

**REHABILITATION HOSPITAL OF INDIANA  
INDIANAPOLIS, INDIANA**

**PROVIDER NO. 15-3028 AND AIM NO. 100274620A**

**HOSPITAL STATEMENTS OF REIMBURSABLE COST  
(MEDICARE AND MEDICAID PROGRAMS)**

**DECEMBER 31, 2012**

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: 153028	Period: From 01/01/2012 To 12/31/2012	Worksheet 5 Parts I-III Date/Time Prepared: 5/31/2013 9:22 am
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**PART I - COST REPORT STATUS**

Provider use only 1.  Electronically filed cost report Date: 5/31/2013 Time: 9:22 am  
 2.  Manually submitted cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 4.  Medicare Utilization. Enter "F" for full or "L" for low.

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

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by REHABILITATION HOSPITAL OF INDIANA ( 153028 ) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

**Encryption Information**  
 ECR: Date: 5/31/2013 Time: 9:22 am  
 F0Qrzvba3rMRR5Xkjoj61h4AYNV6y0  
 HG53y0INKra3oiPcZJN2ox:hwoFQC  
 0bPG0qBP440bcd5X  
 PI: Date: 5/31/2013 Time: 9:22 am  
 sCOPD6xgBRd6gH13:VQpICV1jHEcs0  
 WpVD201EPISJQZDgkit1JNce5HDA2L  
 IotJ0w4YBf0j:LOZ

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

	Title v	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00	Hospital	0	-20,832	41,461	0	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	CORF I	0	0	0	0	0 12.00
200.00	Total	0	-20,832	41,461	0	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: 153028

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

Worksheet S-2  
Part I  
Date/Time Prepared:  
5/31/2013 9:15 am

		1.00	2.00	3.00	4.00						
<b>Hospital and Hospital Health Care Complex Address:</b>											
1.00	Street: 4141 SHORE DRIVE	PO Box:								1.00	
2.00	City: INDIANAPOLIS	State: IN		Zip Code: 46254			County: MARION			2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
<b>Hospital and Hospital-Based Component Identification:</b>											
3.00	Hospital	REHABILITATION HOSPITAL OF INDIANA		153028	26900	5	01/07/1992	N	P	P	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2012	12/31/2012		20.00	
21.00	Type of Control (see instructions)						4			21.00	
<b>Inpatient PPS Information</b>											
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.						N			22.00	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						2	N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	0	0	0	0	0	0		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	828	2,464	0	0	184	0		25.00		
							Urban/Rural S	Date of Geogr			
							1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0			35.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 153028	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/31/2013 9:15 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.		0			37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
<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	N	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
<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.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	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 in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 153028

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

Worksheet S-2  
Part I  
Date/Time Prepared:  
5/31/2013 9:15 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 153028	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/31/2013 9:15 am
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		1.00	2.00	3.00	
<b>Inpatient Psychiatric Facility PPS</b>					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period 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
<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.	Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	Y	N	0	76.00
		1.00			
<b>Long Term Care Hospital PPS</b>					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "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)(ii)? Enter "Y" for yes and "N" for no.				86.00
		V	XIX		
		1.00	2.00		
<b>Title V and XIX 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		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
<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)				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)				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	3.00	
<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. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 153028	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/31/2013 9:15 am	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.00	List amounts of malpractice premiums and paid losses:	156,602	0	0	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		
119.00	DO NOT USE THIS LINE				
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		N		
<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		
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				
<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	
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: IU HEALTH	Contractor's Name: WPS		Contractor's Number: 08101	
142.00	Street: 340 W 10TH STREET	PO Box:			
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202	
				1.00	
144.00	Are provider based physicians' costs included in worksheet A?			N	
145.00	If costs for renal services are claimed on worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			N	
				1.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N	
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CORF		N	N	N
161.10	CORF		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 153028		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/31/2013 9:15 am		
							1.00	
<b>Multicampus</b>								
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
<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.						N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00

		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format. COMPLETED BY ALL HOSPITALS Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
<b>Financial Data and Reports</b>				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
<b>Approved Educational Activities</b>				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on worksheet A? If yes, see instructions.	N		11.00
			Y/N	
			1.00	
<b>Bad Debts</b>				
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
<b>Bed Complement</b>				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
Description		Y/N	Date	Y/N
0		1.00	2.00	3.00
<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)	Y	04/02/2013	Y
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)	N		N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 153028	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/31/2013 9:15 am
	Description	Part A		Part B
		Y/N	Date	Y/N
21.00	was the cost report prepared only using the provider's records? If yes, see instructions.	N		N
				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 relifed for Medicare purposes? If yes, see instructions			
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			
24.00	were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			
26.00	were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			
<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.			
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			
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			
<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.			
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			
<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.			
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.			
		Y/N	Date	
		1.00	2.00	
<b>Home Office Costs</b>				
36.00	were home office costs claimed on the cost report?			
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			
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.			
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			
		1.00	2.00	
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SKANDER	NASSER	41.00
42.00	Enter the employer/company name of the cost report preparer.	BRADLEY ASSOCIATES		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-237-5500	SKANDERN@BRADLEYCPA.COM	43.00

		Part B		
		Date		
		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)	04/02/2013		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)			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PARTNER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

Provider CCN: 153028

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

Worksheet S-2  
Part IX  
Date/Time Prepared:  
5/31/2013 9:15 am

		Title V	Title XIX	
		1.00	2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient	Outpatient	
		1.00	2.00	
<b>CRITICAL ACCESS HOSPITALS</b>				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
<b>RCE DISALLOWANCE</b>				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
<b>PASS THROUGH COST</b>				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 153028

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2013 9:15 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	91	33,306	0.00		0 1.00
2.00 HMO						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						0 5.00
6.00 Hospital Adults & Peds. Swing Bed NF						0 6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		91	33,306	0.00		0 7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		91	33,306	0.00		0 14.00
15.00 CAH visits						0 15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CORF						25.00
25.10 CMHC - CORF	99.10					0 25.10
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		91				27.00
28.00 Observation Bed Days						0 28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

Component	I/P days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	9,046	3,292	22,206			1.00
2.00 HMO	731	184				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	9,046	3,292	22,206			7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	9,046	3,292	22,206	3.49	282.01	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CORF						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA	Provider CCN: 153028	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part I Date/Time Prepared: 5/31/2013 9:15 am
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Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				3.49	282.01	27.00
28.00 Observation Bed Days		0	0			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
33.00 LTCH non-covered days	0					33.00
Component	Full Time Equivalents	Discharges				
	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	633	191	1,475	1.00
2.00 HMO			0			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	633	191	1,475	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CORF						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 153028

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

Worksheet A

Date/Time Prepared:  
5/31/2013 9:15 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1,033,456	1,033,456	0	1,033,456	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		437,842	437,842	0	437,842	2.00
4.00	00400	EMPLOYEE BENEFITS	294,696	5,078,818	5,373,514	0	5,373,514	4.00
5.01	00510	ADMIN AND GENERAL	1,756,792	1,760,417	3,517,209	-145,597	3,371,612	5.01
5.02	00560	OTHER A&G - NON FOUNDATION	1,065,153	691,884	1,757,037	-200,143	1,556,894	5.02
7.00	00700	OPERATION OF PLANT	359,732	967,447	1,327,179	0	1,327,179	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	124,640	124,640	0	124,640	8.00
9.00	00900	HOUSEKEEPING	250,773	182,169	432,942	0	432,942	9.00
10.00	01000	DIETARY	60,140	993,198	1,053,338	-339,069	714,269	10.00
11.00	01100	CAFETERIA	0	0	0	339,069	339,069	11.00
13.00	01300	NURSING ADMINISTRATION	1,039,034	163,356	1,202,390	79,615	1,282,005	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	68,666	24,840	93,506	0	93,506	14.00
15.00	01500	PHARMACY	387,958	167,716	555,674	0	555,674	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	319,606	884,116	1,203,722	0	1,203,722	16.00
17.00	01700	SOCIAL SERVICE	485,323	74,040	559,363	0	559,363	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	231,761	231,761	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	6,173,775	1,193,719	7,367,494	0	7,367,494	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,199	39,217	92,416	0	92,416	54.00
60.00	06000	LABORATORY	0	243,396	243,396	0	243,396	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	282,634	134,202	416,836	0	416,836	65.00
66.00	06600	PHYSICAL THERAPY	1,566,098	554,297	2,120,395	179,853	2,300,248	66.00
66.01	06601	PHYSICAL THERAPY - CARMEL	299,259	152,597	451,856	0	451,856	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,350,750	377,354	1,728,104	238,005	1,966,109	67.00
68.00	06800	SPEECH PATHOLOGY	553,516	195,207	748,723	227,868	976,591	68.00
68.01	06801	VISION	198,532	29,697	228,229	0	228,229	68.01
68.02	06802	FAC RESOURCE	40,530	10,895	51,425	0	51,425	68.02
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	178,701	178,701	0	178,701	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	789,000	789,000	0	789,000	73.00
76.00	03020	PSYCHOLOGY	492,527	96,210	588,737	0	588,737	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	171,884	742,627	914,511	0	914,511	90.00
90.01	09001	SLEEP CENTER	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	441,371	204,355	645,726	-645,726	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	17,711,948	17,525,413	35,237,361	-34,364	35,202,997	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,653	5,653	0	5,653	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,215,879	1,215,879	-231,761	984,118	192.00
194.00	07950	FOUNDATION	105,821	27,587	133,408	0	133,408	194.00
194.01	07951	PUBLIC RELATIONS	0	0	0	266,125	266,125	194.01
200.00		TOTAL (SUM OF LINES 118-199)	17,817,769	18,774,532	36,592,301	0	36,592,301	200.00

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	157,547	1,191,003	1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	0	437,842	2.00
4.00	00400 EMPLOYEE BENEFITS	-422	5,373,092	4.00
5.01	00510 ADMIN AND GENERAL	1,027,272	4,398,884	5.01
5.02	00560 OTHER A&G - NON FOUNDATION	0	1,556,894	5.02
7.00	00700 OPERATION OF PLANT	-21,800	1,305,379	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	124,640	8.00
9.00	00900 HOUSEKEEPING	0	432,942	9.00
10.00	01000 DIETARY	0	714,269	10.00
11.00	01100 CAFETERIA	-115,687	223,382	11.00
13.00	01300 NURSING ADMINISTRATION	0	1,282,005	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	93,506	14.00
15.00	01500 PHARMACY	-4,542	551,132	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-4,071	1,199,651	16.00
17.00	01700 SOCIAL SERVICE	0	559,363	17.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	231,761	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS	-6,250	7,361,244	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	92,416	54.00
60.00	06000 LABORATORY	-48,014	195,382	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	416,836	65.00
66.00	06600 PHYSICAL THERAPY	-75	2,300,173	66.00
66.01	06601 PHYSICAL THERAPY - CARMEL	-1,584	450,272	66.01
67.00	06700 OCCUPATIONAL THERAPY	-73,168	1,892,941	67.00
68.00	06800 SPEECH PATHOLOGY	0	976,591	68.00
68.01	06801 VISION	0	228,229	68.01
68.02	06802 FAC RESOURCE	0	51,425	68.02
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	178,701	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	789,000	73.00
76.00	03020 PSYCHOLOGY	-2,000	586,737	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	-10,765	903,746	90.00
90.01	09001 SLEEP CENTER	0	0	90.01
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
118.00	SUBTOTALS (SUM OF LINES 1-117)	896,441	36,099,438	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,653	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	984,118	192.00
194.00	07950 FOUNDATION	785,908	919,316	194.00
194.01	07951 PUBLIC RELATIONS	0	266,125	194.01
200.00	TOTAL (SUM OF LINES 118-199)	1,682,349	38,274,650	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 153028

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

Worksheet Non-CMS W

Date/Time Prepared:  
5/31/2013 9:15 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS	00400		4.00
5.01	ADMIN AND GENERAL	00510		5.01
5.02	OTHER A&G - NON FOUNDATION	00560		5.02
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	03000		30.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	05000		50.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
60.00	LABORATORY	06000		60.00
60.01	BLOOD LABORATORY	06001		60.01
64.00	INTRAVENOUS THERAPY	06400		64.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
66.01	PHYSICAL THERAPY - CARMEL	06601		66.01
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
68.01	VISION	06801		68.01
68.02	FAC RESOURCE	06802		68.02
69.00	ELECTROCARDIOLOGY	06900		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
76.00	PSYCHOLOGY	03020		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	CLINIC	09000		90.00
90.01	SLEEP CENTER	09001		90.01
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF	09910		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
194.00	FOUNDATION	07950		194.00
194.01	PUBLIC RELATIONS	07951		194.01
200.00	TOTAL (SUM OF LINES 118-199)			200.00

Provider CCN: 153028

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

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>A - CAFETERIA</b>					
1.00	CAFETERIA	11.00	19,359	319,710	1.00
	TOTALS		19,359	319,710	
<b>B - NURSING ADMINISTRATION</b>					
1.00	NURSING ADMINISTRATION	13.00	79,615	0	1.00
	TOTALS		79,615	0	
<b>C - PUBLIC RELATIONS</b>					
1.00	PUBLIC RELATIONS	194.01	65,982	0	1.00
	TOTALS		65,982	0	
<b>D - NCR (CORF)</b>					
1.00	PHYSICAL THERAPY	66.00	122,934	56,919	1.00
2.00	OCCUPATIONAL THERAPY	67.00	162,683	75,322	2.00
3.00	SPEECH PATHOLOGY	68.00	155,754	72,114	3.00
	TOTALS		441,371	204,355	
<b>E - PROGRAM MANAGEMENT</b>					
1.00	PUBLIC RELATIONS	194.01	200,143	0	1.00
	TOTALS		200,143	0	
<b>F - INTERNS &amp; RESIDENTS</b>					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	221,246	1.00
	COSTS APPRVD				
	TOTALS		0	221,246	
<b>G - INTERNS &amp; RESIDENTS</b>					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	10,515	1.00
	COSTS APPRVD				
	TOTALS		0	10,515	
500.00	Grand Total: Increases		806,470	755,826	500.00

RECLASSIFICATIONS

Provider CCN: 153028

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

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 - CAFETERIA</b>						
1.00	DIETARY	10.00	19,359	319,710	0	1.00
	TOTALS		19,359	319,710		
<b>B - NURSING ADMINISTRATION</b>						
1.00	ADMIN AND GENERAL	5.01	79,615	0	0	1.00
	TOTALS		79,615	0		
<b>C - PUBLIC RELATIONS</b>						
1.00	ADMIN AND GENERAL	5.01	65,982	0	0	1.00
	TOTALS		65,982	0		
<b>D - NCR (CORF)</b>						
1.00	CORF	99.10	441,371	204,355	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		441,371	204,355		
<b>E - PROGRAM MANAGEMENT</b>						
1.00	OTHER A&G - NON FOUNDATION	5.02	200,143	0	0	1.00
	TOTALS		200,143	0		
<b>F - INTERNS &amp; RESIDENTS</b>						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	221,246	0	1.00
	TOTALS		0	221,246		
<b>G - INTERNS &amp; RESIDENTS</b>						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	10,515	0	1.00
	TOTALS		0	10,515		
500.00	Grand Total: Decreases		806,470	755,826		500.00

RECLASSIFICATIONS

Provider CCN: 153028

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
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	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
	<b>A - CAFETERIA</b>						
1.00	CAFETERIA	11.00	19,359	DIETARY	10.00	19,359	1.00
	TOTALS		19,359	TOTALS		19,359	
	<b>B - NURSING ADMINISTRATION</b>						
1.00	NURSING ADMINISTRATION	13.00	79,615	ADMIN AND GENERAL	5.01	79,615	1.00
	TOTALS		79,615	TOTALS		79,615	
	<b>C - PUBLIC RELATIONS</b>						
1.00	PUBLIC RELATIONS	194.01	65,982	ADMIN AND GENERAL	5.01	65,982	1.00
	TOTALS		65,982	TOTALS		65,982	
	<b>D - NCR (CORF)</b>						
1.00	PHYSICAL THERAPY	66.00	122,934	CORF	99.10	441,371	1.00
2.00	OCCUPATIONAL THERAPY	67.00	162,683		0.00	0	2.00
3.00	SPEECH PATHOLOGY	68.00	155,754		0.00	0	3.00
	TOTALS		441,371	TOTALS		441,371	
	<b>E - PROGRAM MANAGEMENT</b>						
1.00	PUBLIC RELATIONS	194.01	200,143	OTHER A&G - NON FOUNDATION	5.02	200,143	1.00
	TOTALS		200,143	TOTALS		200,143	
	<b>F - INTERNS &amp; RESIDENTS</b>						
1.00	I&R SERVICES-OTHER PRGM	22.00	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	1.00
	COSTS APPRVD						
	TOTALS		0	TOTALS		0	
	<b>G - INTERNS &amp; RESIDENTS</b>						
1.00	I&R SERVICES-OTHER PRGM	22.00	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	1.00
	COSTS APPRVD						
	TOTALS		0	TOTALS		0	
500.00	Grand Total: Increases		806,470	Grand Total: Decreases		806,470	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 153028

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	2,506,638	0	0	0	1.00
2.00	Land Improvements	289,607	639	0	639	2.00
3.00	Buildings and Fixtures	13,683,977	693,528	0	693,528	3.00
4.00	Building Improvements	69,244	25,773	0	25,773	4.00
5.00	Fixed Equipment	2,168,590	43,460	0	43,460	5.00
6.00	Movable Equipment	7,102,282	215,615	0	215,615	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	25,820,338	979,015	0	979,015	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	25,820,338	979,015	0	979,015	10.00
	Ending Balance	6.00	Fully Depreciated Assets	7.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	2,506,638	0			1.00
2.00	Land Improvements	290,246	0			2.00
3.00	Buildings and Fixtures	14,377,505	0			3.00
4.00	Building Improvements	95,017	0			4.00
5.00	Fixed Equipment	2,212,050	0			5.00
6.00	Movable Equipment	7,317,897	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	26,799,353	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	26,799,353	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 153028

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/31/2013 9:15 am

Cost Center Description		SUMMARY OF CAPITAL						
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)		
		9.00	10.00	11.00	12.00	13.00		
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2								
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,033,456	0	0	0	0	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	437,842	0	0	0	0	2.00	
3.00	Total (sum of lines 1-2)	1,471,298	0	0	0	0	3.00	
Cost Center Description		SUMMARY OF CAPITAL						
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)					
		14.00	15.00					
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2.								
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	1,033,456					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	437,842					2.00
3.00	Total (sum of lines 1-2)	0	1,471,298					3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 153028

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/31/2013 9:15 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL	
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance
		1.00	2.00	3.00	4.00	5.00
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	13,683,977	0	13,683,977	0.658318	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	7,102,282	0	7,102,282	0.341682	0
3.00	Total (sum of lines 1-2)	20,786,259	0	20,786,259	1.000000	0
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL	
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1,202,456	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	437,842	0
3.00	Total (sum of lines 1-2)	0	0	0	1,640,298	0
Cost Center Description		SUMMARY OF CAPITAL				
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)
		11.00	12.00	13.00	14.00	15.00
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	-11,453	0	0	0	1,191,003
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	437,842
3.00	Total (sum of lines 1-2)	-11,453	0	0	0	1,628,845

ADJUSTMENTS TO EXPENSES

Provider CCN: 153028

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

Worksheet A-8

Date/Time Prepared:  
5/31/2013 9:15 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Line #	wkst. A-7 Ref.	Ref.
				Cost Center	Line #	5.00			
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-11,453	NEW CAP REL COSTS-BLDG & FIXT	1.00		11	1.00	
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00	
3.00	Investment income - other (chapter 2)		0		0.00		0	3.00	
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00		0	4.00	
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00		0	5.00	
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00		0	6.00	
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-28,893	ADMIN AND GENERAL	5.01		0	7.00	
8.00	Television and radio service (chapter 21)	A	-24,181	ADMIN AND GENERAL	5.01		0	8.00	
9.00	Parking lot (chapter 21)		0		0.00		0	9.00	
10.00	Provider-based physician adjustment	A-8-2	0				0	10.00	
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00		0	11.00	
12.00	Related organization transactions (chapter 10)	A-8-1	1,716,484				0	12.00	
13.00	Laundry and linen service		0		0.00		0	13.00	
14.00	Cafeteria-employees and guests	B	-115,687	CAFETERIA	11.00		0	14.00	
15.00	Rental of quarters to employee and others		0		0.00		0	15.00	
16.00	Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00	
17.00	Sale of drugs to other than patients	B	-4,542	PHARMACY	15.00		0	17.00	
18.00	Sale of medical records and abstracts	B	-4,071	MEDICAL RECORDS & LIBRARY	16.00		0	18.00	
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00		0	19.00	
20.00	Vending machines		0		0.00		0	20.00	
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00	
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00	
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00			23.00	
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00			24.00	
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00			25.00	
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00		0	26.00	
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00	
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00			28.00	
29.00	Physicians' assistant		0		0.00		0	29.00	
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00			30.00	
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00			31.00	
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00		0	32.00	
33.00	MISC EMPLOYEE BENEFITS REVENUE	B	-422	EMPLOYEE BENEFITS	4.00		0	33.00	
33.01	MISC REVENUE	B	-509,702	ADMIN AND GENERAL	5.01		0	33.01	

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ADJUSTMENTS TO EXPENSES

Provider CCN: 153028

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

Worksheet A-8

Date/Time Prepared:  
5/31/2013 9:15 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center	Line #	Wkst. A-7 Ref.
			1.00	2.00	3.00
33.02 MISC PLANT OPS REVENUE	B	-21,800	OPERATION OF PLANT	7.00	0 33.02
33.03 MISC ROUTINE REVENUE	B	-6,250	ADULTS & PEDIATRICS	30.00	0 33.03
33.04 MISC PT REVENUE	B	-75	PHYSICAL THERAPY	66.00	0 33.04
33.05 MISC PT - CARMEL REVENUE	B	-1,584	PHYSICAL THERAPY - CARMEL	66.01	0 33.05
33.06 MISC OT REVENUE	B	-5,518	OCCUPATIONAL THERAPY	67.00	0 33.06
33.07 MISC PSYCHOLOGY REVENUE	B	-2,000	PSYCHOLOGY	76.00	0 33.07
33.08 MISC CLINIC REVENUE	B	-10,765	CLINIC	90.00	0 33.08
33.09 MISC NRC REVENUE	B	-67,650	OCCUPATIONAL THERAPY	67.00	0 33.09
33.10 RHI FOUNDATION	A	785,908	FOUNDATION	194.00	0 33.10
33.11 DONATIONS	A	-5,200	ADMIN AND GENERAL	5.01	0 33.11
33.12 ADVERTISING	A	-250	ADMIN AND GENERAL	5.01	0 33.12
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		1,682,349			50.00

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

Provider CCN: 153028

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

Worksheet A-8-1

Date/Time Prepared:  
5/31/2013 9:15 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	60.00	LABORATORY	LABORATORY - CLARIAN	187,851	235,865 1.00
2.00	5.01	ADMIN AND GENERAL	OVERLAPS - CLARIAN	27,196	27,196 2.00
3.00	30.00	ADULTS & PEDIATRICS	NURSING LABOR - CLARIAN	138,428	138,428 3.00
4.00	5.02	OTHER A&G - NON FOUNDATION	INSURANCE - CLARIAN	177,111	177,111 4.00
4.03	1.00	NEW CAP REL COSTS-BLDG & FIXT	IU HEALTH - CAPITAL	169,000	0 4.03
4.04	5.01	ADMIN AND GENERAL	IU HEALTH - ADMIN	1,595,498	0 4.04
5.00	0		0	2,295,084	578,600 5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		
			Name	Percentage of Ownership	
1.00	2.00	3.00	4.00	5.00	
<b>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	51.00	IU HEALTH	51.00	6.00
7.00	B	49.00	ST. VINCENT HEALTH	49.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 153028

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

Worksheet A-8-1

Date/Time Prepared:  
5/31/2013 9:15 am

	Net Adjustments (col. 4 minus col. 5)*	wkst. A-7 Ref.	
	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	-48,014	0	1.00
2.00	0	0	2.00
3.00	0	0	3.00
4.00	0	0	4.00
4.03	169,000	9	4.03
4.04	1,595,498	0	4.04
5.00	1,716,484		5.00

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

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

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

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

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

6.00	HOME OFFICE	6.00
7.00	MGMT COMPANY	7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 153028

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2013 9:15 am

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	1,191,003	1,191,003			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	437,842		437,842		2.00
4.00 00400	EMPLOYEE BENEFITS	5,373,092	19,711	7,246	5,400,049	4.00
5.01 00510	ADMIN AND GENERAL	4,398,884	44,276	16,277	4,965,519	5.01
5.02 00560	OTHER A&G - NON FOUNDATION	1,556,894	0	0	266,568	5.02
7.00 00700	OPERATION OF PLANT	1,305,379	10,892	4,004	110,858	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	124,640	0	0	0	8.00
9.00 00900	HOUSEKEEPING	432,942	10,210	3,753	77,280	9.00
10.00 01000	DIETARY	714,269	62,438	22,954	12,567	10.00
11.00 01100	CAFETERIA	223,382	0	0	5,966	11.00
13.00 01300	NURSING ADMINISTRATION	1,282,005	9,501	3,493	344,732	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	93,506	10,406	3,826	21,161	14.00
15.00 01500	PHARMACY	551,132	5,144	1,891	119,556	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,199,651	13,726	5,046	98,492	16.00
17.00 01700	SOCIAL SERVICE	559,363	3,648	1,341	149,561	17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	231,761	1,312	482	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	7,361,244	527,355	193,869	1,902,559	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	0	0	50.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	92,416	6,889	2,533	16,394	54.00
60.00 06000	LABORATORY	195,382	3,950	1,452	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	416,836	18,753	6,894	87,099	65.00
66.00 06600	PHYSICAL THERAPY	2,300,173	211,383	77,710	520,506	66.00
66.01 06601	PHYSICAL THERAPY - CARMEL	450,272	0	0	92,222	66.01
67.00 06700	OCCUPATIONAL THERAPY	1,892,941	146,425	53,829	466,392	67.00
68.00 06800	SPEECH PATHOLOGY	976,591	27,086	9,957	218,574	68.00
68.01 06801	VISION	228,229	0	0	61,181	68.01
68.02 06802	FAC RESOURCE	51,425	0	0	12,490	68.02
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	178,701	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	789,000	0	0	0	73.00
76.00 03020	PSYCHOLOGY	586,737	9,698	3,565	151,781	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	903,746	38,686	14,222	52,969	90.00
90.01 09001	SLEEP CENTER	0	0	0	0	90.01
91.00 09100	EMERGENCY	0	0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	36,099,438	1,181,489	434,344	5,285,427	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,653	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	984,118	8,595	3,160	0	192.00
194.00 07950	FOUNDATION	919,316	919	338	32,611	194.00
194.01 07951	PUBLIC RELATIONS	266,125	0	0	82,011	194.01
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	TOTAL (sum lines 118-201)	38,274,650	1,191,003	437,842	5,400,049	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 153028		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part I Date/Time Prepared: 5/31/2013 9:15 am	
Cost Center Description		ADMIN AND GENERAL	OTHER A&G - NON FOUNDATION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.01	5.02	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	ADMIN AND GENERAL	4,955,956				5.01
5.02	00560	OTHER A&G - NON FOUNDATION	271,229	2,094,691			5.02
7.00	00700	OPERATION OF PLANT	212,872	97,936	1,741,941		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	18,539	8,529	0	151,708	8.00
9.00	00900	HOUSEKEEPING	77,969	35,871	15,934	0	653,959
10.00	01000	DIETARY	120,814	55,583	97,448	0	36,922
11.00	01100	CAFETERIA	34,114	15,695	0	0	0
13.00	01300	NURSING ADMINISTRATION	243,900	112,211	14,828	0	5,618
14.00	01400	CENTRAL SERVICES & SUPPLY	19,173	8,821	16,241	0	6,154
15.00	01500	PHARMACY	100,807	46,378	8,029	0	3,042
16.00	01600	MEDICAL RECORDS & LIBRARY	195,883	90,119	21,423	0	8,117
17.00	01700	SOCIAL SERVICE	106,190	48,855	5,694	0	2,157
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	34,740	15,983	2,048	0	776
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,485,216	683,295	823,045	143,332	311,839
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,586	8,091	10,752	0	4,074
60.00	06000	LABORATORY	29,865	13,740	6,165	0	2,336
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	78,772	36,241	29,267	0	11,089
66.00	06600	PHYSICAL THERAPY	462,560	212,809	329,906	7,697	124,997
66.01	06601	PHYSICAL THERAPY - CARMEL	80,693	37,124	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	380,723	179,788	228,526	347	86,585
68.00	06800	SPEECH PATHOLOGY	183,284	84,323	42,273	332	16,016
68.01	06801	VISION	43,048	19,805	0	0	0
68.02	06802	FAC RESOURCE	9,507	4,374	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,581	12,229	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	117,359	53,993	0	0	0
76.00	03020	PSYCHOLOGY	111,823	51,446	15,135	0	5,735
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	150,175	69,091	60,378	0	22,876
90.01	09001	SLEEP CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,613,422	2,002,330	1,727,092	151,708	648,333
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	841	387	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	148,130	68,150	13,415	0	5,083
194.00	07950	FOUNDATION	141,780	0	1,434	0	543
194.01	07951	PUBLIC RELATIONS	51,783	23,824	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	4,955,956	2,094,691	1,741,941	151,708	653,959

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 153028

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2013 9:15 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00560						5.02
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,122,995					10.00
11.00	01100	0	279,157				11.00
13.00	01300	0	19,440	2,035,728			13.00
14.00	01400	0	2,180	0	181,468		14.00
15.00	01500	0	4,943	70,996	431	912,349	15.00
16.00	01600	0	6,618	95,043	4	0	16.00
17.00	01700	0	10,683	0	157	0	17.00
22.00	02200	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,122,995	123,872	1,778,980	131,484	0	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	0	0	0	0	50.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	1,168	16,781	678	0	54.00
60.00	06000	0	0	0	268	0	60.00
60.01	06001	0	0	0	0	0	60.01
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	5,148	73,928	16,837	0	65.00
66.00	06600	0	35,041	0	4,305	0	66.00
66.01	06601	0	0	0	0	0	66.01
67.00	06700	0	27,218	0	1,417	0	67.00
68.00	06800	0	12,050	0	1,267	0	68.00
68.01	06801	0	3,502	0	765	0	68.01
68.02	06802	0	1,324	0	0	0	68.02
69.00	06900	0	0	0	0	0	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	912,349	73.00
76.00	03020	0	8,130	0	10,674	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	4,201	0	13,179	0	90.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		1,122,995	265,518	2,035,728	181,466	912,349	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	9,421	0	2	0	194.00
194.01	07951	0	4,218	0	0	0	194.01
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		1,122,995	279,157	2,035,728	181,468	912,349	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 153028

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2013 9:15 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-OTHER PRGM COSTS			
	16.00	17.00	22.00	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS					4.00
5.01 00510	ADMIN AND GENERAL					5.01
5.02 00560	OTHER A&G - NON FOUNDATION					5.02
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,734,122				16.00
17.00 01700	SOCIAL SERVICE	0	887,649			17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	287,102		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	1,734,122	887,649	287,102	19,497,958	-287,102
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	0	0	50.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	177,362	54.00
60.00 06000	LABORATORY	0	0	0	253,158	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	780,864	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	4,287,087	66.00
66.01 06601	PHYSICAL THERAPY - CARMEL	0	0	0	660,311	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	3,464,191	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	1,571,753	68.00
68.01 06801	VISION	0	0	0	356,530	68.01
68.02 06802	FAC RESOURCE	0	0	0	79,120	68.02
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	217,511	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,872,701	73.00
76.00 03020	PSYCHOLOGY	0	0	0	954,724	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	1,329,523	90.00
90.01 09001	SLEEP CENTER	0	0	0	0	90.01
91.00 09100	EMERGENCY	0	0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,734,122	887,649	287,102	35,502,793	-287,102
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	6,881	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,230,651	192.00
194.00 07950	FOUNDATION	0	0	0	1,106,364	194.00
194.01 07951	PUBLIC RELATIONS	0	0	0	427,961	194.01
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,734,122	887,649	287,102	38,274,650	-287,102

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 153028	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/31/2013 9:15 am
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS		4.00
5.01	00510 ADMIN AND GENERAL		5.01
5.02	00560 OTHER A&G - NON FOUNDATION		5.02
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	19,210,856	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0	50.00
53.00	05300 ANESTHESIOLOGY	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	177,362	54.00
60.00	06000 LABORATORY	253,158	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
64.00	06400 INTRAVENOUS THERAPY	0	64.00
65.00	06500 RESPIRATORY THERAPY	780,864	65.00
66.00	06600 PHYSICAL THERAPY	4,287,087	66.00
66.01	06601 PHYSICAL THERAPY - CARMEL	660,311	66.01
67.00	06700 OCCUPATIONAL THERAPY	3,464,191	67.00
68.00	06800 SPEECH PATHOLOGY	1,571,753	68.00
68.01	06801 VISION	356,530	68.01
68.02	06802 FAC RESOURCE	79,120	68.02
69.00	06900 ELECTROCARDIOLOGY	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	217,511	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,872,701	73.00
76.00	03020 PSYCHOLOGY	954,724	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000 CLINIC	1,329,523	90.00
90.01	09001 SLEEP CENTER	0	90.01
91.00	09100 EMERGENCY	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10	09910 CORF	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>			
118.00	SUBTOTALS (SUM OF LINES 1-117)	35,215,691	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,881	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,230,651	192.00
194.00	07950 FOUNDATION	1,106,364	194.00
194.01	07951 PUBLIC RELATIONS	427,961	194.01
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	37,987,548	202.00

COST ALLOCATION STATISTICS

Provider CCN: 153028

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

Worksheet Non-CMS W

Date/Time Prepared:  
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Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS	5	GROSS SALARIES	4.00
5.01	ADMIN AND GENERAL	-22	ACCUM. COST	5.01
5.02	OTHER A&G - NON FOUNDATION	24	ACCUM. COST	5.02
7.00	OPERATION OF PLANT	3	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	3	SQUARE FEET	9.00
10.00	DIETARY	9	MEALS SERVED	10.00
11.00	CAFETERIA	10	HOURS PAID	11.00
13.00	NURSING ADMINISTRATION	13	DIRECT NRSING HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
15.00	PHARMACY	15	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	16	PATIENT DAYS	16.00
17.00	SOCIAL SERVICE	16	PATIENT DAYS	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	22.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 153028

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2013 9:15 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	19,711	7,246	26,957	4.00
5.01 00510	ADMIN AND GENERAL	0	44,276	16,277	60,553	5.01
5.02 00560	OTHER A&G - NON FOUNDATION	0	0	0	0	5.02
7.00 00700	OPERATION OF PLANT	0	10,892	4,004	14,896	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	10,210	3,753	13,963	9.00
10.00 01000	DIETARY	0	62,438	22,954	85,392	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	9,501	3,493	12,994	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	10,406	3,826	14,232	14.00
15.00 01500	PHARMACY	0	5,144	1,891	7,035	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	13,726	5,046	18,772	16.00
17.00 01700	SOCIAL SERVICE	0	3,648	1,341	4,989	17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,312	482	1,794	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	527,355	193,869	721,224	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	0	0	50.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	6,889	2,533	9,422	54.00
60.00 06000	LABORATORY	0	3,950	1,452	5,402	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	18,753	6,894	25,647	65.00
66.00 06600	PHYSICAL THERAPY	0	211,383	77,710	289,093	66.00
66.01 06601	PHYSICAL THERAPY - CARMEL	0	0	0	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	146,425	53,829	200,254	67.00
68.00 06800	SPEECH PATHOLOGY	0	27,086	9,957	37,043	68.00
68.01 06801	VISION	0	0	0	0	68.01
68.02 06802	FAC RESOURCE	0	0	0	0	68.02
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03020	PSYCHOLOGY	0	9,698	3,565	13,263	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	38,686	14,222	52,908	90.00
90.01 09001	SLEEP CENTER	0	0	0	0	90.01
91.00 09100	EMERGENCY	0	0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,181,489	434,344	1,615,833	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	8,595	3,160	11,755	192.00
194.00 07950	FOUNDATION	0	919	338	1,257	194.00
194.01 07951	PUBLIC RELATIONS	0	0	0	0	194.01
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	1,191,003	437,842	1,628,845	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 153028

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

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Part II  
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Cost Center Description		ADMIN AND GENERAL	OTHER A&G - NON FOUNDATION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.01	5.02	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00560	63,031	4,780				5.02
7.00	00700	2,708	224	18,381			7.00
8.00	00800	236	19	0	255		8.00
9.00	00900	992	82	168	0	15,591	9.00
10.00	01000	1,537	127	1,028	0	880	10.00
11.00	01100	434	36	0	0	0	11.00
13.00	01300	3,102	256	156	0	134	13.00
14.00	01400	244	20	171	0	147	14.00
15.00	01500	1,282	106	85	0	73	15.00
16.00	01600	2,492	206	226	0	194	16.00
17.00	01700	1,351	112	60	0	51	17.00
22.00	02200	442	36	22	0	19	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	18,882	1,559	8,686	240	7,434	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	0	0	0	0	50.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	224	18	113	0	97	54.00
60.00	06000	380	31	65	0	56	60.00
60.01	06001	0	0	0	0	0	60.01
64.00	06400	0	0	0	0	0	64.00
65.00	06500	1,002	83	309	0	264	65.00
66.00	06600	5,884	486	3,481	13	2,980	66.00
66.01	06601	1,026	85	0	0	0	66.01
67.00	06700	4,843	410	2,411	1	2,064	67.00
68.00	06800	2,331	192	446	1	382	68.00
68.01	06801	548	45	0	0	0	68.01
68.02	06802	121	10	0	0	0	68.02
69.00	06900	0	0	0	0	0	69.00
71.00	07100	338	28	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	1,493	123	0	0	0	73.00
76.00	03020	1,422	117	160	0	137	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	1,910	158	637	0	545	90.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	0	0	0	0	0	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		58,674	4,569	18,224	255	15,457	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	11	1	0	0	0	190.00
192.00	19200	1,884	156	142	0	121	192.00
194.00	07950	1,803	0	15	0	13	194.00
194.01	07951	659	54	0	0	0	194.01
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		63,031	4,780	18,381	255	15,591	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 153028

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00560						5.02
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	89,027					10.00
11.00	01100	0	500				11.00
13.00	01300	0	35	18,397			13.00
14.00	01400	0	4	0	14,924		14.00
15.00	01500	0	9	642	35	9,864	15.00
16.00	01600	0	12	859	0	0	16.00
17.00	01700	0	19	0	13	0	17.00
22.00	02200	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	89,027	220	16,076	10,813	0	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	0	0	0	0	50.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	2	152	56	0	54.00
60.00	06000	0	0	0	22	0	60.00
60.01	06001	0	0	0	0	0	60.01
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	9	668	1,385	0	65.00
66.00	06600	0	63	0	354	0	66.00
66.01	06601	0	0	0	0	0	66.01
67.00	06700	0	49	0	117	0	67.00
68.00	06800	0	22	0	104	0	68.00
68.01	06801	0	6	0	63	0	68.01
68.02	06802	0	2	0	0	0	68.02
69.00	06900	0	0	0	0	0	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	9,864	73.00
76.00	03020	0	15	0	878	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	8	0	1,084	0	90.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		89,027	475	18,397	14,924	9,864	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	17	0	0	0	194.00
194.01	07951	0	8	0	0	0	194.01
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		89,027	500	18,397	14,924	9,864	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 153028

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

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
			SERVICES-OTHER PRGM COSTS		
	16.00	17.00	22.00	24.00	25.00
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS				4.00
5.01 00510	ADMIN AND GENERAL				5.01
5.02 00560	OTHER A&G - NON FOUNDATION				5.02
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	23,253			16.00
17.00 01700	SOCIAL SERVICE	0	7,341		17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	2,313	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	23,253	7,341	914,256	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	0	0	0	50.00
53.00 05300	ANESTHESIOLOGY	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	10,166	54.00
60.00 06000	LABORATORY	0	0	5,956	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	60.01
64.00 06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	29,802	65.00
66.00 06600	PHYSICAL THERAPY	0	0	304,952	66.00
66.01 06601	PHYSICAL THERAPY - CARMEL	0	0	1,571	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	0	212,477	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	41,612	68.00
68.01 06801	VISION	0	0	967	68.01
68.02 06802	FAC RESOURCE	0	0	195	68.02
69.00 06900	ELECTROCARDIOLOGY	0	0	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	366	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	11,480	73.00
76.00 03020	PSYCHOLOGY	0	0	16,750	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000	CLINIC	0	0	57,514	90.00
90.01 09001	SLEEP CENTER	0	0	0	90.01
91.00 09100	EMERGENCY	0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10 09910	CORF	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00	SUBTOTALS (SUM OF LINES 1-117)	23,253	7,341	0	1,608,064
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	12	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	14,058	192.00
194.00 07950	FOUNDATION	0	0	3,268	194.00
194.01 07951	PUBLIC RELATIONS	0	0	1,130	194.01
200.00	Cross Foot Adjustments	0	0	2,313	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	23,253	7,341	2,313	1,628,845

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 153028

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2013 9:15 am

Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS		4.00
5.01	00510 ADMIN AND GENERAL		5.01
5.02	00560 OTHER A&G - NON FOUNDATION		5.02
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	914,256	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0	50.00
53.00	05300 ANESTHESIOLOGY	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,166	54.00
60.00	06000 LABORATORY	5,956	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
64.00	06400 INTRAVENOUS THERAPY	0	64.00
65.00	06500 RESPIRATORY THERAPY	29,802	65.00
66.00	06600 PHYSICAL THERAPY	304,952	66.00
66.01	06601 PHYSICAL THERAPY - CARMEL	1,571	66.01
67.00	06700 OCCUPATIONAL THERAPY	212,477	67.00
68.00	06800 SPEECH PATHOLOGY	41,612	68.00
68.01	06801 VISION	967	68.01
68.02	06802 FAC RESOURCE	195	68.02
69.00	06900 ELECTROCARDIOLOGY	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	366	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	11,480	73.00
76.00	03020 PSYCHOLOGY	16,750	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000 CLINIC	57,514	90.00
90.01	09001 SLEEP CENTER	0	90.01
91.00	09100 EMERGENCY	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10	09910 CORF	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>			
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,608,064	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	12	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	14,058	192.00
194.00	07950 FOUNDATION	3,268	194.00
194.01	07951 PUBLIC RELATIONS	1,130	194.01
200.00	Cross Foot Adjustments	2,313	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	1,628,845	202.00

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMIN AND GENERAL (ACCU. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	90,758					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		90,758				2.00
4.00 00400	EMPLOYEE BENEFITS	1,502	1,502	17,523,073			4.00
5.01 00510	ADMIN AND GENERAL	3,374	3,374	1,611,195	-4,955,956	33,318,694	5.01
5.02 00560	OTHER A&G - NON FOUNDATION	0	0	865,010	0	1,823,462	5.02
7.00 00700	OPERATION OF PLANT	830	830	359,732	0	1,431,133	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	124,640	8.00
9.00 00900	HOUSEKEEPING	778	778	250,773	0	524,185	9.00
10.00 01000	DIETARY	4,758	4,758	40,781	0	812,228	10.00
11.00 01100	CAFETERIA	0	0	19,359	0	229,348	11.00
13.00 01300	NURSING ADMINISTRATION	724	724	1,118,649	0	1,639,731	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	793	793	68,666	0	128,899	14.00
15.00 01500	PHARMACY	392	392	387,958	0	677,723	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,046	1,046	319,606	0	1,316,915	16.00
17.00 01700	SOCIAL SERVICE	278	278	485,323	0	713,913	17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	100	100	0	0	233,555	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	40,186	40,186	6,173,775	0	9,985,027	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	0	0	0	0	0	50.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	525	525	53,199	0	118,232	54.00
60.00 06000	LABORATORY	301	301	0	0	200,784	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	1,429	1,429	282,634	0	529,582	65.00
66.00 06600	PHYSICAL THERAPY	16,108	16,108	1,689,032	0	3,109,772	66.00
66.01 06601	PHYSICAL THERAPY - CARMEL	0	0	299,259	0	542,494	66.01
67.00 06700	OCCUPATIONAL THERAPY	11,158	11,158	1,513,433	0	2,559,587	67.00
68.00 06800	SPEECH PATHOLOGY	2,064	2,064	709,270	0	1,232,208	68.00
68.01 06801	VISION	0	0	198,532	0	289,410	68.01
68.02 06802	FAC RESOURCE	0	0	40,530	0	63,915	68.02
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	178,701	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	789,000	73.00
76.00 03020	PSYCHOLOGY	739	739	492,527	0	751,781	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	2,948	2,948	171,884	0	1,009,623	90.00
90.01 09001	SLEEP CENTER	0	0	0	0	0	90.01
91.00 09100	EMERGENCY	0	0	0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	90,033	90,033	17,151,127	-4,955,956	31,015,848	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	5,653	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	655	655	0	0	995,873	192.00
194.00 07950	FOUNDATION	70	70	105,821	0	953,184	194.00
194.01 07951	PUBLIC RELATIONS	0	0	266,125	0	348,136	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per wkst. B, Part I)	1,191,003	437,842	5,400,049		4,955,956	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	13.122843	4.824280	0.308168		0.148744	203.00
204.00	Cost to be allocated (per wkst. B, Part II)			26,957		63,031	204.00
205.00	Unit cost multiplier (wkst. B, Part II)			0.001538		0.001892	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 153028

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

Worksheet B-1

Date/Time Prepared:  
5/31/2013 9:15 am

Cost Center Description		OTHER A&G - NON FOUNDATION  (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.02	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	ADMIN AND GENERAL					5.01
5.02	00560	OTHER A&G - NON FOUNDATION	35,153,481				5.02
7.00	00700	OPERATION OF PLANT	1,643,575	85,052			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	143,142	0	260,255		8.00
9.00	00900	HOUSEKEEPING	601,997	778	0	84,274	9.00
10.00	01000	DIETARY	932,798	4,758	0	4,758	66,618
11.00	01100	CAFETERIA	263,393	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,883,138	724	0	724	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	148,033	793	0	793	14.00
15.00	01500	PHARMACY	778,326	392	0	392	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,512,402	1,046	0	1,046	16.00
17.00	01700	SOCIAL SERVICE	819,888	278	0	278	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	268,225	100	0	100	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	11,467,220	40,186	245,885	40,186	66,618
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	135,783	525	0	525	54.00
60.00	06000	LABORATORY	230,589	301	0	301	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	608,195	1,429	0	1,429	65.00
66.00	06600	PHYSICAL THERAPY	3,571,396	16,108	13,205	16,108	66.00
66.01	06601	PHYSICAL THERAPY - CARMEL	623,023	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	3,017,232	11,158	595	11,158	67.00
68.00	06800	SPEECH PATHOLOGY	1,415,121	2,064	570	2,064	68.00
68.01	06801	VISION	332,371	0	0	0	68.01
68.02	06802	FAC RESOURCE	73,403	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	205,228	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	906,122	0	0	0	73.00
76.00	03020	PSYCHOLOGY	863,378	739	0	739	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	1,159,494	2,948	0	2,948	90.00
90.01	09001	SLEEP CENTER	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	33,603,472	84,327	260,255	83,549	66,618
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,492	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,143,703	655	0	655	192.00
194.00	07950	FOUNDATION	0	70	0	70	194.00
194.01	07951	PUBLIC RELATIONS	399,814	0	0	0	194.01
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)	2,094,691	1,741,941	151,708	653,959	1,122,995
203.00		Unit cost multiplier (Wkst. B, Part I)	0.059587	20.480894	0.582921	7.759914	16.857231
204.00		Cost to be allocated (per Wkst. B, Part II)	4,780	18,381	255	15,591	89,027
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000136	0.216115	0.000980	0.185004	1.336381

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 153028

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

Worksheet B-1

Date/Time Prepared:  
5/31/2013 9:15 am

Cost Center Description		CAFETERIA (HOURS PAID)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00560						5.02
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	468,983					11.00
13.00	01300	32,659	238,137				13.00
14.00	01400	3,663	0	243,122			14.00
15.00	01500	8,305	8,305	578	100		15.00
16.00	01600	11,118	11,118	5	0	22,206	16.00
17.00	01700	17,948	0	210	0	0	17.00
22.00	02200	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	208,103	208,103	176,154	0	22,206	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	0	0	0	0	50.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	1,963	1,963	909	0	0	54.00
60.00	06000	0	0	359	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
64.00	06400	0	0	0	0	0	64.00
65.00	06500	8,648	8,648	22,557	0	0	65.00
66.00	06600	58,868	0	5,768	0	0	66.00
66.01	06601	0	0	0	0	0	66.01
67.00	06700	45,727	0	1,898	0	0	67.00
68.00	06800	20,244	0	1,698	0	0	68.00
68.01	06801	5,883	0	1,025	0	0	68.01
68.02	06802	2,224	0	0	0	0	68.02
69.00	06900	0	0	0	0	0	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	100	0	73.00
76.00	03020	13,659	0	14,301	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	7,058	0	17,657	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		446,070	238,137	243,119	100	22,206	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	15,827	0	3	0	0	194.00
194.01	07951	7,086	0	0	0	0	194.01
200.00							200.00
201.00							201.00
202.00		279,157	2,035,728	181,468	912,349	1,734,122	202.00
203.00		0.595239	8.548558	0.746407	9,123.490000	78.092498	203.00
204.00		500	18,397	14,924	9,864	23,253	204.00
205.00		0.001066	0.077254	0.061385	98.640000	1.047149	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 153028

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

Worksheet B-1

Date/Time Prepared:  
5/31/2013 9:15 am

Cost Center Description	SOCIAL SERVICES (PATIENT DAYS)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
		17.00	22.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00 00400	EMPLOYEE BENEFITS			4.00
5.01 00510	ADMIN AND GENERAL			5.01
5.02 00560	OTHER A&G - NON FOUNDATION			5.02
7.00 00700	OPERATION OF PLANT			7.00
8.00 00800	LAUNDRY & LINEN SERVICE			8.00
9.00 00900	HOUSEKEEPING			9.00
10.00 01000	DIETARY			10.00
11.00 01100	CAFETERIA			11.00
13.00 01300	NURSING ADMINISTRATION			13.00
14.00 01400	CENTRAL SERVICES & SUPPLY			14.00
15.00 01500	PHARMACY			15.00
16.00 01600	MEDICAL RECORDS & LIBRARY			16.00
17.00 01700	SOCIAL SERVICE	22,206		17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	100	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 03000	ADULTS & PEDIATRICS	22,206	100	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000	OPERATING ROOM	0	0	50.00
53.00 05300	ANESTHESIOLOGY	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
60.00 06000	LABORATORY	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	60.01
64.00 06400	INTRAVENOUS THERAPY	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	66.00
66.01 06601	PHYSICAL THERAPY - CARMEL	0	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	68.00
68.01 06801	VISION	0	0	68.01
68.02 06802	FAC RESOURCE	0	0	68.02
69.00 06900	ELECTROCARDIOLOGY	0	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00 03020	PSYCHOLOGY	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000	CLINIC	0	0	90.00
90.01 09001	SLEEP CENTER	0	0	90.01
91.00 09100	EMERGENCY	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10 09910	CORF	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
118.00	<b>SUBTOTALS (SUM OF LINES 1-117)</b>	<b>22,206</b>	<b>100</b>	<b>118.00</b>
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00 07950	FOUNDATION	0	0	194.00
194.01 07951	PUBLIC RELATIONS	0	0	194.01
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)	887,649	287,102	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	39.973386	2,871.020000	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	7,341	2,313	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.330586	23.130000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 153028

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/31/2013 9:15 am

Cost Center Description	Total Cost (from Wkst. B; Part I, col. 26)	Therapy Limit Adj.	Costs		Charges		
			Total Costs	RCE Disallowance	Total Costs	Inpatient	
			1.00	2.00	3.00	4.00	5.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	19,210,856		19,210,856	0	19,210,856	30,934,350	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0		0	0	0	0	50.00
53.00 05300 ANESTHESIOLOGY	0		0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	177,362		177,362	0	177,362	692,650	54.00
60.00 06000 LABORATORY	253,158		253,158	0	253,158	1,852,346	60.00
60.01 06001 BLOOD LABORATORY	0		0	0	0	0	60.01
64.00 06400 INTRAVENOUS THERAPY	0		0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	780,864	0	780,864	0	780,864	2,179,802	65.00
66.00 06600 PHYSICAL THERAPY	4,287,087	0	4,287,087	0	4,287,087	8,857,171	66.00
66.01 06601 PHYSICAL THERAPY - CARMEL	660,311	0	660,311	0	660,311	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	3,464,191	0	3,464,191	0	3,464,191	8,984,676	67.00
68.00 06800 SPEECH PATHOLOGY	1,571,753	0	1,571,753	0	1,571,753	3,731,329	68.00
68.01 06801 VISION	356,530	0	356,530	0	356,530	224,658	68.01
68.02 06802 FAC RESOURCE	79,120	0	79,120	0	79,120	0	68.02
69.00 06900 ELECTROCARDIOLOGY	0		0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	217,511		217,511	0	217,511	1,393,065	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,872,701		1,872,701	0	1,872,701	5,621,137	73.00
76.00 03020 PSYCHOLOGY	954,724		954,724	0	954,724	248,586	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	1,329,523		1,329,523	0	1,329,523	4,522	90.00
90.01 09001 SLEEP CENTER	0		0	0	0	0	90.01
91.00 09100 EMERGENCY	0		0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 09910 CORF	0		0	0	0	0	99.10
200.00	Subtotal (see instructions)	0	35,215,691	0	35,215,691	64,724,292	200.00
201.00	Less Observation Beds	0	0	0	0	0	201.00
202.00	Total (see instructions)	0	35,215,691	0	35,215,691	64,724,292	202.00
Cost Center Description	Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
	Outpatient	Total (col. 6 + col. 7)					
	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS			30,934,350				30.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	0.000000	0.000000	0.000000		50.00
53.00 05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0.000000		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,229	698,879	0.253781	0.000000	0.253781		54.00
60.00 06000 LABORATORY	0	1,852,346	0.136669	0.000000	0.136669		60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0.000000		60.01
64.00 06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0.000000		64.00
65.00 06500 RESPIRATORY THERAPY	403	2,180,205	0.358161	0.000000	0.358161		65.00
66.00 06600 PHYSICAL THERAPY	3,531,267	12,388,438	0.346055	0.000000	0.346055		66.00
66.01 06601 PHYSICAL THERAPY - CARMEL	1,439,320	1,439,320	0.458766	0.000000	0.458766		66.01
67.00 06700 OCCUPATIONAL THERAPY	1,842,968	10,827,644	0.319939	0.000000	0.319939		67.00
68.00 06800 SPEECH PATHOLOGY	1,296,690	5,028,019	0.312599	0.000000	0.312599		68.00
68.01 06801 VISION	601,605	826,263	0.431497	0.000000	0.431497		68.01
68.02 06802 FAC RESOURCE	50,310	50,310	1.572650	0.000000	1.572650		68.02
69.00 06900 ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0.000000		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	68,130	1,461,195	0.148858	0.000000	0.148858		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0.000000		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,066,949	6,688,086	0.280006	0.000000	0.280006		73.00
76.00 03020 PSYCHOLOGY	509,217	757,803	1.259858	0.000000	1.259858		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	3,654,185	3,658,707	0.363386	0.000000	0.363386		90.00
90.01 09001 SLEEP CENTER	0	0	0.000000	0.000000	0.000000		90.01

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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 153028

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/31/2013 9:15 am

Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	PPS
			Outpatient	Total (col. 6 + col. 7)				
			7.00	8.00	9.00	10.00	11.00	
91.00	09100	EMERGENCY	0	0	0.000000	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0				99.10
200.00		Subtotal (see instructions)	14,067,273	78,791,565				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	14,067,273	78,791,565				202.00

		Title XIX			Hospital		PPS	
Cost Center Description	Total Cost (From Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges		
			Total Costs	RCE Disallowance	Total Costs	Inpatient		
			1.00	2.00	3.00	4.00	5.00	6.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000 ADULTS & PEDIATRICS	19,210,856		19,210,856	0	19,210,856	30,934,350	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000 OPERATING ROOM	0		0	0	0	0	50.00
53.00	05300 ANESTHESIOLOGY	0		0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	177,362		177,362	0	177,362	692,650	54.00
60.00	06000 LABORATORY	253,158		253,158	0	253,158	1,852,346	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	0	60.01
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	780,864	0	780,864	0	780,864	2,179,802	65.00
66.00	06600 PHYSICAL THERAPY	4,287,087	0	4,287,087	0	4,287,087	8,857,171	66.00
66.01	06601 PHYSICAL THERAPY - CARMEL	660,311	0	660,311	0	660,311	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	3,464,191	0	3,464,191	0	3,464,191	8,984,676	67.00
68.00	06800 SPEECH PATHOLOGY	1,571,753	0	1,571,753	0	1,571,753	3,731,329	68.00
68.01	06801 VISION	356,530	0	356,530	0	356,530	224,658	68.01
68.02	06802 FAC RESOURCE	79,120	0	79,120	0	79,120	0	68.02
69.00	06900 ELECTROCARDIOLOGY	0		0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	217,511		217,511	0	217,511	1,393,065	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,872,701		1,872,701	0	1,872,701	5,621,137	73.00
76.00	03020 PSYCHOLOGY	954,724		954,724	0	954,724	248,586	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000 CLINIC	1,329,523		1,329,523	0	1,329,523	4,522	90.00
90.01	09001 SLEEP CENTER	0		0	0	0	0	90.01
91.00	09100 EMERGENCY	0		0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910 CORF	0		0	0	0	0	99.10
200.00	Subtotal (see instructions)	35,215,691	0	35,215,691	0	35,215,691	64,724,292	200.00
201.00	Less Observation Beds	0		0	0	0	0	201.00
202.00	Total (see instructions)	35,215,691	0	35,215,691	0	35,215,691	64,724,292	202.00
<b>Charges</b>								
Cost Center Description		Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
		7.00	8.00	9.00	10.00	11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000 ADULTS & PEDIATRICS		30,934,350					30.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000 OPERATING ROOM	0	0	0.000000	0.000000	0.000000		50.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,229	698,879	0.253781	0.000000	0.253781		54.00
60.00	06000 LABORATORY	0	1,852,346	0.136669	0.000000	0.136669		60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0.000000		60.01
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	403	2,180,205	0.358161	0.000000	0.358161		65.00
66.00	06600 PHYSICAL THERAPY	3,531,267	12,388,438	0.346055	0.000000	0.346055		66.00
66.01	06601 PHYSICAL THERAPY - CARMEL	1,439,320	1,439,320	0.458766	0.000000	0.458766		66.01
67.00	06700 OCCUPATIONAL THERAPY	1,842,968	10,827,644	0.319939	0.000000	0.319939		67.00
68.00	06800 SPEECH PATHOLOGY	1,296,690	5,028,019	0.312599	0.000000	0.312599		68.00
68.01	06801 VISION	601,605	826,263	0.431497	0.000000	0.431497		68.01
68.02	06802 FAC RESOURCE	50,310	50,310	1.572650	0.000000	1.572650		68.02
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0.000000		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	68,130	1,461,195	0.148858	0.000000	0.148858		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,066,949	6,688,086	0.280006	0.000000	0.280006		73.00
76.00	03020 PSYCHOLOGY	509,217	757,803	1.259858	0.000000	1.259858		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000 CLINIC	3,654,185	3,658,707	0.363386	0.000000	0.363386		90.00
90.01	09001 SLEEP CENTER	0	0	0.000000	0.000000	0.000000		90.01

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 153028

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/31/2013 9:15 am

Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
			Outpatient	Total (col. 6 + col. 7)					
			7.00	8.00	9.00	10.00	11.00		
91.00	09100	EMERGENCY	0	0	0.000000	0.000000	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0					99.10
200.00		Subtotal (see instructions)	14,067,273	78,791,565					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	14,067,273	78,791,565					202.00

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

Provider CCN: 153028

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

Worksheet C  
Part II  
Date/Time Prepared:  
5/31/2013 9:15 am

Cost Center Description	Title XIX			Hospital	PPS	
	Total Cost (wkst. B, Part I, col. 26)	Capital Cost (wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	177,362	10,166	167,196	0	0	54.00
60.00 06000 LABORATORY	253,158	5,956	247,202	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	780,864	29,802	751,062	0	0	65.00
66.00 06600 PHYSICAL THERAPY	4,287,087	304,952	3,982,135	0	0	66.00
66.01 06601 PHYSICAL THERAPY - CARMEL	660,311	1,571	658,740	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	3,464,191	212,477	3,251,714	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	1,571,753	41,612	1,530,141	0	0	68.00
68.01 06801 VISION	356,530	967	355,563	0	0	68.01
68.02 06802 FAC RESOURCE	79,120	195	78,925	0	0	68.02
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	217,511	366	217,145	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,872,701	11,480	1,861,221	0	0	73.00
76.00 03020 PSYCHOLOGY	954,724	16,750	937,974	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	1,329,523	57,514	1,272,009	0	0	90.00
90.01 09001 SLEEP CENTER	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
200.00	Subtotal (sum of lines 50 thru 199)	16,004,835	693,808	15,311,027	0	200.00
201.00	Less observation Beds	0	0	0	0	201.00
202.00	Total (line 200 minus line 201)	16,004,835	693,808	15,311,027	0	202.00

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

Provider CCN: 153028

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

Worksheet C  
Part II  
Date/Time Prepared:  
5/31/2013 9:15 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
		6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0.000000	50.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	177,362	698,879	0.253781	54.00
60.00	06000 LABORATORY	253,158	1,852,346	0.136669	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	60.01
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	780,864	2,180,205	0.358161	65.00
66.00	06600 PHYSICAL THERAPY	4,287,087	12,388,438	0.346055	66.00
66.01	06601 PHYSICAL THERAPY - CARMEL	660,311	1,439,320	0.458766	66.01
67.00	06700 OCCUPATIONAL THERAPY	3,464,191	10,827,644	0.319939	67.00
68.00	06800 SPEECH PATHOLOGY	1,571,753	5,028,019	0.312599	68.00
68.01	06801 VISION	356,530	826,263	0.431497	68.01
68.02	06802 FAC RESOURCE	79,120	50,310	1.572650	68.02
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	217,511	1,461,195	0.148858	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,872,701	6,688,086	0.280006	73.00
76.00	03020 PSYCHOLOGY	954,724	757,803	1.259858	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	1,329,523	3,658,707	0.363386	90.00
90.01	09001 SLEEP CENTER	0	0	0.000000	90.01
91.00	09100 EMERGENCY	0	0	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910 CORF	0	0	0.000000	99.10
200.00	Subtotal (sum of lines 50 thru 199)	16,004,835	47,857,215		200.00
201.00	Less observation Beds	0	0		201.00
202.00	Total (line 200 minus line 201)	16,004,835	47,857,215		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 153028		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part I Date/Time Prepared: 5/31/2013 9:15 am		
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	PPS Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	914,256	0	914,256	22,206	41.17	30.00	
200.00	Total (lines 30-199)	914,256		914,256	22,206		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	9,046	372,424					30.00
200.00	Total (lines 30-199)	9,046	372,424					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 153028

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

Worksheet D  
Part II  
Date/Time Prepared:  
5/31/2013 9:15 am

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from wkst. B, Part II, col. 26)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0.000000	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,166	698,879	0.014546	372,288	5,415	54.00
60.00	06000	LABORATORY	5,956	1,852,346	0.003215	763,953	2,456	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	29,802	2,180,205	0.013669	830,656	11,354	65.00
66.00	06600	PHYSICAL THERAPY	304,952	12,388,438	0.024616	3,641,151	89,631	66.00
66.01	06601	PHYSICAL THERAPY - CARMEL	1,571	1,439,320	0.001091	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	212,477	10,827,644	0.019624	3,739,123	73,377	67.00
68.00	06800	SPEECH PATHOLOGY	41,612	5,028,019	0.008276	1,401,745	11,601	68.00
68.01	06801	VISION	967	826,263	0.001170	0	0	68.01
68.02	06802	FAC RESOURCE	195	50,310	0.003876	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	366	1,461,195	0.000250	701,138	175	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,480	6,688,086	0.001716	2,583,475	4,433	73.00
76.00	03020	PSYCHOLOGY	16,750	757,803	0.022103	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	57,514	3,658,707	0.015720	66	1	90.00
90.01	09001	SLEEP CENTER	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	0	0	0.000000	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
200.00		Total (lines 50-199)	693,808	47,857,215		14,033,595	198,443	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 153028

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

Worksheet D -  
Part III  
Date/Time Prepared:  
5/31/2013 9:15 am

Cost Center Description			Title XVIII			Hospital	PPS	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	4.00		
1.00			2.00	3.00	4.00	5.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00
200.00		Total (lines 30-199)	0	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	9.00	PSA Adj. Nursing School	
6.00			7.00	8.00	9.00	11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	22,206	0.00	9,046	0	0	0	30.00
200.00		Total (lines 30-199)	22,206		9,046	0	0	0	200.00
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	03000	ADULTS & PEDIATRICS	0	0					
200.00		Total (lines 30-199)	0	0					

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 153028

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/31/2013 9:15 am

Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4) 5.00	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00				
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - CARMEL	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	VISION	0	0	0	0	0	68.01
68.02	06802	FAC RESOURCE	0	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	PSYCHOLOGY	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SLEEP CENTER	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 153028

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

Worksheet D Part IV Date/Time Prepared: 5/31/2013 9:15 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	PPS
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0.000000	0.000000	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	698,879	0.000000	0.000000	372,288	54.00
60.00	06000	LABORATORY	0	1,852,346	0.000000	0.000000	763,953	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,180,205	0.000000	0.000000	830,656	65.00
66.00	06600	PHYSICAL THERAPY	0	12,388,438	0.000000	0.000000	3,641,151	66.00
66.01	06601	PHYSICAL THERAPY - CARMEL	0	1,439,320	0.000000	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	10,827,644	0.000000	0.000000	3,739,123	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,028,019	0.000000	0.000000	1,401,745	68.00
68.01	06801	VISION	0	826,263	0.000000	0.000000	0	68.01
68.02	06802	FAC RESOURCE	0	50,310	0.000000	0.000000	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,461,195	0.000000	0.000000	701,138	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,688,086	0.000000	0.000000	2,583,475	73.00
76.00	03020	PSYCHOLOGY	0	757,803	0.000000	0.000000	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	3,658,707	0.000000	0.000000	66	90.00
90.01	09001	SLEEP CENTER	0	0	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	0	0	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	47,857,215			14,033,595	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 153028

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/31/2013 9:15 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,085	0	0	54.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - CARMEL	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	3,129	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	VISION	0	0	0	0	68.01
68.02	06802	FAC RESOURCE	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,530	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,066,949	0	0	73.00
76.00	03020	PSYCHOLOGY	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	431,892	0	0	90.00
90.01	09001	SLEEP CENTER	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	1,522,585	0	0	200.00

APPORIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 153028

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/31/2013 9:15 am

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	0		50.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	PHYSICAL THERAPY - CARMEL	0	0		66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
68.01	06801	VISION	0	0		68.01
68.02	06802	FAC RESOURCE	0	0		68.02
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00	03020	PSYCHOLOGY	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	SLEEP CENTER	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 153028

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

Worksheet D  
Part V  
Date/Time Prepared:  
5/31/2013 9:15 am

		Title XVIII		Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges		Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.253781	6,085	144	0	1,544	54.00
60.00	06000 LABORATORY	0.136669	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.358161	0	403	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.346055	0	0	0	0	66.00
66.01	06601 PHYSICAL THERAPY - CARMEL	0.458766	0	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.319939	3,129	0	0	1,001	67.00
68.00	06800 SPEECH PATHOLOGY	0.312599	0	0	0	0	68.00
68.01	06801 VISION	0.431497	0	0	0	0	68.01
68.02	06802 FAC RESOURCE	1.572650	0	0	0	0	68.02
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.148858	14,530	5,316	0	2,163	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.280006	1,066,949	0	0	298,752	73.00
76.00	03020 PSYCHOLOGY	1.259858	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.363386	431,892	0	0	156,944	90.00
90.01	09001 SLEEP CENTER	0.000000	0	0	0	0	90.01
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
200.00	Subtotal (see instructions)		1,522,585	5,863	0	460,404	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		1,522,585	5,863	0	460,404	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 153028

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

Worksheet D  
Part V  
Date/Time Prepared:  
5/31/2013 9:15 am

Cost Center Description		Costs		Hospital	PPS
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0		50.00
53.00	05300 ANESTHESIOLOGY	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	37	0		54.00
60.00	06000 LABORATORY	0	0		60.00
60.01	06001 BLOOD LABORATORY	0	0		60.01
64.00	06400 INTRAVENOUS THERAPY	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	144	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0		66.00
66.01	06601 PHYSICAL THERAPY - CARMEL	0	0		66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0		68.00
68.01	06801 VISION	0	0		68.01
68.02	06802 FAC RESOURCE	0	0		68.02
69.00	06900 ELECTROCARDIOLOGY	0	0		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	791	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00	03020 PSYCHOLOGY	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	0		90.00
90.01	09001 SLEEP CENTER	0	0		90.01
91.00	09100 EMERGENCY	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00	Subtotal (see instructions)	972	0		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00	Net Charges (line 200 +/- line 201)	972	0		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 153028

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

Worksheet D  
Part I  
Date/Time Prepared:  
5/31/2013 9:15 am

Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	914,256	0	914,256	22,206	41.17	30.00
200.00	Total (lines 30-199)	914,256		914,256	22,206		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,292	135,532				
200.00	Total (lines 30-199)	3,292	135,532				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 153028

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

Worksheet D  
Part II  
Date/Time Prepared:  
5/31/2013 9:15 am

Cost Center Description			Title XIX			Hospital	PPS	
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0.000000	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,166	698,879	0.014546	65,827	958	54.00
60.00	06000	LABORATORY	5,956	1,852,346	0.003215	200,304	644	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	29,802	2,180,205	0.013669	291,195	3,980	65.00
66.00	06600	PHYSICAL THERAPY	304,952	12,388,438	0.024616	870,329	21,424	66.00
66.01	06601	PHYSICAL THERAPY - CARMEL	1,571	1,439,320	0.001091	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	212,477	10,827,644	0.019624	929,411	18,239	67.00
68.00	06800	SPEECH PATHOLOGY	41,612	5,028,019	0.008276	476,764	3,946	68.00
68.01	06801	VISION	967	826,263	0.001170	49,072	57	68.01
68.02	06802	FAC RESOURCE	195	50,310	0.003876	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	366	1,461,195	0.000250	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,480	6,688,086	0.001716	689,694	1,184	73.00
76.00	03020	PSYCHOLOGY	16,750	757,803	0.022103	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	57,514	3,658,707	0.015720	0	0	90.00
90.01	09001	SLEEP CENTER	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	0	0	0.000000	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
200.00		Total (lines 50-199)	693,808	47,857,215		3,572,596	50,432	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 153028

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

Worksheet D  
Part III  
Date/Time Prepared:  
5/31/2013 9:15 am

Cost Center Description			Title XIX			Hospital	PPS	Total Costs (sum of cols. 1 through 3, minus col. 4)
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	4.00	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
INPATIENT ROUTINE SERVICE COST CENTERS			6.00	7.00	8.00	9.00	11.00	
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
INPATIENT ROUTINE SERVICE COST CENTERS			22,206	0.00	3,292	0	0	30.00
30.00	03000	ADULTS & PEDIATRICS	22,206	0.00	3,292	0	0	30.00
200.00		Total (lines 30-199)	22,206	0.00	3,292	0	0	200.00
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost				
INPATIENT ROUTINE SERVICE COST CENTERS			12.00	13.00				
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
200.00		Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 153028

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/31/2013 9:15 am

Cost Center Description	Title XIX				Hospital	PPS	Total Cost (sum of col 1 through col. 4) 5.00	
	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	05000	OPERATING ROOM	0	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - CARMEL	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	VISION	0	0	0	0	0	68.01
68.02	06802	FAC RESOURCE	0	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	PSYCHOLOGY	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SLEEP CENTER	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 153028

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/31/2013 9:15 am

Cost Center Description		Title XIX			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	05000	OPERATING ROOM	0	0	0.000000	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	698,879	0.000000	65,827	54.00
60.00	06000	LABORATORY	0	1,852,346	0.000000	200,304	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	60.01
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,180,205	0.000000	291,195	65.00
66.00	06600	PHYSICAL THERAPY	0	12,388,438	0.000000	870,329	66.00
66.01	06601	PHYSICAL THERAPY - CARMEL	0	1,439,320	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	10,827,644	0.000000	929,411	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,028,019	0.000000	476,764	68.00
68.01	06801	VISION	0	826,263	0.000000	49,072	68.01
68.02	06802	FAC RESOURCE	0	50,310	0.000000	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,461,195	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,688,086	0.000000	689,694	73.00
76.00	03020	PSYCHOLOGY	0	757,803	0.000000	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	3,658,707	0.000000	0	90.00
90.01	09001	SLEEP CENTER	0	0	0.000000	0	90.01
91.00	09100	EMERGENCY	0	0	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	92.00
200.00		Total (lines 50-199)	0	47,857,215		3,572,596	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 153028

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/31/2013 9:15 am

Cost Center Description		Title XIX			Hospital	PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - CARMEL	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	VISION	0	0	0	0	68.01
68.02	06802	FAC RESOURCE	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	PSYCHOLOGY	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	SLEEP CENTER	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 153028

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/31/2013 9:15 am

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	05000	OPERATING ROOM	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	PHYSICAL THERAPY - CARMEL	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
68.01	06801	VISION	0	0	68.01
68.02	06802	FAC RESOURCE	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03020	PSYCHOLOGY	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	SLEEP CENTER	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 153028	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/31/2013 9:15 am
Cost Center Description		Title XVIII	Hospital	PPS
PART I - ALL PROVIDER COMPONENTS				1.00
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		22,206	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,206	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		22,206	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)		9,046	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)		19,210,856	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)		19,210,856	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		30,934,350	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		30,934,350	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.621020	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)		1,393.06	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)		19,210,856	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)		865.12	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,825,876	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		7,825,876	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 153028

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

Worksheet D-1

Date/Time Prepared:  
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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)	
Title XVIII Hospital PPS		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					4,218,695	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					12,044,571	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					372,424	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					198,443	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					570,867	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,473,704	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 153028		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/31/2013 9:15 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Hospital Total Observation Bed Cost (from line 89)	PPS Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
<b>COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
90.00	Capital-related cost	914,256	19,210,856	0.047591	0	0	90.00
91.00	Nursing School cost	0	19,210,856	0.000000	0	0	91.00
92.00	Allied health cost	0	19,210,856	0.000000	0	0	92.00
93.00	All other Medical Education	0	19,210,856	0.000000	0	0	93.00

Cost Center Description		Title XIX	Hospital	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)			22,206 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			22,206 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			22,206 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			3,292 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)			19,210,856 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)			19,210,856 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			19,210,856 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)			865.12 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,847,975 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			2,847,975 41.00

## COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 153028

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

Worksheet D-1

Date/Time Prepared:  
5/31/2013 9:15 am

Cost Center Description		Total	Total	Average Per	Program Days	Program Cost	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)		(col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
<b>Cost Center Description</b>							
						1.00	
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					1,110,241	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,958,216	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					135,532	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					50,432	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					185,964	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,772,252	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 153028		Period: From 01/01/2012 To 12/31/2012		worksheet D-1 Date/Time Prepared: 5/31/2013 9:15 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	PPS Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
<b>COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
90.00	Capital-related cost	914,256	19,210,856	0.047591	0	0	90.00
91.00	Nursing School cost	0	19,210,856	0.000000	0	0	91.00
92.00	Allied health cost	0	19,210,856	0.000000	0	0	92.00
93.00	All other Medical Education	0	19,210,856	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 153028	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/31/2013 9:15 am
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		12,200,336		30.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.000000	0	0	50.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.253781	372,288	94,480	54.00
60.00	06000 LABORATORY	0.136669	763,953	104,409	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.358161	830,656	297,509	65.00
66.00	06600 PHYSICAL THERAPY	0.346055	3,641,151	1,260,039	66.00
66.01	06601 PHYSICAL THERAPY - CARMEL	0.458766	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.319939	3,739,123	1,196,291	67.00
68.00	06800 SPEECH PATHOLOGY	0.312599	1,401,745	438,184	68.00
68.01	06801 VISION	0.431497	0	0	68.01
68.02	06802 FAC RESOURCE	1.572650	0	0	68.02
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.148858	701,138	104,370	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.280006	2,583,475	723,389	73.00
76.00	03020 PSYCHOLOGY	1.259858	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.363386	66	24	90.00
90.01	09001 SLEEP CENTER	0.000000	0	0	90.01
91.00	09100 EMERGENCY	0.000000	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		14,033,595	4,218,695	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)		14,033,595		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 153028	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/31/2013 9:15 am
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Cost Center Description	Title XIX		Hospital		PPS
	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 03000 ADULTS & PEDIATRICS		3,611,253			30.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.000000	0	0		50.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.253781	65,827	16,706		54.00
60.00 06000 LABORATORY	0.136669	200,304	27,375		60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0		60.01
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0.358161	291,195	104,295		65.00
66.00 06600 PHYSICAL THERAPY	0.346055	870,329	301,182		66.00
66.01 06601 PHYSICAL THERAPY - CARMEL	0.458766	0	0		66.01
67.00 06700 OCCUPATIONAL THERAPY	0.319939	929,411	297,355		67.00
68.00 06800 SPEECH PATHOLOGY	0.312599	476,764	149,036		68.00
68.01 06801 VISION	0.431497	49,072	21,174		68.01
68.02 06802 FAC RESOURCE	1.572650	0	0		68.02
69.00 06900 ELECTROCARDIOLOGY	0.000000	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.148858	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.280006	689,694	193,118		73.00
76.00 03020 PSYCHOLOGY	1.259858	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	0.363386	0	0		90.00
90.01 09001 SLEEP CENTER	0.000000	0	0		90.01
91.00 09100 EMERGENCY	0.000000	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0		92.00
200.00 Total (sum of lines 50-94 and 96-98)		3,572,596	1,110,241		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)		3,572,596			202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 153028	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/31/2013 9:15 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		972	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		460,404	2.00
3.00	PPS payments		470,564	3.00
4.00	Outlier payment (see instructions)		1,439	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.866	5.00
6.00	Line 2 times line 5		398,710	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)		972	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		5,863	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)		5,863	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 chargebasis 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)		5,863	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		4,891	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)		972	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)		472,003	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)		96,844	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)		376,131	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)		3,972	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)		380,103	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		380,103	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)		52,167	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		36,517	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		52,167	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		416,620	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	AB Re-billing demo amount (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		416,620	40.00
41.00	Interim payments		375,159	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		41,461	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
				<b>Overrides</b>
				1.00
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)			0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 153028

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/31/2013 9:15 am

		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		11,583,156		375,159		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
<b>Program to Provider</b>							
3.01	ADJUSTMENTS TO PROVIDER	09/04/2012	27,500		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
<b>Provider to Program</b>							
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)		27,500		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or wkst. E-3, line and column as appropriate)		11,610,656		375,159		4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>							
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
<b>Program to Provider</b>							
5.01	TENTATIVE TO PROVIDER		0		0		5.01
5.02			0		0		5.02
5.03			0		0		5.03
<b>Provider to Program</b>							
5.50	TENTATIVE TO PROGRAM		0		0		5.50
5.51			0		0		5.51
5.52			0		0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0		5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		41,461		6.01
6.02	SETTLEMENT TO PROGRAM		20,832		0		6.02
7.00	Total Medicare program liability (see instructions)		11,589,824		416,620		7.00
				Contractor Number	Date (Mo/Day/Yr)		
			0	1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 153028	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part III Date/Time Prepared: 5/31/2013 9:15 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			10,707,513 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0239 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			851,515 3.00
4.00	Outlier Payments			121,354 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.34 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			3.49 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.34 9.00
10.00	Average Daily Census (see instructions)			60.672131 10.00
11.00	Medical Education Adjustment Factor $\{(1 + (\text{line 9}/\text{line 10})) \text{ raised to the power of } .6876 - 1\}$ .			0.003850 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			41,224 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			11,721,606 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			11,721,606 17.00
18.00	Primary payer payments			7,664 18.00
19.00	Subtotal (line 17 less line 18).			11,713,942 19.00
20.00	Deductibles			71,624 20.00
21.00	Subtotal (line 19 minus line 20)			11,642,318 21.00
22.00	Coinsurance			192,185 22.00
23.00	Subtotal (line 21 minus line 22)			11,450,133 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			51,511 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			36,058 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			51,511 26.00
27.00	Subtotal (sum of lines 23 and 25)			11,486,191 27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 49)			103,633 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			11,589,824 32.00
33.00	Interim payments			11,610,656 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			-20,832 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from worksheet E-3, Part III, line 4			121,354 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 153028	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/31/2013 9:15 am
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		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			3.49	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			3.49	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			3.49	6.00
7.00	Enter the lesser of line 5 or line 6			3.49	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	3.49	0.00	3.49	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	3.49	0.00	3.49	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	3.49	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	3.05	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	2.92	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	3.15	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	3.15	0.00		17.00
18.00	Per resident amount	78,414.78	78,414.78		18.00
19.00	Approved amount for resident costs	247,007	0	247,007	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			247,007	25.00
		Inpatient Part A	Managed Care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days	9,046	731		26.00
27.00	Total Inpatient Days (see instructions)	22,206	22,206		27.00
28.00	Ratio of inpatient days to total inpatient days	0.407367	0.032919		28.00
29.00	Program direct GME amount	100,623	8,131		29.00
30.00	Reduction for direct GME payments for Medicare managed care		1,149		30.00
31.00	Net Program direct GME amount			107,605	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 153028	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/31/2013 9:15 am
	Title XVIII	Hospital	PPS

		1.00	
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE -- TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>			
32.00	Renal dialysis direct medical education costs (from worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (worksheet C, Part I, column 8, sum of lines 74 and 94)	0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>			
<b>Part A Reasonable Cost</b>			
37.00	Reasonable cost (see instructions)	12,044,571	37.00
38.00	Organ acquisition costs (worksheet D-4, Part III, column 1, line 69)	0	38.00
39.00	Cost of teaching physicians (worksheet D-5, Part II, column 3, line 20)	0	39.00
40.00	Primary payer payments (see instructions)	7,664	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	12,036,907	41.00
<b>Part B Reasonable Cost</b>			
42.00	Reasonable cost (see instructions)	461,376	42.00
43.00	Primary payer payments (see instructions)	0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	461,376	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	12,498,283	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.963085	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.036915	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>			
48.00	Total program GME payment (line 31)	107,605	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(title XVIII only)(see instructions)	103,633	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	3,972	50.00

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

Provider CCN: 153028

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

Worksheet G

Date/Time Prepared:  
5/31/2013 9:15 am

		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	2,467,239	0	0	0	1.00
2.00	Temporary investments	739	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	16,073,805	0	0	0	4.00
5.00	Other receivable	-13,290,019	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-6,107,101	0	0	0	6.00
7.00	Inventory	247,387	0	0	0	7.00
8.00	Prepaid expenses	466,784	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	-141,166	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	2,506,638	0	0	0	12.00
13.00	Land improvements	290,246	0	0	0	13.00
14.00	Accumulated depreciation	-147,373	0	0	0	14.00
15.00	Buildings	14,377,505	0	0	0	15.00
16.00	Accumulated depreciation	-9,552,316	0	0	0	16.00
17.00	Leasehold improvements	95,017	0	0	0	17.00
18.00	Accumulated depreciation	-68,959	0	0	0	18.00
19.00	Fixed equipment	2,212,050	0	0	0	19.00
20.00	Accumulated depreciation	-1,792,361	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	7,211,914	0	0	0	23.00
24.00	Accumulated depreciation	-5,843,292	0	0	0	24.00
25.00	Minor equipment depreciable	105,983	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	9,395,052	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	1,398,475	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	1,117,143	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,515,618	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	11,769,504	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	-6,856,840	0	0	0	37.00
38.00	Salaries, wages, and fees payable	-2,485,396	0	0	0	38.00
39.00	Payroll taxes payable	133,564	0	0	0	39.00
40.00	Notes and loans payable (short term)	385,529	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	863,892	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	-7,959,251	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	18,799,522	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	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	18,799,522	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	10,840,271	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	929,233	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	929,233	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	11,769,504	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 153028

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

Worksheet G-1

Date/Time Prepared:  
5/31/2013 9:15 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		-735,175		0	1.00
2.00	Net income (loss) (from wkst. G-3, line 29)		437,163			2.00
3.00	Total (sum of line 1 and line 2)		-298,012		0	3.00
4.00	Additions (credit adjustments)	1,227,245		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		1,227,245		0	10.00
11.00	Subtotal (line 3 plus line 10)		929,233		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		929,233		0	19.00

  

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 153028

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/31/2013 9:15 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
<b>General Inpatient Routine Services</b>					
1.00	Hospital	30,934,350		30,934,350	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	30,934,350		30,934,350	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>					
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				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	30,934,350		30,934,350	17.00
18.00	Ancillary services	34,625,570	13,231,645	47,857,215	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CORF				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	65,559,920	13,231,645	78,791,565	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per wkst. A, column 3, line 200)		36,592,301		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		36,592,301		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 153028

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

Worksheet G-3

Date/Time Prepared:  
5/31/2013 9:15 am

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	78,791,565	1.00
2.00	Less contractual allowances and discounts on patients' accounts	42,636,164	2.00
3.00	Net patient revenues (line 1 minus line 2)	36,155,401	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	36,592,301	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-436,900	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	35,615	6.00
7.00	Income from investments	11,453	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	230	10.00
11.00	Rebates and refunds of expenses	4,764	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	115,687	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	4,542	17.00
18.00	Revenue from sale of medical records and abstracts	4,071	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	2,781	20.00
21.00	Rental of vending machines	1,800	21.00
22.00	Rental of hospital space	8,271	22.00
23.00	Governmental appropriations	0	23.00
24.00	GAIN ON SALE OF ASSETS	7,215	24.00
24.01	NET UNREALIZED GAIN/LOSS	39,926	24.01
24.02	OTHER MISC	610,700	24.02
24.03		0	24.03
24.04		0	24.04
24.05		0	24.05
25.00	Total other income (sum of lines 6-24)	847,055	25.00
26.00	Total (line 5 plus line 25)	410,155	26.00
27.00	BAD DEBT EXPENSE	-27,008	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-27,008	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	437,163	29.00