

**REHABILITATION HOSPITAL OF INDIANA  
INDIANAPOLIS, INDIANA**

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

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

**DECEMBER 31, 2011**

REHABILITATION HOSPITAL OF INDIANA  
PROVIDER NO. 15-3028 AND AIM NO. 100274620A

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Accountants' Disclaimer

Hospital Statement of Reimbursable Cost

Board of Directors  
Rehabilitation Hospital of Indiana  
Indianapolis, Indiana

We have compiled the Hospital Statement of Reimbursable Cost (Title XVIII and XIX) of Rehabilitation Hospital of Indiana for the year ended December 31, 2011 in the accompanying prescribed form in accordance with Statements on Standards for Accounting Review Services issued by the American Institute of Certified Public Accountants.

Our compilation was limited to presenting in the form prescribed by the Centers for Medicare and Medicaid Services, information that is the representation of management. We have not audited or reviewed the report referred to above and, accordingly, do not express an opinion or any other form of assurance on it.

The report is presented in accordance with the requirements of the Centers for Medicare and Medicaid Services, which differ from generally accepted accounting principles. Accordingly, this report is not designed for those who are not informed about such differences.

This report is intended to be filed with the Centers for Medicare and Medicaid Services and should not be used for any other purposes.

*Bradley Associates*

May 30, 2012

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY Provider CCN: 153028 Period: From 01/01/2011 To 12/31/2011 Worksheet 5 Parts I-III Date/Time Prepared: 5/30/2012 8:52 am

**PART I - COST REPORT STATUS**

Provider use only 1.  Electronically filed cost report Date: 5/30/2012 Time: 8:52 am  
 2.  Manually submitted cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 4.  Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only 5.  Cost Report Status 6. Date Received: 10. NPR Date:  
 (1) As Submitted 7. Contractor No. 11. Contractor's Vendor Code: 04  
 (2) Settled without Audit 8.  Initial Report for this Provider CCN 12.  If line 5, column 1 is 4: Enter  
 (3) Settled with Audit 9.  Final Report for this Provider CCN number of times reopened = 0-9.  
 (4) Reopened  
 (5) Amended

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by REHABILITATION HOSPITAL OF INDIANA for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

**Encryption Information**

ECR: Date: 5/30/2012 Time: 8:52 am  
 WOG33KepHLWNfqqzXgQrSpAecmdMO  
 vMMJK0c5cchy3T3LlQ00TEG:sDDiFE  
 SBZV0okhrB02Srrp  
 PI: Date: 5/30/2012 Time: 8:52 am  
 CVku30:ffmf:gtHIsiYhgshhBJQTO  
 7B.gY0L:OkfcaJZn90xa8vfMLWfngG  
 gIGjzF.tvv0j6y8j

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

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	205,878	24,952	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CORF I	0	0	0	0	0	12.00
200.00 Total	0	205,878	24,952	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 153028		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 8:50 am			
1.00		2.00		3.00		4.00					
<b>Hospital and Hospital Health Care Complex Address:</b>											
1.00	Street: 4141 SHORE DRIVE			PO Box:							
2.00	City: INDIANAPOLIS			State: IN		Zip Code: 46254		County: MARION			
				Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
<b>Hospital and Hospital-Based Component Identification:</b>											
3.00	Hospital			REHABILITATION HOSPITAL OF INDIANA	153028	26900	5	01/07/1992	N	P	N
4.00	Subprovider - IPF										
5.00	Subprovider - IRF										
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF							N	N	N	
8.00	Swing Beds - NF							N			
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA										
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) 1							N	N	N	
18.00	Renal Dialysis										
19.00	Other										
								From:	To:		
								1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)							01/01/2011	12/31/2011		
21.00	Type of Control (see instructions)							4			
<b>Inpatient PPS Information</b>											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.							N			
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.							2		N	
				In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.			0	0	0	0	0	0		
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.			2,739	1,755	0	0	229	0		
								Urban/Rural S	Date of Geogr		
								1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.							1			
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).							1			
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							0			
								Beginning:	Ending:		
								1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.										

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 153028	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 8:50 am		
		Beginning: 1.00	Ending: 2.00			
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.00
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)		0.00			62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)		0.00			62.01
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.		0.00	0.00	0.000000	64.00
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 153028

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

Worksheet S-2  
Part I  
Date/Time Prepared:  
5/30/2012 8:50 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 153028	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 8:50 am	
		1.00	2.00	3.00	
<b>Inpatient Rehabilitation Facility PPS</b>					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 yes: column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	Y	N	0	76.00
		1.00			
<b>Long Term Care Hospital PPS</b>					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.		N		80.00
<b>TEFRA Providers</b>					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		N		86.00
		V	XIX		
		1.00	2.00		
<b>Title V or XIX Inpatient Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
		1.00		2.00	
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.	N			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.	250,000		5,000,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	N			121.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 153028		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 8:50 am	
		1.00	2.00				
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
<b>All Providers</b>							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y				140.00
		1.00	2.00		3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:			141.00
142.00	Street:	PO Box:					142.00
143.00	City:	State:		Zip Code:			143.00
						1.00	
144.00	Are provider based physicians' costs included in worksheet A?		N				144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		N				145.00
						1.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N				146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N				147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N				148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N				149.00
						Part A	Part B
						1.00	2.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital		N			N	155.00
156.00	Subprovider - IPF		N			N	156.00
157.00	Subprovider - IRF		N			N	157.00
158.00	SUBPROVIDER		N			N	158.00
159.00	SNF		N			N	159.00
160.00	HOME HEALTH AGENCY		N			N	160.00
161.00	CORF					N	161.00
							1.00
<b>Multicampus</b>							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
							1.00
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00

		Y/N	Date	
		1.00	2.00	
<b>General Instruction:</b> Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
<b>COMPLETED BY ALL HOSPITALS</b>				
<b>Provider Organization and Operation</b>				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
<b>Financial Data and Reports</b>				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
<b>Approved Educational Activities</b>				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
		Y/N		
		1.00		
<b>Bad Debts</b>				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
<b>Bed Complement</b>				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y		15.00
		<b>Part A</b>		
		Y/N	Date	
		1.00	2.00	
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	05/01/2012	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

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

		Part B		
		Y/N	Date	
		3.00	4.00	
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	Y	05/01/2012	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 153028

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2012 8:50 am

Cost Center	Description	Worksheet A	No. of Beds	Bed Days	CAH Hours	
		Line Number		Available		
		1.00	2.00	3.00	4.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	91	33,064	0.00	1.00
2.00	HMO					2.00
3.00	HMO IPF					3.00
4.00	HMO IRF					4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					5.00
6.00	Hospital Adults & Peds. Swing Bed NF					6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		91	33,064	0.00	7.00
8.00	INTENSIVE CARE UNIT					8.00
9.00	CORONARY CARE UNIT					9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT					11.00
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY					13.00
14.00	Total (see instructions)		91	33,064	0.00	14.00
15.00	CAH visits					15.00
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF					17.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
25.00	CMHC - CORF	99.00				25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER					26.25
27.00	Total (sum of lines 14-26)		91			27.00
28.00	Observation Bed Days					28.00
29.00	Ambulance Trips					29.00
30.00	Employee discount days (see instruction)					30.00
31.00	Employee discount days - IRF					31.00
32.00	Labor & delivery days (see instructions)					32.00
33.00	LTCH non-covered days					33.00

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	9,385	4,494	24,715		1.00
2.00 HMO		1,455	229			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	9,385	4,494	24,715		7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0	9,385	4,494	24,715		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CORF	0	0	0	0		25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	0		28.00
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 153028

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2012 8:50 am

Cost Center Description	Full Time Equivalents			Discharges		Title XVIII
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V		
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	609	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	3.16	284.09	0.00	0	609	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CORF	0.00	0.00	0.00			25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	3.16	284.09	0.00			27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	231	1,494		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	231	1,494		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF				17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CORF				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 153028

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

Worksheet A  
Date/Time Prepared:  
5/30/2012 8:50 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT		1,239,844	1,239,844	0	1,239,844	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		457,301	457,301	0	457,301	2.00
4.00 EMPLOYEE BENEFITS		4,613,034	4,948,012	0	4,948,012	4.00
5.01 ADMIN AND GENERAL	1,932,984	1,750,860	3,683,844	-149,406	3,534,438	5.01
5.02 OTHER A & G - NON-FOUNDATION	766,812	836,854	1,603,666	-173,714	1,429,952	5.02
7.00 OPERATION OF PLANT	323,306	848,668	1,171,974	0	1,171,974	7.00
8.00 LAUNDRY & LINEN SERVICE	0	144,770	144,770	0	144,770	8.00
9.00 HOUSEKEEPING	258,721	161,736	420,457	0	420,457	9.00
10.00 DIETARY	59,828	1,014,976	1,074,804	-345,980	728,824	10.00
11.00 CAFETERIA	0	0	0	345,980	345,980	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	945,944	157,729	1,103,673	75,477	1,179,150	13.00
14.00 CENTRAL SERVICES & SUPPLY	67,923	64,805	132,728	0	132,728	14.00
15.00 PHARMACY	374,150	132,468	506,618	0	506,618	15.00
16.00 MEDICAL RECORDS & LIBRARY	203,014	487,692	690,706	0	690,706	16.00
17.00 SOCIAL SERVICE	322,183	51,836	374,019	0	374,019	17.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	352,241	352,241	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	6,733,451	1,259,561	7,993,012	0	7,993,012	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	57,167	48,465	105,632	0	105,632	54.00
60.00 LABORATORY	0	405,233	405,233	0	405,233	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	263,062	211,163	474,225	0	474,225	65.00
66.00 PHYSICAL THERAPY	1,472,044	819,561	2,291,605	213,431	2,505,036	66.00
66.01 PHYSICAL THERAPY - CARMEL	289,524	160,792	450,316	0	450,316	66.01
67.00 OCCUPATIONAL THERAPY	1,304,556	407,005	1,711,561	290,991	2,002,552	67.00
68.00 SPEECH PATHOLOGY	569,986	215,085	785,071	214,171	999,242	68.00
68.01 VISION	160,413	23,005	183,418	0	183,418	68.01
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	177,069	177,069	0	177,069	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	1,006,420	1,006,420	0	1,006,420	73.00
76.00 PSYCHOLOGY	452,142	87,170	539,312	0	539,312	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	191,804	696,229	888,033	0	888,033	90.00
90.01 SLEEP CENTER	9,152	2,864	12,016	0	12,016	90.01
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.00 CORF	479,303	239,290	718,593	-718,593	0	99.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00 SUBTOTALS (SUM OF LINES 1-117)	17,572,447	17,721,485	35,293,932	104,598	35,398,530	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,346	17,346	0	17,346	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	75,750	740,478	816,228	-352,241	463,987	192.00
194.00 FOUNDATION	85,704	24,123	109,827	0	109,827	194.00
194.01 PUBLIC RELATIONS	0	0	0	247,643	247,643	194.01
200.00 TOTAL (SUM OF LINES 118-199)	17,733,901	18,503,432	36,237,333	0	36,237,333	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 153028

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

Worksheet A  
Date/Time Prepared:  
5/30/2012 8:50 am

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT	-8,484	1,231,360	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	457,301	2.00
4.00	EMPLOYEE BENEFITS	-147	4,947,865	4.00
5.01	ADMIN AND GENERAL	-92,721	3,441,717	5.01
5.02	OTHER A & G - NON-FOUNDATION	518,907	1,948,859	5.02
7.00	OPERATION OF PLANT	-23,517	1,148,457	7.00
8.00	LAUNDRY & LINEN SERVICE	0	144,770	8.00
9.00	HOUSEKEEPING	0	420,457	9.00
10.00	DIETARY	0	728,824	10.00
11.00	CAFETERIA	-131,421	214,559	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	NURSING ADMINISTRATION	0	1,179,150	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	132,728	14.00
15.00	PHARMACY	-3,817	502,801	15.00
16.00	MEDICAL RECORDS & LIBRARY	-602	690,104	16.00
17.00	SOCIAL SERVICE	0	374,019	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	352,241	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	-6,050	7,986,962	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0	0	50.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	105,632	54.00
60.00	LABORATORY	-132,460	272,773	60.00
60.01	BLOOD LABORATORY	0	0	60.01
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	474,225	65.00
66.00	PHYSICAL THERAPY	-8,870	2,496,166	66.00
66.01	PHYSICAL THERAPY - CARMEL	-1,685	448,631	66.01
67.00	OCCUPATIONAL THERAPY	0	2,002,552	67.00
68.00	SPEECH PATHOLOGY	0	999,242	68.00
68.01	VISION	0	183,418	68.01
69.00	ELECTROCARDIOLOGY	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	177,069	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,006,420	73.00
76.00	PSYCHOLOGY	-2,250	537,062	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	CLINIC	-10,620	877,413	90.00
90.01	SLEEP CENTER	0	12,016	90.01
91.00	EMERGENCY	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.00	CORF	-76,706	-76,706	99.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
118.00	SUBTOTALS (SUM OF LINES 1-117)	19,557	35,418,087	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,346	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	463,987	192.00
194.00	FOUNDATION	1,021,583	1,131,410	194.00
194.01	PUBLIC RELATIONS	0	247,643	194.01
200.00	TOTAL (SUM OF LINES 118-199)	1,041,140	37,278,473	200.00

Provider CCN: 153028

Period:  
From 01/01/2011  
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Worksheet A-6  
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>A - CAFETERIA</b>					
1.00	CAFETERIA	11.00	19,259	326,721	1.00
	TOTALS		19,259	326,721	
<b>B - DIRECTOR OF NURSING</b>					
1.00	NURSING ADMINISTRATION	13.00	75,477	0	1.00
	TOTALS		75,477	0	
<b>C - PUBLIC RELATIONS</b>					
1.00	PUBLIC RELATIONS	194.01	73,929	0	1.00
	TOTALS		73,929	0	
<b>D - NCR (CORF)</b>					
1.00	PHYSICAL THERAPY	66.00	142,359	71,072	1.00
2.00	OCCUPATIONAL THERAPY	67.00	194,092	96,899	2.00
3.00	SPEECH PATHOLOGY	68.00	142,852	71,319	3.00
	TOTALS		479,303	239,290	
<b>E - PROGRAM MANAGEMENT</b>					
1.00	PUBLIC RELATIONS	194.01	173,714	0	1.00
	TOTALS		173,714	0	
<b>F - INTERNS &amp; RESIDENTS</b>					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	342,032	1.00
	COSTS APPRVD				
	TOTALS		0	342,032	
<b>G - INTERNS &amp; RESIDENTS</b>					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	10,209	1.00
	COSTS APPRVD				
	TOTALS		0	10,209	
500.00	Grand Total: Increases		821,682	918,252	500.00

RECLASSIFICATIONS

Provider CCN: 153028

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

Worksheet A-6  
Date/Time Prepared:  
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - CAFETERIA</b>						
1.00	DIETARY	10.00	19,259	326,721	0	1.00
	TOTALS		19,259	326,721		
<b>B - DIRECTOR OF NURSING</b>						
1.00	ADMIN AND GENERAL	5.01	75,477	0	0	1.00
	TOTALS		75,477	0		
<b>C - PUBLIC RELATIONS</b>						
1.00	ADMIN AND GENERAL	5.01	73,929	0	0	1.00
	TOTALS		73,929	0		
<b>D - NCR (CORF)</b>						
1.00	CORF	99.00	479,303	239,290	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		479,303	239,290		
<b>E - PROGRAM MANAGEMENT</b>						
1.00	OTHER A & G - NON-FOUNDATION	5.02	173,714	0	0	1.00
	TOTALS		173,714	0		
<b>F - INTERNS &amp; RESIDENTS</b>						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	342,032	0	1.00
	TOTALS		0	342,032		
<b>G - INTERNS &amp; RESIDENTS</b>						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	10,209	0	1.00
	TOTALS		0	10,209		
500.00	Grand Total: Decreases		821,682	918,252		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 153028

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
<b>PART I -- ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	2,506,638	0	0	0	0	1.00
2.00	Land Improvements	250,738	38,869	0	38,869	0	2.00
3.00	Buildings and Fixtures	13,683,977	0	0	0	0	3.00
4.00	Building Improvements	69,244	0	0	0	0	4.00
5.00	Fixed Equipment	2,167,145	1,445	0	1,445	0	5.00
6.00	Movable Equipment	6,838,121	264,161	0	264,161	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	25,515,863	304,475	0	304,475	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	25,515,863	304,475	0	304,475	0	10.00
<b>SUMMARY OF CAPITAL</b>							
Cost Center Description		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,239,844	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	457,301	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,697,145	0	0	0	0	3.00
<b>COMPUTATION OF RATIOS</b>							
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 153028

Period:  
From 01/01/2011  
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Worksheet A-7  
Parts I-III  
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		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	2,506,638	0		1.00	
2.00	Land Improvements	289,607	0		2.00	
3.00	Buildings and Fixtures	13,683,977	0		3.00	
4.00	Building Improvements	69,244	0		4.00	
5.00	Fixed Equipment	2,168,590	0		5.00	
6.00	Movable Equipment	7,102,282	0		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	25,820,338	0		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	25,820,338	0		10.00	
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description		Other Capital-Related costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	1,239,844		1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	457,301		2.00	
3.00	Total (sum of lines 1-2)	0	1,697,145		3.00	
<b>ALLOCATION OF OTHER CAPITAL</b>						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1,239,844	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	457,301	0
3.00	Total (sum of lines 1-2)	0	0	0	1,697,145	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 153028

Period:  
From 01/01/2011  
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Worksheet A-7  
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Cost Center Description		SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
		11.00	12.00	13.00	14.00	15.00		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>								
1.00	NEW CAP REL COSTS-BLDG & FIXT	-8,484	0	0	0	0	1,231,360	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	457,301	2.00
3.00	Total (sum of lines 1-2)	-8,484	0	0	0	0	1,688,661	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-8,484	NEW CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00 Investment income - other (chapter 2)		0		0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-31,413	ADMIN AND GENERAL	5.01	7.00
8.00 Television and radio service (chapter 21)	A	-24,401	ADMIN AND GENERAL	5.01	8.00
9.00 Parking lot (chapter 21)		0		0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	0			10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	386,447			12.00
13.00 Laundry and linen service		0		0.00	13.00
14.00 Cafeteria-employees and guests	B	-131,421	CAFETERIA	11.00	14.00
15.00 Rental of quarters to employee and others		0		0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	16.00
17.00 Sale of drugs to other than patients	B	-3,817	PHARMACY	15.00	17.00
18.00 Sale of medical records and abstracts	B	-602	MEDICAL RECORDS & LIBRARY	16.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	19.00
20.00 Vending machines		0		0.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00	28.00
29.00 Physicians' assistant		0		0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0		0.00	32.00
33.00		0		0.00	33.00
34.00 MISC PHYSICIAN REVENUE	B	-6,050	ADULTS & PEDIATRICS	30.00	34.00
35.00 MISC REVENUE	B	-28,443	ADMIN AND GENERAL	5.01	35.00
36.00 RHI FOUNDATION	A	1,021,583	FOUNDATION	194.00	36.00
37.00 DONATIONS	A	-6,775	ADMIN AND GENERAL	5.01	37.00
38.00 ADVERTISING	A	-1,689	ADMIN AND GENERAL	5.01	38.00
39.00 MISC EMPLOYEE BENEFITS REVENUE	B	-147	EMPLOYEE BENEFITS	4.00	39.00
40.00 MISC PLANT OPERATIONS REVENUE	B	-23,517	OPERATION OF PLANT	7.00	40.00
41.00 MISC PT REVENUE	B	-8,870	PHYSICAL THERAPY	66.00	41.00
42.00 MISC PT - CARMEL REVENUE	B	-1,685	PHYSICAL THERAPY - CARMEL	66.01	42.00
43.00 MISC PSYCH REVENUE	B	-2,250	PSYCHOLOGY	76.00	43.00
44.00 MISC MEDICAL SERVICE REVENUE	B	-10,620	CLINIC	90.00	44.00
45.00 MISC NRC REVENUE	B	-76,706	CORF	99.00	45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		1,041,140			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 153028

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

Worksheet A-8

Date/Time Prepared:  
5/30/2012 8:50 am

Cost Center	Description	5.00	wkst. A-7 Ref.	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)		11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	2.00
3.00	Investment income - other (chapter 2)		0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0	7.00
8.00	Television and radio service (chapter 21)		0	8.00
9.00	Parking lot (chapter 21)		0	9.00
10.00	Provider-based physician adjustment		0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0	11.00
12.00	Related organization transactions (chapter 10)		0	12.00
13.00	Laundry and linen service		0	13.00
14.00	Cafeteria-employees and guests		0	14.00
15.00	Rental of quarters to employee and others		0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0	16.00
17.00	Sale of drugs to other than patients		0	17.00
18.00	Sale of medical records and abstracts		0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0	19.00
20.00	Vending machines		0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)			23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)			24.00
25.00	Utilization review - physicians' compensation (chapter 21)			25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	27.00
28.00	Non-physician Anesthetist			28.00
29.00	Physicians' assistant		0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)			30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)			31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0	32.00
33.00			0	33.00
34.00	MISC PHYSICIAN REVENUE		0	34.00
35.00	MISC REVENUE		0	35.00
36.00	RHI FOUNDATION		0	36.00
37.00	DONATIONS		0	37.00
38.00	ADVERTISING		0	38.00
39.00	MISC EMPLOYEE BENEFITS REVENUE		0	39.00
40.00	MISC PLANT OPERATIONS REVENUE		0	40.00
41.00	MISC PT REVENUE		0	41.00
42.00	MISC PT - CARMEL REVENUE		0	42.00
43.00	MISC PSYCH REVENUE		0	43.00
44.00	MISC MEDICAL SERVICE REVENUE		0	44.00
45.00	MISC NRC REVENUE		0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)			50.00

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

Provider CCN: 153028

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

Worksheet A-8-1

Date/Time Prepared:  
5/30/2012 8:50 am

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00		60.00	LABORATORY	LABORATORY - CLARIAN	1.00
2.00		5.01	ADMIN AND GENERAL	OVERLAPS - CLARIAN	2.00
3.00		30.00	ADULTS & PEDIATRICS	NURSING LABOR - CLARIAN	3.00
4.00		5.02	OTHER A & G - NON-FOUNDATION	INSURANCE - CLARIAN	4.00
4.01		5.01	ADMIN AND GENERAL	OVERLAPS -ST V	4.01
4.02		5.02	OTHER A & G - NON-FOUNDATION	BILLING EXPENSE - CLARIAN	4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.				5.00

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

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

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

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

6.00		B		51.00	6.00
7.00		B		49.00	7.00
8.00				0.00	8.00
9.00				0.00	9.00
10.00				0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 153028

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

Worksheet A-8-1

Date/Time Prepared:  
5/30/2012 8:50 am

		Amount of Allowable Cost	Amount Included in wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
		4.00	5.00	6.00	7.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>						
1.00		270,997	403,457	-132,460	0	1.00
2.00		16,541	16,541	0	0	2.00
3.00		81,806	81,806	0	0	3.00
4.00		157,655	157,655	0	0	4.00
4.01		1,901	1,901	0	0	4.01
4.02		518,907	0	518,907	0	4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.	1,047,807	661,360	386,447		5.00

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

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

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

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

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

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

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

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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 153028

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2012 8:50 am

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,231,360	1,231,360			1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	457,301		457,301		2.00
4.00	EMPLOYEE BENEFITS	4,947,865	20,378	7,568	4,975,811	4.00
5.01	ADMIN AND GENERAL	3,441,717	61,976	23,017	497,467	4,024,177 5.01
5.02	OTHER A & G - NON-FOUNDATION	1,948,859	0	0	165,424	2,114,283 5.02
7.00	OPERATION OF PLANT	1,148,457	11,261	4,182	90,175	1,254,075 7.00
8.00	LAUNDRY & LINEN SERVICE	144,770	0	0	0	144,770 8.00
9.00	HOUSEKEEPING	420,457	10,556	3,920	72,161	507,094 9.00
10.00	DIETARY	728,824	64,554	23,974	11,315	828,667 10.00
11.00	CAFETERIA	214,559	0	0	5,372	219,931 11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	NURSING ADMINISTRATION	1,179,150	6,241	2,318	284,890	1,472,599 13.00
14.00	CENTRAL SERVICES & SUPPLY	132,728	10,759	3,996	18,945	166,428 14.00
15.00	PHARMACY	502,801	5,318	1,975	104,356	614,450 15.00
16.00	MEDICAL RECORDS & LIBRARY	690,104	14,192	5,270	56,624	766,190 16.00
17.00	SOCIAL SERVICE	374,019	3,772	1,401	89,862	469,054 17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	352,241	1,357	504	0	354,102 22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	7,986,962	545,225	202,484	1,878,063	10,612,734 30.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0	0	0	0	0 50.00
53.00	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	RADIOLOGY-DIAGNOSTIC	105,632	7,123	2,645	15,945	131,345 54.00
60.00	LABORATORY	272,773	4,084	1,517	0	278,374 60.00
60.01	BLOOD LABORATORY	0	0	0	0	0 60.01
64.00	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	RESPIRATORY THERAPY	474,225	6,770	2,514	73,372	556,881 65.00
66.00	PHYSICAL THERAPY	2,496,166	218,545	81,163	450,281	3,246,155 66.00
66.01	PHYSICAL THERAPY - CARMEL	448,631	0	0	80,753	529,384 66.01
67.00	OCCUPATIONAL THERAPY	2,002,552	151,386	56,222	417,995	2,628,155 67.00
68.00	SPEECH PATHOLOGY	999,242	28,003	10,400	198,821	1,236,466 68.00
68.01	VISION	183,418	0	0	44,742	228,160 68.01
69.00	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	177,069	0	0	0	177,069 71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	1,006,420	0	0	0	1,006,420 73.00
76.00	PSYCHOLOGY	537,062	10,026	3,724	126,109	676,921 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	CLINIC	877,413	39,997	14,854	53,497	985,761 90.00
90.01	SLEEP CENTER	12,016	0	0	2,553	14,569 90.01
91.00	EMERGENCY	0	0	0	0	0 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.00	CORF	-76,706	0	0	0	-76,706 99.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	35,418,087	1,221,523	453,648	4,738,722	35,167,508 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,346	0	0	0	17,346 190.00
192.00	PHYSICIANS' PRIVATE OFFICES	463,987	8,887	3,300	21,128	497,302 192.00
194.00	FOUNDATION	1,131,410	950	353	146,890	1,279,603 194.00
194.01	PUBLIC RELATIONS	247,643	0	0	69,071	316,714 194.01
200.00	Cross Foot Adjustments					0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	37,278,473	1,231,360	457,301	4,975,811	37,278,473 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 153028

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2012 8:50 am

Cost Center Description		ADMIN AND GENERAL	OTHER A & G - NON-FOUNDATION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.01	5.02	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	ADMIN AND GENERAL	4,024,177					5.01
5.02	OTHER A & G - NON-FOUNDATION	255,266	2,369,549				5.02
7.00	OPERATION OF PLANT	151,409	99,261	1,504,745			7.00
8.00	LAUNDRY & LINEN SERVICE	17,479	11,459	0	173,708		8.00
9.00	HOUSEKEEPING	61,223	40,137	13,960	0	622,414	9.00
10.00	DIETARY	100,048	65,590	85,377	0	35,646	10.00
11.00	CAFETERIA	26,553	17,408	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	177,793	116,557	8,254	0	3,446	13.00
14.00	CENTRAL SERVICES & SUPPLY	20,094	13,173	14,230	0	5,941	14.00
15.00	PHARMACY	74,185	48,634	7,034	0	2,937	15.00
16.00	MEDICAL RECORDS & LIBRARY	92,505	60,644	18,769	0	7,836	16.00
17.00	SOCIAL SERVICE	56,631	37,126	4,988	0	2,083	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	42,752	28,027	1,794	0	749	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	1,281,311	840,012	721,098	167,100	301,064	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	15,858	10,396	9,421	0	3,933	54.00
60.00	LABORATORY	33,609	22,033	5,401	0	2,255	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	67,234	44,077	8,954	0	3,738	65.00
66.00	PHYSICAL THERAPY	391,921	256,935	289,041	5,921	120,677	66.00
66.01	PHYSICAL THERAPY - CARMEL	63,915	41,901	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	317,308	208,020	200,219	396	83,593	67.00
68.00	SPEECH PATHOLOGY	149,283	97,867	37,036	291	15,463	68.00
68.01	VISION	27,547	18,059	0	0	0	68.01
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,378	14,015	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	121,509	79,659	0	0	0	73.00
76.00	PSYCHOLOGY	81,727	53,579	13,261	0	5,536	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	119,015	78,024	52,899	0	22,086	90.00
90.01	SLEEP CENTER	1,759	1,153	0	0	0	90.01
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	CORF	0	0	0	0	0	99.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,769,312	2,303,746	1,491,736	173,708	616,983	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,094	1,373	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	60,041	39,362	11,753	0	4,907	192.00
194.00	FOUNDATION	154,492	0	1,256	0	524	194.00
194.01	PUBLIC RELATIONS	38,238	25,068	0	0	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	4,024,177	2,369,549	1,504,745	173,708	622,414	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 153028

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2012 8:50 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	ADMIN AND GENERAL						5.01
5.02	OTHER A & G - NON-FOUNDATION						5.02
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY	1,115,328					10.00
11.00	CAFETERIA	0	263,892				11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	NURSING ADMINISTRATION	0	16,234	0	1,794,883		13.00
14.00	CENTRAL SERVICES & SUPPLY	0	2,219	0	0	222,085	14.00
15.00	PHARMACY	0	4,572	0	56,936	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	5,131	0	63,885	241	16.00
17.00	SOCIAL SERVICE	0	6,461	0	0	0	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	1,115,328	128,628	0	1,601,672	150,834	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	1,132	0	14,097	1,500	54.00
60.00	LABORATORY	0	0	0	0	436	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	4,681	0	58,293	18,179	65.00
66.00	PHYSICAL THERAPY	0	32,256	0	0	5,871	66.00
66.01	PHYSICAL THERAPY - CARMEL	0	0	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0	25,301	0	0	1,113	67.00
68.00	SPEECH PATHOLOGY	0	11,081	0	0	1,048	68.00
68.01	VISION	0	2,616	0	0	51	68.01
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	PSYCHOLOGY	0	7,008	0	0	7,586	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	0	4,381	0	0	34,473	90.00
90.01	SLEEP CENTER	0	180	0	0	44	90.01
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	CORF	0	0	0	0	0	99.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,115,328	251,881	0	1,794,883	221,377	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	1,577	0	0	0	192.00
194.00	FOUNDATION	0	6,891	0	0	708	194.00
194.01	PUBLIC RELATIONS	0	3,543	0	0	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,115,328	263,892	0	1,794,883	222,085	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 153028

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2012 8:50 am

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS	Subtotal	
				SERVICES-OTHER PRGM COSTS		
	15.00	16.00	17.00	22.00	24.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 ADMIN AND GENERAL						5.01
5.02 OTHER A & G - NON-FOUNDATION						5.02
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	808,748					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	1,015,201				16.00
17.00 SOCIAL SERVICE	0	0	576,344			17.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	427,424		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	0	1,015,201	576,344	427,424	18,938,750	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	187,682	54.00
60.00 LABORATORY	0	0	0	0	342,108	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	762,037	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	4,348,777	66.00
66.01 PHYSICAL THERAPY - CARMEL	0	0	0	0	635,200	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	3,464,105	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	1,548,535	68.00
68.01 VISION	0	0	0	0	276,433	68.01
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	212,462	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	808,748	0	0	0	2,016,336	73.00
76.00 PSYCHOLOGY	0	0	0	0	845,618	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0	0	0	0	1,296,639	90.00
90.01 SLEEP CENTER	0	0	0	0	17,705	90.01
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.00 CORF	0	0	0	0	-76,706	99.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00 SUBTOTALS (SUM OF LINES 1-117)	808,748	1,015,201	576,344	427,424	34,815,681	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	20,813	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	614,942	192.00
194.00 FOUNDATION	0	0	0	0	1,443,474	194.00
194.01 PUBLIC RELATIONS	0	0	0	0	383,563	194.01
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	808,748	1,015,201	576,344	427,424	37,278,473	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 153028

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2012 8:50 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.01	ADMIN AND GENERAL			5.01
5.02	OTHER A & G - NON-FOUNDATION			5.02
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
12.00	MAINTENANCE OF PERSONNEL			12.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	-427,424	18,511,326	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0	0	50.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	187,682	54.00
60.00	LABORATORY	0	342,108	60.00
60.01	BLOOD LABORATORY	0	0	60.01
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	762,037	65.00
66.00	PHYSICAL THERAPY	0	4,348,777	66.00
66.01	PHYSICAL THERAPY - CARMEL	0	635,200	66.01
67.00	OCCUPATIONAL THERAPY	0	3,464,105	67.00
68.00	SPEECH PATHOLOGY	0	1,548,535	68.00
68.01	VISION	0	276,433	68.01
69.00	ELECTROCARDIOLOGY	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	212,462	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	2,016,336	73.00
76.00	PSYCHOLOGY	0	845,618	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	CLINIC	0	1,296,639	90.00
90.01	SLEEP CENTER	0	17,705	90.01
91.00	EMERGENCY	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.00	CORF	0	-76,706	99.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
118.00	SUBTOTALS (SUM OF LINES 1-117)	-427,424	34,388,257	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	20,813	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	614,942	192.00
194.00	FOUNDATION	0	1,443,474	194.00
194.01	PUBLIC RELATIONS	0	383,563	194.01
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	-427,424	36,851,049	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 153028

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

Worksheet B  
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Date/Time Prepared:  
5/30/2012 8:50 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	20,378	7,568	27,946	4.00
5.01	ADMIN AND GENERAL	0	61,976	23,017	84,993	5.01
5.02	OTHER A & G - NON-FOUNDATION	0	0	0	0	5.02
7.00	OPERATION OF PLANT	0	11,261	4,182	15,443	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	HOUSEKEEPING	0	10,556	3,920	14,476	9.00
10.00	DIETARY	0	64,554	23,974	88,528	10.00
11.00	CAFETERIA	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	6,241	2,318	8,559	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	10,759	3,996	14,755	14.00
15.00	PHARMACY	0	5,318	1,975	7,293	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	14,192	5,270	19,462	16.00
17.00	SOCIAL SERVICE	0	3,772	1,401	5,173	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,357	504	1,861	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	0	545,225	202,484	747,709	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0	0	0	0	50.00
53.00	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	7,123	2,645	9,768	54.00
60.00	LABORATORY	0	4,084	1,517	5,601	60.00
60.01	BLOOD LABORATORY	0	0	0	0	60.01
64.00	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	6,770	2,514	9,284	65.00
66.00	PHYSICAL THERAPY	0	218,545	81,163	299,708	66.00
66.01	PHYSICAL THERAPY - CARMEL	0	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0	151,386	56,222	207,608	67.00
68.00	SPEECH PATHOLOGY	0	28,003	10,400	38,403	68.00
68.01	VISION	0	0	0	0	68.01
69.00	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	PSYCHOLOGY	0	10,026	3,724	13,750	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	CLINIC	0	39,997	14,854	54,851	90.00
90.01	SLEEP CENTER	0	0	0	0	90.01
91.00	EMERGENCY	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.00	CORF	0	0	0	0	99.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,221,523	453,648	1,675,171	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	8,887	3,300	12,187	192.00
194.00	FOUNDATION	0	950	353	1,303	194.00
194.01	PUBLIC RELATIONS	0	0	0	0	194.01
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	TOTAL (sum lines 118-201)	0	1,231,360	457,301	1,688,661	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 153028

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

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Part II  
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Cost Center Description		ADMIN AND GENERAL	OTHER A & G - NON-FOUNDATION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.01	5.02	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	ADMIN AND GENERAL	87,786					5.01
5.02	OTHER A & G - NON-FOUNDATION	5,569	6,498				5.02
7.00	OPERATION OF PLANT	3,303	273	19,525			7.00
8.00	LAUNDRY & LINEN SERVICE	381	31	0	412		8.00
9.00	HOUSEKEEPING	1,336	110	181	0	16,508	9.00
10.00	DIETARY	2,183	180	1,108	0	945	10.00
11.00	CAFETERIA	579	48	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	3,879	320	107	0	91	13.00
14.00	CENTRAL SERVICES & SUPPLY	438	36	185	0	158	14.00
15.00	PHARMACY	1,618	134	91	0	78	15.00
16.00	MEDICAL RECORDS & LIBRARY	2,018	167	244	0	208	16.00
17.00	SOCIAL SERVICE	1,235	102	65	0	55	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	933	77	23	0	20	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	27,949	2,296	9,357	396	7,985	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	346	29	122	0	104	54.00
60.00	LABORATORY	733	61	70	0	60	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	1,467	121	116	0	99	65.00
66.00	PHYSICAL THERAPY	8,550	706	3,750	14	3,201	66.00
66.01	PHYSICAL THERAPY - CARMEL	1,394	115	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	6,923	571	2,598	1	2,217	67.00
68.00	SPEECH PATHOLOGY	3,257	269	481	1	410	68.00
68.01	VISION	601	50	0	0	0	68.01
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	466	38	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,651	219	0	0	0	73.00
76.00	PSYCHOLOGY	1,783	147	172	0	147	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	2,596	214	686	0	586	90.00
90.01	SLEEP CENTER	38	3	0	0	0	90.01
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	CORF	0	0	0	0	0	99.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	82,226	6,317	19,356	412	16,364	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	46	4	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	1,310	108	153	0	130	192.00
194.00	FOUNDATION	3,370	0	16	0	14	194.00
194.01	PUBLIC RELATIONS	834	69	0	0	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	87,786	6,498	19,525	412	16,508	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 153028

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

Worksheet B  
Part II  
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Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 ADMIN AND GENERAL						5.01
5.02 OTHER A & G - NON-FOUNDATION						5.02
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	93,008					10.00
11.00 CAFETERIA	0	657				11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00 NURSING ADMINISTRATION	0	40	0	14,596		13.00
14.00 CENTRAL SERVICES & SUPPLY	0	6	0	0	15,684	14.00
15.00 PHARMACY	0	11	0	463	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	13	0	520	17	16.00
17.00 SOCIAL SERVICE	0	16	0	0	0	17.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	93,008	320	0	13,024	10,650	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	3	0	115	106	54.00
60.00 LABORATORY	0	0	0	0	31	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	12	0	474	1,284	65.00
66.00 PHYSICAL THERAPY	0	80	0	0	415	66.00
66.01 PHYSICAL THERAPY - CARMEL	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	63	0	0	79	67.00
68.00 SPEECH PATHOLOGY	0	28	0	0	74	68.00
68.01 VISION	0	7	0	0	4	68.01
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 PSYCHOLOGY	0	17	0	0	536	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0	11	0	0	2,435	90.00
90.01 SLEEP CENTER	0	0	0	0	3	90.01
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.00 CORF	0	0	0	0	0	99.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00 SUBTOTALS (SUM OF LINES 1-117)	93,008	627	0	14,596	15,634	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	4	0	0	0	192.00
194.00 FOUNDATION	0	17	0	0	50	194.00
194.01 PUBLIC RELATIONS	0	9	0	0	0	194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	93,008	657	0	14,596	15,684	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 153028

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	Subtotal	
	15.00	16.00	17.00	22.00	24.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 ADMIN AND GENERAL						5.01
5.02 OTHER A & G - NON-FOUNDATION						5.02
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	10,274					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	22,967				16.00
17.00 SOCIAL SERVICE	0	0	7,151			17.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	2,914		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	0	22,967	7,151		953,365	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0		0	50.00
53.00 ANESTHESIOLOGY	0	0	0		0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0		10,683	54.00
60.00 LABORATORY	0	0	0		6,556	60.00
60.01 BLOOD LABORATORY	0	0	0		0	60.01
64.00 INTRAVENOUS THERAPY	0	0	0		0	64.00
65.00 RESPIRATORY THERAPY	0	0	0		13,269	65.00
66.00 PHYSICAL THERAPY	0	0	0		318,952	66.00
66.01 PHYSICAL THERAPY - CARMEL	0	0	0		1,962	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0		222,407	67.00
68.00 SPEECH PATHOLOGY	0	0	0		44,039	68.00
68.01 VISION	0	0	0		913	68.01
69.00 ELECTROCARDIOLOGY	0	0	0		0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		504	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		0	72.00
73.00 DRUGS CHARGED TO PATIENTS	10,274	0	0		13,144	73.00
76.00 PSYCHOLOGY	0	0	0		17,260	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0	0	0		61,679	90.00
90.01 SLEEP CENTER	0	0	0		58	90.01
91.00 EMERGENCY	0	0	0		0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.00 CORF	0	0	0		0	99.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00 SUBTOTALS (SUM OF LINES 1-117)	10,274	22,967	7,151	0	1,664,791	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		50	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0		14,011	192.00
194.00 FOUNDATION	0	0	0		5,595	194.00
194.01 PUBLIC RELATIONS	0	0	0		1,300	194.01
200.00 Cross Foot Adjustments				2,914	2,914	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	10,274	22,967	7,151	2,914	1,688,661	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 153028

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.01	ADMIN AND GENERAL			5.01
5.02	OTHER A & G - NON-FOUNDATION			5.02
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
12.00	MAINTENANCE OF PERSONNEL			12.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	0	953,365	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0	0	50.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	10,683	54.00
60.00	LABORATORY	0	6,556	60.00
60.01	BLOOD LABORATORY	0	0	60.01
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	13,269	65.00
66.00	PHYSICAL THERAPY	0	318,952	66.00
66.01	PHYSICAL THERAPY - CARMEL	0	1,962	66.01
67.00	OCCUPATIONAL THERAPY	0	222,407	67.00
68.00	SPEECH PATHOLOGY	0	44,039	68.00
68.01	VISION	0	913	68.01
69.00	ELECTROCARDIOLOGY	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	504	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	13,144	73.00
76.00	PSYCHOLOGY	0	17,260	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	CLINIC	0	61,679	90.00
90.01	SLEEP CENTER	0	58	90.01
91.00	EMERGENCY	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.00	CORF	0	0	99.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,664,791	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	50	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	14,011	192.00
194.00	FOUNDATION	0	5,595	194.00
194.01	PUBLIC RELATIONS	0	1,300	194.01
200.00	Cross Foot Adjustments	0	2,914	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	1,688,661	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 153028

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2012 8:50 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMIN AND GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	90,758					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		90,758				2.00
4.00	EMPLOYEE BENEFITS	1,502	1,502	17,839,866			4.00
5.01	ADMIN AND GENERAL	4,568	4,568	1,783,578	-4,024,177	33,331,002	5.01
5.02	OTHER A & G - NON-FOUNDATION	0	0	593,098	0	2,114,283	5.02
7.00	OPERATION OF PLANT	830	830	323,306	0	1,254,075	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	144,770	8.00
9.00	HOUSEKEEPING	778	778	258,721	0	507,094	9.00
10.00	DIETARY	4,758	4,758	40,569	0	828,667	10.00
11.00	CAFETERIA	0	0	19,259	0	219,931	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	460	460	1,021,421	0	1,472,599	13.00
14.00	CENTRAL SERVICES & SUPPLY	793	793	67,923	0	166,428	14.00
15.00	PHARMACY	392	392	374,150	0	614,450	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,046	1,046	203,014	0	766,190	16.00
17.00	SOCIAL SERVICE	278	278	322,183	0	469,054	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	100	100	0	0	354,102	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	40,186	40,186	6,733,451	0	10,612,734	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	525	525	57,167	0	131,345	54.00
60.00	LABORATORY	301	301	0	0	278,374	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	499	499	263,062	0	556,881	65.00
66.00	PHYSICAL THERAPY	16,108	16,108	1,614,403	0	3,246,155	66.00
66.01	PHYSICAL THERAPY - CARMEL	0	0	289,524	0	529,384	66.01
67.00	OCCUPATIONAL THERAPY	11,158	11,158	1,498,648	0	2,628,155	67.00
68.00	SPEECH PATHOLOGY	2,064	2,064	712,838	0	1,236,466	68.00
68.01	VISION	0	0	160,413	0	228,160	68.01
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	177,069	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,006,420	73.00
76.00	PSYCHOLOGY	739	739	452,142	0	676,921	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	2,948	2,948	191,804	0	985,761	90.00
90.01	SLEEP CENTER	0	0	9,152	0	14,569	90.01
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	CORF	0	0	0	76,706	0	99.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	90,033	90,033	16,989,826	-3,947,471	31,220,037	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	17,346	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	655	655	75,750	0	497,302	192.00
194.00	FOUNDATION	70	70	526,647	0	1,279,603	194.00
194.01	PUBLIC RELATIONS	0	0	247,643	0	316,714	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,231,360	457,301	4,975,811		4,024,177	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13.567509	5.038685	0.278915		0.120734	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			27,946		87,786	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001566		0.002634	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 153028

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

Worksheet B-1

Date/Time Prepared:  
5/30/2012 8:50 am

Cost Center Description	OTHER A & G - NON-FOUNDATION (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
	5.02	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 ADMIN AND GENERAL						5.01
5.02 OTHER A & G - NON-FOUNDATION	33,551,535					5.02
7.00 OPERATION OF PLANT	1,405,484	83,858				7.00
8.00 LAUNDRY & LINEN SERVICE	162,249	0	288,807			8.00
9.00 HOUSEKEEPING	568,317	778	0	83,080		9.00
10.00 DIETARY	928,715	4,758	0	4,758	74,145	10.00
11.00 CAFETERIA	246,484	0	0	0	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	1,650,392	460	0	460	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	186,522	793	0	793	0	14.00
15.00 PHARMACY	688,635	392	0	392	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	858,695	1,046	0	1,046	0	16.00
17.00 SOCIAL SERVICE	525,685	278	0	278	0	17.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	396,854	100	0	100	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	11,894,045	40,186	277,820	40,186	74,145	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	147,203	525	0	525	0	54.00
60.00 LABORATORY	311,983	301	0	301	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	624,115	499	0	499	0	65.00
66.00 PHYSICAL THERAPY	3,638,076	16,108	9,845	16,108	0	66.00
66.01 PHYSICAL THERAPY - CARMEL	593,299	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	2,945,463	11,158	658	11,158	0	67.00
68.00 SPEECH PATHOLOGY	1,385,749	2,064	484	2,064	0	68.00
68.01 VISION	255,707	0	0	0	0	68.01
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	198,447	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	1,127,929	0	0	0	0	73.00
76.00 PSYCHOLOGY	758,648	739	0	739	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	1,104,776	2,948	0	2,948	0	90.00
90.01 SLEEP CENTER	16,328	0	0	0	0	90.01
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.00 CORF	0	0	0	0	0	99.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00 SUBTOTALS (SUM OF LINES 1-117)	32,619,800	83,133	288,807	82,355	74,145	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,440	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	557,343	655	0	655	0	192.00
194.00 FOUNDATION	0	70	0	70	0	194.00
194.01 PUBLIC RELATIONS	354,952	0	0	0	0	194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per wkst. B, Part I)	2,369,549	1,504,745	173,708	622,414	1,115,328	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	0.070624	17.943965	0.601467	7.491743	15.042525	203.00
204.00 Cost to be allocated (per wkst. B, Part II)	6,498	19,525	412	16,508	93,008	204.00
205.00 Unit cost multiplier (wkst. B, Part II)	0.000194	0.232834	0.001427	0.198700	1.254407	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 153028

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

Worksheet B-1

Date/Time Prepared:  
5/30/2012 8:50 am

Cost Center Description		CAFETERIA (HOURS PAID)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	ADMIN AND GENERAL						5.01
5.02	OTHER A & G - NON-FOUNDATION						5.02
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA	479,484					11.00
12.00	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	NURSING ADMINISTRATION	29,497	0	261,905			13.00
14.00	CENTRAL SERVICES & SUPPLY	4,032	0	0	295,644		14.00
15.00	PHARMACY	8,308	0	8,308	0	100	15.00
16.00	MEDICAL RECORDS & LIBRARY	9,322	0	9,322	321	0	16.00
17.00	SOCIAL SERVICE	11,740	0	0	1	0	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	233,712	0	233,712	200,793	0	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,057	0	2,057	1,997	0	54.00
60.00	LABORATORY	0	0	0	580	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	8,506	0	8,506	24,200	0	65.00
66.00	PHYSICAL THERAPY	58,609	0	0	7,816	0	66.00
66.01	PHYSICAL THERAPY - CARMEL	0	0	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	45,971	0	0	1,482	0	67.00
68.00	SPEECH PATHOLOGY	20,133	0	0	1,395	0	68.00
68.01	VISION	4,753	0	0	68	0	68.01
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	100	73.00
76.00	PSYCHOLOGY	12,733	0	0	10,099	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	7,960	0	0	45,891	0	90.00
90.01	SLEEP CENTER	327	0	0	59	0	90.01
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	CORF	0	0	0	0	0	99.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	457,660	0	261,905	294,702	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	2,866	0	0	0	0	192.00
194.00	FOUNDATION	12,521	0	0	942	0	194.00
194.01	PUBLIC RELATIONS	6,437	0	0	0	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per wkst. B, Part I)	263,892	0	1,794,883	222,085	808,748	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	0.550367	0.000000	6.853183	0.751191	8,087.480000	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	657	0	14,596	15,684	10,274	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.001370	0.000000	0.055730	0.053050	102.740000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 153028

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

Worksheet B-1

Date/Time Prepared:  
5/30/2012 8:50 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (PATIENT DAYS) 16.00	SOCIAL SERVICE (PATIENT DAYS) 17.00	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME) 22.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	EMPLOYEE BENEFITS				4.00
5.01	ADMIN AND GENERAL				5.01
5.02	OTHER A & G - NON-FOUNDATION				5.02
7.00	OPERATION OF PLANT				7.00
8.00	LAUNDRY & LINEN SERVICE				8.00
9.00	HOUSEKEEPING				9.00
10.00	DIETARY				10.00
11.00	CAFETERIA				11.00
12.00	MAINTENANCE OF PERSONNEL				12.00
13.00	NURSING ADMINISTRATION				13.00
14.00	CENTRAL SERVICES & SUPPLY				14.00
15.00	PHARMACY				15.00
16.00	MEDICAL RECORDS & LIBRARY	24,715			16.00
17.00	SOCIAL SERVICE	0	24,715		17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	100	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS	24,715	24,715	100	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0	0	0	50.00
53.00	ANESTHESIOLOGY	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
60.00	LABORATORY	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	60.01
64.00	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	66.00
66.01	PHYSICAL THERAPY - CARMEL	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	68.00
68.01	VISION	0	0	0	68.01
69.00	ELECTROCARDIOLOGY	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00	PSYCHOLOGY	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	CLINIC	0	0	0	90.00
90.01	SLEEP CENTER	0	0	0	90.01
91.00	EMERGENCY	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.00	CORF	0	0	0	99.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00	SUBTOTALS (SUM OF LINES 1-117)	24,715	24,715	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
194.00	FOUNDATION	0	0	0	194.00
194.01	PUBLIC RELATIONS	0	0	0	194.01
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per wkst. B, Part I)	1,015,201	576,344	427,424	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	41.076310	23.319603	4,274.240000	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	22,967	7,151	2,914	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.929274	0.289338	29.140000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 153028

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2012 8:50 am

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00		4.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	18,511,326		18,511,326	0	18,511,326	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0		0	0	0	50.00
53.00	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	187,682		187,682	0	187,682	54.00
60.00	LABORATORY	342,108		342,108	0	342,108	60.00
60.01	BLOOD LABORATORY	0		0	0	0	60.01
64.00	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	RESPIRATORY THERAPY	762,037	0	762,037	0	762,037	65.00
66.00	PHYSICAL THERAPY	4,348,777	0	4,348,777	0	4,348,777	66.00
66.01	PHYSICAL THERAPY - CARMEL	635,200	0	635,200	0	635,200	66.01
67.00	OCCUPATIONAL THERAPY	3,464,105	0	3,464,105	0	3,464,105	67.00
68.00	SPEECH PATHOLOGY	1,548,535	0	1,548,535	0	1,548,535	68.00
68.01	VISION	276,433	0	276,433	0	276,433	68.01
69.00	ELECTROCARDIOLOGY	0		0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	212,462		212,462	0	212,462	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,016,336		2,016,336	0	2,016,336	73.00
76.00	PSYCHOLOGY	845,618		845,618	0	845,618	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	1,296,639		1,296,639	0	1,296,639	90.00
90.01	SLEEP CENTER	17,705		17,705	0	17,705	90.01
91.00	EMERGENCY	0		0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	CORF	0		0	0	0	99.00
200.00	Subtotal (see instructions)	34,464,963	0	34,464,963	0	34,464,963	200.00
201.00	Less observation Beds	0		0	0	0	201.00
202.00	Total (see instructions)	34,464,963	0	34,464,963	0	34,464,963	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 153028

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2012 8:50 am

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	35,693,188		35,693,188			30.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	0.000000	0.000000	50.00
53.00 ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00 RADIOLOGY-DIAGNOSTIC	657,791	7,835	665,626	0.281963	0.000000	54.00
60.00 LABORATORY	1,678,254	231	1,678,485	0.203820	0.000000	60.00
60.01 BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
64.00 INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00 RESPIRATORY THERAPY	2,445,061	213	2,445,274	0.311637	0.000000	65.00
66.00 PHYSICAL THERAPY	7,652,511	3,840,117	11,492,628	0.378397	0.000000	66.00
66.01 PHYSICAL THERAPY - CARMEL	0	1,439,945	1,439,945	0.441128	0.000000	66.01
67.00 OCCUPATIONAL THERAPY	8,914,407	1,924,553	10,838,960	0.319598	0.000000	67.00
68.00 SPEECH PATHOLOGY	4,093,660	1,161,372	5,255,032	0.294677	0.000000	68.00
68.01 VISION	90,417	452,570	542,987	0.509097	0.000000	68.01
69.00 ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,342,407	49,226	1,391,633	0.152671	0.000000	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00 DRUGS CHARGED TO PATIENTS	4,847,085	808,476	5,655,561	0.356523	0.000000	73.00
76.00 PSYCHOLOGY	327,606	847,693	1,175,299	0.719492	0.000000	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	10,196	2,928,086	2,938,282	0.441292	0.000000	90.00
90.01 SLEEP CENTER	7,478	124,486	131,964	0.134165	0.000000	90.01
91.00 EMERGENCY	0	0	0	0.000000	0.000000	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.00 CORF	0	0	0			99.00
200.00 Subtotal (see instructions)	67,760,061	13,584,803	81,344,864			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	67,760,061	13,584,803	81,344,864			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 153028

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2012 8:50 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS				30.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.000000			50.00
53.00	ANESTHESIOLOGY	0.000000			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.281963			54.00
60.00	LABORATORY	0.203820			60.00
60.01	BLOOD LABORATORY	0.000000			60.01
64.00	INTRAVENOUS THERAPY	0.000000			64.00
65.00	RESPIRATORY THERAPY	0.311637			65.00
66.00	PHYSICAL THERAPY	0.378397			66.00
66.01	PHYSICAL THERAPY - CARMEL	0.441128			66.01
67.00	OCCUPATIONAL THERAPY	0.319598			67.00
68.00	SPEECH PATHOLOGY	0.294677			68.00
68.01	VISION	0.509097			68.01
69.00	ELECTROCARDIOLOGY	0.000000			69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.152671			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.356523			73.00
76.00	PSYCHOLOGY	0.719492			76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	CLINIC	0.441292			90.00
90.01	SLEEP CENTER	0.134165			90.01
91.00	EMERGENCY	0.000000			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.00	CORF				99.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 153028

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2012 8:50 am

		Title XIX		Hospital			
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00		4.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	18,511,326		18,511,326	0	0	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0		0	0	0	50.00
53.00	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	187,682		187,682	0	0	54.00
60.00	LABORATORY	342,108		342,108	0	0	60.00
60.01	BLOOD LABORATORY	0		0	0	0	60.01
64.00	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	RESPIRATORY THERAPY	762,037	0	762,037	0	0	65.00
66.00	PHYSICAL THERAPY	4,348,777	0	4,348,777	0	0	66.00
66.01	PHYSICAL THERAPY - CARMEL	635,200	0	635,200	0	0	66.01
67.00	OCCUPATIONAL THERAPY	3,464,105	0	3,464,105	0	0	67.00
68.00	SPEECH PATHOLOGY	1,548,535	0	1,548,535	0	0	68.00
68.01	VISION	276,433	0	276,433	0	0	68.01
69.00	ELECTROCARDIOLOGY	0		0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	212,462		212,462	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,016,336		2,016,336	0	0	73.00
76.00	PSYCHOLOGY	845,618		845,618	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	1,296,639		1,296,639	0	0	90.00
90.01	SLEEP CENTER	17,705		17,705	0	0	90.01
91.00	EMERGENCY	0		0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	CORF	0		0	0	0	99.00
200.00	Subtotal (see instructions)	34,464,963	0	34,464,963	0	0	200.00
201.00	Less observation Beds	0		0	0	0	201.00
202.00	Total (see instructions)	34,464,963	0	34,464,963	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 153028

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2012 8:50 am

		Title XIX			Hospital	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	35,693,188		35,693,188		30.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0	0	0	0.000000	50.00
53.00	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	657,791	7,835	665,626	0.281963	54.00
60.00	LABORATORY	1,678,254	231	1,678,485	0.203820	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	RESPIRATORY THERAPY	2,445,061	213	2,445,274	0.311637	65.00
66.00	PHYSICAL THERAPY	7,652,511	3,840,117	11,492,628	0.378397	66.00
66.01	PHYSICAL THERAPY - CARMEL	0	1,439,945	1,439,945	0.441128	66.01
67.00	OCCUPATIONAL THERAPY	8,914,407	1,924,553	10,838,960	0.319598	67.00
68.00	SPEECH PATHOLOGY	4,093,660	1,161,372	5,255,032	0.294677	68.00
68.01	VISION	90,417	452,570	542,987	0.509097	68.01
69.00	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,342,407	49,226	1,391,633	0.152671	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	4,847,085	808,476	5,655,561	0.356523	73.00
76.00	PSYCHOLOGY	327,606	847,693	1,175,299	0.719492	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	CLINIC	10,196	2,928,086	2,938,282	0.441292	90.00
90.01	SLEEP CENTER	7,478	124,486	131,964	0.134165	90.01
91.00	EMERGENCY	0	0	0	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.00	CORF	0	0	0		99.00
200.00	Subtotal (see instructions)	67,760,061	13,584,803	81,344,864		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	67,760,061	13,584,803	81,344,864		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 153028

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2012 8:50 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS			30.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.000000		50.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
60.00	LABORATORY	0.000000		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
66.01	PHYSICAL THERAPY - CARMEL	0.000000		66.01
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
68.01	VISION	0.000000		68.01
69.00	ELECTROCARDIOLOGY	0.000000		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	PSYCHOLOGY	0.000000		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	CLINIC	0.000000		90.00
90.01	SLEEP CENTER	0.000000		90.01
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.00	CORF			99.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 153028

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

Worksheet D  
Part I  
Date/Time Prepared:  
5/30/2012 8:50 am

Cost Center Description	Title XVIII			Hospital	PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	953,365	0	953,365	24,715	38.57
200.00	Total (lines 30-199)	953,365		953,365	24,715	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 153028

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

Worksheet D  
Part I  
Date/Time Prepared:  
5/30/2012 8:50 am

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	Title XVIII	Hospital	PPS
30.00	ADULTS & PEDIATRICS	9,385	361,979			30.00
200.00	Total (lines 30-199)	9,385	361,979			200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 153028

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

Worksheet D  
Part II  
Date/Time Prepared:  
5/30/2012 8:50 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	0	0.000000	0	0	50.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	10,683	665,626	0.016050	335,453	5,384	54.00
60.00	LABORATORY	6,556	1,678,485	0.003906	705,311	2,755	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	13,269	2,445,274	0.005426	784,483	4,257	65.00
66.00	PHYSICAL THERAPY	318,952	11,492,628	0.027753	3,901,473	108,278	66.00
66.01	PHYSICAL THERAPY - CARMEL	1,962	1,439,945	0.001363	0	0	66.01
67.00	OCCUPATIONAL THERAPY	222,407	10,838,960	0.020519	3,625,574	74,393	67.00
68.00	SPEECH PATHOLOGY	44,039	5,255,032	0.008380	1,434,107	12,018	68.00
68.01	VISION	913	542,987	0.001681	0	0	68.01
69.00	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	504	1,391,633	0.000362	764,691	277	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	13,144	5,655,561	0.002324	2,071,256	4,814	73.00
76.00	PSYCHOLOGY	17,260	1,175,299	0.014686	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	61,679	2,938,282	0.020992	0	0	90.00
90.01	SLEEP CENTER	58	131,964	0.000440	4,028	2	90.01
91.00	EMERGENCY	0	0	0.000000	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
200.00	Total (lines 50-199)	711,426	45,651,676		13,626,376	212,178	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 153028		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/30/2012 8:50 am	
		Title XVIII		Hospital		PPS	
Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 153028

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

Worksheet D  
Part III  
Date/Time Prepared:  
5/30/2012 8:50 am

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS	
					PSA Adj. Nursing School	
	6.00	7.00	8.00	9.00	11.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	24,715	0.00	9,385	0	0	30.00
200.00 Total (lines 30-199)	24,715		9,385	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 153028		Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/30/2012 8:50 am
		Title XVIII		Hospital	PPS
Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost			
	12.00	13.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS	0	0		30.00
200.00	Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 153028

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/30/2012 8:50 am

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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 153028

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/30/2012 8:50 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	0	0.000000	0.000000	0	50.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	665,626	0.000000	0.000000	335,453	54.00
60.00	LABORATORY	0	1,678,485	0.000000	0.000000	705,311	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0	2,445,274	0.000000	0.000000	784,483	65.00
66.00	PHYSICAL THERAPY	0	11,492,628	0.000000	0.000000	3,901,473	66.00
66.01	PHYSICAL THERAPY - CARMEL	0	1,439,945	0.000000	0.000000	0	66.01
67.00	OCCUPATIONAL THERAPY	0	10,838,960	0.000000	0.000000	3,625,574	67.00
68.00	SPEECH PATHOLOGY	0	5,255,032	0.000000	0.000000	1,434,107	68.00
68.01	VISION	0	542,987	0.000000	0.000000	0	68.01
69.00	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,391,633	0.000000	0.000000	764,691	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	5,655,561	0.000000	0.000000	2,071,256	73.00
76.00	PSYCHOLOGY	0	1,175,299	0.000000	0.000000	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	0	2,938,282	0.000000	0.000000	0	90.00
90.01	SLEEP CENTER	0	131,964	0.000000	0.000000	4,028	90.01
91.00	EMERGENCY	0	0	0.000000	0.000000	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	45,651,676			13,626,376	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 153028

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/30/2012 8:50 am

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
<b>ANCILLARY SERVICE COST CENTERS</b>		11.00	12.00	13.00	21.00	22.00	
50.00	OPERATING ROOM	0	0	0	0	0	50.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	7,835	0	0	0	54.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	1,680	0	0	0	66.00
66.01	PHYSICAL THERAPY - CARMEL	0	0	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0	6,017	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	VISION	0	0	0	0	0	68.01
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,461	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	808,476	0	0	0	73.00
76.00	PSYCHOLOGY	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	0	357,377	0	0	0	90.00
90.01	SLEEP CENTER	0	20,368	0	0	0	90.01
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	1,214,214	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 153028

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/30/2012 8:50 am

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0	0	50.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	54.00
60.00	LABORATORY	0	0	60.00
60.01	BLOOD LABORATORY	0	0	60.01
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	66.00
66.01	PHYSICAL THERAPY - CARMEL	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
68.01	VISION	0	0	68.01
69.00	ELECTROCARDIOLOGY	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	PSYCHOLOGY	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	CLINIC	0	0	90.00
90.01	SLEEP CENTER	0	0	90.01
91.00	EMERGENCY	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 153028

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

Worksheet D  
Part V  
Date/Time Prepared:  
5/30/2012 8:50 am

		Title XVIII		Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges					
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)			
	1.00	2.00	3.00	4.00			
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0.000000	0	0	0		50.00
53.00	ANESTHESIOLOGY	0.000000	0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.281963	7,835	0	0		54.00
60.00	LABORATORY	0.203820	0	0	0		60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0		60.01
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0		64.00
65.00	RESPIRATORY THERAPY	0.311637	0	0	0		65.00
66.00	PHYSICAL THERAPY	0.378397	1,680	0	0		66.00
66.01	PHYSICAL THERAPY - CARMEL	0.441128	0	0	0		66.01
67.00	OCCUPATIONAL THERAPY	0.319598	6,017	0	0		67.00
68.00	SPEECH PATHOLOGY	0.294677	0	0	0		68.00
68.01	VISION	0.509097	0	0	0		68.01
69.00	ELECTROCARDIOLOGY	0.000000	0	0	0		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.152671	12,461	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.356523	808,476	0	0		73.00
76.00	PSYCHOLOGY	0.719492	0	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	0.441292	357,377	0	0		90.00
90.01	SLEEP CENTER	0.134165	20,368	0	0		90.01
91.00	EMERGENCY	0.000000	0	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0		92.00
200.00	Subtotal (see instructions)		1,214,214	0	0		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		1,214,214	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 153028

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

Worksheet D  
Part V  
Date/Time Prepared:  
5/30/2012 8:50 am

Cost Center Description	Costs			Hospital	PPS
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0	0	0		50.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,209	0	0		54.00
60.00 LABORATORY	0	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	0		65.00
66.00 PHYSICAL THERAPY	636	0	0		66.00
66.01 PHYSICAL THERAPY - CARMEL	0	0	0		66.01
67.00 OCCUPATIONAL THERAPY	1,923	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
68.01 VISION	0	0	0		68.01
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,902	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	288,240	0	0		73.00
76.00 PSYCHOLOGY	0	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 CLINIC	157,708	0	0		90.00
90.01 SLEEP CENTER	2,733	0	0		90.01
91.00 EMERGENCY	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00 Subtotal (see instructions)	455,351	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	455,351	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 153028	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/30/2012 8:50 am
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Cost Center Description		Title XVIII	Hospital	PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			24,715 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			24,715 2.00
3.00	Private room days (excluding swing-bed and observation bed days)			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			24,715 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			9,385 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			18,511,326 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			18,511,326 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)			35,693,188 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			35,693,188 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.518623 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,444.19 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			18,511,326 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			748.99 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			7,029,271 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			7,029,271 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 153028

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

Worksheet D-1

Date/Time Prepared:  
5/30/2012 8:50 am

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
<b>Cost Center Description</b>						1.00	
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					4,396,181	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					11,425,452	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					361,979	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					212,178	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					574,157	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					10,851,295	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 153028

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

Worksheet D-1  
Date/Time Prepared:  
5/30/2012 8:50 am

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Hospital		PPS
				Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
<b>COMPUTATION OF OBSERVATION-BED PASS THROUGH COST:</b>						
90.00 Capital-related cost	953,365	18,511,326	0.051502	0	0	90.00
91.00 Nursing School cost	0	18,511,326	0.000000	0	0	91.00
92.00 Allied health cost	0	18,511,326	0.000000	0	0	92.00
93.00 All other Medical Education	0	18,511,326	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 153028	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/30/2012 8:50 am
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Cost Center Description	Title XVIII		Hospital		PPS
	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)		
	1.00	2.00	3.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 ADULTS & PEDIATRICS		11,878,504			30.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0.000000	0	0		50.00
53.00 ANESTHESIOLOGY	0.000000	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.281963	335,453	94,585		54.00
60.00 LABORATORY	0.203820	705,311	143,756		60.00
60.01 BLOOD LABORATORY	0.000000	0	0		60.01
64.00 INTRAVENOUS THERAPY	0.000000	0	0		64.00
65.00 RESPIRATORY THERAPY	0.311637	784,483	244,474		65.00
66.00 PHYSICAL THERAPY	0.378397	3,901,473	1,476,306		66.00
66.01 PHYSICAL THERAPY - CARMEL	0.441128	0	0		66.01
67.00 OCCUPATIONAL THERAPY	0.319598	3,625,574	1,158,726		67.00
68.00 SPEECH PATHOLOGY	0.294677	1,434,107	422,598		68.00
68.01 VISION	0.509097	0	0		68.01
69.00 ELECTROCARDIOLOGY	0.000000	0	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.152671	764,691	116,746		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.356523	2,071,256	738,450		73.00
76.00 PSYCHOLOGY	0.719492	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 CLINIC	0.441292	0	0		90.00
90.01 SLEEP CENTER	0.134165	4,028	540		90.01
91.00 EMERGENCY	0.000000	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0		92.00
200.00 Total (sum of lines 50-94 and 96-98)		13,626,376	4,396,181		200.00
201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61)			0		201.00
202.00 Net Charges (line 200 minus line 201)		13,626,376			202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 153028	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/30/2012 8:50 am
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		5,095,345		30.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.000000	0	0	50.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000	82,575	0	54.00
60.00	LABORATORY	0.000000	218,760	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.000000	314,289	0	65.00
66.00	PHYSICAL THERAPY	0.000000	1,366,462	0	66.00
66.01	PHYSICAL THERAPY - CARMEL	0.000000	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0.000000	1,347,674	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	690,786	0	68.00
68.01	VISION	0.000000	8,900	0	68.01
69.00	ELECTROCARDIOLOGY	0.000000	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000	727,663	0	73.00
76.00	PSYCHOLOGY	0.000000	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	CLINIC	0.000000	0	0	90.00
90.01	SLEEP CENTER	0.000000	0	0	90.01
91.00	EMERGENCY	0.000000	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		4,757,109	0	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		4,757,109	0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 153028	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/30/2012 8:50 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		455,351	2.00
3.00	PPS payments		401,244	3.00
4.00	Outlier payment (see instructions)		5,184	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.866	5.00
6.00	Line 2 times line 5		394,334	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	<b>Total cost (sum of lines 1 and 10) (see instructions)</b>		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	<b>Total reasonable charges (sum of lines 12 and 13)</b>		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	<b>Total prospective payment (sum of lines 3, 4, 8 and 9)</b>		406,428	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		82,888	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		323,540	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)		3,379	28.00
29.00	ESRD direct medical education costs (from worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		326,919	30.00
31.00	Primary payer payments		0	31.00
32.00	<b>Subtotal (line 30 minus line 31)</b>		326,919	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		30,818	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		21,573	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		30,818	36.00
37.00	<b>Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)</b>		348,492	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	<b>Subtotal (line 37 plus or minus lines 39 minus 38)</b>		348,492	40.00
41.00	Interim payments		323,540	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		24,952	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	<b>Total (sum of lines 91 and 93)</b>		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 153028	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/30/2012 8:50 am
Title XVIII		Hospital	PPS
WORKSHEET OVERRIDE VALUES			Overrides
112.00 Override of Ancillary service charges (line 12)			1.00
			0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 153028

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2012 8:50 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		11,274,894		323,540		1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
<b>Program to Provider</b>							
3.01	ADJUSTMENTS TO PROVIDER	09/06/2011	63,609		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
<b>Provider to Program</b>							
3.50	ADJUSTMENTS TO PROGRAM	11/28/2011	49,855		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		13,754		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or wkst. E-3, line and column as appropriate)		11,288,648		323,540		4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
<b>Program to Provider</b>							
5.01	TENTATIVE TO PROVIDER		0		0		5.01
5.02			0		0		5.02
5.03			0		0		5.03
<b>Provider to Program</b>							
5.50	TENTATIVE TO PROGRAM		0		0		5.50
5.51			0		0		5.51
5.52			0		0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0		5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		205,878		24,952		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		11,494,526		348,492		7.00
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 153028

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

Worksheet E-3  
Part III  
Date/Time Prepared:  
5/30/2012 8:50 am

		Title XVIII	Hospital	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			10,411,528 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0270 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			992,021 3.00
4.00	Outlier Payments			264,391 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.34 5.00
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTES in the first 3 years of a "new teaching program". (see inst.)			3.05 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.34 9.00
10.00	Average Daily Census (see instructions)			67.712329 10.00
11.00	Medical Education Adjustment Factor $\{(1 + (\text{line 9}/\text{line 10})) \text{ raised to the power of } .6876 - 1\}$ .			0.003450 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			35,920 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			11,703,860 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			11,703,860 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			11,703,860 19.00
20.00	Deductibles			42,920 20.00
21.00	Subtotal (line 19 minus line 20)			11,660,940 21.00
22.00	Coinsurance			295,137 22.00
23.00	Subtotal (line 21 minus line 22)			11,365,803 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			62,777 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			43,944 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			62,777 26.00
27.00	Subtotal (sum of lines 23 and 25)			11,409,747 27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 49)			84,779 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			11,494,526 32.00
33.00	Interim payments			11,288,648 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			205,878 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 153028	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/30/2012 8:50 am
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		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			3.05	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (F))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts			3.05	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			3.05	6.00
7.00	Enter the lesser of line 5 or line 6			3.05	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	3.05	0.00	3.05	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	3.05	0.00	3.05	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	3.05	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	2.92	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	2.33	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	2.77	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	2.77	0.00		17.00
18.00	Per resident amount	73,964.93	73,964.93		18.00
19.00	Approved amount for resident costs	204,883	0	204,883	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			204,883	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days	9,385	1,455		26.00
27.00	Total Inpatient Days	24,715	24,715		27.00
28.00	Ratio of inpatient days to total inpatient days	0.379729	0.058871		28.00
29.00	Program direct GME amount	77,800	12,062		29.00
30.00	Reduction for nursing/allied health		1,704		30.00
31.00	Net Program direct GME amount			88,158	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 153028	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/30/2012 8:50 am
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		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)			0 32.00
33.00	Renal dialysis and home dialysis total charges (worksheet C, Part I, column 8, sum of lines 74 and 94)			0 33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000 34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0 35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0 36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)			11,425,452 37.00
38.00	Organ acquisition costs (worksheet D-4, Part III, column 1, line 69)			0 38.00
39.00	Cost of teaching physicians (worksheet D-5, Part II, column 3, line 20)			0 39.00
40.00	Primary payer payments (see instructions)			0 40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			11,425,452 41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)			455,351 42.00
43.00	Primary payer payments (see instructions)			0 43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			455,351 44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			11,880,803 45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.961673 46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.038327 47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)			88,158 48.00
49.00	Part A Medicare GME payment (line 46 x 48)(title XVIII only)(see instructions)			84,779 49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			3,379 50.00

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

Provider CCN: 153028

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

Worksheet G

Date/Time Prepared:  
5/30/2012 8:50 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	7,487,876	0	0	0	1.00
2.00	Temporary investments	639	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	15,664,595	0	0	0	4.00
5.00	Other receivable	-14,559,208	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-8,872,886	0	0	0	6.00
7.00	Inventory	234,388	0	0	0	7.00
8.00	Prepaid expenses	126,132	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	81,536	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	2,506,638	0	0	0	12.00
13.00	Land improvements	289,607	0	0	0	13.00
14.00	Accumulated depreciation	-130,817	0	0	0	14.00
15.00	Buildings	13,683,977	0	0	0	15.00
16.00	Accumulated depreciation	-9,056,678	0	0	0	16.00
17.00	Leasehold improvements	69,244	0	0	0	17.00
18.00	Accumulated depreciation	-68,402	0	0	0	18.00
19.00	Fixed equipment	2,168,590	0	0	0	19.00
20.00	Accumulated depreciation	-1,746,641	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	7,102,282	0	0	0	23.00
24.00	Accumulated depreciation	-5,647,849	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	9,169,951	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	1,364,222	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	440,787	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,805,009	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	11,056,496	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	-6,409,489	0	0	0	37.00
38.00	Salaries, wages, and fees payable	-2,675,277	0	0	0	38.00
39.00	Payroll taxes payable	118,113	0	0	0	39.00
40.00	Notes and loans payable (short term)	388,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,287,921	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	-7,290,732	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	19,082,403	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	19,082,403	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	11,791,671	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	-735,175				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-735,175	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	11,056,496	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 153028

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

Worksheet G-1

Date/Time Prepared:  
5/30/2012 8:50 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		-1,648,482	
2.00	Net income (loss) (from wkst. G-3, line 29)		909,307			2.00
3.00	Total (sum of line 1 and line 2)		-739,175		0	3.00
4.00	Additions (credit adjustments) (specify)	4,000		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		4,000		0	10.00
11.00	Subtotal (line 3 plus line 10)		-735,175		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-735,175		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 153028

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

Worksheet G-1

Date/Time Prepared:  
5/30/2012 8:50 am

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00						1.00
2.00						2.00
3.00						3.00
4.00	0		0			4.00
5.00	0		0			5.00
6.00	0		0			6.00
7.00	0		0			7.00
8.00	0		0			8.00
9.00	0		0			9.00
10.00		0			0	10.00
11.00		0			0	11.00
12.00	0		0			12.00
13.00	0		0			13.00
14.00	0		0			14.00
15.00	0		0			15.00
16.00	0		0			16.00
17.00	0		0			17.00
18.00		0			0	18.00
19.00		0			0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 153028

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

Worksheet G-2 Parts

Date/Time Prepared:  
5/30/2012 8:50 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
<b>General Inpatient Routine Services</b>					
1.00	Hospital	35,693,188		35,693,188	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	35,693,188		35,693,188	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	35,693,188		35,693,188	17.00
18.00	Ancillary services	32,638,765	13,012,912	45,651,677	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CORF		179,840	179,840	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	68,331,953	13,192,752	81,524,705	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per wkst. A, column 3, line 200)		36,237,333		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		36,237,333		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 153028

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

Worksheet G-3

Date/Time Prepared:  
5/30/2012 8:50 am

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	81,524,705	1.00
2.00	Less contractual allowances and discounts on patients' accounts	43,762,199	2.00
3.00	Net patient revenues (line 1 minus line 2)	37,762,506	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	36,237,333	4.00
5.00	Net income from service to patients (line 3 minus line 4)	1,525,173	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	112,452	6.00
7.00	Income from investments	8,484	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	420	10.00
11.00	Rebates and refunds of expenses	2,703	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	131,421	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	3,817	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	602	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	5,323	20.00
21.00	Rental of vending machines	3,517	21.00
22.00	Rental of hospital space	9,204	22.00
23.00	Governmental appropriations	0	23.00
24.00	LOSS ON SALE OF ASSET	-1,805	24.00
24.01	NET UNREALIZED GAIN/ LOSS	-459,633	24.01
24.02	LOSS ON RETIREMENT OF DEBT ISSUANCE	-42,831	24.02
24.03	OTHER MISC INCOME	146,697	24.03
25.00	Total other income (sum of lines 6-24)	-79,629	25.00
26.00	Total (line 5 plus line 25)	1,445,544	26.00
27.00	BAD DEBT EXPENSE	536,237	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	536,237	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	909,307	29.00