1  
Date/Time Prepared:  
5/29/2012 11:56 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE		
			PATIENT TRANSPORTATION (PATIENT DAYS)		
	16.00	17.00	18.00		
113.00 INTEREST EXPENSE					113.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	517,888,895	36,405	36,506		118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
192.01 OTHER NON-REIMBURSABLE	0	0	0		192.01
192.02 PURCHASED SERVICES	0	0	0		192.02
192.03 ZIONSVILLE SCHOOL NURSES	0	0	0		192.03
192.04 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.04
192.05 BARIATRIC PHYSICIANS	55,581	0	0		192.05
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0		194.00
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers					201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	831,198	602,582	419,891		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.001605	16.552177	11.501972		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	103,038	75,205	40,989		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000199	2.065788	1.122802		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150161	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 11:56 pm		
		Title XVIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS		56,113,651	0	56,113,651	30.00
34.00	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT		3,560,006	0	3,560,006	34.01
34.02	PREMATURE INTENSIVE CARE UNIT		8,567,034	148,192	8,715,226	34.02
41.00	SUBPROVIDER - IRF		0	0	0	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		4,534,018	0	4,534,018	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM		35,991,767	0	35,991,767	50.00
51.00	RECOVERY ROOM		5,275,455	0	5,275,455	51.00
52.00	DELIVERY ROOM & LABOR ROOM		0	0	0	52.00
53.00	ANESTHESIOLOGY		0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC		11,124,318	0	11,124,318	54.00
55.00	RADIOLOGY-THERAPEUTIC		0	0	0	55.00
56.00	RADIOISOTOPE		429,755	0	429,755	56.00
57.00	CT SCAN		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	LABORATORY		25,678,377	0	25,678,377	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	3,737,459	0	3,737,459	65.00
66.00	PHYSICAL THERAPY	0	2,686,881	0	2,686,881	66.00
69.00	ELECTROCARDIOLOGY		0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		5,033,127	0	5,033,127	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		13,316,297	0	13,316,297	72.00
73.00	DRUGS CHARGED TO PATIENTS		8,855,487	0	8,855,487	73.00
75.00	ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	CARDIAC CATHETERIZATION LABORATORY		9,030,650	0	9,030,650	75.01
76.00	OTHER ANCILLARY SERVICE COST CENTERS		0	0	0	76.00
76.97	CARDIAC REHABILITATION		0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	CLINIC		0	0	0	90.00
90.01	ADULT SLEEP LAB		494,213	0	494,213	90.01
90.02	PEDIATRIC SLEEP LAB		266,928	0	266,928	90.02
90.03	IVF		920,014	0	920,014	90.03
91.00	EMERGENCY		7,026,197	0	7,026,197	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF		0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION		0	0	0	109.00
110.00	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	ISLET ACQUISITION		0	0	0	111.00
113.00	INTEREST EXPENSE		0	0	0	113.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00
200.00	Subtotal (see instructions)		202,641,634	148,192	202,789,826	200.00
201.00	Less Observation Beds		0	0	0	201.00
202.00	Total (see instructions)		202,641,634	148,192	202,789,826	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150161		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/29/2012 11:56 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	68,034,300		68,034,300			30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	3,727,505		3,727,505			34.01
34.02	PREMATURE INTENSIVE CARE UNIT	8,755,931		8,755,931			34.02
41.00	SUBPROVIDER - IRF	0		0			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	5,459,396		5,459,396			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	54,381,517	54,806,091	109,187,608	0.329632	0.000000	50.00
51.00	RECOVERY ROOM	5,074,735	10,072,177	15,146,912	0.348286	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	13,073,851	48,492,039	61,565,890	0.180690	0.000000	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	RADIOISOTOPE	648,205	2,838,416	3,486,621	0.123258	0.000000	56.00
57.00	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	LABORATORY	22,113,693	28,072,367	50,186,060	0.511664	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	RESPIRATORY THERAPY	5,141,120	1,367,316	6,508,436	0.574248	0.000000	65.00
66.00	PHYSICAL THERAPY	3,765,737	5,096,903	8,862,640	0.303169	0.000000	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,951,795	4,949,327	13,901,122	0.362066	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	47,366,798	13,063,880	60,430,678	0.220357	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	29,281,534	8,622,988	37,904,522	0.233626	0.000000	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	CARDIAC CATHETERIZATION LABORATORY	11,692,343	13,322,949	25,015,292	0.361005	0.000000	75.01
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.00
76.97	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	ADULT SLEEP LAB	0	2,733,504	2,733,504	0.180798	0.000000	90.01
90.02	PEDIATRIC SLEEP LAB	24,114	2,966,351	2,990,465	0.089260	0.000000	90.02
90.03	IVF	0	3,460,349	3,460,349	0.265873	0.000000	90.03
91.00	EMERGENCY	6,280,335	20,487,782	26,768,117	0.262484	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	185,284	1,069,067	1,254,351	0.000000	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0			99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
113.00	INTEREST EXPENSE	0	0	0			113.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
200.00	Subtotal (see instructions)	293,958,193	221,421,506	515,379,699			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	293,958,193	221,421,506	515,379,699			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150161	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 11:56 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	ADULTS & PEDIATRICS			30.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT			34.01
34.02	PREMATURE INTENSIVE CARE UNIT			34.02
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.329632		50.00
51.00	RECOVERY ROOM	0.348286		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.180690		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.123258		56.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.511664		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
65.00	RESPIRATORY THERAPY	0.574248		65.00
66.00	PHYSICAL THERAPY	0.303169		66.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.362066		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.220357		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.233626		73.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	CARDIAC CATHETERIZATION LABORATORY	0.361005		75.01
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
76.97	CARDIAC REHABILITATION	0.000000		76.97
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.000000		90.00
90.01	ADULT SLEEP LAB	0.180798		90.01
90.02	PEDIATRIC SLEEP LAB	0.089260		90.02
90.03	IVF	0.265873		90.03
91.00	EMERGENCY	0.262484		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	CORF			99.10
	SPECIAL PURPOSE COST CENTERS			
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)			115.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150161		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/29/2012 11:56 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	12,337,806	0	12,337,806	25,943	475.57	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	843,126		843,126	1,183	712.70	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	2,256,561		2,256,561	3,748	602.07	34.02
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	969,757		969,757	5,531	175.33	43.00
200.00	Total (Lines 30-199)	16,407,250		16,407,250	36,405		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150161	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/29/2012 11:56 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 ADULTS & PEDIATRICS	7,307	3,474,990		30.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0		34.00
34.01 PEDIATRIC INTENSIVE CARE UNIT	6	4,276		34.01
34.02 PREMATURE INTENSIVE CARE UNIT	10	6,021		34.02
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
200.00 Total (Lines 30-199)	7,323	3,485,287		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150161	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/29/2012 11:56 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	7,376,412	109,187,608	0.067557	13,385,417	904,279	50.00
51.00	RECOVERY ROOM	1,033,180	15,146,912	0.068211	1,668,426	113,805	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,664,747	61,565,890	0.043283	4,533,988	196,245	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	RADIOISOTOPE	97,822	3,486,621	0.028056	225,451	6,325	56.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	1,459,756	50,186,060	0.029087	6,684,701	194,438	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	358,903	6,508,436	0.055144	1,055,375	58,198	65.00
66.00	PHYSICAL THERAPY	138,442	8,862,640	0.015621	1,496,928	23,384	66.00
69.00	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	80,986	13,901,122	0.005826	2,729,309	15,901	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	214,268	60,430,678	0.003546	13,901,673	49,295	72.00
73.00	DRUGS CHARGED TO PATIENTS	650,533	37,904,522	0.017162	7,472,799	128,248	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	CARDIAC CATHETERIZATION LABORATORY	1,855,297	25,015,292	0.074167	6,223,247	461,560	75.01
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	0	0	0.000000	0	0	90.00
90.01	ADULT SLEEP LAB	48,071	2,733,504	0.017586	0	0	90.01
90.02	PEDIATRIC SLEEP LAB	16,995	2,990,465	0.005683	11,729	67	90.02
90.03	IVF	505,652	3,460,349	0.146127	0	0	90.03
91.00	EMERGENCY	1,252,871	26,768,117	0.046805	2,253,832	105,491	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,254,351	0.000000	63,903	0	92.00
200.00	Total (lines 50-199)	17,753,935	429,402,567		61,706,778	2,257,236	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150161		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/29/2012 11:56 pm	
Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	34.02
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150161		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/29/2012 11:56 pm	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	PPS
		6.00	7.00	8.00	9.00	11.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	25,943	0.00	7,307	0	0	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	1,183	0.00	6	0	0	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	3,748	0.00	10	0	0	34.02
41.00	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	NURSERY	5,531	0.00	0	0	0	43.00
200.00	Total (Lines 30-199)	36,405		7,323	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150161	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/29/2012 11:56 pm
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost		
	12.00	13.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 ADULTS & PEDIATRICS	0	0		30.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0		34.00
34.01 PEDIATRIC INTENSIVE CARE UNIT	0	0		34.01
34.02 PREMATURE INTENSIVE CARE UNIT	0	0		34.02
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
200.00 Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150161	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 11:56 pm
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col 4)
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00		5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	0	0	0	0		0	50.00
51.00 RECOVERY ROOM	0	0	0	0		0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0		0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0		0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0		0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0		0	55.00
56.00 RADIOISOTOPE	0	0	0	0		0	56.00
57.00 CT SCAN	0	0	0	0		0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0		0	59.00
60.00 LABORATORY	0	0	0	0		0	60.00
60.01 BLOOD LABORATORY	0	0	0	0		0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	0		0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0		0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0		0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0		0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0		0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0		0	75.00
75.01 CARDIAC CATHETERIZATION LABORATORY	0	0	0	0		0	75.01
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0		0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0		0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 RURAL HEALTH CLINIC	0	0	0	0		0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		0	89.00
90.00 CLINIC	0	0	0	0		0	90.00
90.01 ADULT SLEEP LAB	0	0	0	0		0	90.01
90.02 PEDIATRIC SLEEP LAB	0	0	0	0		0	90.02
90.03 IVF	0	0	0	0		0	90.03
91.00 EMERGENCY	0	0	0	0		0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		0	92.00
200.00 Total (Lines 50-199)	0	0	0	0		0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150161	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 11:56 pm
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Cost Center Description	Title XVIII			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	109,187,608	0.000000	0.000000	13,385,417	50.00
51.00 RECOVERY ROOM	0	15,146,912	0.000000	0.000000	1,668,426	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	61,565,890	0.000000	0.000000	4,533,988	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00 RADIOISOTOPE	0	3,486,621	0.000000	0.000000	225,451	56.00
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	50,186,060	0.000000	0.000000	6,684,701	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00 RESPIRATORY THERAPY	0	6,508,436	0.000000	0.000000	1,055,375	65.00
66.00 PHYSICAL THERAPY	0	8,862,640	0.000000	0.000000	1,496,928	66.00
69.00 ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,901,122	0.000000	0.000000	2,729,309	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	60,430,678	0.000000	0.000000	13,901,673	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	37,904,522	0.000000	0.000000	7,472,799	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01 CARDIAC CATHETERIZATION LABORATORY	0	25,015,292	0.000000	0.000000	6,223,247	75.01
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01 ADULT SLEEP LAB	0	2,733,504	0.000000	0.000000	0	90.01
90.02 PEDIATRIC SLEEP LAB	0	2,990,465	0.000000	0.000000	11,729	90.02
90.03 IVF	0	3,460,349	0.000000	0.000000	0	90.03
91.00 EMERGENCY	0	26,768,117	0.000000	0.000000	2,253,832	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,254,351	0.000000	0.000000	63,903	92.00
200.00 Total (lines 50-199)	0	429,402,567			61,706,778	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150161	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 11:56 pm
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Cost Center Description	Title XVIII			Hospital	PPS	
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	4,451,550	0	0	0	50.00
51.00 RECOVERY ROOM	0	933,524	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	11,182,479	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	732,268	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	688,696	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	272,094	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	2,373	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	211,646	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	1,151,609	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	806,121	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 CARDIAC CATHETERIZATION LABORATORY	0	1,136,379	0	0	0	75.01
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 ADULT SLEEP LAB	0	0	0	0	0	90.01
90.02 PEDIATRIC SLEEP LAB	0	0	0	0	0	90.02
90.03 IVF	0	0	0	0	0	90.03
91.00 EMERGENCY	0	7,178,220	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	283,326	0	0	0	92.00
200.00 Total (Lines 50-199)	0	29,030,285	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150161	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 11:56 pm
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	0	0	50.00
51.00 RECOVERY ROOM	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 RADIOISOTOPE	0	0	56.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 BLOOD LABORATORY	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
75.01 CARDIAC CATHETERIZATION LABORATORY	0	0	75.01
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
90.01 ADULT SLEEP LAB	0	0	90.01
90.02 PEDIATRIC SLEEP LAB	0	0	90.02
90.03 IVF	0	0	90.03
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150161	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 11:56 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		PPS	
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0.329632	4,451,550	0	0	50.00
51.00 RECOVERY ROOM	0.348286	933,524	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00 ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.180690	11,182,479	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00 RADIOISOTOPE	0.123258	732,268	0	0	56.00
57.00 CT SCAN	0.000000	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00 LABORATORY	0.511664	688,696	0	0	60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0.574248	272,094	0	0	65.00
66.00 PHYSICAL THERAPY	0.303169	2,373	0	0	66.00
69.00 ELECTROCARDIOLOGY	0.000000	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.362066	211,646	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.220357	1,151,609	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.233626	806,121	0	32,006	73.00
75.00 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
75.01 CARDIAC CATHETERIZATION LABORATORY	0.361005	1,136,379	0	0	75.01
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0.000000	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0.000000				88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00 CLINIC	0.000000	0	0	0	90.00
90.01 ADULT SLEEP LAB	0.180798	0	0	0	90.01
90.02 PEDIATRIC SLEEP LAB	0.089260	0	0	0	90.02
90.03 IVF	0.265873	0	0	0	90.03
91.00 EMERGENCY	0.262484	7,178,220	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	283,326	0	0	92.00
200.00 Subtotal (see instructions)		29,030,285	0	32,006	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		29,030,285	0	32,006	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150161	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 11:56 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	1,467,373	0	0		50.00
51.00 RECOVERY ROOM	325,133	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,020,562	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 RADIOISOTOPE	90,258	0	0		56.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	352,381	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
65.00 RESPIRATORY THERAPY	156,249	0	0		65.00
66.00 PHYSICAL THERAPY	719	0	0		66.00
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	76,630	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	253,765	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	188,331	0	7,477		73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 CARDIAC CATHETERIZATION LABORATORY	410,239	0	0		75.01
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
76.97 CARDIAC REHABILITATION	0	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
90.01 ADULT SLEEP LAB	0	0	0		90.01
90.02 PEDIATRIC SLEEP LAB	0	0	0		90.02
90.03 IVF	0	0	0		90.03
91.00 EMERGENCY	1,884,168	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00 Subtotal (see instructions)	7,225,808	0	7,477		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	7,225,808	0	7,477		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150161	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2012 11:56 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		25,943	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		25,943	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		25,943	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		7,307	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		56,113,651	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		56,113,651	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		78,444,075	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		78,444,075	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.715333	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		3,023.71	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		56,113,651	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		2,162.96	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,804,749	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		15,804,749	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150161		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT					43.00	
44.00	CORONARY CARE UNIT					44.00	
45.00	BURN INTENSIVE CARE UNIT					45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	
46.01	PEDIATRIC INTENSIVE CARE UNIT	3,560,006	1,183	3,009.30	6	18,056	
46.02	PREMATURE INTENSIVE CARE UNIT	8,715,226	3,748	2,325.30	10	23,253	
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00	
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					18,957,202	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					34,803,260	
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,485,287	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,257,236	
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,742,523	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					29,060,737	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	
55.00	Target amount per discharge					0.00	
56.00	Target amount (line 54 x line 55)					0	
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	
58.00	Bonus payment (see instructions)					0	
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	
62.00	Relief payment (see instructions)					0	
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					70.00	
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00	
72.00	Program routine service cost (line 9 x line 71)					72.00	
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00	
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00	
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00	
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00	
77.00	Program capital-related costs (line 9 x line 76)					77.00	
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00	
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00	
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00	
81.00	Inpatient routine service cost per diem limitation					81.00	
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00	
83.00	Reasonable inpatient routine service costs (see instructions)					83.00	
84.00	Program inpatient ancillary services (see instructions)					84.00	
85.00	Utilization review - physician compensation (see instructions)					85.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150161		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 11:56 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	12,337,806	56,113,651	0.219872	0	0	90.00
91.00	Nursing School cost	0	56,113,651	0.000000	0	0	91.00
92.00	Allied health cost	0	56,113,651	0.000000	0	0	92.00
93.00	All other Medical Education	0	56,113,651	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150161	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Title XVIII	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		14,810,835		30.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT		15,516		34.01
34.02	PREMATURE INTENSIVE CARE UNIT		2,008		34.02
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.329632	13,385,417	4,412,262	50.00
51.00	RECOVERY ROOM	0.348286	1,668,426	581,089	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.180690	4,533,988	819,246	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.123258	225,451	27,789	56.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.511664	6,684,701	3,420,321	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	0.574248	1,055,375	606,047	65.00
66.00	PHYSICAL THERAPY	0.303169	1,496,928	453,822	66.00
69.00	ELECTROCARDIOLOGY	0.000000	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.362066	2,729,309	988,190	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.220357	13,901,673	3,063,331	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.233626	7,472,799	1,745,840	73.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	CARDIAC CATHETERIZATION LABORATORY	0.361005	6,223,247	2,246,623	75.01
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.00
76.97	CARDIAC REHABILITATION	0.000000	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	ADULT SLEEP LAB	0.180798	0	0	90.01
90.02	PEDIATRIC SLEEP LAB	0.089260	11,729	1,047	90.02
90.03	IVF	0.265873	0	0	90.03
91.00	EMERGENCY	0.262484	2,253,832	591,595	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	63,903	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		61,706,778	18,957,202	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		61,706,778		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150161	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/29/2012 11:56 pm
		Title XVII I	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		14,530,947	1.00
2.00	Outlier payments for discharges. (see instructions)		2,615,182	2.00
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		189.00	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.48	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		14.83	31.00
32.00	Sum of lines 30 and 31		17.31	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.00	33.00
34.00	Disproportionate share adjustment (see instructions)		581,238	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		17,727,367	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		17,727,367	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,533,362	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150161	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/29/2012 11:56 pm
		Title XVIII	Hospital	PPS
				1.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			20,260,729 59.00
60.00	Primary payer payments			6,337 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			20,254,392 61.00
62.00	Deductibles billed to program beneficiaries			1,569,572 62.00
63.00	Coinsurance billed to program beneficiaries			68,780 63.00
64.00	Allowable bad debts (see instructions)			136,172 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			95,320 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			126,538 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			18,711,360 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			0 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			18,711,360 71.00
72.00	Interim payments			18,567,187 72.00
73.00	Tentative settlement (for contractor use only)			0 73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)			144,173 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			460,631 75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Operating outlier amount from Worksheet E, Part A line 2			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150161	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 11:56 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		7,477	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		7,225,808	2.00
3.00	PPS payments		5,232,133	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		7,477	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		32,006	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		32,006	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		32,006	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		24,529	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		7,477	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		5,232,133	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,134,034	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		4,105,576	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		4,105,576	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		4,105,576	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		135,232	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		94,662	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		131,606	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		4,200,238	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		4,200,238	40.00
41.00	Interim payments		4,184,404	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		15,834	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150161	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 11:56 pm
		Title XVIII	Hospital
			PPS
			Overrides
WORKSHEET OVERRIDE VALUES			1.00
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/29/2012 11:56 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		18,307,925		4,181,273	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	08/29/2011	259,262		3,131	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		259,262		3,131	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		18,567,187		4,184,404	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		144,173		15,834	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		18,711,360		4,200,238	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 150161	Period: From 01/01/2011 To 12/31/2011	Worksheet E-1 Part II Date/Time Prepared: 5/29/2012 11:56 pm
		Title XVIII	Hospital	PPS
			1.00	
<b>DATA COLLECTION NEEDED FOR THE HIT CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14		11,102	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12		7,323	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2		1,847	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12		30,874	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200		515,379,699	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20		8,005,945	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		1,203,980	8.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial /interim HIT payment(s)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)		1,203,980	32.00
			Overrides	
			1.00	
<b>CONTRACTOR OVERRIDES</b>				
108.00	Override of HIT payment			108.00

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

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet G

Date/Time Prepared:  
5/29/2012 11:56 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	45,120,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	25,721,000	0	0	0	4.00
5.00	Other receivable	1,460,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	954,000	0	0	0	8.00
9.00	Other current assets	2,903,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	76,158,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	11,942,000	0	0	0	13.00
14.00	Accumulated depreciation	-4,842,000	0	0	0	14.00
15.00	Buildings	148,755,000	0	0	0	15.00
16.00	Accumulated depreciation	-22,515,000	0	0	0	16.00
17.00	Leasehold improvements	8,625,000	0	0	0	17.00
18.00	Accumulated depreciation	-1,384,000	0	0	0	18.00
19.00	Fixed equipment	25,099,000	0	0	0	19.00
20.00	Accumulated depreciation	-17,403,000	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	66,368,000	0	0	0	23.00
24.00	Accumulated depreciation	-47,843,000	0	0	0	24.00
25.00	Minor equipment depreciable	1,761,000	0	0	0	25.00
26.00	Accumulated depreciation	-102,000	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	168,461,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	80,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	745,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	825,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	245,444,000	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	15,680,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,673,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,518,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	4,883,000	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	30,754,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	233,884,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	233,884,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	264,638,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	-19,194,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-19,194,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	245,444,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet G-1

Date/Time Prepared:  
5/29/2012 11:56 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		-31,961,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		28,344,940			2.00
3.00	Total (sum of line 1 and line 2)		-3,616,060		0	3.00
4.00	CHANGE IN ASSETS	13,369,330		0		4.00
5.00	MINOR VARIANCE	552		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		13,369,882		0	10.00
11.00	Subtotal (line 3 plus line 10)		9,753,822		0	11.00
12.00	CHANGE IN LIABILITIES	28,947,822		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		28,947,822		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-19,194,000		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet G-1

Date/Time Prepared:  
5/29/2012 11:56 pm

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00 Fund balances at beginning of period		0		0		1.00
2.00 Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00 Total (sum of line 1 and line 2)		0		0		3.00
4.00 CHANGE IN ASSETS	0		0			4.00
5.00 MINOR VARIANCE	0		0			5.00
6.00	0		0			6.00
7.00	0		0			7.00
8.00	0		0			8.00
9.00	0		0			9.00
10.00 Total additions (sum of line 4-9)		0		0		10.00
11.00 Subtotal (line 3 plus line 10)		0		0		11.00
12.00 CHANGE IN LIABILITIES	0		0			12.00
13.00	0		0			13.00
14.00	0		0			14.00
15.00	0		0			15.00
16.00	0		0			16.00
17.00	0		0			17.00
18.00 Total deductions (sum of lines 12-17)		0		0		18.00
19.00 Fund balance at end of period per balance sheet (line 11 minus line 18)		0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet G-2 Parts  
Date/Time Prepared:  
5/29/2012 11:56 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	78,444,075		78,444,075	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	78,444,075		78,444,075	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.01	PEDIATRIC INTENSIVE CARE UNIT	3,757,631		3,757,631	14.01
14.02	PREMATURE INTENSIVE CARE UNIT	8,756,499		8,756,499	14.02
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	12,514,130		12,514,130	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	90,958,205		90,958,205	17.00
18.00	Ancillary services	208,183,836	210,998,184	419,182,020	18.00
19.00	Outpatient services	24,114	9,873,146	9,897,260	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	55,515	55,515	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	299,166,155	220,926,845	520,093,000	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		201,773,653		29.00
30.00	BAD DEBT	-7,406,653			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		-7,406,653		36.00
37.00		0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		194,367,000		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150161

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet G-3

Date/Time Prepared:  
5/29/2012 11:56 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	520,093,000	1.00
2.00	Less contractual allowances and discounts on patients' accounts	302,903,000	2.00
3.00	Net patient revenues (line 1 minus line 2)	217,190,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	194,367,000	4.00
5.00	Net income from service to patients (line 3 minus line 4)	22,823,000	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	6,000	6.00
7.00	Income from investments	2,000	7.00
8.00	Revenues from telephone and telegraph service	166,000	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,543,000	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	56,000	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	12,000	21.00
22.00	Rental of hospital space	640,000	22.00
23.00	Governmental appropriations	23,000	23.00
24.00	OTHER (SPECIFY)	764,000	24.00
24.01		97,000	24.01
24.02		425,000	24.02
24.03		116,000	24.03
24.04		80,000	24.04
24.05		87,000	24.05
24.06		225,000	24.06
24.07		1,279,940	24.07
25.00	Total other income (sum of lines 6-24)	5,521,940	25.00
26.00	Total (line 5 plus line 25)	28,344,940	26.00
27.00		0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	28,344,940	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150161	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/29/2012 11:56 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,175,782	1.00
2.00	Capital DRG outlier payments		1,315,605	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		84.59	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.48	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		14.83	8.00
9.00	Sum of lines 7 and 8		17.31	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.57	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		41,975	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,533,362	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00