

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 REPORT PERIOD BEING DEEMED OVERPAYMENTS  
 (42 USC 1395g).

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET 5  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-0113	I	FROM 1/ 1/2010	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/26/2011 TIME 14:45

PART I - 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 BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: COMMUNITY HOSPITAL ANDERSON 15-0113 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

*John S. Harris*

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

VP FINANCE & CFO

TITLE

5-26-11

DATE

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 ECR ENCRYPTION INFORMATION  
 DATE: 5/26/2011 TIME 14:45  
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 PI ENCRYPTION INFORMATION  
 DATE: 5/26/2011 TIME 14:45  
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 XuEc5wiJeT0BLPFO  
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PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3		4
1	HOSPITAL	0	237,137	172,095	1,235,878
100	TOTAL	0	237,137	172,095	1,235,878

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON IN LIEU OF FORM CMS-2552-96 (04/2011)
HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
1 STREET: 1515 NORTH MADISON AVENUE P.O. BOX:
1.01 CITY: ANDERSON STATE: IN ZIP CODE: 46011- COUNTY: MADISON
HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

Table with columns: COMPONENT, COMPONENT NAME, PROVIDER NO., NPI NUMBER, DATE CERTIFIED, and PAYMENT SYSTEM (P, T, O, OR N). Rows include hospital details, reporting periods, and various certification questions (21.01-24.01).

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON IN LIEU OF FORM CMS-2552-96 (04/2011) CONTD  
I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
I 15-0113 I FROM 1/ 1/2010 I WORKSHEET 5-2  
I TO 12/31/2010 I  
HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES OR "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES OR "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)

25.07 HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THE COST REPORTING PERIOD? ENTER "Y" FOR YES OR "N" FOR NO IN COLUMN 1.

25.08 IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. 0.00  
IF LINE 25.07 IS YES, USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENTS FTES BY PROGRAM IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM IN WHICH RESIDENTS ARE TRAINED. (SEE INSTRUCTIONS)

25.09 0000 0.00

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. 1 2 3 4  
ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) -----  
0 0.0000 0.0000

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 0

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

28.03 STAFFING % Y/N  
28.04 RECRUITMENT 0.00% Y  
28.05 RETENTION 0.00%  
28.06 TRAINING 0.00%

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBLIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBLIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON IN LIEU OF FORM CMS-2552-96 (04/2011) CONTD  
HOSPITAL & HOSPITAL HEALTH CARE COMPLEX I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
IDENTIFICATION DATA I 15-0113 I FROM 1/ 1/2010 I WORKSHEET S-2  
I TO 12/31/2010 I

MISCELLANEOUS COST REPORT INFORMATION

- 32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
- 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2. N
- 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (F)(1)(i) TEFRA? N
- 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)? N
- 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)? N
- 35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)? N
- 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)? N
- 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)? N

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

- 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) V XVIII XIX  
1 2 3
- 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N
- 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N Y N
- 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N
- TITLE XIX INPATIENT SERVICES
- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
- 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
- 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
- 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
- 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
- 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y HB004
- 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
- 40.02 STREET: P.O. BOX:
- 40.03 CITY: STATE: ZIP CODE: -
- 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
- 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
- 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
- 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
- 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
- 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
- 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

- |  | PART A | PART B | OUTPATIENT ASC | OUTPATIENT RADIOLOGY | OUTPATIENT DIAGNOSTIC |   |
|--|--------|--------|----------------|----------------------|-----------------------|---|
|  | 1      | 2      | 3              | 4                    | 5                     |   |
| 47.00 HOSPITAL   | N      | N      | N              | N                    | N                     |   |
| 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)  |        |        |                |                      |                       | N |
| 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV  |        |        |                |                      |                       | N |
| 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. |        |        |                |                      |                       | 0 |
| 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /   |        |        |                |                      |                       |   |
| 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:   |        |        |                |                      |                       |   |
| PREMIUMS:  |        |        | 334,820        |                      |                       |   |
| PAID LOSSES:   |        |        | 0              |                      |                       |   |
| AND/OR SELF INSURANCE:   |        |        | 0              |                      |                       |   |
| 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.   |        |        |                |                      |                       | N |
| 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.  |        |        |                |                      |                       | N |

( PI File )

Health Financial Systems

MCRIF32

FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96 (04/2011) CONTD

I PROVIDER NO:

I PERIOD:

I PREPARED 5/26/2011

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX

I 15-0113

I FROM 1/ 1/2010

I WORKSHEET S-2

IDENTIFICATION DATA

I

I TO 12/31/2010

I

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULE AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

DATE	Y OR N	LIMIT	Y OR N	FEES
0	1	2	3	4
	N	0.00		0
		0.00		0
		0.00		0
	N			
		0.00		0
		0.00		0

56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.

56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.

56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?

58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.

58.01 IF LINE 58 COLUMN 1 IS Y, DOES 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. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC).

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
					0.00

62.00 SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY).

MISCELLANEOUS DATA

64.00 DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO.

( PI File )

Health Financial Systems MCRIF32

FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96 (01/2010)

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
I 15-0113 I FROM 1/ 1/2010 I WORKSHEET S-3  
I I TO 12/31/2010 I PART I

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS	TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	1	128	2.01	3	4	11,889	5	1,234
2 HMO								3,715
2 01 HMO - (IRF PPS SUBPROVIDER)								
3 ADULTS & PED-SB SNF								
4 ADULTS & PED-SB NF								
5 TOTAL ADULTS AND PEDS	128	46,720				11,889		1,234
6 INTENSIVE CARE UNIT	9	3,285				930		10
7 CORONARY CARE UNIT								
8 BURN INTENSIVE CARE UNIT								
9 SURGICAL INTENSIVE CARE UNIT								
11 NURSERY								262
12 TOTAL 137 50,005			12,819			1,506		
13 RPCH VISITS								
15 SKILLED NURSING FACILITY								
25 TOTAL	137							
26 OBSERVATION BED DAYS								694
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								
29 LABOR & DELIVERY DAYS								128

COMPONENT	TITLE XIX OBSERVATION ADMITTED	I/P DAYS / NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	TRIPS / TOTAL OBSERVATION ADMITTED	TOTAL OBSERVATION BEDS / NOT ADMITTED	INTERNS & RES. / TOTAL	FTES / LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			21,152				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			21,152				
6 INTENSIVE CARE UNIT			1,641				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY			2,108				
12 TOTAL			24,901				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY							
25 TOTAL							
26 OBSERVATION BED DAYS			2,707				
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			172				
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS			164				

COMPONENT	I & R FTES NET	--- FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					3,017	1,649	6,449
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		1,287.32			3,017	1,649	6,449
13 RPCH VISITS							
15 SKILLED NURSING FACILITY							
25 TOTAL		1,287.32					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

( PI File )

Health Financial Systems MCRIF32

FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96 (05/2004)

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
I 15-0113 I FROM 1/ 1/2010 I WORKSHEET 5-3  
I TO 12/31/2010 I PARTS II & III

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1 SALARIES						
2 TOTAL SALARY	49,966,215		49,966,215	2,677,644.49	18.66	
3 NON-PHYSICIAN ANESTHETIST PART A	693,636		693,636	9,289.50	74.67	
4 NON-PHYSICIAN ANESTHETIST PART B	126,042		126,042	2,064.00	61.07	
4.01 PHYSICIAN - PART A TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	1,488,702		1,488,702	15,402.50	96.65	
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B INTERNS & RESIDENTS (APPRVD)						
6 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	4,549,874		4,549,874	88,027.20	51.69	
9 OTHER WAGES & RELATED COSTS						
9.01 CONTRACT LABOR: 3,063 PHARMACY SERVICES UNDER CONTRACT		3,063	24.50	125.02		
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	286,958		286,958	2,978.71	96.34	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	1,265,831		1,265,831	37,408.00	33.84	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13 WAGE RELATED COSTS						
14 WAGE-RELATED COSTS (CORE)	10,978,958		10,978,958			CMS 339
15 WAGE-RELATED COSTS (OTHER)						CMS 339
16 EXCLUDED AREAS	1,140,435		1,140,435			CMS 339
17 NON-PHYS ANESTHETIST PART A						CMS 339
18 NON-PHYS ANESTHETIST PART B						CMS 339
18.01 PHYSICIAN PART A	31,593		31,593			CMS 339
19 PART A TEACHING PHYSICIANS						CMS 339
19.01 PHYSICIAN PART B	373,146		373,146			CMS 339
20 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
21 INTERNS & RESIDENTS (APPRVD)						CMS 339
22 OVERHEAD COSTS - DIRECT SALARIES						
22.01 EMPLOYEE BENEFITS	2,053,873		2,053,873	43,400.09	47.32	
23 ADMINISTRATIVE & GENERAL	7,054,886		7,054,886	346,217.40	20.38	
24 A & G UNDER CONTRACT	84,624		84,624	280.61	301.57	
25 MAINTENANCE & REPAIRS						
26 OPERATION OF PLANT	1,476,343		1,476,343	94,300.20	15.66	
27 LAUNDRY & LINEN SERVICE		46,452	46,452	5,372.00	8.65	
28 HOUSEKEEPING	1,007,133	-46,452	960,681	111,097.70	8.65	
28.01 HOUSEKEEPING UNDER CONTRACT	779		779	5.00	155.80	
29 DIETARY	1,131,224	-724,502	406,722	53,806.70	7.56	
30 DIETARY UNDER CONTRACT						
31 CAFETERIA		724,502	724,502	75,854.00	9.55	
32 MAINTENANCE OF PERSONNEL						
33 NURSING ADMINISTRATION	790,328		790,328	31,028.30	25.47	
34 CENTRAL SERVICE AND SUPPLY	700,537		700,537	76,483.60	9.16	
35 PHARMACY	1,529,468		1,529,468	60,137.20	25.43	
36 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,322,865		1,322,865	78,914.00	16.76	
37 SOCIAL SERVICE						
38 OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1 NET SALARIES	47,869,280		47,869,280	2,653,238.10	18.04	
2 EXCLUDED AREA SALARIES	4,549,874		4,549,874	88,027.20	51.69	
3 SUBTOTAL SALARIES	43,319,406		43,319,406	2,565,210.90	16.89	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,555,852		1,555,852	40,411.21	38.50	
5 SUBTOTAL WAGE-RELATED COSTS	11,010,551		11,010,551		25.42	
6 TOTAL	55,885,809		55,885,809	2,605,622.11	21.45	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	17,152,060		17,152,060	976,896.80	17.56	

( PI File )

Health Financial Systems MCRIF32

FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96 (02/2011)

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
I 15-0113 I FROM 1/ 1/2010 I WORKSHEET S-7  
I I TO 12/31/2010 I

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	9/30/01 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3	.01 RUX						
3	.02 RUL						
4	RVC						
5	RVB						
6	RVA						
6	.01 RVX						
6	.02 RVL						
7	RHC						
8	RHB						
9	RHA						
9	.01 RHX						
9	.02 RHL						
10	RMC						
11	RMB						
12	RMA						
12	.01 RMX						
12	.02 RML						
13	RLB						
14	RLA						
14	.01 RLX						
15	SE3						
16	SE2						
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA						
45	.01 ES3						
45	.02 ES2						
45	.03 ES1						
45	.04 HE2						
45	.05 HE1						
45	.06 HD2						
45	.07 HD1						
45	.08 HC2						
45	.09 HC1						
45	.10 HB2						
45	.11 HB1						
45	.12 LE2						
45	.13 LE1						
45	.14 LD2						
45	.15 LD1						
45	.16 LC2						
45	.17 LC1						
45	.18 LB2						
45	.19 LB1						
45	.20 CE2						
45	.21 CE1						
45	.22 CD2						
45	.23 CD1						
46	TOTAL						

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on wkst S-3, Part I column 4, line 3.

( PI File )

Health Financial Systems MCRIF32

FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96 (02/2011)

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
I 15-0113 I FROM 1/ 1/2010 I WORKSHEET S-7  
I I TO 12/31/2010 I

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	DAYS	SERVICES ON/AFTER 10/1 RATE	DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS
1	2	3	3.01	4	4.01	4.02	4.03

Worksheet S-2 reference data:

Transition Period : 0  
Wage Index Factor (before 10/01): 0.0000  
Wage Index Factor (after 10/01): 0.0000  
SNF Facility Specific Rate : 0.00  
Urban/Rural Designation : NOT SPECIFIED  
SNF MSA Code : NOT SPECIFIED  
SNF CBSA Code : NOT SPECIFIED

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs	DAYS	SWING BED SNF DAYS	TOTAL
1	2	4.05		4.06	5
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC				
5	RVB				
6	RVA				
6 .01	RVX				
6 .02	RVL				
7	RHC				
8	RHB				
9	RHA				
9 .01	RHX				
9 .02	RHL				
10	RMC				
11	RMB				
12	RMA				
12 .01	RMX				
12 .02	RML				
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3				
16	SE2				
17	SE1				
18	SSC				
19	SSB				
20	SSA				
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1				
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	AAA				
45 .01	ES3				
45 .02	ES2				
45 .03	ES1				
45 .04	HE2				
45 .05	HE1				
45 .06	HD2				
45 .07	HDI				
45 .08	HC2				
45 .09	HC1				
45 .10	HB2				
45 .11	HB1				
45 .12	LE2				
45 .13	LE1				
45 .14	LD2				
45 .15	LD1				
45 .16	LC2				
45 .17	LC1				
45 .18	LB2				

( PI File )

Health Financial Systems MCRIF32

FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96 (02/2011)

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
I 15-0113 I FROM 1/ 1/2010 I WORKSHEET S-7  
I I TO 12/31/2010 I

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGS DAYS	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
45 .19 LB1				
45 .20 CE2				
45 .21 CE1				
45 .22 CD2				
45 .23 CD1				
46 TOTAL				

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGS will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

(4) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11, 2009, page 40286.

FY 2010 SNF Final Rule These RUGS are effective for services on or after 10/01/2010.

NOTE: The default line code designation has been changed to "AAA".

Worksheet S-2 reference data:

Transition Period : 0  
Wage Index Factor (before 10/01): 0.0000  
Wage Index Factor (after 10/01) : 0.0000  
SNF Facility Specific Rate : 0.00  
Urban/Rural Designation : NOT SPECIFIED  
SNF MSA Code : NOT SPECIFIED  
SNF CBSA Code : NOT SPECIFIED

HOSPITAL UNCOMPENSATED CARE DATA

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	54,046,928
17.01	GROSS MEDICAID REVENUES	
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	167,805
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	54,214,733
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.318202
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	36,610,308



(PI File)

Health Financial Systems MCRIF32

FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96(9/1996)

I PROVIDER NO: I

PERIOD: I

PREPARED 5/26/2011

I 15-0113

I FROM 1/ 1/2010

I WORKSHEET A

I

I TO 12/31/2010

I

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

	COST CENTER	COST CENTER DESCRIPTION	SALARIES		OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2				
		GENERAL SERVICE COST CNTR						
1	0100	OLD CAP REL COSTS-BLDG & FIXT						
1.01	0101	OLD CAP REL COSTS-BLDG & FIXT						
2	0200	OLD CAP REL COSTS-MVBLE EQUIP						
3	0300	NEW CAP REL COSTS-BLDG & FIXT			4,523	4,523	4,644,174	4,648,697
4	0400	NEW CAP REL COSTS-MVBLE EQUIP			2,667	2,667	4,611,300	4,613,967
5	0500	EMPLOYEE BENEFITS	2,053,873	9,231,729		11,285,602	-65,060	11,220,542
6	0600	ADMINISTRATIVE & GENERAL	7,054,886	9,563,077		16,617,963	-3,663,641	12,954,322
8	0800	OPERATION OF PLANT	1,476,343	2,847,800		4,324,143	-472,239	3,851,904
9	0900	LAUNDRY & LINEN SERVICE					459,892	459,892
10	1000	HOUSEKEEPING	1,007,133	686,746		1,693,879	-476,513	1,217,366
11	1100	DIETARY	1,131,224	952,703		2,083,927	-1,420,390	663,537
12	1200	CAFETERIA					1,334,668	1,334,668
14	1400	NURSING ADMINISTRATION	790,328	97,992		888,320	-263	888,057
15	1500	CENTRAL SERVICES & SUPPLY	700,537	785,834		1,486,371	-108,901	1,377,470
16	1600	PHARMACY	1,529,468	9,654,526		11,183,994	-9,357,865	1,826,129
17	1700	MEDICAL RECORDS & LIBRARY	1,322,865	832,411		2,155,276	-1,288	2,153,988
18	1800	SOCIAL SERVICE						
25	2500	INPAT ROUTINE SRVC CNTRS						
26	2600	ADULTS & PEDIATRICS	9,361,910	1,788,482		11,150,392	-1,482,639	9,667,753
27	2700	INTENSIVE CARE UNIT	1,020,842	290,480		1,311,322	-141,738	1,169,584
28	2800	CORONARY CARE UNIT						
29	2900	BURN INTENSIVE CARE UNIT						
33	3300	SURGICAL INTENSIVE CARE UNIT						
34	3400	NURSERY		10,679		10,679	474,187	484,866
37	3700	SKILLED NURSING FACILITY						
38	3800	ANCILLARY SRVC COST CNTRS						
39	3900	OPERATING ROOM	3,377,533	7,952,966		11,330,499	-6,551,564	4,778,935
40	4000	RECOVERY ROOM						
41	4100	DELIVERY ROOM & LABOR ROOM						
41.01	4100	ANESTHESIOLOGY	1,869,887	776,462		2,646,349	-53,066	2,593,283
41.02	4100	RADIOLOGY-DIAGNOSTIC	2,350,475	1,215,226		3,565,701	-752,882	2,812,819
41.01	3230	CAT SCAN	310,930	409,991		720,921	-136,621	584,300
41.02	3430	MAGNETIC RESONANCE IMAGING(MRI)	222,402	603,006		825,408	-427,833	397,575
42	4200	RADIOLOGY-THERAPEUTIC						
43	4300	RADIOISOTOPE	213,840	433,298		647,138	-294,707	352,431
44	4400	LABORATORY	1,832,541	3,071,681		4,904,222	-1,441,470	3,462,752
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS	162,209	780,854		943,063	-737,248	205,815
49	4900	RESPIRATORY THERAPY	716,548	189,206		905,754	-129,158	776,596
50	5000	PHYSICAL THERAPY	1,072,913	357,208		1,430,121	-124,486	1,305,635
51	5100	OCCUPATIONAL THERAPY	181,319	22,441		203,760	-55	203,705
52	5200	SPEECH PATHOLOGY	193,003	21,737		214,740	2,695	217,435
53	5300	ELECTROCARDIOLOGY	430,263	213,908		644,171	-127,151	517,020
54	5400	ELECTROENCEPHALOGRAPHY	319,960	143,082		463,042	-101,603	361,439
54.01	3120	CARDIAC CATHETERIZATION LABORATORY	418,541	1,296,168		1,714,709	-1,172,299	542,410
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS					8,106,814	8,106,814
55.30	5530	IMPL. DEV. CHARGED TO PATIENT	8,992,409	8,992,409			3,752,966	3,752,966
56	5600	DRUGS CHARGED TO PATIENTS						
59	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		207		207		207
59.01	3555	PREGNANCY PLUS	847,050	227,834		1,074,884	-77,989	996,895
60	6000	OUTPAT SERVICE COST CNTRS						
60.01	6001	CLINIC						
60.02	6002	WOUND/OSTOMY CLINIC	205,904	992,669		1,198,573	-574,469	624,104
60.03	6003	KIDS PLUS CLINIC		50,000		50,000		50,000
60.04	6004	ONCOLOGY	437,046	386,092		823,138	-282,494	540,644
61	6100	MUNCIE CLINIC		95,983		95,983	-64,329	31,654
62	6200	EMERGENCY	2,804,568	1,068,864		3,873,432	-453,771	3,419,661
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)						
88	8800	SPEC PURPOSE COST CENTERS						
90	9000	INTEREST EXPENSE						
95	9000	OTHER CAPITAL RELATED COSTS						
		SUBTOTALS	45,416,341	57,058,532		102,474,873	1,685,373	104,160,246
		NONREIMBURS COST CENTERS						
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN						
96.01	9601	WELLNESS CENTER	494,971	473,620		968,591	-51,915	916,676
96.02	9602	ORTHO MD						
96.03	9603	NORTHVIEW CONV CENTER	299,426	386,562		685,988	-171,475	514,513
96.04	9604	SUMMIT CONV CENTER	171,820	103,869		275,689	-68,664	207,025
96.05	9605	PARKVIEW CONV CENTER	265,492	18,984		284,476	-175	284,301
96.06	9606	MONTICELLO HSE ASST LVNG	83,967	5,125		89,092	-209	88,883
96.07	9607	WELLNESS CENTER						
96.08	9608	MADISON PLACE OF ELWOOD						
96.09	9609	SPINE SURGEON						
96.10	9610	CLINICAL RESEARCH CENTER	429,337	234,912		664,249	-40,881	623,368
96.11	9611	ONCOLOGIST	2,098,435	356,790		2,455,225		2,455,225
96.12	9612	MEDICAL INTERNIST	87,928	13,774		101,702	-254	101,448
96.13	9613	RHEUMATOLOGY	236,565	306,943		543,508	-35,364	508,144
96.14	9614	ONCOLOGIST						
96.15	9615	MEDICAL INTERNIST						
98	9800	PHYSICIANS' PRIVATE OFFICES		2,544,803		2,544,803	-1,295,562	1,249,241
98.01	9801	ALEXANDRIA LAB						
98.02	9802	FOUNDATION	146,503	714,063		860,566		860,566
98.03	9803	SPOE						
98.04	9804	HEALTHY HEART	235,430	52,909		288,339	-20,874	267,465
98.05	9805	VACANT SPACE						
98.06	9806	HEALTHY HEART						
101		TOTAL	49,966,215	62,270,886		112,237,101	-0-	112,237,101

( PI File )

Health Financial Systems MCRIF32

FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96(9/1996)

I PROVIDER NO: I

PERIOD: I

PREPARED 5/26/2011

I 15-0113

I FROM 1/ 1/2010

I WORKSHEET A

I

I TO 12/31/2010

I

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
1	0100 GENERAL SERVICE COST CNTR		
1.01	0101 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	108,722	4,757,419
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	1,166,981	5,780,948
5	0500 EMPLOYEE BENEFITS	-2,817,281	8,403,261
6	0600 ADMINISTRATIVE & GENERAL	-873,644	12,080,678
8	0800 OPERATION OF PLANT	-18,078	3,833,826
9	0900 LAUNDRY & LINEN SERVICE		459,892
10	1000 HOUSEKEEPING		1,217,366
11	1100 DIETARY	-41,135	622,402
12	1200 CAFETERIA	-607,164	727,504
14	1400 NURSING ADMINISTRATION	-3,545	884,512
15	1500 CENTRAL SERVICES & SUPPLY	-403	1,377,067
16	1600 PHARMACY	-21,350	1,804,779
17	1700 MEDICAL RECORDS & LIBRARY	-57,637	2,096,351
18	1800 SOCIAL SERVICE		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-1,617	9,666,136
26	2600 INTENSIVE CARE UNIT	-46,130	1,123,454
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
33	3300 NURSERY		484,866
34	3400 SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-465,862	4,313,073
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY		421,350
41	4100 RADIOLOGY-DIAGNOSTIC	-2,171,933	2,689,884
41.01	3230 CAT SCAN	-122,935	584,300
41.02	3430 MAGNETIC RESONANCE IMAGING(MRI)		397,575
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		352,431
44	4400 LABORATORY		3,462,752
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		205,815
49	4900 RESPIRATORY THERAPY		776,596
50	5000 PHYSICAL THERAPY	-14,980	1,290,655
51	5100 OCCUPATIONAL THERAPY		203,705
52	5200 SPEECH PATHOLOGY		217,435
53	5300 ELECTROCARDIOLOGY	-15,000	502,020
54	5400 ELECTROENCEPHALOGRAPHY		361,439
54.01	3120 CARDIAC CATHERIZATION LABORATORY	542,410	
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		8,106,814
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		3,752,966
56	5600 DRUGS CHARGED TO PATIENTS		8,992,409
59	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-14,120	-13,913
59.01	3555 PREGNANCY PLUS	-371,448	625,447
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
60.01	6001 WOUND/OSTOMY CLINIC		624,104
60.02	6002 KIDS PLUS CLINIC		50,000
60.03	6003 ONCOLOGY	-1,349	539,295
60.04	6004 MUNCIE CLINIC		31,654
61	6100 EMERGENCY	-98,863	3,320,798
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-6,488,771	97,671,475
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01	9601 WELLNESS CENTER		916,676
96.02	9602 ORTHO MD		
96.03	9603 NORTHVIEW CONV CENTER		514,513
96.04	9604 SUMMIT CONV CENTER		207,025
96.05	9605 PARKVIEW CONV CENTER		284,301
96.06	9606 MONTICELLO HSE ASST LVNG		88,883
96.07	9607 WELLNESS CENTER		
96.08	9608 MADISON PLACE OF ELWOOD		
96.09	9609 SPINE SURGEON		
96.10	9610 CLINICAL RESEARCH CENTER	623,368	
96.11	9611 ONCOLOGIST		2,455,225
96.12	9612 MEDICAL INTERNIST		101,448
96.13	9613 RHEUMATOLOGY		508,144
96.14	9614 ONCOLOGIST		
96.15	9615 MEDICAL INTERNIST		
98	9800 PHYSICIANS' PRIVATE OFFICES		1,249,241
98.01	9801 ALEXANDRIA LAB		
98.02	9802 FOUNDATION		860,566
98.03	9803 SPOE		
98.04	9804 HEALTHY HEART		267,465
98.05	9805 VACANT SPACE		
98.06	9806 HEALTHY HEART		
101	TOTAL	-6,488,771	105,748,330

( PI File )

Health Financial Systems MCRIF32

FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96 (09/1996)

RECLASSIFICATIONS

PROVIDER NO:  
150113

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 5/26/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 DEPRECIATION	A	NEW CAP REL COSTS-BLDG & FIXT	3			3,111,718
2		NEW CAP REL COSTS-MVBLE EQUIP	4			3,450,662
3						
4						
5						
6						
7						
8						
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24						
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29						
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31						
32						
33						
34						
35						
1 DEPRECIATION	A					
2						
3						
4						
5						
6						
7 DRUGS & SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			8,106,814
8		IMPL. DEV. CHARGED TO PATIENT	55.30			3,752,966
9		DRUGS CHARGED TO PATIENTS	56			8,992,409
10						
11						
12						
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( PI File )

Health Financial Systems MCRIF32

FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96 (09/1996)

PROVIDER NO: 150113	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/26/2011 WORKSHEET A-6 CONTD
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RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 DRUGS & SUPPLIES	B					
2						
3						
4						
5						
6						
7						
8 RENT	C	NEW CAP REL COSTS-BLDG & FIXT	3			339,860
9		NEW CAP REL COSTS-MVBLE EQUIP	4			1,090,939
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23 LABOR & DELIVERY	F	NURSERY	33		392,764	92,102
24 BLOOD & NUC MED	G	RADIOISOTOPE	43		8,694	
25		WHOLE BLOOD & PACKED RED BLOOD CELLS	46		22,440	
26 CAFETERIA RECLASS	H	CAFETERIA	12		747,185	629,270
27 SPECIAL MEALS	I	DIETARY	11		22,683	19,104
28 INTEREST& INSURANCE	J	NEW CAP REL COSTS-BLDG & FIXT	3			1,052,295
29		NEW CAP REL COSTS-BLDG & FIXT	3			140,301
30		NEW CAP REL COSTS-MVBLE EQUIP	4			69,699
31 LAUNDRY	K	LAUNDRY & LINEN SERVICE	9		46,452	413,440
32 POB UTILITIES	L	ADMINISTRATIVE & GENERAL	6			5,091
33		PHYSICAL THERAPY	50			8,588
34		OCCUPATIONAL THERAPY	51			5,926
35		SPEECH PATHOLOGY	52			7,127
1 POB UTILITIES	L	ELECTROCARDIOLOGY	53			11,722
36 TOTAL RECLASSIFICATIONS					1,240,218	31,300,033

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.  
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO: 150113

PERIOD: FROM 1/1/2010 TO 12/31/2010

PREPARED 5/26/2011 WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			6	7			
1 DEPRECIATION	A	EMPLOYEE BENEFITS		5		47,340	9
2		ADMINISTRATIVE & GENERAL		6		2,334,342	9
3		OPERATION OF PLANT		8		432,442	
4		HOUSEKEEPING		10		6,869	9
5		DIETARY		11		80,701	
6		NURSING ADMINISTRATION		14		263	
7		CENTRAL SERVICES & SUPPLY		15		62,947	
8		PHARMACY		16		47,922	
9		MEDICAL RECORDS & LIBRARY		17		1,275	
10		ADULTS & PEDIATRICS		25		279,865	
11		INTENSIVE CARE UNIT		26		24,177	
12		NURSERY		33		10,679	
13		OPERATING ROOM		37		465,503	
14		ANESTHESIOLOGY		40		4,271	
15		RADIOLOGY-DIAGNOSTIC		41		460,677	
16		CAT SCAN		41.01		94,564	
17		MAGNETIC RESONANCE IMAGING(MRI)		41.02		42,083	
18		RADIOISOTOPE		43		33,513	
19		LABORATORY		44		91,082	
20		WHOLE BLOOD & PACKED RED BLOOD CELLS		46		6,258	
21		RESPIRATORY THERAPY		49		33,146	
22		PHYSICAL THERAPY		50		750	
23		SPEECH PATHOLOGY	52		4,108		
24		ELECTROCARDIOLOGY		53		121,044	
25		ELECTROENCEPHALOGRAPHY		54		79,226	
26		CARDIAC CATHERIZATION LABORATORY		54.01		87,734	
27		PREGNANCY PLUS		59.01		1,073	
28		WOUND/OSTOMY CLINIC		60.01		33,986	
29		ONCOLOGY		60.03		12,419	
30		MUNCIE CLINIC		60.04		17,693	
31		EMERGENCY		61		139,190	
32		WELLNESS CENTER		96.01		2,234	
33		NORTHVIEW CONV CENTER		96.03		171,250	
34		SUMMIT CONV CENTER		96.04		68,664	
35		PARKVIEW CONV CENTER		96.05		175	
1 DEPRECIATION	A	MONTICELLO HSE ASST LVNG		96.06		209	
2		CLINICAL RESEARCH CENTER		96.10		1,197	
3		MEDICAL INTERNIST		96.12		207	
4							
5		RHEUMATOLOGY	96.13		11,708		
6		PHYSICIANS' PRIVATE OFFICES		98		1,248,814	
7		HEALTHY HEART		98.04		780	
8		DRUGS & SUPPLIES					
9	B	EMPLOYEE BENEFITS		5		17,720	
10		ADMINISTRATIVE & GENERAL		6		72,095	
11		OPERATION OF PLANT		8		39,797	
12		HOUSEKEEPING		10		9,752	
13		DIETARY		11		4,328	
14		CENTRAL SERVICES & SUPPLY		15		45,815	
15		PHARMACY		16		9,008,476	
16		MEDICAL RECORDS & LIBRARY		17		13	
17		ADULTS & PEDIATRICS		25		717,908	
18		INTENSIVE CARE UNIT		26		117,561	
19		OPERATING ROOM		37		5,737,509	
20		ANESTHESIOLOGY		40		48,795	
21		RADIOLOGY-DIAGNOSTIC		41		235,937	
22		CAT SCAN		41.01		42,057	
23		MAGNETIC RESONANCE IMAGING(MRI)		41.02		7,114	
24		RADIOISOTOPE		43		269,888	
25		LABORATORY		44		1,319,254	
26		WHOLE BLOOD & PACKED RED BLOOD CELLS		46		753,430	
27		RESPIRATORY THERAPY		49		96,012	
28		PHYSICAL THERAPY		50		13,945	
29		OCCUPATIONAL THERAPY		51		5,981	
30		SPEECH PATHOLOGY		52		324	
31		ELECTROCARDIOLOGY		53		17,829	
32		ELECTROENCEPHALOGRAPHY		54		21,477	
33		CARDIAC CATHERIZATION LABORATORY		54.01		1,084,565	
34		PREGNANCY PLUS		59.01		56,781	
35		WOUND/OSTOMY CLINIC		60.01		540,483	
		ONCOLOGY		60.03		172,948	
		MUNCIE CLINIC	60.04				
				57			

( PI File )

Health Financial Systems MCRIF32

FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96 (09/1996)

PROVIDER NO: 150113	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/26/2011 WORKSHEET A-6 CONTD
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RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 DRUGS & SUPPLIES	B		61		314,581	
2			96.01		49,681	
3			96.03		225	
4			96.10		1,416	
5			96.12		47	
6			98		8,294	
7			98.04		20,094	
8 RENT	C			10		
9						10
10			11		693	
11			15		139	
12			16		301,467	
13			37		348,552	
14			41		56,268	
15			41.02		378,636	
16			50		118,379	
17			54		900	
18			59.01		20,135	
19			60.03		97,127	
20			60.04		46,579	
21			96.10		38,268	
22			96.13		23,656	
23 LABOR & DELIVERY	F	ADULTS & PEDIATRICS 25	392,764	92,102		
24 BLOOD & NUC MED	G	LABORATORY	44	31,134		
25						
26 CAFETERIA RECLASS	H	DIETARY	11	747,185	629,270	
27 SPECIAL MEALS	I	CAFETERIA	12	22,683	19,104	
28 INTEREST & INSURANCE	J	ADMINISTRATIVE & GENERAL	6		1,052,295	11
29		ADMINISTRATIVE & GENERAL	6		210,000	12
30						12
31 LAUNDRY	K	HOUSEKEEPING	10	46,452	413,440	
32 POB UTILITIES	L	PHYSICIANS' PRIVATE OFFICES	98		38,454	
33						
34						
35						
1 POB UTILITIES	L					
36 TOTAL RECLASSIFICATIONS				1,240,218	31,300,033	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.  
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON IN LIEU OF FORM CMS-2552-96(09/1996)  
ANALYSIS OF CHANGES DURING COST REPORTING PERIOD IN CAPITAL I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
ASSET BALANCES OF HOSPITAL AND HOSPITAL HEALTH CARE I 15-0113 I FROM 1/ 1/2010 I WORKSHEET A-7  
COMPLEX CERTIFIED TO PARTICIPATE IN HEALTH CARE PROGRAMS I I TO 12/31/2010 I PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT							
7 SUBTOTAL							
8 RECONCILING ITEMS							
9 TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND 5,956,988					5,956,988		
2 LAND IMPROVEMENTS	1,688,256	206,774		206,774	6,160	1,888,870	1,184,098
3 BUILDINGS & FIXTURE	61,827,111	1,270,157		1,270,157	1,092,648	62,004,620	19,824,508
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT	14,467,445	678,409		678,409	343,890	14,801,964	7,385,926
6 MOVABLE EQUIPMENT	40,768,251	3,476,094		3,476,094	5,145,322	39,099,023	19,229,482
7 SUBTOTAL	124,708,051	5,631,434		5,631,434	6,588,020	123,751,465	47,624,014
8 RECONCILING ITEMS							
9 TOTAL	124,708,051	5,631,434		5,631,434	6,588,020	123,751,465	47,624,014

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON IN LIEU OF FORM CMS-2552-96(12/1999)  
 RECONCILIATION OF CAPITAL COSTS CENTERS I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 15-0113 I FROM 1/ 1/2010 I WORKSHEET A-7  
 I I TO 12/31/2010 I PARTS III & IV

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
		CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
* 1 OLD CAP REL COSTS-BL								
1 01 OLD CAP REL COSTS-BL								
2 OLD CAP REL COSTS-MV								
3 NEW CAP REL COSTS-BL								
4 NEW CAP REL COSTS-MV								
5 TOTAL				1.000000				

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1) 15
	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
* 1 OLD CAP REL COSTS-BL							
1 01 OLD CAP REL COSTS-BL							
2 OLD CAP REL COSTS-MV							
3 NEW CAP REL COSTS-BL	3,248,710	335,091	1,033,317	140,301		4,757,419	
4 NEW CAP REL COSTS-MV	4,620,310	1,090,939		69,699			5,780,948
5 TOTAL	7,869,020	1,426,030	1,033,317	210,000			10,538,367

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1) 15
	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
* 1 OLD CAP REL COSTS-BL							
1 01 OLD CAP REL COSTS-BL							
2 OLD CAP REL COSTS-MV							
3 NEW CAP REL COSTS-BL	4,523						4,523
4 NEW CAP REL COSTS-MV	2,667						2,667
5 TOTAL	7,190						7,190

\* All lines numbers except line 5 are to be consistent with workshseet A line numbers for capital cost centers.  
 (1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4. columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I 15-0113 I

I PERIOD: I PREPARED 5/26/2011 I FROM 1/ 1/2010 I WORKSHEET A-8 I TO 12/31/2010 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
1	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES	0		OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-18,978	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	A		NEW CAP REL COSTS-MVBLE E	4	9
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-16,095	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES A -19,736	ADMINISTRATIVE & GENERAL		6		
10 TELEVISION AND RADIO SERVICE	A	-17,442	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,202,504			
13 SALE OF SCRAP, WASTE, ETC.	B	-180	ADMINISTRATIVE & GENERAL	6	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-38,943			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-574,647	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS	B	-4,769	NEW CAP REL COSTS-BLDG &	3	10
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-2,223	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL (TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 PHYSICIAN RECRUITMENT	A	-457,560	ADMINISTRATIVE & GENERAL	6	
38 PHYSICIAN RECRUITMENT	A	-386,490	ANESTHESIOLOGY	40	
39 ADVERTISING	A	-132,540	ADMINISTRATIVE & GENERAL	6	
40 OUTSIDE SERVICES-MEDICAL RECORDS	A	-5,743	MEDICAL RECORDS & LIBRARY	17	
41 OUTSIDE SERVICES-SPD	B	-403	CENTRAL SERVICES & SUPPLY	15	
42 CRNA'S	A	-693,636	ANESTHESIOLOGY	40	
43 MISC A&G	B	-141,830	ADMINISTRATIVE & GENERAL	6	
44 SEXUAL RESPONSE UNIT	B	-19,439	EMERGENCY	61	
45 MISC A&P	B	-1,617	ADULTS & PEDIATRICS	25	
46 MISC EMPLOYEE BENEFITS	B	-83,842	EMPLOYEE BENEFITS	5	
47 OTHER ADJUSTMENTS (SPECIFY)					
48 MEDICAL RECORDS	B	-1,708	MEDICAL RECORDS & LIBRARY	17	
49 MISC PHARMACY	B	-21,350	PHARMACY	16	
49.01 MISC. OPERATION OF PLANT	B	-636	OPERATION OF PLANT	8	
49.02 GUEST MEALS	A	-32,517	CAFETERIA	12	
49.03 RADIOLOGY, DIAGNOSTIC	B	-122,935	RADIOLOGY-DIAGNOSTIC	41	
49.05 MISC OTHER OPERATING REV	B	-826,512	ADMINISTRATIVE & GENERAL	6	
49.07 ESPRESSO TO GO	B	-41,135	DIETARY	11	
49.08 MEDICAL STAFF FINANCES	B	-47,000	ADMINISTRATIVE & GENERAL	6	
49.09 2201 HILLCREST/CRESTVIEW	B	-14,120	PSYCHIATRIC/PSYCHOLOGICAL	59	
49.10 PROCARE ADMINISTRATION	B	-14,980	PHYSICAL THERAPY	50	
49.16 MEDICAL RECORDS	B	-31,440	MEDICAL RECORDS & LIBRARY	17	
49.17 KYPHON INVESTIGATION	A	-32,451	EMPLOYEE BENEFITS	5	
49.18 KYPHON INVESTIGATION	A	-460,044	ADMINISTRATIVE & GENERAL	6	
49.19 KYPHON INVESTIGATION	A	-3,545	NURSING ADMINISTRATION	14	
49.20 KYPHON INVESTIGATION	A	-16,523	MEDICAL RECORDS & LIBRARY	17	
49.21 KYPHON INVESTIGATION	A	-1,909	OPERATING ROOM	37	
49.22 KYPHON INVESTIGATION	A	-1,349	ONCOLOGY	60.03	
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,488,771			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

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

( PI File )

Health Financial Systems MCRIF32  
STATEMENT OF COSTS OF SERVICES  
FROM RELATED ORGANIZATIONS AND  
HOME OFFICE COSTS

FOR COMMUNITY HOSPITAL ANDERSON  
I PROVIDER NO: I 15-0113  
I

IN LIEU OF FORM CMS-2552-96(09/2000)  
I PERIOD: I PREPARED 5/26/2011  
I FROM 1/ 1/2010 I  
I TO 12/31/2010 I WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	5	EMPLOYEE BENEFITS	SELF INSURANCE	2,637,526	-2,637,526	
2	3	NEW CAP REL COSTS-BLDG &	HOME OFFICE	132,469	132,469	9
3	4	NEW CAP REL COSTS-MVBLE E	HOME OFFICE	1,166,981	1,166,981	9
4	6	ADMINISTRATIVE & GENERAL	HOME OFFICE	1,299,133	1,299,133	
5		TOTALS	2,598,583	2,637,526	-38,943	

\* 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 ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE: THE SECRETARY, BY VIRTUE OF 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 & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	A	100.00	DIANA PROHEALTH	0.00	
2	B	0.00	COMMUNITY HEALTH NETWORK	0.00	HOME OFFICE
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

(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 A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

( PI File )

Health Financial Systems

MCRIF32

FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96(9/1996)

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I 15-0113 I

I PERIOD: I FROM 1/1/2010 I TO 12/31/2010 I

I PREPARED 5/26/2011 I WORKSHEET A-8-2 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	5	AGGREGATE	70,397	49,809	20,588	138,700	104	6,935
2	6	AGGREGATE	89,000	29,000	60,000	177,200	208	17,720
3	26	AGGREGATE	60,000		60,000	138,700	208	13,870
5	40	AGGREGATE	1,208,512	1,091,807	116,705	200,300	2,064	198,759
6	43	AGGREGATE	26,004		26,004	225,300	430	46,576
7	44	AGGREGATE	110,004		110,004	215,700	1,820	188,738
12	53	AGGREGATE	15,000	15,000				
14	59	1 AGGREGATE	391,088	371,388	19,700	196,400	208	19,640
15	61	AGGREGATE	79,424	79,424				
16	37	AGGREGATE	463,953	463,953				
17		0						
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL	2,513,382	2,100,381	413,001	5,042	492,238	24,613

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	5	AGGREGATE				6,935	13,653	63,462
2	6	AGGREGATE				17,720	42,280	71,280
3	26	AGGREGATE				13,870	46,130	46,130
5	40	AGGREGATE				198,759		1,091,807
6	43	AGGREGATE				46,576		
7	44	AGGREGATE				188,738		
12	53	AGGREGATE						15,000
14	59	1 AGGREGATE				19,640	60	371,448
15	61	AGGREGATE					79,424	
16	37	AGGREGATE						463,953
17		0						
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL				492,238	102,123	2,202,504

Table with columns: COST CENTER DESCRIPTION, NET EXPENSES FOR COST ALLOCATION (0), OLD CAP REL OSTS-BLDG & (1), OLD CAP REL OSTS-BLDG & (1.01), OLD CAP REL OSTS-MVBLE E (2), NEW CAP REL OSTS-BLDG & (3), NEW CAP REL OSTS-MVBLE E (4), EMPLOYEE BENE FITS (5). Rows include various cost centers like GENERAL SERVICE COST CNTR, ADULTS & PEDIATRICS, RADIOLOGY-DIAGNOSTIC, etc.

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON IN LIEU OF FORM CMS-2552-96(7/2009)CONTD  
 I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 15-0113 I FROM 1/ 1/2010 I WORKSHEET B  
 I I TO 12/31/2010 I PART I

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL	C	OLD CAP REL	C	OLD CAP REL	C	NEW CAP REL	C	NEW CAP REL	C	EMPLOYEE BENE
		OSTS-BLDG &		OSTS-BLDG &		OSTS-MVBLE E		OSTS-BLDG &		OSTS-MVBLE E		FITS
	0	1		1.01		2		3		4		5
103 NONREIMBURS COST CENTERS TOTAL	105,748,330							4,757,419		5,780,948		8,569,755

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	5a.00	6	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	15,363,836	15,363,836					
008 OPERATION OF PLANT	4,838,500	822,463	5,660,963				
009 LAUNDRY & LINEN SERVICE	528,417	89,822	89,715	707,954			
010 HOUSEKEEPING	1,531,020	260,247	169,967	3,924	1,965,158		
011 DIETARY	992,243	168,664	263,442	480	59,269	1,484,098	
012 CAFETERIA	892,611	151,729	52,922				1,097,262
014 NURSING ADMINISTRATION	1,090,861	185,428	86,682		16,339		17,481
015 CENTRAL SERVICES & SUPPLY	1,679,724	285,525	122,568	37,039	21,465		43,090
016 PHARMACY	2,157,561	366,749	83,155		15,057		33,881
017 MEDICAL RECORDS & LIBRARY	2,435,377	413,973	117,460		14,096		44,460
018 SOCIAL SERVICE	34,702	5,899	51,703		6,728		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	12,619,970	2,145,185	1,313,807	359,139	888,068	1,374,695	366,022
027 INTENSIVE CARE UNIT	1,467,196	249,398	128,557	41,499	89,384	104,218	33,776
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY	605,970	103,005	48,488	8,102	28,833		14,437
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	6,172,236	1,049,175	461,230	127,368	214,649	605	99,844
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	802,095	136,343	7,053				10,497
041 RADIOLOGY-DIAGNOSTIC	3,936,175	669,083	500,021	5,729	36,522		62,180
041 01 CAT SCAN	908,836	154,487	11,668	6,836			8,579
041 02 MAGNETIC RESONANCE IMAGIN	472,306	80,284	24,270	2,939			4,841
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	519,088	88,236	38,453	6,063	44,852		7,226
044 LABORATORY	4,100,559	697,025	187,754	873	55,745		66,571
046 WHOLE BLOOD & PACKED RED	257,406	43,755	15,169		9,611		3,546
049 RESPIRATORY THERAPY	1,006,823	171,143	18,669		13,456		21,693
050 PHYSICAL THERAPY	1,549,678	263,419	37,572	7,698	6,407		23,735
051 OCCUPATIONAL THERAPY	262,668	44,649	23,155	776	6,728		2,921
052 SPEECH PATHOLOGY	284,794	48,410	12,939		4,806		3,012
053 ELECTROCARDIOLOGY	801,644	136,266	39,776	9,970	4,806		13,457
054 ELECTROENCEPHALOGRAPHY	508,285	86,400	39,776		9,291		9,712
054 01 CARDIAC CATHERIZATION LAB	799,400	135,884	131,047	5,841	6,087		13,124
055 MEDICAL SUPPLIES CHARGED	8,106,814	1,378,021					
055 30 IMPL. DEV. CHARGED TO PAT	3,752,966	637,940					
056 DRUGS CHARGED TO PATIENTS	8,992,409	1,528,557					
059 PSYCHIATRIC/PSYCHOLOGICAL	275,367	46,808	430,997				
059 01 PREGNANCY PLUS	835,279	141,983	73,484	2,143	11,213		18,288
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 WOUND/OSTOMY CLINIC	852,820	144,965	261,601	14,549	21,465		4,575
060 02 KIDS PLUS CLINIC	77,149	13,114	40,450				
060 03 ONCOLOGY	648,444	110,224			15,698		16,736
060 04 MUNCIE CLINIC	74,346	12,638	42,135				
061 EMERGENCY	4,036,309	686,104	200,978	66,986	66,637	4,580	103,984
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	96,271,884	13,753,000	5,126,663	707,954	1,667,212	1,484,098	1,047,668
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	20,989	3,568	31,271				
096 01 WELLNESS CENTER	1,032,204	175,457	31,815		283,529		11,012
096 02 ORTHO MD							
096 03 NORTHVIEW CONV CENTER	568,069	96,562					6,161
096 04 SUMMIT CONV CENTER	237,757	40,415					3,361
096 05 PARKVIEW CONV CENTER	331,788	56,398					5,180
096 06 MONTICELLO HSE ASST LVNG	103,902	17,662					1,959
096 07 WELLNESS CENTER							
096 08 MADISON PLACE OF ELWOOD							
096 09 SPINE SURGEON							
096 10 CLINICAL RESEARCH CENTER	738,654	125,559	53,726				12,013
096 11 ONCOLOGIST	2,830,557	481,147					1,172
096 12 MEDICAL INTERNIST	117,390	19,954					1,184
096 13 RHEUMATOLOGY	560,525	95,280					
096 14 ONCOLOGIST						937	
096 15 MEDICAL INTERNIST							
098 PHYSICIANS' PRIVATE OFFIC	1,714,050	291,359	396,900		14,417		
098 01 ALEXANDRIA LAB							
098 02 FOUNDATION	890,024	151,289	4,849				2,475
098 03 SPOE							
098 04 HEALTHY HEART	319,973	54,390					4,140
098 05 VACANT SPACE	10,564	1,796	15,739				
098 06 HEALTHY HEART							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON IN LIEU OF FORM CMS-2552-96(7/2009)CONTD  
I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
I 15-0113 I FROM 1/ 1/2010 I WORKSHEET B  
I I TO 12/31/2010 I PART I

COST CENTER DESCRIPTION		SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		5a.00	6	8	9	10	11	12
103	NONREIMBURS COST CENTERS TOTAL	105,748,330	15,363,836	5,660,963	707,954	1,965,158	1,484,098	1,097,262

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION	1,396,791						
015 CENTRAL SERVICES & SUPPLY		2,189,411					
016 PHARMACY			2,656,403				
017 MEDICAL RECORDS & LIBRARY				3,026,697			
018 SOCIAL SERVICE				102,609	201,641		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	994,510	364,749		815,269	196,520	21,437,934	
027 INTENSIVE CARE UNIT	91,772	58,232			5,121	2,269,153	
029 CORONARY CARE UNIT							
033 BURN INTENSIVE CARE UNIT							
034 SURGICAL INTENSIVE CARE U							
037 NURSERY	39,226						848,061
038 SKILLED NURSING FACILITY							
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	271,283	1,316,141		42,053			9,754,584
041 RECOVERY ROOM							
041 01 DELIVERY ROOM & LABOR ROO							
041 02 ANESTHESIOLOGY			889				969,608
042 RADIOLOGY-DIAGNOSTIC			38,057	12,731			5,752,539
043 CAT SCAN			18,132	136	504,636		1,307,028
044 MAGNETIC RESONANCE IMAGIN			1,245		198,490		786,057
045 RADIOLOGY-THERAPEUTIC					200,172		
046 RADIOISOTOPE			3,292	45	145,223		852,478
047 LABORATORY			31,444		344,274		5,484,245
048 WHOLE BLOOD & PACKED RED			782		841		331,110
049 RESPIRATORY THERAPY			3,192	8	2,243		1,237,227
050 PHYSICAL THERAPY			2,994	46	7,289		1,898,838
051 OCCUPATIONAL THERAPY			260		2,243		343,400
052 SPEECH PATHOLOGY		67				354,028	
053 ELECTROCARDIOLOGY			5,411		38,969		1,050,299
054 ELECTROENCEPHALOGRAPHY			2,952		35,325		691,741
055 01 CARDIAC CATHORIZATION LAB			12,603		25,793		1,129,779
056 MEDICAL SUPPLIES CHARGED				12			9,484,847
059 30 IMPL. DEV. CHARGED TO PAT							4,390,906
059 01 DRUGS CHARGED TO PATIENTS			34,506	2,642,160			13,197,632
059 02 PSYCHIATRIC/PSYCHOLOGICAL							753,172
059 03 PREGNANCY PLUS			2,620	81	38,128		1,123,219
060 04 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 02 WOUND/OSTOMY CLINIC			47,086	1,184	118,309		1,466,554
060 03 KIDS PLUS CLINIC							130,713
060 04 ONCOLOGY			79,312				870,414
061 05 MUNCIE CLINIC			53				129,172
062 EMERGENCY			153,549		338,387		5,657,514
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,396,791	2,178,899	2,656,403	2,960,253	201,641	93,702,252	
096 NONREIMBURS COSTCENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							55,828
096 02 WELLNESS CENTER			4,436				1,538,453
096 03 ORTHO MD							
096 04 NORTHVIEW CONV CENTER			436				671,228
096 05 SUMMIT CONV CENTER							281,533
096 06 PARKVIEW CONV CENTER							393,366
096 07 MONTICELLO HSE ASST LVNG							123,523
096 08 WELLNESS CENTER							
096 09 MADISON PLACE OF ELWOOD							
096 10 SPINE SURGEON							
096 11 CLINICAL RESEARCH CENTER			732				930,684
096 12 ONCOLOGIST							3,312,876
096 13 MEDICAL INTERNIST			63				138,591
096 14 RHEUMATOLOGY							656,742
096 15 ONCOLOGIST							
098 01 MEDICAL INTERNIST							
098 02 PHYSICIANS' PRIVATE OFFIC			3,232		66,444		2,486,402
098 03 ALEXANDRIA LAB							
098 04 FOUNDATION							1,048,637
098 05 SPOE							
098 06 HEALTHY HEART			1,613				380,116
101 05 VACANT SPACE							28,099
102 06 HEALTHY HEART							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON IN LIEU OF FORM CMS-2552-96(7/2009)CONTD  
COST ALLOCATION - GENERAL SERVICE COSTS I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
I 15-0113 I FROM 1/ 1/2010 I WORKSHEET B  
I I TO 12/31/2010 I PART I

COST CENTER DESCRIPTION		NURSING ADMINISTRATION	ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	SUBTOTAL	I&R COST POST STEP-DOWN ADJ
		14	15	16	17	18	25		26
103	NONREIMBURS COST CENTERS TOTAL	1,396,791	2,189,411	2,656,403	3,026,697	201,641	105,748,330		

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
I 15-0113 I FROM 1/ 1/2010 I WORKSHEET B  
I TO 12/31/2010 I PART I

TOTAL

COST CENTER DESCRIPTION	TOTAL
	27
001 GENERAL SERVICE COST CNTR	
001 01 OLD CAP REL COSTS-BLDG &	
002 OLD CAP REL COSTS-MVBLE E	
003 NEW CAP REL COSTS-BLDG &	
004 NEW CAP REL COSTS-MVBLE E	
005 EMPLOYEE BENEFITS	
006 ADMINISTRATIVE & GENERAL	
008 OPERATION OF PLANT	
009 LAUNDRY & LINEN SERVICE	
010 HOUSEKEEPING	
011 DIETARY	
012 CAFETERIA	
014 NURSING ADMINISTRATION	
015 CENTRAL SERVICES & SUPPLY	
016 PHARMACY	
017 MEDICAL RECORDS & LIBRARY	
018 SOCIAL SERVICE	
025 INPAT ROUTINE SRVC CNTRS	21,437,934
026 ADULTS & PEDIATRICS	2,269,153
027 INTENSIVE CARE UNIT	
028 CORONARY CARE UNIT	
029 BURN INTENSIVE CARE UNIT	
033 SURGICAL INTENSIVE CARE U	848,061
034 NURSERY	
037 SKILLED NURSING FACILITY	
038 ANCILLARY SRVC COST CNTRS	9,754,584
039 OPERATING ROOM	
040 RECOVERY ROOM	
041 DELIVERY ROOM & LABOR ROO	
040 ANESTHESIOLOGY	969,608
041 RADIOLOGY-DIAGNOSTIC	5,752,539
041 01 CAT SCAN	1,307,028
041 02 MAGNETIC RESONANCE IMAGIN	786,057
042 RADIOLOGY-THERAPEUTIC	
043 RADIOISOTOPE	852,478
044 LABORATORY	5,484,245
046 WHOLE BLOOD & PACKED RED	331,110
049 RESPIRATORY THERAPY	1,237,227
050 PHYSICAL THERAPY	1,898,838
051 OCCUPATIONAL THERAPY	343,400
052 SPEECH PATHOLOGY	354,028
053 ELECTROCARDIOLOGY	1,050,299
054 ELECTROENCEPHALOGRAPHY	691,741
054 01 CARDIAC CATHORIZATION LAB	1,129,779
055 MEDICAL SUPPLIES CHARGED	9,484,847
055 30 IMPL. DEV. CHARGED TO PAT	4,390,906
056 DRUGS CHARGED TO PATIENTS	13,197,632
059 PSYCHIATRIC/PSYCHOLOGICAL	753,172
059 01 PREGNANCY PLUS	1,123,219
060 OUTPAT SERVICE COST CNTRS	
060 CLINIC	
060 01 WOUND/OSTOMY CLINIC	1,466,554
060 02 KIDS PLUS CLINIC	130,713
060 03 ONCOLOGY	870,414
060 04 MUNCIE CLINIC	129,172
061 EMERGENCY	5,657,514
062 OBSERVATION BEDS (NON-DIS	
062 SPEC PURPOSE COST CENTERS	
095 SUBTOTALS	93,702,252
096 NONREIMBURS COST CENTERS	
096 GIFT, FLOWER, COFFEE SHOP	55,828
096 01 WELLNESS CENTER	1,538,453
096 02 ORTHO MD	
096 03 NORTHVIEW CONV CENTER	671,228
096 04 SUMMIT CONV CENTER	281,533
096 05 PARKVIEW CONV CENTER	393,366
096 06 MONTICELLO HSE ASST LVNG	123,523
096 07 WELLNESS CENTER	
096 08 MADISON PLACE OF ELWOOD	
096 09 SPINE SURGEON	
096 10 CLINICAL RESEARCH CENTER	930,684
096 11 ONCOLOGIST	3,312,876
096 12 MEDICAL INTERNIST	138,591
096 13 RHEUMATOLOGY	656,742
096 14 ONCOLOGIST	
096 15 MEDICAL INTERNIST	
098 PHYSICIANS' PRIVATE OFFIC	2,486,402
098 01 ALEXANDRIA LAB	
098 02 FOUNDATION	1,048,637
098 03 SPOE	
098 04 HEALTHY HEART	380,116
098 05 VACANT SPACE	28,099
098 06 HEALTHY HEART	
101 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
I 15-0113 I FROM 1/ 1/2010 I WORKSHEET B  
I I TO 12/31/2010 I PART I

TOTAL

COST CENTER  
DESCRIPTION

27

103 NONREIMBURS COST CENTERS  
TOTAL 105,748,330

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS					30,386	136,108	166,494
006 ADMINISTRATIVE & GENERAL					350,435	1,670,865	2,021,300
008 OPERATION OF PLANT					577,028	163,583	740,611
009 LAUNDRY & LINEN SERVICE					60,216		60,216
010 HOUSEKEEPING					114,079	27,745	141,824
011 DIETARY					176,819	120,274	297,093
012 CAFETERIA					35,520		35,520
014 NURSING ADMINISTRATION					58,180	6,809	64,989
015 CENTRAL SERVICES & SUPPLY					82,266	95,091	177,357
016 PHARMACY					55,813	23,404	79,217
017 MEDICAL RECORDS & LIBRARY					78,838	23,576	102,414
018 SOCIAL SERVICE					34,702		34,702
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS					881,816	467,760	1,349,576
027 INTENSIVE CARE UNIT					86,286	74,865	161,151
029 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY					32,544	18,309	50,853
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM					309,572	945,475	1,255,047
039 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY					4,734	41,557	46,291
041 RADIOLOGY-DIAGNOSTIC					335,608	490,270	825,878
041 01 CAT SCAN				7,832	261,090	268,922	
041 02 MAGNETIC RESONANCE IMAGIN					16,290	18,662	34,952
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE					25,809	101,045	126,854
044 LABORATORY					126,018	189,584	315,602
046 WHOLE BLOOD & PACKED RED					10,181	8,383	18,564
049 RESPIRATORY THERAPY					12,530	89,533	102,063
050 PHYSICAL THERAPY					25,218	41,901	67,119
051 OCCUPATIONAL THERAPY					15,541	10,991	26,532
052 SPEECH PATHOLOGY					8,684	24,154	32,838
053 ELECTROCARDIOLOGY					26,697	195,969	222,666
054 ELECTROENCEPHALOGRAPHY					26,697	62,920	89,617
054 01 CARDIAC CATHERIZATION LAB					87,957	94,172	182,129
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
059 PSYCHIATRIC/PSYCHOLOGICAL					289,280		289,280
059 01 PREGNANCY PLUS					49,321	9,005	58,326
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 WOUND/OSTOMY CLINIC					175,583	16,304	191,887
060 02 KIDS PLUS CLINIC					27,149		27,149
060 03 ONCOLOGY						30,978	30,978
060 04 MUNCIE CLINIC					28,281	14,411	42,692
061 EMERGENCY					134,894	78,984	213,878
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS					4,398,804	5,553,777	9,952,581
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					20,989		20,989
096 01 WELLNESS CENTER					21,354	5,642	26,996
096 02 ORTHO MD							
096 03 NORTHVIEW CONV CENTER							
096 04 SUMMIT CONV CENTER							
096 05 PARKVIEW CONV CENTER							
096 06 MONTICELLO HSE ASST LVNG							
096 07 WELLNESS CENTER							
096 08 MADISON PLACE OF ELWOOD							
096 09 SPINE SURGEON							
096 10 CLINICAL RESEARCH CENTER					36,060	2,433	38,493
096 11 ONCOLOGIST							
096 12 MEDICAL INTERNIST						215	215
096 13 RHEUMATOLOGY						10,068	10,068
096 14 ONCOLOGIST							
096 15 MEDICAL INTERNIST							
098 PHYSICIANS' PRIVATE OFFIC					266,394	198,415	464,809
098 01 ALEXANDRIA LAB							
098 02 FOUNDATION					3,254		3,254
098 03 SPOE							
098 04 HEALTHY HEART						10,398	10,398
098 05 VACANT SPACE					10,564		10,564
098 06 HEALTHY HEART							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							

( PI File )

Health Financial Systems

MCRIF32

FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

ALLOCATION OF NEW CAPITAL RELATED COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	15-0113	I	FROM 1/ 1/2010	I	5/26/2011
I		I	TO 12/31/2010	I	WORKSHEET B
				I	PART III

	COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL
		NEW CAPITAL REL COSTS	OSTS-BLDG &	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	
		0	1	1.01	2	3	4	4a
103	NONREIMBURS COST CENTERS TOTAL					4,757,419	5,780,948	10,538,367



( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON IN LIEU OF FORM CMS-2552-96(7/2009)CONTD  
I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
I 15-0113 I FROM 1/ 1/2010 I WORKSHEET B  
I I TO 12/31/2010 I PART III

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	EMPLOYEE FITS	BENE	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	5	6	8	9	10	11	12	
103 NONREIMBURS COST CENTERS TOTAL	166,494	2,045,816	855,260	85,892	205,972	367,036	66,237	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	14	15	16	17	18	25	26
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION	108,291						
015 CENTRAL SERVICES & SUPPLY		245,675					
016 PHARMACY			149,554				
017 MEDICAL RECORDS & LIBRARY			149	184,192			
018 SOCIAL SERVICE				6,244	50,247		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	77,103	40,929		49,615	48,971	2,580,189	
027 INTENSIVE CARE UNIT	7,115	6,534				1,276	274,473
029 CORONARY CARE UNIT							
033 BURN INTENSIVE CARE UNIT							
034 SURGICAL INTENSIVE CARE U	3,041						81,178
037 NURSERY							
038 SKILLED NURSING FACILITY							
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	21,032	147,685		2,559			1,691,580
041 RECOVERY ROOM							
042 DELIVERY ROOM & LABOR ROO							
043 ANESTHESIOLOGY		100	717				73,461
044 RADIOLOGY-DIAGNOSTIC		4,270	8	30,710			1,041,949
041 01 CAT SCAN		2,035		12,079			307,798
041 02 MAGNETIC RESONANCE IMAGIN		140		12,182			63,054
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		369	3	8,838			160,270
044 LABORATORY		3,528		20,951			477,491
046 WHOLE BLOOD & PACKED RED		88		51			28,684
049 RESPIRATORY THERAPY		358		136			133,377
050 PHYSICAL THERAPY		336	3	444			115,422
051 OCCUPATIONAL THERAPY		29		136			37,745
052 SPEECH PATHOLOGY		7			42,603		
053 ELECTROCARDIOLOGY		607		2,371			253,819
054 ELECTROENCEPHALOGRAPHY		331		2,150			112,284
054 01 CARDIAC CATHERIZATION LAB		1,414		1,570			226,599
055 MEDICAL SUPPLIES CHARGED			1				183,499
055 30 IMPL. DEV. CHARGED TO PAT							84,948
056 DRUGS CHARGED TO PATIENTS		3,872	148,750				356,165
059 PSYCHIATRIC/PSYCHOLOGICAL							360,628
059 01 PREGNANCY PLUS		294	5	2,320			96,436
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 01 WOUND/OSTOMY CLINIC		5,284	67	7,200			268,272
060 02 KIDS PLUS CLINIC							35,006
060 03 ONCOLOGY		8,900					58,730
060 04 MUNCIE CLINIC		6					50,747
061 EMERGENCY		17,230		20,593			405,694
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	108,291	244,495	149,554	180,149	50,247	9,602,101	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				26,188			
096 01 WELLNESS CENTER		498					87,767
096 02 ORTHO MD							
096 03 NORTHVIEW CONV CENTER		49					14,320
096 04 SUMMIT CONV CENTER							6,182
096 05 PARKVIEW CONV CENTER							8,746
096 06 MONTICELLO HSE ASST LVNG							2,762
096 07 WELLNESS CENTER							
096 08 MADISON PLACE OF ELWOOD							
096 09 SPINE SURGEON							
096 10 CLINICAL RESEARCH CENTER		82					65,628
096 11 ONCOLOGIST							71,433
096 12 MEDICAL INTERNIST		7					3,256
096 13 RHEUMATOLOGY							23,634
096 14 ONCOLOGIST							
096 15 MEDICAL INTERNIST							
098 PHYSICIANS' PRIVATE OFFIC		363		4,043			569,488
098 01 ALEXANDRIA LAB							
098 02 FOUNDATION							24,791
098 03 SPOE							
098 04 HEALTHY HEART		181					18,890
098 05 VACANT SPACE							13,181
098 06 HEALTHY HEART							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
I 15-0113 I FROM 1/ 1/2010 I WORKSHEET B  
I I TO 12/31/2010 I PART III

	COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT
103	NONREIMBURS COST CENTERS TOTAL	14 108,291	15 245,675	16 149,554	17 184,192	18 50,247	25 10,538,367	26

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
I 15-0113 I FROM 1/ 1/2010 I WORKSHEET B  
I TO 12/31/2010 I PART III

COST CENTER DESCRIPTION		TOTAL
		27
001	GENERAL SERVICE COST CNTR	
001	01 OLD CAP REL COSTS-BLDG &	
002	OLD CAP REL COSTS-MVBLE E	
003	NEW CAP REL COSTS-BLDG &	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	ADMINISTRATIVE & GENERAL	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	2,580,189
026	INTENSIVE CARE UNIT	274,473
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
033	NURSERY	81,178
034	SKILLED NURSING FACILITY	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	1,691,580
038	RECOVERY ROOM	
039	DELIVERY ROOM & LABOR ROO	
040	ANESTHESIOLOGY	73,461
041	RADIOLOGY-DIAGNOSTIC	1,041,949
041	01 CAT SCAN	307,798
041	02 MAGNETIC RESONANCE IMAGIN	63,054
042	RADIOLOGY-THERAPEUTIC	
043	RADIOISOTOPE 160,270	
044	LABORATORY	477,491
046	WHOLE BLOOD & PACKED RED	28,684
049	RESPIRATORY THERAPY	133,377
050	PHYSICAL THERAPY	115,422
051	OCCUPATIONAL THERAPY	37,745
052	SPEECH PATHOLOGY	42,603
053	ELECTROCARDIOLOGY	253,819
054	ELECTROENCEPHALOGRAPHY	112,284
054	01 CARDIAC CATHERIZATION LAB	226,599
055	MEDICAL SUPPLIES CHARGED	183,499
055	30 IMPL. DEV. CHARGED TO PAT	84,948
056	DRUGS CHARGED TO PATIENTS	356,165
059	PSYCHIATRIC/PSYCHOLOGICAL	360,628
059	01 PREGNANCY PLUS	96,436
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	
060	01 WOUND/OSTOMY CLINIC	268,272
060	02 KIDS PLUS CLINIC	35,006
060	03 ONCOLOGY	58,730
060	04 MUNCIE CLINIC	50,747
061	EMERGENCY	405,694
062	OBSERVATION BEDS (NON-DIS	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	9,602,101
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	26,188
096	01 WELLNESS CENTER	87,767
096	02 ORTHO MD	
096	03 NORTHVIEW CONV CENTER	14,320
096	04 SUMMIT CONV CENTER	6,182
096	05 PARKVIEW CONV CENTER	8,746
096	06 MONTICELLO HSE ASST LVNG	2,762
096	07 WELLNESS CENTER	
096	08 MADISON PLACE OF ELWOOD	
096	09 SPINE SURGEON	
096	10 CLINICAL RESEARCH CENTER	65,628
096	11 ONCOLOGIST	71,433
096	12 MEDICAL INTERNIST	3,256
096	13 RHEUMATOLOGY	23,634
096	14 ONCOLOGIST	
096	15 MEDICAL INTERNIST	
098	PHYSICIANS' PRIVATE OFFIC	569,488
098	01 ALEXANDRIA LAB	
098	02 FOUNDATION	24,791
098	03 SPOE	
098	04 HEALTHY HEART	18,890
098	05 VACANT SPACE	13,181
098	06 HEALTHY HEART	
101	CROSS FOOT ADJUSTMENTS	
102	NEGATIVE COST CENTER	

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
I 15-0113 I FROM 1/ 1/2010 I WORKSHEET B  
I I TO 12/31/2010 I PART III

	COST CENTER DESCRIPTION	TOTAL
	NONREIMBURS COST CENTERS	27
103	TOTAL	10,538,367

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:  
I 15-0113  
I

I PERIOD:  
I FROM 1/ 1/2010  
I TO 12/31/2010

I PREPARED 5/26/2011  
I WORKSHEET B-1  
I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE
	OSTS-BLDG & (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (NONE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	( GROSS SALARIES )
	1	1.01	2	3	4	5
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
001 01 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD				273,361		
004 NEW CAP REL COSTS-MVB					39,022,680	
005 EMPLOYEE BENEFITS				1,746	918,763	47,912,342
006 ADMINISTRATIVE & GENE				20,136	11,278,668	7,054,886
008 OPERATION OF PLANT				33,156	1,104,222	1,476,343
009 LAUNDRY & LINEN SERVI				3,460		46,452
010 HOUSEKEEPING				6,555	187,284	960,681
011 DIETARY				10,160	811,877	406,722
012 CAFETERIA				2,041		724,502
014 NURSING ADMINISTRATIO				3,343	45,961	790,328
015 CENTRAL SERVICES & SU				4,727	641,885	700,537
016 PHARMACY				3,207	157,982	1,529,468
017 MEDICAL RECORDS & LIB				4,530	159,145	1,322,865
018 SOCIAL SERVICE				1,994		
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS				50,669	3,157,492	8,969,146
026 INTENSIVE CARE UNIT				4,958	505,359	1,020,842
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
033 NURSERY				1,870	123,587	392,764
034 SKILLED NURSING FACIL						
ANCILLARY SRVC COST C						
037 OPERATING ROOM				17,788	6,382,175	3,377,533
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY				272	280,519	1,869,887
041 RADIOLOGY-DIAGNOSTIC				19,284	3,309,436	2,350,475
041 01 CAT SCAN				450	1,762,418	310,930
041 02 MAGNETIC RESONANCE IM				936	125,974	222,402
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE				1,483	682,077	222,534
044 LABORATORY				7,241	1,279,738	1,801,407
046 WHOLE BLOOD & PACKED				585	56,586	184,649
049 RESPIRATORY THERAPY				720	604,366	716,548
050 PHYSICAL THERAPY				1,449	282,842	1,072,913
051 OCCUPATIONAL THERAPY				893	74,189	181,319
052 SPEECH PATHOLOGY				499	163,042	193,003
053 ELECTROCARDIOLOGY				1,534	1,322,834	430,263
054 ELECTROENCEPHALOGRAPH				1,534	424,727	319,960
054 01 CARDIAC CATHERIZATION				5,054	635,682	418,541
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
059 PSYCHIATRIC/PSYCHOLOG				16,622		
059 01 PREGNANCY PLUS				2,834	60,789	847,050
OUTPAT SERVICE COST C						
060 CLINIC						
060 01 WOUND/OSTOMY CLINIC				10,089	110,054	205,904
060 02 KIDS PLUS CLINIC				1,560		
060 03 ONCOLOGY					209,108	437,046
060 04 MUNCIE CLINIC				1,625	97,277	
061 EMERGENCY				7,751	533,158	2,804,568
062 OBSERVATION BEDS (NON						
SPEC PURPOSE COST CEN						
095 SUBTOTALS				252,755	37,489,216	43,362,468
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE				1,206		
096 01 WELLNESS CENTER				1,227	38,083	494,971
096 02 ORTHO MD						
096 03 NORTHVIEW CONV CENTER						299,426
096 04 SUMMIT CONV CENTER						171,820
096 05 PARKVIEW CONV CENTER						265,492
096 06 MONTICELLO HSE ASST L						83,967
096 07 WELLNESS CENTER						
096 08MADISON PLACE OF ELWO						
096 09 SPINE SURGEON						
096 10 CLINICAL RESEARCH CEN				2,072	16,426	429,337
096 11 ONCOLOGIST						2,098,435
096 12 MEDICAL INTERNIST					1,448	87,928
096 13 RHEUMATOLOGY					67,964	236,565
096 14 ONCOLOGIST						
096 15 MEDICAL INTERNIST						
098 PHYSICIANS' PRIVATE O				15,307	1,339,351	
098 01 ALEXANDRIA LAB						
098 02 FOUNDATION				187		146,503
098 03 SPOE						
098 04 HEALTHY HEART					70,192	235,430

( PI File )

Health Financial Systems

MCRIF32

FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96(7/2009)

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
I 15-0113 I FROM 1/ 1/2010 I WORKSHEET B-1  
I I TO 12/31/2010 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE
	OSTS-BLDG &	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS
	(SQUARE FEET	(SQUARE FEET	(NONE )	(SQUARE )FEE T	(DOLLAR )VAL UE	( GROSS SALARIES )
	1	1.01	2	3	4	5
NONREIMBURS COST CENT						
098 05 VACANT SPACE				607		
098 06 HEALTHY HEART						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)				4,757,419	5,780,948	8,569,755
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)				17.403430	.148143	.178863
105 COST TO BE ALLOCATED (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)						166,494
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						.003475

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:  
I 15-0113  
I

I PERIOD:  
I FROM 1/ 1/2010  
I TO 12/31/2010  
I

I PREPARED 5/26/2011  
I WORKSHEET B-1

COST CENTER DESCRIPTION	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		( ACCUM. COST )	( SQUARE FEET )	( POUNDS OF ) LAUNDRY	( HOURS OF ) SERVICE	( MEALS ) SERVED	( TOTAL ) MANHOURS
	6a.00	6	8	9	10	11	12
001 GENERAL SERVICE COST							
001 01 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	-15,363,836	90,384,494					
008 OPERATION OF PLANT		4,838,500	218,323				
009 LAUNDRY & LINEN SERVICE		528,417	3,460	832,483			
010 HOUSEKEEPING		1,531,020	6,555	4,614	6,134		
011 DIETARY		992,243	10,160	565	185	68,695	
012 CAFETERIA		892,611	2,041				1,947,599
014 NURSING ADMINISTRATION		1,090,861	3,343		51		31,028
015 CENTRAL SERVICES & SUPPLIES		1,679,724	4,727	43,554	67		76,484
016 PHARMACY		2,157,561	3,207		47		60,137
017 MEDICAL RECORDS & LIBRARY		2,435,377	4,530		44		78,914
018 SOCIAL SERVICE		34,702	1,994		21		
025 INPATIENT ROUTINE SERVICE CENTER							
026 ADULTS & PEDIATRICS		12,619,970	50,669	422,311	2,772	63,631	649,675
027 INTENSIVE CARE UNIT		1,467,196	4,958	48,799	279	4,824	59,951
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE							
034 NURSERY		605,970	1,870	9,527	90		25,625
037 SKILLED NURSING FACILITY							
038 ANCILLARY SERVICE CENTER		6,172,236	17,788	149,772	670	28	177,219
039 OPERATING ROOM							
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY		802,095	272				18,632
041 RADIOLOGY-DIAGNOSTIC		3,936,175	19,284	6,737	114		110,367
041 01 CAT SCAN		908,836	450	8,038			15,227
041 02 MAGNETIC RESONANCE IMAGING		472,306	936	3,456			8,593
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		519,088	1,483	7,129	140		12,826
044 LABORATORY		4,100,559	7,241	1,026	174		118,161
046 WHOLE BLOOD & PACKED		257,406	585		30		6,294
049 RESPIRATORY THERAPY		1,006,823	720		42		38,504
050 PHYSICAL THERAPY		1,549,678	1,449	9,052	20		42,129
051 OCCUPATIONAL THERAPY		262,668	893	913	21		5,184
052 SPEECH PATHOLOGY		284,794	499		15		5,347
053 ELECTROCARDIOLOGY		801,644	1,534	11,724	15		23,886
054 ELECTROENCEPHALOGRAPHY		508,285	1,534		29		17,238
054 01 CARDIAC CATHETERIZATION		799,400	5,054	6,869	19		23,295
055 MEDICAL SUPPLIES CHARACTERIZED		8,106,814					
055 30 IMPL. DEV. CHARGED TO PATIENT		3,752,966					
056 DRUGS CHARGED TO PATIENT		8,992,409					
059 PSYCHIATRIC/PSYCHOLOGICAL		275,367	16,622				
059 01 PREGNANCY PLUS		835,279	2,834	2,520	35		32,461
060 OUTPAT SERVICE COST CENTER							
060 01 CLINIC							
060 01 WOUND/OSTOMY CLINIC		852,820	10,089	17,108	67		8,120
060 02 KIDS PLUS CLINIC	77,149	1,560					
060 03 ONCOLOGY		648,444			49		29,705
060 04 MUNCIE CLINIC		74,346	1,625				
061 EMERGENCY		4,036,309	7,751	78,769	208	212	184,568
062 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)							
095 SUBTOTALS	-15,363,836	80,908,048	197,717	832,483	5,204	68,695	1,859,570
096 NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE		20,989	1,206				
096 01 WELLNESS CENTER		1,032,204	1,227		885		19,546
096 02 ORTHO MD							
096 03 NORTHVIEW CONV CENTER		568,069					10,935
096 04 SUMMIT CONV CENTER		237,757					5,965
096 05 PARKVIEW CONV CENTER		331,788					9,195
096 06 MONTICELLO HSE ASST L		103,902					3,477
096 07 WELLNESS CENTER							
096 08 MADISON PLACE OF ELWOOD							
096 09 SPINE SURGEON							
096 10 CLINICAL RESEARCH CENTER		738,654	2,072				21,323
096 11 ONCOLOGIST		2,830,557					2,080
096 12 MEDICAL INTERNIST		117,390					2,102
096 13 RHEUMATOLOGY		560,525	1,664				
096 14 ONCOLOGIST							
096 15 MEDICAL INTERNIST							
098 PHYSICIANS' PRIVATE OFFICE		1,714,050	15,307		45		
098 01 ALEXANDRIA LAB							
098 02 FOUNDATION		890,024	187				4,393
098 03 SPOE							
098 04 HEALTHY HEART		319,973					7,349

( PI File )

Health Financial Systems MCRIF32

FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
I 15-0113 I FROM 1/ 1/2010 I WORKSHEET B-1  
I I TO 12/31/2010 I

COST CENTER DESCRIPTION	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		( ACCUM. COST )	( SQUARE FEET )	( POUNDS OF ) LAUNDRY	( HOURS OF ) SERVICE	( MEALS ) SERVED	( TOTAL ) MANHOURS
NONREIMBURS COST CENT	6a.00	6	8	9	10	11	12
098 05 VACANT SPACE		10,564	607				
098 06 HEALTHY HEART							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		15,363,836	5,660,963	707,954	1,965,158	1,484,098	1,097,262
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.169983		.850413		21.604163	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)			25.929302		320.371373		.563392
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)		2,045,816	855,260	85,892	205,972	367,036	66,237
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.022635		.103176		5.342980	
			3.917407		33.578741		.034010

( PI File )

Health Financial Systems

MCRIF32

FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
I 15-0113 I FROM 1/ 1/2010 I WORKSHEET B-1  
I TO 12/31/2010 I

	COST CENTER DESCRIPTION	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC
		ISTRATION	CES & SUPPLY		DS & LIBRARY	E
		(DIRECT NRS ING	(COSTED )REQ UIS.	(COSTED )REQ UIS.	(TIME )SPENT	(TIME )SPENT
		14	15	16	17	18
001	GENERAL SERVICE COST					
001	01 OLD CAP REL COSTS-BLD					
002	02 OLD CAP REL COSTS-MVB					
003	03 NEW CAP REL COSTS-BLD					
004	04 NEW CAP REL COSTS-MVB					
005	05 EMPLOYEE BENEFITS					
006	06 ADMINISTRATIVE & GENE					
008	08 OPERATION OF PLANT					
009	09 LAUNDRY & LINEN SERVI					
010	10 HOUSEKEEPING					
011	11 DIETARY					
012	12 CAFETERIA					
014	14 NURSING ADMINISTRATIO	912,470				
015	15 CENTRAL SERVICES & SU		4,408,862			
016	16 PHARMACY			9,807,571		
017	17 MEDICAL RECORDS & LIB		2,681		269,900	
018	18 SOCIAL SERVICE				9,150	315
025	25 INPAT ROUTINE SRVC CN					
026	26 ADULTS & PEDIATRICS	649,675	734,503		72,700	307
027	27 INTENSIVE CARE UNIT	59,951	117,264			8
028	28 CORONARY CARE UNIT					
029	29 BURN INTENSIVE CARE U					
033	33 SURGICAL INTENSIVE CA					
034	34 NURSERY	25,625				
037	37 SKILLED NURSING FACIL					
038	38 ANCILLARY SRVC COST C					
039	39 OPERATING ROOM	177,219	2,650,339		3,750	
040	40 RECOVERY ROOM					
041	41 DELIVERY ROOM & LABOR					
041	01 ANESTHESIOLOGY		1,790	47,004		
041	02 RADIOLOGY-DIAGNOSTIC		76,637	502	45,000	
042	42 CAT SCAN		36,513		17,700	
042	02 MAGNETIC RESONANCE IM		2,507		17,850	
043	43 RADIOLOGY-THERAPEUTIC					
044	44 RADIOISOTOPE		6,629	167	12,950	
046	46 LABORATORY		63,319		30,700	
049	49 WHOLE BLOOD & PACKED		1,574		75	
050	50 RESPIRATORY THERAPY		6,428	30	200	
051	51 PHYSICAL THERAPY		6,030	168	650	
052	52 OCCUPATIONAL THERAPY		523		200	
053	53 SPEECH PATHOLOGY		134			
054	54 ELECTROCARDIOLOGY		10,897		3,475	
054	01 ELECTROENCEPHALOGRAPH		5,945		3,150	
055	55 CARDIAC CATHETERIZATION		25,379		2,300	
055	30 MEDICAL SUPPLIES CHAR			44		
056	56 IMPL. DEV. CHARGED TO					
059	59 DRUGS CHARGED TO PATI		69,485	9,754,986		
059	01 PSYCHIATRIC/PSYCHOLOG					
060	60 PREGNANCY PLUS		5,275	298	3,400	
060	01 OUTPAT SERVICE COST C					
060	02 CLINIC					
060	01 WOUND/OSTOMY CLINIC		94,819	4,372	10,550	
060	02 KIDS PLUS CLINIC					
060	03 ONCOLOGY		159,713			
060	04 MUNCIE CLINIC		106			
061	61 EMERGENCY		309,204		30,175	
062	62 OBSERVATION BEDS (NON					
062	03 SPEC PURPOSE COST CEN					
095	95 SUBTOTALS	912,470	4,387,694	9,807,571	263,975	315
096	96 NONREIMBURS COST CENT					
096	01 GIFT, FLOWER, COFFEE					
096	02 WELLNESS CENTER		8,933			
096	03 ORTHO MD					
096	04 NORTHVIEW CONV CENTER		877			
096	05 SUMMIT CONV CENTER					
096	06 PARKVIEW CONV CENTER					
096	07 MONTICELLO HSE ASST L					
096	08 WELLNESS CENTER					
096	09 MADISON PLACE OF ELWO					
096	10 SPINE SURGEON					
096	11 CLINICAL RESEARCH CEN		1,474			
096	12 ONCOLOGIST					
096	13 MEDICAL INTERNIST		127			
096	14 RHEUMATOLOGY					
096	15 ONCOLOGIST					
098	98 MEDICAL INTERNIST					
098	01 PHYSICIANS' PRIVATE O		6,508		5,925	
098	02 ALEXANDRIA LAB					
098	03 FOUNDATION					
098	04 SPOE					
098	04 HEALTHY HEART		3,249			

( PI File )

Health Financial Systems

MCRIF32

FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96(7/2009)CONTD

COST ALLOCATION - STATISTICAL BASIS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	15-0113	I	FROM 1/ 1/2010	I	5/26/2011
I		I	TO 12/31/2010	I	WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC
	ISTRATION	CES & SUPPLY		DS & LIBRARY	E
	(DIRECT NRS ING	(COSTED )REQ UIS.	(COSTED )REQ UIS.	(TIME )SPENT	(TIME )SPENT
	14	15	16	17	18
098 05 NONREIMBURS COST CENT VACANT SPACE					
098 06 HEALTHY HEART					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED	1,396,791	2,189,411	2,656,403	3,026,697	201,641
(PER WRKSHT B, PART					
UNIT COST MULTIPLIER		.496593		11.214142	
(WRKSHT B, PT I)	1.530780		.270852		640.130159
105 COST TO BE ALLOCATED					
(PER WRKSHT B, PART					
106 UNIT COST MULTIPLIER					
(WRKSHT B, PT II)					
107 COST TO BE ALLOCATED	108,291	245,675	149,554	184,192	50,247
(PER WRKSHT B, PART					
108 UNIT COST MULTIPLIER		.055723		.682445	
(WRKSHT B, PT III)	.118679		.015249	159.514286	

( PI File )

Health Financial Systems MCRIF32

FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96(07/2009)

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
I 15-0113 I FROM 1/ 1/2010 I WORKSHEET C  
I I TO 12/31/2010 I PART I

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
	ADULTS & PEDIATRICS	21,437,934		21,437,934		21,437,934
26	INTENSIVE CARE UNIT	2,269,153		2,269,153	46,130	2,315,283
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
33	NURSERY	848,061		848,061		848,061
34	SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	9,754,584		9,754,584		9,754,584
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	969,608		969,608		969,608
41	RADIOLOGY-DIAGNOSTIC	5,752,539		5,752,539		5,752,539
41	01 CAT SCAN	1,307,028		1,307,028		1,307,028
41	02 MAGNETIC RESONANCE IMAGIN	786,057		786,057		786,057
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	852,478		852,478		852,478
44	LABORATORY	5,484,245		5,484,245		5,484,245
46	WHOLE BLOOD & PACKED RED	331,110		331,110		331,110
49	RESPIRATORY THERAPY	1,237,227		1,237,227		1,237,227
50	PHYSICAL THERAPY	1,898,838		1,898,838		1,898,838
51	OCCUPATIONAL THERAPY	343,400		343,400		343,400
52	SPEECH PATHOLOGY	354,028		354,028		354,028
53	ELECTROCARDIOLOGY	1,050,299		1,050,299		1,050,299
54	ELECTROENCEPHALOGRAPHY	691,741		691,741		691,741
54	01 CARDIAC CATHERIZATION LAB	1,129,779		1,129,779		1,129,779
55	MEDICAL SUPPLIES CHARGED	9,484,847		9,484,847		9,484,847
55	30 IMPL. DEV. CHARGED TO PAT	4,390,906		4,390,906		4,390,906
56	DRUGS CHARGED TO PATIENTS	13,197,632		13,197,632		13,197,632
59	PSYCHIATRIC/PSYCHOLOGICAL	753,172		753,172		753,172
59	01 PREGNANCY PLUS	1,123,219		1,123,219	60	1,123,279
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 WOUND/OSTOMY CLINIC	1,466,554		1,466,554		1,466,554
60	02 KIDS PLUS CLINIC	130,713		130,713		130,713
60	03 ONCOLOGY	870,414		870,414		870,414
60	04 MUNCIE CLINIC	129,172		129,172		129,172
61	EMERGENCY	5,657,514		5,657,514		5,657,514
62	OBSERVATION BEDS (NON-DIS	2,432,321		2,432,321		2,432,321
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	96,134,573		96,134,573	46,190	96,180,763
102	LESS OBSERVATION BEDS	2,432,321		2,432,321		2,432,321
103	TOTAL	93,702,252		93,702,252	46,190	93,748,442

( PI File )

Health Financial Systems

MCRIF32

FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96(07/2009)

I PROVIDER NO:

I PERIOD:

I PREPARED 5/26/2011

COMPUTATION OF RATIO OF COSTS TO CHARGES

I 15-0113

I FROM 1/ 1/2010

I WORKSHEET C

I

I TO 12/31/2010

I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	16,092,687		16,092,687			
26	INTENSIVE CARE UNIT	2,130,281		2,130,281			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	1,308,141		1,308,141			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,963,033	12,790,085	17,753,118	.549458	.549458	.549458
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	560,234	2,714,395	3,274,629	.296097	.296097	.296097
41	RADIOLOGY-DIAGNOSTIC	2,577,987	13,500,177	16,078,164	.357786	.357786	.357786
41 01	CAT SCAN	4,398,501	15,312,066	19,710,567	.066311	.066311	.066311
41 02	MAGNETIC RESONANCE IMAGIN	1,070,047	7,452,276	8,522,323	.092235	.092235	.092235
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,332,321	5,854,690	7,187,011	.118614	.118614	.118614
44	LABORATORY	8,534,609	27,617,365	36,151,974	.151700	.151700	.151700
46	WHOLE BLOOD & PACKED RED	957,110	572,585	1,529,695	.216455	.216455	.216455
49	RESPIRATORY THERAPY	3,588,619	820,011	4,408,630	.280638	.280638	.280638
50	PHYSICAL THERAPY	793,098	3,539,464	4,332,562	.438271	.438271	.438271
51	OCCUPATIONAL THERAPY	297,961	530,181	828,142	.414663	.414663	.414663
52	SPEECH PATHOLOGY	211,370	204,452	415,822	.851393	.851393	.851393
53	ELECTROCARDIOLOGY	2,101,353	3,904,414	6,005,767	.174882	.174882	.174882
54	ELECTROENCEPHALOGRAPHY	106,417	3,614,455	3,720,872	.185908	.185908	.185908
54 01	CARDIAC CATHERIZATION LAB	4,394,644	5,126,749	9,521,393	.118657	.118657	.118657
55	MEDICAL SUPPLIES CHARGED	15,588,322	10,094,683	25,683,005	.369304	.369304	.369304
55 30	IMPL. DEV. CHARGED TO PAT	3,707,844	6,729,017	10,436,861	.420711	.420711	.420711
56	DRUGS CHARGED TO PATIENTS	23,172,006	38,285,537	61,457,543	.214744	.214744	.214744
59	PSYCHIATRIC/PSYCHOLOGICAL						
59 01	PREGNANCY PLUS OUTPAT SERVICE COST CNTRS	395,398	555,766	951,164	1.180889	1.180889	1.180952
60	CLINIC						
60 01	WOUND/OSTOMY CLINIC		4,416,200	4,416,200	.332085	.332085	.332085
60 02	KIDS PLUS CLINIC						
60 03	ONCOLOGY		2,665,399	2,665,399	.326560	.326560	.326560
60 04	MUNCIE CLINIC						
61	EMERGENCY	5,929,878	18,718,081	24,647,959	.229533	.229533	.229533
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		5,243,933	5,243,933	.463835	.463835	.463835
101	SUBTOTAL	104,211,861	190,261,981	294,473,842			
102	LESS OBSERVATION BEDS						
103	TOTAL	104,211,861	190,261,981	294,473,842			

( PI File )

Health Financial Systems

MCRIF32

FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96(09/1997)

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO:  
I 15-0113  
I

I PERIOD:  
I FROM 1/ 1/2010  
I TO 12/31/2010

I PREPARED 5/26/2011  
I WORKSHEET D  
I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B,III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS				2,580,189		2,580,189
27	INTENSIVE CARE UNIT				274,473		274,473
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
33	SURGICAL INTENSIVE CARE U						
33	NURSERY				81,178		81,178
101	TOTAL				2,935,840		2,935,840

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON IN LIEU OF FORM CMS-2552-96(09/1997)  
 APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 15-0113 I FROM 1/ 1/2010 I WORKSHEET D  
 I I TO 12/31/2010 I PART I

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL	INPATIENT	OLD CAPITAL	INPAT PROGRAM	NEW CAPITAL	INPAT PROGRAM
		PATIENT DAYS 7	PROGRAM DAYS 8	PER DIEM 9	OLD CAP CST 10	PER DIEM 11	NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	23,859	11,889			108.14	1,285,676
27	INTENSIVE CARE UNIT	1,641	930			167.26	155,552
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
33	SURGICAL INTENSIVE CARE U	2,108				38.51	
101	NURSERY						
	TOTAL	27,608	12,819				1,441,228

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96(09/1996)

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I 15-0113 I FROM 1/ 1/2010 I WORKSHEET D

I COMPONENT NO: I TO 12/31/2010 I PART II

I 15-0113 I I

WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	HOSPITAL		TOTAL CHARGES 3	PPS INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	NEW CAPITAL RELATED COST 2	OLD CAPITAL COSTS 6
		OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2					
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM		1,691,580	17,753,118	3,659,156			
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY		73,461	3,274,629	233,709			
41	RADIOLOGY-DIAGNOSTIC		1,041,949	16,078,164	1,692,369			
41 01	CAT SCAN		307,798	19,710,567	2,586,277			
41 02	MAGNETIC RESONANCE IMAGIN		63,054	8,522,323	598,905			
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE		160,270	7,187,011	766,158			
44	LABORATORY		477,491	36,151,974	5,364,128			
46	WHOLE BLOOD & PACKED RED		28,684	1,529,695	339,479			
49	RESPIRATORY THERAPY		133,377	4,408,630	1,923,042			
50	PHYSICAL THERAPY		115,422	4,332,562	572,061			
51	OCCUPATIONAL THERAPY		37,745	828,142	215,463			
52	SPEECH PATHOLOGY		42,603	415,822	173,119			
53	ELECTROCARDIOLOGY		253,819	6,005,767	1,726,095			
54	ELECTROENCEPHALOGRAPHY		112,284	3,720,872	61,291			
54 01	CARDIAC CATHERIZATION LAB		226,599	9,521,393	1,142,484			
55	MEDICAL SUPPLIES CHARGED		183,499	25,683,005	9,805,446			
55 30	IMPL. DEV. CHARGED TO PAT		84,948	10,436,861	1,896,304			
56	DRUGS CHARGED TO PATIENTS		356,165	61,457,543	13,867,449			
59	PSYCHIATRIC/PSYCHOLOGICAL		360,628					
59 01	PREGNANCY PLUS		96,436	951,164				
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	WOUND/OSTOMY CLINIC		268,272	4,416,200				
60 02	KIDS PLUS CLINIC		35,006					
60 03	ONCOLOGY		58,730	2,665,399				
60 04	MUNCIE CLINIC		50,747					
61	EMERGENCY		405,694	24,647,959	2,583,664			
62	OBSERVATION BEDS (NON-DIS		292,744	5,243,933				
62	OTHER REIMBURS COST CNTRS							
101	TOTAL		6,959,005	274,942,733	49,206,599			

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96(09/1996) CONTD

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
I 15-0113 I FROM 1/ 1/2010 I WORKSHEET D  
I COMPONENT NO: I TO 12/31/2010 I PART II  
I 15-0113 I PPS I

WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	HOSPITAL NEW CAPITAL	
		CST/CHRG 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.095284	348,659
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.022433	5,243
41	RADIOLOGY-DIAGNOSTIC	.064805	109,674
41 01	CAT SCAN	.015616	40,387
41 02	MAGNETIC RESONANCE IMAGIN	.007399	4,431
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE	.022300	17,085
44	LABORATORY	.013208	70,849
46	WHOLE BLOOD & PACKED RED	.018751	6,366
49	RESPIRATORY THERAPY	.030254	58,180
50	PHYSICAL THERAPY	.026641	15,240
51	OCCUPATIONAL THERAPY	.045578	9,820
52	SPEECH PATHOLOGY	.102455	17,737
53	ELECTROCARDIOLOGY	.042263	72,950
54	ELECTROENCEPHALOGRAPHY	.0301771,850	
54 01	CARDIAC CATHERIZATION LAB	.023799	27,190
55	MEDICAL SUPPLIES CHARGED	.007145	70,060
55 30	IMPL. DEV. CHARGED TO PAT	.008139	15,434
56	DRUGS CHARGED TO PATIENTS	.005795	80,362
59	PSYCHIATRIC/PSYCHOLOGICAL		
59 01	PREGNANCY PLUS	.101387	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	WOUND/OSTOMY CLINIC	.060747	
60 02	KIDS PLUS CLINIC		
60 03	ONCOLOGY	.022034	
60 04	MUNCIE CLINIC		
61	EMERGENCY	.016460	42,527
62	OBSERVATION BEDS (NON-DIS	.055825	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,014,044

( PI File )

Health Financial Systems MCRIF32

FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96(11/1998)

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
I 15-0113 I FROM 1/ 1/2010 I WORKSHEET D  
I I TO 12/31/2010 I PART III

APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE OTHER PASS THROUGH COSTS  
TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS					23,859	
26	INTENSIVE CARE UNIT					1,641	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY					2,108	
34	SKILLED NURSING FACILITY						
101	TOTAL					27,608	

( PI File )

Health Financial Systems MCRIF32

FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE OTHER PASS THROUGH COSTS  
TITLE XVIII, PART A

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
I 15-0113 I FROM 1/ 1/2010 I WORKSHEET D  
I I TO 12/31/2010 I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	11,889	
26	INTENSIVE CARE UNIT	930	
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
33	NURSERY		
34	SKILLED NURSING FACILITY		
101	TOTAL	12,819	

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON IN LIEU OF FORM CMS-2552-96(07/2009)  
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
OTHER PASS THROUGH COSTS I 15-0113 I FROM 1/ 1/2010 I WORKSHEET D  
I COMPONENT NO: I TO 12/31/2010 I PART IV  
I 15-0113 I

WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	HOSPITAL NONPHYSICIAN ANESTHETIST	1	1.01	PPS			
					MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
37	ANCILLARY SRVC COST CNTRS			2	2.01	2.02	2.03	
38	OPERATING ROOM							
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC							
41 01	CAT SCAN							
41 02	MAGNETIC RESONANCE IMAGIN							
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY							
46	WHOLE BLOOD & PACKED RED							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY							
54	ELECTROENCEPHALOGRAPHY							
54 01	CARDIAC CATHERIZATION LAB							
55	MEDICAL SUPPLIES CHARGED							
55 30	IMPL. DEV. CHARGED TO PAT							
56	DRUGS CHARGED TO PATIENTS							
59	PSYCHIATRIC/PSYCHOLOGICAL							
59 01	PREGNANCY PLUS							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	WOUND/OSTOMY CLINIC							
60 02	KIDS PLUS CLINIC							
60 03	ONCOLOGY							
60 04	MUNCIE CLINIC							
61	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
101	TOTAL							

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON IN LIEU OF FORM CMS-2552-96(07/2009) CONTD  
APPORIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
OTHER PASS THROUGH COSTS I 15-0113 I FROM 1/ 1/2010 I WORKSHEET D  
I COMPONENT NO: I TO 12/31/2010 I PART IV  
I 15-0113 I

WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	HOSPITAL		TOTAL CHARGES 4	PPS		INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
		TOTAL COSTS 3	O/P PASS THRU COSTS 3.01		RATIO OF COST TO CHARGES 5	RATIO OF O/P COSTS TO CHARGES 5.01		
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			17,753,118			3,659,156	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY			3,274,629			233,709	
41	RADIOLOGY-DIAGNOSTIC			16,078,164			1,692,369	
41 01	CAT SCAN			19,710,567			2,586,277	
41 02	MAGNETIC RESONANCE IMAGIN			8,522,323			598,905	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE 7,187,011			766,158				
44	LABORATORY			36,151,974			5,364,128	
46	WHOLE BLOOD & PACKED RED			1,529,695			339,479	
49	RESPIRATORY THERAPY			4,408,630			1,923,042	
50	PHYSICAL THERAPY			4,332,562			572,061	
51	OCCUPATIONAL THERAPY			828,142			215,463	
52	SPEECH PATHOLOGY			415,822			173,119	
53	ELECTROCARDIOLOGY			6,005,767			1,726,095	
54	ELECTROENCEPHALOGRAPHY			3,720,872			61,291	
54 01	CARDIAC CATHORIZATION LAB			9,521,393			1,142,484	
55	MEDICAL SUPPLIES CHARGED			25,683,005			9,805,446	
55 30	IMPL. DEV. CHARGED TO PAT			10,436,861			1,896,304	
56	DRUGS CHARGED TO PATIENTS			61,457,543			13,867,449	
59	PSYCHIATRIC/PSYCHOLOGICAL							
59 01	PREGNANCY PLUS			951,164				
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	WOUND/OSTOMY CLINIC			4,416,200				
60 02	KIDS PLUS CLINIC							
60 03	ONCOLOGY			2,665,399				
60 04	MUNCIE CLINIC							
61	EMERGENCY	24,647,959				2,583,664		
62	OBSERVATION BEDS (NON-DIS			5,243,933				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			274,942,733			49,206,599	

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON IN LIEU OF FORM CMS-2552-96(07/2009) CONTD  
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 OTHER PASS THROUGH COSTS I 15-0113 I FROM 1/ 1/2010 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2010 I PART IV  
 I 15-0113 I

WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	HOSPITAL				PPS PASS THRU COST	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
		OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU 9			
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	5,554,581						
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY	247,503						
41	RADIOLOGY-DIAGNOSTIC	4,387,691						
41 01	CAT SCAN	4,732,642						
41 02	MAGNETIC RESONANCE IMAGIN	2,304,015						
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE	2,282,539						
44	LABORATORY	1,444,535						
46	WHOLE BLOOD & PACKED RED	362,239						
49	RESPIRATORY THERAPY	958,759						
50	PHYSICAL THERAPY	7,684						
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY	1,050						
53	ELECTROCARDIOLOGY	1,792,778						
54	ELECTROENCEPHALOGRAPHY	1,102,621						
54 01	CARDIAC CATHERIZATION LAB	954,068						
55	MEDICAL SUPPLIES CHARGED	3,696,903						
55 30	IMPL. DEV. CHARGED TO PAT	1,317,429						
56	DRUGS CHARGED TO PATIENTS	18,823,382						
59	PSYCHIATRIC/PSYCHOLOGICAL							
59 01	PREGNANCY PLUS							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	WOUND/OSTOMY CLINIC							
60 02	KIDS PLUS CLINIC							
60 03	ONCOLOGY							
60 04	MUNCIE CLINIC							
61	EMERGENCY	3,176,289						
62	OBSERVATION BEDS (NON-DIS	1,582,257						
	OTHER REIMBURS COST CNTRS							
101	TOTAL	54,728,965						

(PI File)

Health Financial Systems

MCRIF32

FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96(05/2004)

PREPARED 5/26/2011

APPORTIONMENT OF MEDICAL OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0113  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
COMPONENT NO: 15-0113

WORKSHEET D  
PART V

TITLE XVIII, PART B

TITLE XVIII, PART B		HOSPITAL	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
Cost Center Description	1	Cost/Charge Ratio (C, Pt I, col. 9)	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.549458	.549458			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.296097	.296097			
41 RADIOLOGY-DIAGNOSTIC	.357786	.357786			
41 01 CAT SCAN	.066311	.066311			
41 02 MAGNETIC RESONANCE IMAGING(MRI)	.092235	.092235			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE	.118614	.118614			
44 LABORATORY	.151700	.151700			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.216455	.216455			
49 RESPIRATORY THERAPY	.280638	.280638			
50 PHYSICAL THERAPY	.438271	.438271			
51 OCCUPATIONAL THERAPY	.414663	.414663			
52 SPEECH PATHOLOGY	.851393	.851393			
53 ELECTROCARDIOLOGY	.174882	.174882			
54 ELECTROENCEPHALOGRAPHY	.185908	.185908			
54 01 CARDIAC CATHERIZATION LABORATORY	.118657	.118657			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.369304	.369304			
55 30 IMPL. DEV. CHARGED TO PATIENT	.420711	.420711			
56 DRUGS CHARGED TO PATIENTS	.214744	.214744			
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
59 01 PREGNANCY PLUS	1.180889	1.180889			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 WOUND/OSTOMY CLINIC	.332085	.332085			
60 02 KIDS PLUS CLINIC					
60 03 ONCOLOGY	.326560	.326560			
60 04 MUNCIE CLINIC					
61 EMERGENCY	.229533	.229533			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.463835	.463835			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON IN LIEU OF FORM CMS-2552-96(05/2004) CONTD  
 APPORTIONMENT OF MEDICAL OTHER HEALTH SERVICES & VACCINE COSTS I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 15-0113 I FROM 1/ 1/2010 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2010 I PART V  
 I 15-0113 I I

TITLE XVIII, PART B		HOSPITAL		PPS Services	Non-PPS	PPS Services	Outpatient
		All	Other (1)	FYB to 12/31	Services	1/1 to FYE	Ambulatory Surgical Ctr
Cost Center Description	5			5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS							
37 OPERATING ROOM				5,554,581			
38 RECOVERY ROOM							
39 DELIVERY ROOM & LABOR ROOM							
40 ANESTHESIOLOGY				247,503			
41 RADIOLOGY-DIAGNOSTIC				4,387,691	1,335		
41 01 CAT SCAN				4,732,642			
41 02 MAGNETIC RESONANCE IMAGING(MRI)				2,304,015			
42 RADIOLOGY-THERAPEUTIC							
43 RADIOISOTOPE				2,282,539			
44 LABORATORY	1,444,535						
46 WHOLE BLOOD & PACKED RED BLOOD CELLS				362,239			
49 RESPIRATORY THERAPY				958,759			
50 PHYSICAL THERAPY				7,684			
51 OCCUPATIONAL THERAPY							
52 SPEECH PATHOLOGY				1,050			
53 ELECTROCARDIOLOGY				1,792,778			
54 ELECTROENCEPHALOGRAPHY				1,102,621			
54 01 CARDIAC CATHERIZATION LABORATORY				954,068			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				3,696,903	1,916		
55 30 IMPL. DEV. CHARGED TO PATIENT				1,317,429			
56 DRUGS CHARGED TO PATIENTS				18,823,382			
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES							
59 01 PREGNANCY PLUS							
OUTPAT SERVICE COST CNTRS							
60 CLINIC							
60 01 WOUND/OSTOMY CLINIC							
60 02 KIDS PLUS CLINIC							
60 03 ONCOLOGY							
60 04 MUNCIE CLINIC							
61 EMERGENCY				3,176,289			
62 OBSERVATION BEDS (NON-DISTINCT PART)				1,582,257			
101 SUBTOTAL				54,728,965	3,251		
102 CRNA CHARGES							
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES							
104 NET CHARGES				54,728,965	3,251		

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON IN LIEU OF FORM CMS-2552-96(05/2004) CONTD  
 APPORTIONMENT OF MEDICAL OTHER HEALTH SERVICES & VACCINE COSTS I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 15-0113 I FROM 1/ 1/2010 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2010 I PART V  
 I 15-0113 I I

TITLE XVIII, PART B		HOSPITAL	Other	All Other	PPS Services	Non-PPS
		Outpatient	Outpatient		FYB to 12/31	Services
		Radiology	Diagnostic			
Cost Center Description	7	8	9		9.01	9.02
(A) ANCILLARY SRVC COST CNTRS						
37 OPERATING ROOM					3,052,009	
38 RECOVERY ROOM						
39 DELIVERY ROOM & LABOR ROOM						
40 ANESTHESIOLOGY					73,285	
41 RADIOLOGY-DIAGNOSTIC					1,569,854	478
41 01 CAT SCAN					313,826	
41 02 MAGNETIC RESONANCE IMAGING(MRI)					212,511	
42 RADIOLOGY-THERAPEUTIC						
43 RADIOISOTOPE					270,741	
44 LABORATORY					219,136	
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					78,408	
49 RESPIRATORY THERAPY					269,064	
50 PHYSICAL THERAPY					3,368	
51 OCCUPATIONAL THERAPY						
52 SPEECH PATHOLOGY					894	
53 ELECTROCARDIOLOGY					313,525	
54 ELECTROENCEPHALOGRAPHY					204,986	
54 01 CARDIAC CATHERIZATION LABORATORY					113,207	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					1,365,281	708
55 30 IMPL. DEV. CHARGED TO PATIENT					554,257	
56 DRUGS CHARGED TO PATIENTS					4,042,208	
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES						
59 01 PREGNANCY PLUS						
60 OUTPAT SERVICE COST CNTRS						
60 CLINIC						
60 01 WOUND/OSTOMY CLINIC						
60 02 KIDS PLUS CLINIC						
60 03 ONCOLOGY						
60 04 MUNCIE CLINIC						
61 EMERGENCY					729,063	
62 OBSERVATION BEDS (NON-DISTINCT PART)					733,906	
101 SUBTOTAL		14,119,529		1,186		
102 CRNA CHARGES						
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES						
104 NET CHARGES					14,119,529	1,186

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON IN LIEU OF FORM CMS-2552-96(05/2004) CONTD  
 APPORTIONMENT OF MEDICAL OTHER HEALTH SERVICES & VACCINE COSTS I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 15-0113 I FROM 1/ 1/2010 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2010 I PART V  
 I 15-0113 I I

TITLE XVIII, PART B

HOSPITAL

PPS Services  
1/1 to FYE

Hospital I/P  
Part B Charges

Hospital I/P  
Part B Costs

Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
41 01 CAT SCAN			
41 02 MAGNETIC RESONANCE IMAGING(MRI)			
42 RADIOLOGY-THERAPEUTIC			
43 RADIOISOTOPE			
44 LABORATORY			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
54 01 CARDIAC CATHERIZATION LABORATORY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 30 IMPL. DEV. CHARGED TO PATIENT			
56 DRUGS CHARGED TO PATIENTS			
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES			
59 01 PREGNANCY PLUS			
OUTPAT SERVICE COST CNTRS			
60 CLINIC			
60 01 WOUND/OSTOMY CLINIC			
60 02 KIDS PLUS CLINIC			
60 03 ONCOLOGY			
60 04 MUNCIE CLINIC			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

( PI File )

Health Financial Systems      MCRIF32      FOR COMMUNITY HOSPITAL ANDERSON      IN LIEU OF FORM CMS-2552-96(08/2000) CONTD  
I PROVIDER NO:      I PERIOD:      I PREPARED 5/26/2011  
APPORIONMENT OF MEDICAL OTHER HEALTH SERVICES & VACCINE COST      I 15-0113      I FROM 1/ 1/2010      I WORKSHEET D  
I COMPONENT NO:      I TO 12/31/2010      I PART VI  
I 15-0113      I

TITLE XVIII, PART B      HOSPITAL  
PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.214744
3	PROGRAM COSTS	58,581
		12,580

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON IN LIEU OF FORM CMS-2552-96(05/2004)  
COMPUTATION OF INPATIENT OPERATING COST I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
I 15-0113 I FROM 1/ 1/2010 I WORKSHEET D-1  
I COMPONENT NO: I TO 12/31/2010 I PART I  
I 15-0113 I

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	23,859
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	23,859
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23,859
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	11,889
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	
	SWING-BED ADJUSTMENT	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	21,437,934
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	21,437,934
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	17,892,562
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	17,892,562
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.198148
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	749.93
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	21,437,934

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON IN LIEU OF FORM CMS-2552-96(05/2004) CONTD  
COMPUTATION OF INPATIENT OPERATING COST I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
I 15-0113 I FROM 1/ 1/2010 I WORKSHEET D-1  
I COMPONENT NO: I TO 12/31/2010 I PART II  
I 15-0113 I

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 898.53  
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 10,682,623  
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 10,682,623

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVECARE UNIT	2,315,283	1,641	1,410.90	930	1,312,137
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

48 PROGRAM INPATIENT ANCILLARY SERVICE COST 1  
49 TOTAL PROGRAM INPATIENT COSTS 13,356,024  
25,350,784

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 1,441,228  
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 1,014,044  
52 TOTAL PROGRAM EXCLUDABLE COST 2,455,272  
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
ANESTHETIST, AND MEDICAL EDUCATION COSTS 22,895,512  
TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES  
55 TARGET AMOUNT PER DISCHARGE  
56 TARGET AMOUNT  
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT  
58 BONUS PAYMENT  
58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED  
AND COMPOUNDED BY THE MARKET BASKET  
58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET  
BASKET  
58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE  
LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN  
EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)  
OTHERWISE ENTER ZERO.  
58.04 RELIEF PAYMENT  
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
59.03 PROGRAM DISCHARGES AFTER JULY 1  
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1  
(SEE INSTRUCTIONS) (LTCH ONLY)  
59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1  
(SEE INSTRUCTIONS) (LTCH ONLY)  
59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST  
REPORTING PERIOD (SEE INSTRUCTIONS)  
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST  
REPORTING PERIOD (SEE INSTRUCTIONS)  
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS  
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE  
COST REPORTING PERIOD  
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE  
COST REPORTING PERIOD  
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON IN LIEU OF FORM CMS-2552-96(05/2004) CONTD  
 COMPUTATION OF INPATIENT OPERATING COST I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 15-0113 I FROM 1/ 1/2010 I WORKSHEET D-1  
 I COMPONENT NO: I TO 12/31/2010 I PART III  
 I 15-0113 I

TITLE XVIII PART A HOSPITAL PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

- 66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
- 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
- 68 PROGRAM ROUTINE SERVICE COST
- 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
- 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
- 71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
- 72 PER DIEM CAPITAL-RELATED COSTS
- 73 PROGRAM CAPITAL-RELATED COSTS
- 74 INPATIENT ROUTINE SERVICE COST
- 75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
- 76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
- 77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
- 78 INPATIENT ROUTINE SERVICE COST LIMITATION
- 79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
- 80 PROGRAM INPATIENT ANCILLARY SERVICES
- 81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
- 82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 2,707
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 898.53
- 85 OBSERVATION BED COST 2,432,321

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		21,437,934		2,432,321	
87 NEW CAPITAL-RELATED COST	2,580,189	21,437,934	.120356	2,432,321	292,744
88 NON PHYSICIAN ANESTHETIST		21,437,934		2,432,321	
89 MEDICAL EDUCATION		21,437,934		2,432,321	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON IN LIEU OF FORM CMS-2552-96(05/2004)

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
I 15-0113 I FROM 1/ 1/2010 I WORKSHEET D-1  
I COMPONENT NO: I TO 12/31/2010 I PART I  
I - I

TITLE XVIII PART A

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

- 1 INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)
- 2 INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)
- 3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)
- 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)
- 5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)  
THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER  
DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)
- 7 TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)  
THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 8 TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER  
DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)
- 9 TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM  
(EXCLUDING SWING-BED AND NEWBORN DAYS)
- 10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING  
PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING  
PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR  
YEAR, ENTER 0 ON THIS LINE)
- 12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING  
PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING  
PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR  
YEAR, ENTER 0 ON THIS LINE)
- 14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM  
(EXCLUDING SWING-BED DAYS)
- 15 TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)
- 16 NURSERY DAYS (TITLE V OR XIX ONLY)

SWING-BED ADJUSTMENT

- 17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH  
DECEMBER 31 OF THE COST REPORTING PERIOD
- 18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER  
DECEMBER 31 OF THE COST REPORTING PERIOD
- 19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH  
DECEMBER 31 OF THE COST REPORTING PERIOD
- 20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER  
DECEMBER 31 OF THE COST REPORTING PERIOD
- 21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST
- 22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST  
REPORTING PERIOD
- 23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST  
REPORTING PERIOD
- 24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST  
REPORTING PERIOD
- 25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST  
REPORTING PERIOD
- 26 TOTAL SWING-BED COST (SEE INSTRUCTIONS)
- 27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST  
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT
- 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)
- 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)
- 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)
- 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO
- 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE
- 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE
- 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL
- 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL
- 36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT
- 37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM  
COST DIFFERENTIAL

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON IN LIEU OF FORM CMS-2552-96(05/2004) CONTD  
 COMPUTATION OF INPATIENT OPERATING COST I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 15-0113 I FROM 1/ 1/2010 I WORKSHEET D-1  
 I COMPONENT NO: I TO 12/31/2010 I PART III  
 I - I I

TITLE XVIII PART A

SNF

PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

- 66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
- 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
- 68 PROGRAM ROUTINE SERVICE COST
- 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
- 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
- 71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
- 72 PER DIEM CAPITAL-RELATED COSTS
- 73 PROGRAM CAPITAL-RELATED COSTS
- 74 INPATIENT ROUTINE SERVICE COST
- 75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
- 76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
- 77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
- 78 INPATIENT ROUTINE SERVICE COST LIMITATION
- 79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
- 80 PROGRAM INPATIENT ANCILLARY SERVICES
- 81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
- 82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
- 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

( PI File )

Health Financial Systems

MCRIF32

FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96(05/2004)

PREPARED 5/26/2011

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:  
I 15-0113  
I COMPONENT NO:  
I 15-0113

I PERIOD:  
I FROM 1/ 1/2010  
I TO 12/31/2010  
I

I WORKSHEET D-1  
I PART I  
I

TITLE XIX - I/P

HOSPITAL

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	23,859
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	23,859
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23,859
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,234
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	2,108
16	NURSERY DAYS (TITLE V OR XIX ONLY)	262
	SWING-BED ADJUSTMENT	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	21,437,934
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	21,437,934
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,906,532
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	11,992,168
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	11.244466
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	502.63
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	21,437,934

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON IN LIEU OF FORM CMS-2552-96(05/2004) CONTD  
 I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 15-0113 I FROM 1/ 1/2010 I WORKSHEET D-1  
 COMPUTATION OF INPATIENT OPERATING COST I COMPONENT NO: I TO 12/31/2010 I PART II  
 I 15-0113 I

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 898.53  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,108,786  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,108,786

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)	848,061	2,108	402.31	262	105,405

INTENSIVE CARE TYPE INPATIENT  
 HOSPITAL UNITS

43 INTENSIVE CARE UNIT	2,269,153	1,641	1,382.79	10	13,828
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

48 PROGRAM INPATIENT ANCILLARY SERVICE COST 1  
 49 TOTAL PROGRAM INPATIENT COSTS 1,545,476  
 2,773,495

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES  
 52 TOTAL PROGRAM EXCLUDABLE COST  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS  
 TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES  
 55 TARGET AMOUNT PER DISCHARGE  
 56 TARGET AMOUNT  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT  
 58 BONUS PAYMENT  
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED  
 AND COMPOUNDED BY THE MARKET BASKET  
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET  
 BASKET  
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE  
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN  
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)  
 OTHERWISE ENTER ZERO.  
 58.04 RELIEF PAYMENT  
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
 59.03 PROGRAM DISCHARGES AFTER JULY 1  
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS)  
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS)  
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS  
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON IN LIEU OF FORM CMS-2552-96(05/2004) CONTD  
 COMPUTATION OF INPATIENT OPERATING COST I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 15-0113 I FROM 1/ 1/2010 I WORKSHEET D-1  
 I COMPONENT NO: I TO 12/31/2010 I PART III  
 I 15-0113 I

TITLE XIX - I/P HOSPITAL OTHER

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

- 66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
- 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
- 68 PROGRAM ROUTINE SERVICE COST
- 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
- 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
- 71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
- 72 PER DIEM CAPITAL-RELATED COSTS
- 73 PROGRAM CAPITAL-RELATED COSTS
- 74 INPATIENT ROUTINE SERVICE COST
- 75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
- 76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
- 77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
- 78 INPATIENT ROUTINE SERVICE COST LIMITATION
- 79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
- 80 PROGRAM INPATIENT ANCILLARY SERVICES
- 81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
- 82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 2,707
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 898.53
- 85 OBSERVATION BED COST 2,432,321

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST					
87 NEW CAPITAL-RELATED COST					
88 NON PHYSICIAN ANESTHETIST					
89 MEDICAL EDUCATION					
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

( PI File )

Health Financial Systems

MCRIF32

FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96(07/2009)

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	15-0113	I	FROM 1/ 1/2010	I	5/26/2011
I	COMPONENT NO:	I	TO 12/31/2010	I	WORKSHEET D-4
I	15-0113	I		I	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	HOSPITAL	PPS		
			RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS				
26	ADULTS & PEDIATRICS			8,248,212	
27	INTENSIVE CARE UNIT			1,260,098	
28	CORONARY CARE UNIT				
29	BURN INTENSIVE CARE UNIT				
37	SURGICAL INTENSIVE CARE UNIT				
38	ANCILLARY SRVC COST CNTRS				
39	OPERATING ROOM		.549458	3,659,156	2,010,553
40	RECOVERY ROOM				
41	DELIVERY ROOM & LABOR ROOM				
41	ANESTHESIOLOGY		.296097	233,709	69,201
41	RADIOLOGY-DIAGNOSTIC		.357786	1,692,369	605,506
41	01 CAT SCAN		.066311	2,586,277	171,499
41	02 MAGNETIC RESONANCE IMAGING(MRI)	.092235	598,905	55,240	
42	RADIOLOGY-THERAPEUTIC				
43	RADIOISOTOPE		.118614	766,158	90,877
44	LABORATORY		.151700	5,364,128	813,738
46	WHOLE BLOOD & PACKED RED BLOOD CELLS		.216455	339,479	73,482
49	RESPIRATORY THERAPY		.280638	1,923,042	539,679
50	PHYSICAL THERAPY		.438271	572,061	250,718
51	OCCUPATIONAL THERAPY		.414663	215,463	89,345
52	SPEECH PATHOLOGY		.851393	173,119	147,392
53	ELECTROCARDIOLOGY		.174882	1,726,095	301,863
54	ELECTROENCEPHALOGRAPHY		.185908	61,291	11,394
54	01 CARDIAC CATHETERIZATION LABORATORY		.118657	1,142,484	135,564
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.369304	9,805,446	3,621,190
55	30 IMPL. DEV. CHARGED TO PATIENT		.420711	1,896,304	797,796
56	DRUGS CHARGED TO PATIENTS		.214744	13,867,449	2,977,951
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				
59	01 PREGNANCY PLUS		1.180952		
60	OUTPAT SERVICE COST CNTRS				
60	CLINIC				
60	01 WOUND/OSTOMY CLINIC		.332085		
60	02 KIDS PLUS CLINIC				
60	03 ONCOLOGY		.326560		
60	04 MUNCIE CLINIC				
61	EMERGENCY		.229533	2,583,664	593,036
62	OBSERVATION BEDS (NON-DISTINCT PART)		.463835		
101	OTHER REIMBURS COST CNTRS				
101	TOTAL			49,206,599	13,356,024
102	LESS PBP CLINIC LABORATORY SERVICES -				
102	PROGRAM ONLY CHARGES				
103	NET CHARGES			49,206,599	

( PI File )

Health Financial Systems

MCRIF32

FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96(07/2009)

PREPARED 5/26/2011

WORKSHEET D-4

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I  
 I 15-0113 I FROM 1/ 1/2010 I  
 I COMPONENT NO: I TO 12/31/2010 I  
 I - I

WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	SKILLED NURSING FACILITY		OTHER		
		RATIO COST TO CHARGES	1	INPATIENT CHARGES	2	INPATIENT COST
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS					
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE UNIT					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		.549458			
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY		.296097			
41	RADIOLOGY-DIAGNOSTIC		.357786			
41 01	CAT SCAN		.066311			
41 02	MAGNETIC RESONANCE IMAGING(MRI)		.092235			
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE		.118614			
44	LABORATORY		.151700			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS		.216455			
49	RESPIRATORY THERAPY		.280638			
50	PHYSICAL THERAPY		.438271			
51	OCCUPATIONAL THERAPY		.414663			
52	SPEECH PATHOLOGY		.851393			
53	ELECTROCARDIOLOGY		.174882			
54	ELECTROENCEPHALOGRAPHY		.185908			
54 01	CARDIAC CATHERIZATION LABORATORY		.118657			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.369304			
55 30	IMPL. DEV. CHARGED TO PATIENT		.420711			
56	DRUGS CHARGED TO PATIENTS		.214744			
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
59 01	PREGNANCY PLUS		1.180889			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	WOUND/OSTOMY CLINIC		.332085			
60 02	KIDS PLUS CLINIC					
60 03	ONCOLOGY		.326560			
60 04	MUNCIE CLINIC					
61	EMERGENCY		.229533			
62	OBSERVATION BEDS (NON-DISTINCT PART)		.463835			
	OTHER REIMBURS COST CNTRS					
101	TOTAL					
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES					
103	NET CHARGES					

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96(07/2009)

PREPARED 5/26/2011

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I  
I 15-0113 I FROM 1/ 1/2010 I  
I COMPONENT NO: I TO 12/31/2010 I  
I 15-0113 I

WORKSHEET D-4

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	OTHER		
			RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS				
26	ADULTS & PEDIATRICS			1,671,693	
27	INTENSIVE CARE UNIT			93,639	
28	CORONARY CARE UNIT				
29	BURN INTENSIVE CARE UNIT				
37	SURGICAL INTENSIVE CARE UNIT				
38	ANCILLARY SRVC COST CNTRS				
39	OPERATING ROOM		.549458	1,239,576	681,095
40	RECOVERY ROOM				
41	DELIVERY ROOM & LABOR ROOM				
41	ANESTHESIOLOGY		.296097	51,609	15,281
41	RADIOLOGY-DIAGNOSTIC		.357786	96,986	34,700
41	01 CAT SCAN		.066311	189,987	12,598
41	02 MAGNETIC RESONANCE IMAGING(MRI)	.092235	39,914	3,681	
42	RADIOLOGY-THERAPEUTIC				
43	RADIOISOTOPE		.118614	44,758	5,309
44	LABORATORY		.151700	458,226	69,513
46	WHOLE BLOOD & PACKED RED BLOOD CELLS		.216455	72,004	15,586
49	RESPIRATORY THERAPY		.280638	138,235	38,794
50	PHYSICAL THERAPY		.438271	149,917	65,704
51	OCCUPATIONAL THERAPY		.414663	7,669	3,180
52	SPEECH PATHOLOGY		.851393	4,315	3,674
53	ELECTROCARDIOLOGY		.174882	55,733	9,747
54	ELECTROENCEPHALOGRAPHY		.185908	3,263	607
54	01 CARDIAC CATHETERIZATION LABORATORY		.118657	142,691	16,931
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.369304	1,718	634
55	30 IMPL. DEV. CHARGED TO PATIENT		.420711		
56	DRUGS CHARGED TO PATIENTS		.214744	1,445,937	310,506
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				
59	01 PREGNANCY PLUS		1.180889	161,828	191,101
60	OUTPAT SERVICE COST CNTRS				
60	CLINIC				
60	01 WOUND/OSTOMY CLINIC		.332085		
60	02 KIDS PLUS CLINIC				
60	03 ONCOLOGY		.326560		
60	04 MUNCIE CLINIC				
61	EMERGENCY		.229533	291,176	66,835
62	OBSERVATION BEDS (NON-DISTINCT PART)		.463835		
62	OTHER REIMBURS COST CNTRS				
101	TOTAL			4,595,542	1,545,476
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			4,595,542	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I  
I 15-0113 I FROM 1/ 1/2010 I  
I COMPONENT NO: I TO 12/31/2010 I  
I 15-0113 I

WORKSHEET E  
PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1 1.01

DRG AMOUNT

- 1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1 14,578,155
- 1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1 4,859,386
- 1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS
- 1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST
- 1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1
- 1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1
- 1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)
- 1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.
- 1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.
- 2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97
- 2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS) 234,157
- 3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD INDIRECT MEDICAL EDUCATION ADJUSTMENT 129.58
- 3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I
- 3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)
- 3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT
- 3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.
- 3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)
- 3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)

FOR CR PERIODS ENDING ON OR AFTER 7/1/2005  
E-3 PT 6 LN 15 PLUS LN 3.06

- 3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)
- 3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS
- 3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.
- 3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1
- 3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09
- 3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10
- 3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.
- 3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)
- 3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE
- 3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE
- 3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).
- 3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)
- 3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)
- 3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)
- 3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1
- 3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)
- 3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1

SUM OF LINES PLUS E-3, PT  
3.21 - 3.23 VI, LINE 23

- 3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).
- 4 DISPROPORTIONATE SHARE ADJUSTMENT
- PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS) 3.52
- 4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I 21.20
- 4.02 SUM OF LINES 4 AND 4.01 24.72
- 4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC) 9.60
- 4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS) 1,866,004
- 5 ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES
- 5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)
- 5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96 (02/2011)

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	15-0113	I	FROM 1/ 1/2010	I	5/26/2011
I	COMPONENT NO:	I	TO 12/31/2010	I	WORKSHEET E
I	15-0113	I		I	PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRU	401.43	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	21,537,702	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	21,537,702	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,694,852	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	23,232,554	
17 PRIMARY PAYER PAYMENTS	11,881	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	23,220,673	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,274,958	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	25,850	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	469,324	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	328,527	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	351,091	
22 SUBTOTAL	21,248,392	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1		
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	21,248,392	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	21,011,255	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	237,137	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2. ----- FI ONLY -----	2,005,954	
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT(SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I
I	15-0113	I	FROM 1/ 1/2010	I
I	COMPONENT NO:	I	TO 12/31/2010	I
I	15-0113	I		I

WORKSHEET E  
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	13,766
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	14,119,529
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	12,845,148
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.873
1.04	LINE 1.01 TIMES LINE 1.03.	12,326,349
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	13,766
	COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	61,832
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	61,832
	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	61,832
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	48,066
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	13,766
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	12,845,148
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	430
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,979,238
19	SUBTOTAL (SEE INSTRUCTIONS)	9,879,246
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	9,879,246
24	PRIMARY PAYER PAYMENTS	1,268
25	SUBTOTAL	9,877,978
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	485,275
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	339,693
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	339,781
28	SUBTOTAL	10,217,671
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	-592
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	10,217,079
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	10,044,984
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	172,095
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2 TO BE COMPLETED BY CONTRACTOR	
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

( PI File )

Health Financial Systems

MCRIF32

FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96 (11/1998)

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	15-0113	I	FROM 1/ 1/2010	I	5/26/2011
I	COMPONENT NO:	I	TO 12/31/2010	I	WORKSHEET E-1
I	15-0113	I		I	

TITLE XVIII

HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		20,923,645		10,047,848
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01	7/29/2010		87,610
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50		7/29/2010	2,864
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
ADJUSTMENTS TO PROGRAM	.99			
SUBTOTAL		87,610		-2,864
4 TOTAL INTERIM PAYMENTS		21,011,255		10,044,984
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99			
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER	.01		NONE	NONE
SETTLEMENT TO PROGRAM	.02		237,137	172,095
7 TOTAL MEDICARE PROGRAM LIABILITY			21,248,392	10,217,079
NAME OF INTERMEDIARY:				
INTERMEDIARY NO:				
SIGNATURE OF AUTHORIZED PERSON:	_____			
DATE: ___/___/___				

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96 (11/1998)

PREPARED 5/26/2011

WORKSHEET E-1

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I	PROVIDER NO:	I	PERIOD:	I
I	15-0113	I	FROM 1/ 1/2010	I
I	COMPONENT NO:	I	TO 12/31/2010	I
I	-	I		I

TITLE XVIII SNF

DESCRIPTION

	INPATIENT-PART A		P A R T	B
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
1	2	3	4	

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.	NONE		NONE
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
	ADJUSTMENTS TO PROVIDER			.01
	ADJUSTMENTS TO PROVIDER			.02
	ADJUSTMENTS TO PROVIDER			.03
	ADJUSTMENTS TO PROVIDER			.04
	ADJUSTMENTS TO PROVIDER			.05
	ADJUSTMENTS TO PROGRAM			.50
	ADJUSTMENTS TO PROGRAM			.51
	ADJUSTMENTS TO PROGRAM			.52
	ADJUSTMENTS TO PROGRAM			.53
	ADJUSTMENTS TO PROGRAM			.54
	SUBTOTAL			.99
4	TOTAL INTERIM PAYMENTS	NONE		NONE
	TO BE COMPLETED BY INTERMEDIARY			
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
	TENTATIVE TO PROVIDER			.01
	TENTATIVE TO PROVIDER			.02
	TENTATIVE TO PROVIDER			.03
	TENTATIVE TO PROGRAM			.50
	TENTATIVE TO PROGRAM			.51
	TENTATIVE TO PROGRAM			.52
	SUBTOTAL			.99
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			
	SETTLEMENT TO PROVIDER			.01
	SETTLEMENT TO PROGRAM			.02
7	TOTAL MEDICARE PROGRAM LIABILITY			
	NAME OF INTERMEDIARY:			
	INTERMEDIARY NO:			
	SIGNATURE OF AUTHORIZED PERSON: _____			
	DATE: ___/___/___			

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/26/2011
I	15-0113	I	FROM 1/ 1/2010	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2010	I	PART III
I	-	I		I	

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XVIII SNF

TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

- 1 COMPUTATION OF NET COST OF COVERED SERVICE
- 2 INPATIENT HOSPITAL/SNF/NF SERVICES
- 3 MEDICAL AND OTHER SERVICES
- 4 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)
- 5 ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)
- 6 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)
- 7 SUBTOTAL
- 8 INPATIENT PRIMARY PAYER PAYMENTS
- 9 OUTPATIENT PRIMARY PAYER PAYMENTS
- 10 SUBTOTAL
- 11 COMPUTATION OF LESSER OF COST OR CHARGES
- 12 REASONABLE CHARGES
- 13 ROUTINE SERVICE CHARGES
- 14 ANCILLARY SERVICE CHARGES
- 15 INTERNS AND RESIDENTS SERVICE CHARGES
- 16 ORGAN ACQUISITION CHARGES, NET OF REVENUE
- 17 TEACHING PHYSICIANS
- 18 INCENTIVE FROM TARGET AMOUNT COMPUTATION
- 19 TOTAL REASONABLE CHARGES
- 20 CUSTOMARY CHARGES
- 21 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR
- 22 PAYMENT FOR SERVICES ON A CHARGE BASIS
- 23 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE
- 24 FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT
- 25 BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)
- 26 RATIO OF LINE 17 TO LINE 18
- 27 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
- 28 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
- 29 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 30 COST OF COVERED SERVICES
- 31 PROSPECTIVE PAYMENT AMOUNT
- 32 OTHER THAN OUTLIER PAYMENTS
- 33 OUTLIER PAYMENTS
- 34 PROGRAM CAPITAL PAYMENTS
- 35 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)
- 36 ROUTINE SERVICE OTHER PASS THROUGH COSTS
- 37 ANCILLARY SERVICE OTHER PASS THROUGH COSTS
- 38 SUBTOTAL
- 39 CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)
- 40 TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE
- 41 XVIII ENTER AMOUNT FROM LINE 30
- 42 DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)
- 43 COMPUTATION OF REIMBURSEMENT SETTLEMENT
- 44 EXCESS OF REASONABLE COST
- 45 SUBTOTAL
- 46 COINSURANCE
- 47 SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19
- 48 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 49 ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING
- 50 BEFORE 10/01/05 (SEE INSTRUCTIONS)
- 51 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 52 ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING
- 53 ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)
- 54 UTILIZATION REVIEW
- 55 SUBTOTAL (SEE INSTRUCTIONS)
- 56 INPATIENT ROUTINE SERVICE COST
- 57 MEDICARE INPATIENT ROUTINE CHARGES
- 58 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR
- 59 PAYMENT FOR SERVICES ON A CHARGE BASIS
- 60 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROMPATIENTS LIABLE
- 61 FOR PAYMENT OF PART A SERVICES
- 62 RATIO OF LINE 43 TO 44
- 63 TOTAL CUSTOMARY CHARGES
- 64 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
- 65 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 66 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER
- 67 TERMINATION OR A DECREASE IN PROGRAM UTILIZATION
- 68 OTHER ADJUSTMENTS (SPECIFY)
- 69 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS
- 70 RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS
- 71 SUBTOTAL
- 72 INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)
- 73 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 74 TOTAL AMOUNT PAYABLE TO THE PROVIDER
- 75 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 76 INTERIM PAYMENTS
- 77 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 78 BALANCE DUE PROVIDER/PROGRAM
- 79 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/26/2011
I	15-0113	I	FROM 1/ 1/2010	I	WORKSHEET	E-3
I	COMPONENT NO:	I	TO 12/31/2010	I	PART	III
I	-	I		I		

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XVIII SNF

TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/26/2011
I	15-0113	I	FROM 1/ 1/2010	I	WORKSHEET	E-3
I	COMPONENT NO:	I	TO 12/31/2010	I	PART	III
I	-	I		I		

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		2,773,495	
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		2,773,495	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		2,773,495	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES	2,203,934		
11	ANCILLARY SERVICE CHARGES		4,595,542	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		6,799,476	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
	PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		6,799,476	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		4,025,981	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		2,773,495	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		2,773,495	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE		2,773,495	
	XVIII ENTER AMOUNT FROM LINE 30			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		2,773,495	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		2,773,495	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
	PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
	FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		2,773,495	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		2,773,495	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		1,537,617	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		1,235,878	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/26/2011
I	15-0113	I	FROM 1/ 1/2010	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2010	I	PART III
I	-	I		I	

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XIX

HOSPITAL

OTHER  
 TITLE V OR  
 TITLE XIX  
 1

TITLE XVIII  
 SNF PPS  
 2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON IN LIEU OF FORM CMS-2552-96-E-3-6 (07/2009)  
CALCULATION OF GME AND IME PAYMENTS FOR I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
REDISTRIBUTION OF UNUSED RESIDENCY SLOTS I 15-0113 I FROM 1/ 1/2010 I WORKSHEET E-3  
I I TO 12/31/2010 I PART VI

TITLE XVIII

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

COLUMN 1 COLUMN 1.01  
1.000000

- 1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.
- 2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)
- 3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)
- 4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)
- CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA
- 5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)
- 5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)
- 6 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)
- 8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)
- 9 MULTIPLY LINE 7 TIMES LINE 8
- 10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.
- 11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 \* LN 10)
- 12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5] )
- CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA
- 13 REDUCED IME FTE CAP (SEE INSTRUCTIONS)
- 14 UNADJUSTED IME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)
- 15 PRORATED REDUCED ALLOWABLE IME FTE CAP
- CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA
- 16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).
- 17 IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)
- 19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)
- 20 IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)
- 21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.
- 22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005
- 23 ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

( PI File )

Health Financial Systems

MCRIF32

FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96 (06/2003)

BALANCE SHEET

I  
I  
I

PROVIDER NO:  
15-0113

I PERIOD:  
I FROM 1/ 1/2010  
I TO 12/31/2010

I PREPARED 5/26/2011

I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	8,367,636			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	51,534,372			
5 OTHER RECEIVABLES	-14,687			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-30,622,984			
7 INVENTORY	2,585,041			
8 PREPAID EXPENSES	143,746			
9 OTHER CURRENT ASSETS	36,867,480			
10 DUE FROM OTHER FUNDS	1,309,114			
11 TOTAL CURRENT ASSETS	70,169,718			
FIXED ASSETS				
12 LAND	5,956,988			
12.01 LAND IMPROVEMENTS	1,888,870			
13.01 LESS ACCUMULATED DEPRECIATION	-1,508,436			
14 BUILDINGS	62,475,637			
14.01 LESS ACCUMULATED DEPRECIATION	-42,794,780			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	15,075,759			
16.01 LESS ACCUMULATED DEPRECIATION	-10,473,858			
17 AUTOMOBILES AND TRUCKS	483,809			
17.01 LESS ACCUMULATED DEPRECIATION	-433,174			
18 MAJOR MOVABLE EQUIPMENT	14,056,254			
18.01 LESS ACCUMULATED DEPRECIATION	-11,074,344			
19 MINOR EQUIPMENT DEPRECIABLE	24,591,861			
19.01 LESS ACCUMULATED DEPRECIATION	-16,229,822			
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	42,014,764			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS				
26 TOTAL OTHER ASSETS				
27 TOTAL ASSETS	112,184,482			

( PI File )

Health Financial Systems

MCRIF32

FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96 (06/2003)

BALANCE SHEET

I  
I  
I

PROVIDER NO:  
15-0113

I PERIOD:  
I FROM 1/ 1/2010  
I TO 12/31/2010

I PREPARED 5/26/2011  
I  
I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	-1,615,505			
29 SALARIES, WAGES & FEES PAYABLE	-6,825,529			
30 PAYROLL TAXES PAYABLE	-268,595			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	-1,675,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	-739,975			
35 OTHER CURRENT LIABILITIES	-1,433,536			
36 TOTAL CURRENT LIABILITIES	-12,558,140			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	-15,520,000			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	-3,100,000			
42 TOTAL LONG-TERM LIABILITIES	-18,620,000			
43 TOTAL LIABILITIES	-31,178,140			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-81,006,342			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	-81,006,342			
52 TOTAL LIABILITIES AND FUND BALANCES	-112,184,482			

( PI File )

Health Financial Systems

MCRIF32

FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96 (09/1996)

PREPARED 5/26/2011  
WORKSHEET G-1

STATEMENT OF CHANGES IN FUND BALANCES

I PROVIDER NO: I PERIOD: I  
I 15-0113 I FROM 1/ 1/2010 I  
I I TO 12/31/2010 I

	GENERAL FUND	SPECIFIC PURPOSE FUND
	1	2 3 4
1 FUND BALANCE AT BEGINNING		75,775,915
2 OF PERIOD		
3 NET INCOME (LOSS)		5,230,427
4 TOTAL		81,006,342
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6 ADDITIONS (CREDIT ADJUSTM		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL	81,006,342	
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 CHANGE IN PRIOR YEAR BALA		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF	81,006,342	
PERIOD PER BALANCE SHEET		

	ENDOWMENT FUND	PLANT FUND
	5	6 7 8
1 FUND BALANCE AT BEGINNING		
2 OF PERIOD		
3 NET INCOME (LOSS)		
4 TOTAL		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6 ADDITIONS (CREDIT ADJUSTM		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 CHANGE IN PRIOR YEAR BALA		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF		
PERIOD PER BALANCE SHEET		

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96 (09/1996)

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD:  
I 15-0113 I FROM 1/ 1/2010 I  
I TO 12/31/2010 I

I PREPARED 5/26/2011 I  
I WORKSHEET G-2 I  
I PARTS I & II I

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	17,002,898		17,002,898
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	17,002,898		17,002,898
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	2,397,399		2,397,399
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	2,397,399		2,397,399
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	19,400,297		19,400,297
17 00 ANCILLARY SERVICES	80,463,890	160,019,120	240,483,010
18 00 OUTPATIENT SERVICES	6,121,747	26,752,548	32,874,295
24 00 NURSERY	1,372,858		1,372,858
24 03 NON REIMBURSABLE COST CENTERS	3,857	8,070,669	8,074,526
25 00 TOTAL PATIENT REVENUES	107,362,649	194,842,337	302,204,986

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		112,237,101	
ADD (SPECIFY)			
27 00 BAD DEBT EXPENSE	11,290,401		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		11,290,401	
DEDUCT (SPECIFY)			
34 00 SEVERENCE SALARIES			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		123,527,502	

( PI File )

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96 (09/1996)

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
I 15-0113 I FROM 1/ 1/2010 I WORKSHEET G-3  
I TO 12/31/2010 I

DESCRIPTION

1	TOTAL PATIENT REVENUES	302,204,986
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	183,569,779
3	NET PATIENT REVENUES	118,635,207
4	LESS: TOTAL OPERATING EXPENSES	123,527,502
5	NET INCOME FROM SERVICE TO PATIENTS	-4,892,295
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	17,442
10	PURCHASE DISCOUNTS	16,095
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	574,647
15	REVENUE FROM RENTAL OF LIVING QUARTERS	4,769
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	2,223
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	GENERAL NON-OPERATING REVENUE	3,695,929
24.01	GENERAL OTHER OPERATING REVENUE	5,811,617
25	TOTAL OTHER INCOME	10,122,722
26	TOTAL	5,230,427
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	5,230,427

( PI File )

Health Financial Systems MCRIF32

FOR COMMUNITY HOSPITAL ANDERSON

IN LIEU OF FORM CMS-2552-96 (2/2006)

I PREPARED 5/26/2011

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: 15-0113  
I PERIOD: FROM 1/1/2010 TO 12/31/2010  
I COMPONENT NO: 15-0113  
I FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A

HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,590,419
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	22,845
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	62.92
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	3.52
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	21.20
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	24.72
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	5.13
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	81,588
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,694,852
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

\*\*\*FINGERPRINT Line 1 6CTkseMEZTc.vxhio09a5vKDTsetz0  
\*\*\*FINGERPRINT Line 2 H.QkX0oynMx0qau82PPYmw1zX1CMnC  
\*\*\*FINGERPRINT Line 3 XUeC5W1Jet0BLPFo  
\*\*\*FINGERPRINT Line 3 XUeC5W1Jet0BLPF