This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Falure 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: 150113	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/29/2013 12:08 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/29/2013 Time: 12:08 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMMUNITY HOSPITAL ANDERSON (150113) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 5/29/2013 Time: 12:08 pm
7M:am6YPWGRYPKZWxhIm60ncTxFs80
eM4x90Ba2RRWFIqmlmZschB8JzYtAI
aXD11GHyfQ03nZ33

PI: Date: 5/29/2013 Time: 12:08 pm
kmlV4r47cIAASsXnXpRen:C1Pkz9a0
e5Qk50QtZi:wHVz7m3C5tfg9::vsvL
8SYN0PCwF205ftOK

(Signed) John D Hanni
Officer or Administrator of Provider(s)

VP FINANCE & CFO
Title

5-29-2013
Date

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-382,720	-232,438	633,880	-2,155,129	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVIDER I	0	0	0		0	4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	-382,720	-232,438	633,880	-2,155,129	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: 150113

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

Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 12:06 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1515 NORTH MADISON AVENUE	PO Box:			1.00
2.00	City: ANDERSON	State: IN	Zip Code: 46011	County: MADISON	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	COMMUNITY HOSPITAL ANDERSON	150113	11300	1	01/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2012	12/31/2012	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,383	795	0	0	2,729	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0	25.00

		Urban/Rural St 1.00	Date of Geogra 2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1	10/01/2011	27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 12:06 pm

		Beginning: 1.00	Ending: 2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0		37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.			38.00

		Y/N 1.00	Y/N 2.00	
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.	N		39.00

		V 1.00	XVIII 2.00	XIX 3.00	
	Prospective Payment System (PPS)-Capital				
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 additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	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)	Y			60.00

		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00	
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)				
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
	Teaching Hospitals that Claim Residents in Non-Provider Settings				
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N			63.00

		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00	
	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.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 12:06 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

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

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost 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)	N		0	71.00

		1.00	2.00	3.00	
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N		0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I &R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	351,463	139,797	0	118.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 12:06 pm

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
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
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
	All Providers			
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	HB0040	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: COMMUNITY HEALTH NETWORK	Contractor's Name: WPS	Contractor's Number: 08101	141.00
142.00	Street: 1500 NORTH RITTER AVENUE	PO Box:		142.00
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46219	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y	145.00

		1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
161.10	CORF		N	N	N	161.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150113

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

Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 12:06 pm

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.75	169.00

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	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	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		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.	N		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	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15.00

		Description	Part A		Part B	
		0	Y/N	Date	Y/N	
			1.00	2.00	3.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		Y	04/15/2013	Y	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		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		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		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		N	20.00

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		N	21.00
					1.00	

	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
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
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N	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	N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N	31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	N	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.	N	33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	Y	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.	N	35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	Y		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.	Y		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.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REX	SHERA	41.00
42.00	Enter the employer/company name of the cost report preparer.	ERNST & YOUNG LLP		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	3176817519	REX.SHERA@EY.COM	43.00

		Part B Date 4.00			
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	04/15/2013			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)				17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.				18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.				19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:				20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.				21.00
			3.00		
	Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		PPED		41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

HFS Supplemental Information | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-2 Part IX Date/Time Prepared: 5/29/2013 12:06 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-3 Part I Date/Time Prepared: 5/29/2013 12:06 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	128	46,848	0.00	0	1.00
2.00	HMO						2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		128	46,848	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	9	3,294	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		137	50,142	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00	SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00	SUBPROVIDER	42.00	0	0		0	18.00
19.00	SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00	NURSING FACILITY	45.00	0	0		0	20.00
21.00	OTHER LONG TERM CARE	46.00	0	0			21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00	HOSPICE	116.00	0	0			24.00
25.00	CMHC - CMHC	99.00				0	25.00
25.10	CMHC - CORF	99.10				0	25.10
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		137				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

	Component	I/P Days / O/P Visits / Trips Title XVIII	Title XIX	Total All Patients	Full Time Equivalents Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	10,749	1,542	19,425			1.00
2.00	HMO	2,070	2,694				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	10,749	1,542	19,425			7.00
8.00	INTENSIVE CARE UNIT	1,180	144	2,148			8.00
9.00	CORONARY CARE UNIT	0	0	0			9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		460	1,880			13.00
14.00	Total (see instructions)	11,929	2,146	23,453	0.00	950.87	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY		0	0	0.00	0.00	20.00
21.00	OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00	HOSPICE	0	0	0	0.00	0.00	24.00
25.00	CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-3 Part I Date/Time Prepared: 5/29/2013 12:06 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	950.87	27.00
28.00	Observation Bed Days		304	1,350			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			123			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)		67	96			32.00
33.00	LTCH non-covered days	0					33.00

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	2,756	755	6,059	1.00
2.00	HMO			0			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	2,756	755	6,059	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0	0	0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
25.00	CMHC - CMHC	0.00					25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-3 Part II Date/Time Prepared: 5/29/2013 12:06 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	54,108,997	0	54,108,997	1,977,833.51	27.36	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		710,943	0	710,943	9,176.48	77.47	3.00
4.00	Physician-Part A - Administrative		128,855	0	128,855	2,080.00	61.95	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		1,257,514	0	1,257,514	8,327.68	151.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		4,759,845	0	4,759,845	94,576.30	50.33	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		937,401	0	937,401	12,631.45	74.21	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		377,508	0	377,508	3,065.69	123.14	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		13,034,256	0	13,034,256			17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25		0	0	0			18.00
19.00	Excluded areas		1,293,525	0	1,293,525			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		35,017	0	35,017			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		341,739	0	341,739			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	2,528,031	0	2,528,031	80,621.44	31.36	26.00
27.00	Administrative & General	5.00	8,297,636	0	8,297,636	312,952.13	26.51	27.00
28.00	Administrative & General under contract (see inst.)		1,522,449	0	1,522,449	37,143.77	40.99	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,630,582	0	1,630,582	65,842.92	24.76	30.00
31.00	Laundry & Linen Service	8.00	0	48,655	48,655	3,567.00	13.64	31.00
32.00	Housekeeping	9.00	1,054,900	-48,655	1,006,245	73,780.27	13.64	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,236,878	-809,108	427,770	32,064.27	13.34	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	809,108	809,108	50,276.00	16.09	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	815,435	0	815,435	21,890.59	37.25	38.00
39.00	Central Services and Supply	14.00	789,040	0	789,040	57,881.78	13.63	39.00
40.00	Pharmacy	15.00	1,324,152	0	1,324,152	39,987.75	33.11	40.00
41.00	Medical Records & Medical Records Library	16.00	1,539,637	0	1,539,637	63,433.81	24.27	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150113

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2013 12:06 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-3 Part III Date/Time Prepared: 5/29/2013 12:06 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		53,662,989	0	53,662,989	1,997,473.12	26.87	1.00
2.00	Excluded area salaries (see instructions)		4,759,845	0	4,759,845	94,576.30	50.33	2.00
3.00	Subtotal salaries (line 1 minus line 2)		48,903,144	0	48,903,144	1,902,896.82	25.70	3.00
4.00	Subtotal other wages & related costs (see inst.)		1,314,909	0	1,314,909	15,697.14	83.77	4.00
5.00	Subtotal wage-related costs (see inst.)		13,069,273	0	13,069,273	0.00	26.72	5.00
6.00	Total (sum of lines 3 thru 5)		63,287,326	0	63,287,326	1,918,593.96	32.99	6.00
7.00	Total overhead cost (see instructions)		20,738,740	0	20,738,740	839,441.73	24.71	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-3 Part IV Date/Time Prepared: 5/29/2013 12:06 pm

		Amount Reported 1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	1,206,952	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	7,262,247	8.00
9.00	Prescription Drug Plan	1,911,012	9.00
10.00	Dental, Hearing and Vision Plan	91,687	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	44,142	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	194,573	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	193,992	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	3,630,846	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	80,547	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	88,539	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	14,704,537	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-3 Part V Date/Time Prepared: 5/29/2013 12:06 pm

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	2,833,067	0	1.00
2.00	Hospital	2,833,067	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-10 | Date/Time Prepared: 5/29/2013 12:06 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.318961	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	28,942,544	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	37,470,917	6.00
7.00	Medicaid cost (line 1 times line 6)	11,951,761	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	0	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	82,111	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	131,091	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	0	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	7,796,296	2,118,547	9,914,843	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,486,714	675,734	3,162,448	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,486,714	675,734	3,162,448	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	8,650,885	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	254,072	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)	8,396,813	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)	2,678,256	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	5,840,704	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	5,840,704	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A | Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	3,638,110	3,638,110	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	4,848,674	4,848,674	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	2,528,031	11,139,360	13,667,391	-79,583	13,587,808	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	8,297,636	21,953,682	30,251,318	-3,491,318	26,760,000	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,630,582	3,367,880	4,998,462	-505,750	4,492,712	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	99,244	99,244	8.00
9.00	00900	HOUSEKEEPING	1,054,900	408,641	1,463,541	-116,689	1,346,852	9.00
10.00	01000	DIETARY	1,236,878	953,909	2,190,787	-1,480,190	710,597	10.00
11.00	01100	CAFETERIA	0	0	0	1,433,111	1,433,111	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	815,435	107,276	922,711	-229	922,482	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	789,040	976,985	1,766,025	-117,609	1,648,416	14.00
15.00	01500	PHARMACY	1,324,152	4,866,684	6,190,836	-4,593,551	1,597,285	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,539,637	617,044	2,156,681	-1,116	2,155,565	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	10,369,450	2,153,039	12,522,489	-1,622,972	10,899,517	30.00
31.00	03100	INTENSIVE CARE UNIT	1,191,575	384,502	1,576,077	-246,825	1,329,252	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	4,368	4,368	536,828	541,196	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,747,328	8,472,803	12,220,131	-7,289,380	4,930,751	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,164,069	177,645	2,341,714	-46,007	2,295,707	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,281,771	1,303,602	3,585,373	-586,700	2,998,673	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	231,409	359,364	590,773	-252,999	337,774	56.00
57.00	05700	CT SCAN	374,998	220,507	595,505	-58,675	536,830	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	234,698	506,889	741,587	-417,001	324,586	58.00
59.00	05900	CARDIAC CATHETERIZATION	501,162	1,014,408	1,515,570	-885,701	629,869	59.00
60.00	06000	LABORATORY	1,972,322	3,219,667	5,191,989	-1,680,791	3,511,198	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	199,407	681,078	880,485	-662,399	218,086	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	752,497	206,065	958,562	-144,248	814,314	65.00
66.00	06600	PHYSICAL THERAPY	1,282,085	439,150	1,721,235	-175,496	1,545,739	66.00
67.00	06700	OCCUPATIONAL THERAPY	194,463	19,209	213,672	1,349	215,021	67.00
68.00	06800	SPEECH PATHOLOGY	123,519	12,651	136,170	2,953	139,123	68.00
69.00	06900	ELECTROCARDIOLOGY	445,218	207,737	652,955	-146,412	506,543	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	448,458	133,017	581,475	-63,408	518,067	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,557,731	8,557,731	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,706,830	3,706,830	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,255,946	4,255,946	73.00
74.00	07400	RENAL DIALYSIS	0	67,131	67,131	-1,150	65,981	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	4,619	4,619	0	4,619	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09002	WOUND/OSTOMY CLINIC	355,657	1,226,121	1,581,778	-515,790	1,065,988	90.01
90.02	09001	KIDS PLUS CLINIC	0	100,000	100,000	0	100,000	90.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A | Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.03	09003	ONCOLOGY	119,362	-4,746,539	-4,627,177	-251,393	-4,878,570	90.03
90.04	09004	MUNCIE CLINIC	0	129,992	129,992	-86,116	43,876	90.04
90.05	09005	ANTICOAGULATION CLINIC	198,354	47,459	245,813	-27,683	218,130	90.05
90.06	09006	PREGNANCY PLUS	277,205	31,957	309,162	-1,323	307,839	90.06
91.00	09100	EMERGENCY	2,667,854	747,084	3,414,938	-458,238	2,956,700	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	49,349,152	61,514,986	110,864,138	1,074,034	111,938,172	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	546,830	572,918	1,119,748	-50,117	1,069,631	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV (LTC)	326,608	283,684	610,292	-24,586	585,706	190.03
190.04	19004	SUMMIT CONV (LTC)	188,778	46,801	235,579	-19,086	216,493	190.04
190.05	19005	PARKVIEW CONV (LTC)	290,478	21,037	311,515	0	311,515	190.05
190.06	19006	MONTICELLO HOUSE (ASSISTED LIVING)	107,410	7,823	115,233	0	115,233	190.06
190.07	19007	NH PARK PLACE (LTC)	22,295	1,559	23,854	0	23,854	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	552,942	172,914	725,856	-41,613	684,243	190.10
190.11	19011	ONCOLOGIST	1,774,924	523,856	2,298,780	-135,698	2,163,082	190.11
190.12	19012	MEDICAL INTERNIST	90,694	15,960	106,654	-875	105,779	190.12
190.13	19013	RHEUMATOLOGY	544,207	399,372	943,579	-38,476	905,103	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,003,471	2,003,471	-758,586	1,244,885	192.00
192.02	19202	FOUNDATION	162,346	692,015	854,361	0	854,361	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	141,462	23,028	164,490	-4,990	159,500	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	10,871	1,776	12,647	-7	12,640	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	54,108,997	66,281,200	120,390,197	0	120,390,197	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A | Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	-34,564	3,603,546	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-436	4,848,238	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	-2,458,047	11,129,761	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-7,893,493	18,866,507	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-41,100	4,451,612	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	99,244	8.00
9.00	00900	HOUSEKEEPING	0	1,346,852	9.00
10.00	01000	DIETARY	0	710,597	10.00
11.00	01100	CAFETERIA	-686,134	746,977	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	922,482	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-1,033	1,647,383	14.00
15.00	01500	PHARMACY	0	1,597,285	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-34,135	2,121,430	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	75,534	75,534	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	-3,096	10,896,421	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,329,252	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	541,196	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	4,930,751	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-1,967,992	327,715	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-129,250	2,869,423	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	337,774	56.00
57.00	05700	CT SCAN	0	536,830	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	324,586	58.00
59.00	05900	CARDIAC CATHETERIZATION	-150	629,719	59.00
60.00	06000	LABORATORY	0	3,511,198	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	218,086	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	814,314	65.00
66.00	06600	PHYSICAL THERAPY	-15,374	1,530,365	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	215,021	67.00
68.00	06800	SPEECH PATHOLOGY	0	139,123	68.00
69.00	06900	ELECTROCARDIOLOGY	0	506,543	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	518,067	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,557,731	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,706,830	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,255,946	73.00
74.00	07400	RENAL DIALYSIS	0	65,981	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	4,619	76.00
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09002	WOUND/OSTOMY CLINIC	-6,535	1,059,453	90.01
90.02	09001	KIDS PLUS CLINIC	0	100,000	90.02
90.03	09003	ONCOLOGY	0	-4,878,570	90.03
90.04	09004	MUNCIE CLINIC	0	43,876	90.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A | Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
90.05	09005	ANTICOAGULATION CLINIC	0	218,130	90.05
90.06	09006	PREGNANCY PLUS	0	307,839	90.06
91.00	09100	EMERGENCY	-22,715	2,933,985	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-13,218,520	98,719,652	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	1,069,631	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	190.02
190.03	19003	NORTHVIEW CONV (LTC)	0	585,706	190.03
190.04	19004	SUMMIT CONV (LTC)	0	216,493	190.04
190.05	19005	PARKVIEW CONV (LTC)	0	311,515	190.05
190.06	19006	MONTICELLO HOUSE (ASSISTED LIVING)	0	115,233	190.06
190.07	19007	NH PARK PLACE (LTC)	0	23,854	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	684,243	190.10
190.11	19011	ONCOLOGIST	0	2,163,082	190.11
190.12	19012	MEDICAL INTERNIST	0	105,779	190.12
190.13	19013	RHEUMATOLOGY	0	905,103	190.13
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,244,885	192.00
192.02	19202	FOUNDATION	0	854,361	192.02
192.03	19203	SPOE	0	0	192.03
192.04	19204	HEALTHY HEART	0	159,500	192.04
192.05	19205	VACANT SPACE	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	12,640	192.07
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	-13,218,520	107,171,677	200.00

COST CENTERS USED IN COST REPORT | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet Non-CMS Wo | Date/Time Prepared: 5/29/2013 12:06 pm

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
12.00	MAINTENANCE OF PERSONNEL	01200		12.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	01850		18.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
20.00	NURSING SCHOOL	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	02300		23.00
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
32.00	CORONARY CARE UNIT	03200		32.00
33.00	BURN INTENSIVE CARE UNIT	03300		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	03400		34.00
40.00	SUBPROVIDER - IPF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
42.00	SUBPROVIDER	04200		42.00
43.00	NURSERY	04300		43.00
44.00	SKILLED NURSING FACILITY	04400		44.00
45.00	NURSING FACILITY	04500		45.00
46.00	OTHER LONG TERM CARE	04600		46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	BLOOD LABORATORY	06001		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	06100		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	06200		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
64.00	INTRAVENOUS THERAPY	06400		64.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
75.00	ASC (NON-DISTINCT PART)	07500		75.00
76.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	03550		76.00
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	08800		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00	CLINIC	09000		90.00
90.01	WOUND/OSTOMY CLINIC	09002		90.01
90.02	KIDS PLUS CLINIC	09001		90.02

COST CENTERS USED IN COST REPORT | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet Non-CMS Wo | Date/Time Prepared: 5/29/2013 12:06 pm

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
90.03	ONCOLOGY	09003		90.03
90.04	MUNCIE CLINIC	09004		90.04
90.05	ANTICOAGULATION CLINIC	09005		90.05
90.06	PREGNANCY PLUS	09006		90.06
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	09400		94.00
95.00	AMBULANCE SERVICES	09500		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	09600		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	09700		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	05950		98.00
99.00	CMHC	09900		99.00
99.10	CORF	09910		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	10000		100.00
101.00	HOME HEALTH AGENCY	10100		101.00
	SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION	10500		105.00
106.00	HEART ACQUISITION	10600		106.00
107.00	LIVER ACQUISITION	10700		107.00
108.00	LUNG ACQUISITION	10800		108.00
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
113.00	INTEREST EXPENSE	11300		113.00
114.00	UTILIZATION REVIEW-SNF	11400		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	11500		115.00
116.00	HOSPICE	11600		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
190.01	WELLNESS CENTERS	19001		190.01
190.02	EMPLOYED ORTHO MD	19002		190.02
190.03	NORTHVIEW CONV (LTC)	19003		190.03
190.04	SUMMIT CONV (LTC)	19004		190.04
190.05	PARKVIEW CONV (LTC)	19005		190.05
190.06	MONTICELLO HOUSE (ASSISTED LIVING)	19006		190.06
190.07	NH PARK PLACE (LTC)	19007		190.07
190.08	MADISON PLACE OF ELWOOD (LTC)	19008		190.08
190.09	SPINE SURGEON	19009		190.09
190.10	CLINICAL RESEARCH CENTER	19010		190.10
190.11	ONCOLOGIST	19011		190.11
190.12	MEDICAL INTERNIST	19012		190.12
190.13	RHEUMATOLOGY	19013		190.13
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.02	FOUNDATION	19202		192.02
192.03	SPOE	19203		192.03
192.04	HEALTHY HEART	19204		192.04
192.05	VACANT SPACE	19205		192.05
192.07	PARK PLACE CENTER	19207		192.07
193.00	NONPAID WORKERS	19300		193.00
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 5/29/2013 12:06 pm

	Cost Center	Increases Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - DEPRECIATION				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,244,244	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,580,643	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
	TOTALS		0	5,824,887	
	B - DRUGS & SUPPLIES				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	8,557,731	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,706,830	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,255,946	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00

	Cost Center	Increases Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
	TOTALS		0	16,520,507	
	C - RENT				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	337,293	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,187,265	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
	TOTALS		0	1,524,558	
			0	0	
			0	0	
	F - LABOR & DELIVERY				
1.00	NURSERY	43.00	444,702	96,494	1.00
	TOTALS		444,702	96,494	
	G - BLOOD & NUC MED				
1.00		0.00	0	0	1.00
	TOTALS		0	0	
	H - CAFETERIA RECLASS				
1.00	CAFETERIA	11.00	836,022	644,760	1.00
	TOTALS		836,022	644,760	
	I - SPECIAL MEALS				
1.00	DIETARY	10.00	26,914	20,757	1.00
	TOTALS		26,914	20,757	
	J - INTEREST & INSURANCE				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	927,339	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	129,234	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	80,766	3.00
	TOTALS		0	1,137,339	
	K - LAUNDRY				
1.00	LAUNDRY & LINEN SERVICE	8.00	48,655	50,589	1.00
	TOTALS		48,655	50,589	
	L - POB UTILITIES				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,703	1.00
2.00	PHYSICAL THERAPY	66.00	0	6,915	2.00
3.00	OCCUPATIONAL THERAPY	67.00	0	4,771	3.00
4.00	SPEECH PATHOLOGY	68.00	0	5,739	4.00
5.00	ELECTROCARDIOLOGY	69.00	0	9,438	5.00
	TOTALS		0	32,566	
500.00	Grand Total: Increases		1,356,293	25,852,457	500.00

RECLASSIFICATIONS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 5/29/2013 12:06 pm

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DEPRECIATION						
1.00	EMPLOYEE BENEFITS	4.00	0	51,525	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,272,087	9		2.00
3.00	OPERATION OF PLANT	7.00	0	457,546	0		3.00
4.00	HOUSEKEEPING	9.00	0	8,103	0		4.00
5.00	DIETARY	10.00	0	42,095	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	229	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	45,279	0		7.00
8.00	PHARMACY	15.00	0	4,987	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,041	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	205,044	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	64,657	0		11.00
12.00	NURSERY	43.00	0	4,368	0		12.00
13.00	OPERATING ROOM	50.00	0	564,043	0		13.00
14.00	ANESTHESIOLOGY	53.00	0	11,971	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	352,544	0		15.00
16.00	CT SCAN	57.00	0	4,235	0		16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	34,287	0		17.00
18.00	RADIOISOTOPE	56.00	0	3,114	0		18.00
19.00	LABORATORY	60.00	0	111,152	0		19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	3,300	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	27,151	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	53,538	0		22.00
23.00	SPEECH PATHOLOGY	68.00	0	1,286	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	139,634	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	37,643	0		25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	106,661	0		26.00
27.00	PREGNANCY PLUS	90.06	0	1,198	0		27.00
28.00	WOUND/OSTOMY CLINIC	90.01	0	48,112	0		28.00
30.00	MUNCIE CLINIC	90.04	0	86,112	0		30.00
31.00	EMERGENCY	91.00	0	121,277	0		31.00
32.00	WELLNESS CENTERS	190.01	0	5,432	0		32.00
33.00	NORTHVIEW CONV (LTC)	190.03	0	23,912	0		33.00
34.00	SUMMIT CONV (LTC)	190.04	0	19,086	0		34.00
35.00	CLINICAL RESEARCH CENTER	190.10	0	2,158	0		35.00
36.00	ONCOLOGIST	190.11	0	7,785	0		36.00
37.00	MEDICAL INTERNIST	190.12	0	207	0		37.00
38.00	RHEUMATOLOGY	190.13	0	14,453	0		38.00
39.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	722,602	0		39.00
40.00	HEALTHY HEART	192.04	0	713	0		40.00
41.00	OCCUPATIONAL THERAPY	67.00	0	849	0		41.00
42.00	ONCOLOGY	90.03	0	163,471	0		42.00
	TOTALS		0	5,824,887			
	B - DRUGS & SUPPLIES						
1.00	EMPLOYEE BENEFITS	4.00	0	28,058	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	85,395	0		2.00
3.00	OPERATION OF PLANT	7.00	0	48,204	0		3.00
4.00	HOUSEKEEPING	9.00	0	9,342	0		4.00
5.00	DIETARY	10.00	0	4,740	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	72,330	0		6.00
7.00	PHARMACY	15.00	0	4,254,904	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	75	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	876,472	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	182,168	0		10.00
11.00	OPERATING ROOM	50.00	0	6,255,793	0		11.00
12.00	ANESTHESIOLOGY	53.00	0	34,036	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	234,156	0		13.00
14.00	CT SCAN	57.00	0	54,440	0		14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	4,078	0		15.00
16.00	RADIOISOTOPE	56.00	0	249,885	0		16.00
17.00	LABORATORY	60.00	0	1,561,879	0		17.00
18.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	659,099	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	116,208	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	11,890	0		20.00
21.00	OCCUPATIONAL THERAPY	67.00	0	2,573	0		21.00
22.00	SPEECH PATHOLOGY	68.00	0	1,500	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	16,216	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	24,620	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	779,040	0		25.00
26.00	PREGNANCY PLUS	90.06	0	125	0		26.00

RECLASSIFICATIONS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 5/29/2013 12:06 pm

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
27.00	WOUND/OSTOMY CLINIC	90.01	0	467,678	0	27.00
28.00	ONCOLOGY	90.03	0	2,626	0	28.00
29.00	MUNCIE CLINIC	90.04	0	4	0	29.00
30.00	EMERGENCY	91.00	0	336,961	0	30.00
31.00	WELLNESS CENTERS	190.01	0	44,685	0	31.00
32.00	NORTHVIEW CONV (LTC)	190.03	0	674	0	32.00
33.00	CLINICAL RESEARCH CENTER	190.10	0	1,187	0	33.00
34.00	MEDICAL INTERNIST	190.12	0	668	0	34.00
35.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,418	0	35.00
36.00	HEALTHY HEART	192.04	0	4,277	0	36.00
37.00	RENAL DIALYSIS	74.00	0	1,150	0	37.00
38.00	ANTICOAGULATION CLINIC	90.05	0	27,683	0	38.00
39.00	ONCOLOGIST	190.11	0	62,256	0	39.00
40.00	RHEUMATOLOGY	190.13	0	7	0	40.00
41.00	PARK PLACE CENTER	192.07	0	7	0	41.00
	TOTALS		0	16,520,507		
	C - RENT					
1.00	DIETARY	10.00	0	244	9	1.00
2.00	PHARMACY	15.00	0	333,660	9	2.00
3.00	OPERATING ROOM	50.00	0	469,544	0	3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	378,636	0	4.00
5.00	PHYSICAL THERAPY	66.00	0	116,983	0	5.00
8.00	RHEUMATOLOGY	190.13	0	24,016	0	8.00
9.00	CLINICAL RESEARCH CENTER	190.10	0	38,268	0	9.00
10.00	ADMINISTRATIVE & GENERAL	5.00	0	2,200	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	0	260	0	11.00
12.00	RESPIRATORY THERAPY	65.00	0	889	0	12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,145	0	13.00
14.00	LABORATORY	60.00	0	7,760	0	14.00
15.00	ONCOLOGIST	190.11	0	65,657	0	15.00
16.00	ONCOLOGY	90.03	0	85,296	0	16.00
	TOTALS		0	1,524,558		
			0	0		
			0	0		
	F - LABOR & DELIVERY					
1.00	ADULTS & PEDIATRICS	30.00	444,702	96,494	0	1.00
	TOTALS		444,702	96,494		
	G - BLOOD & NUC MED					
1.00		0.00	0	0	0	1.00
	TOTALS		0	0		
	H - CAFETERIA RECLASS					
1.00	DIETARY	10.00	836,022	644,760	0	1.00
	TOTALS		836,022	644,760		
	I - SPECIAL MEALS					
1.00	CAFETERIA	11.00	26,914	20,757	0	1.00
	TOTALS		26,914	20,757		
	J - INTEREST & INSURANCE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	927,339	11	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	210,000	12	2.00
3.00		0.00	0	0	12	3.00
	TOTALS		0	1,137,339		
	K - LAUNDRY					
1.00	HOUSEKEEPING	9.00	48,655	50,589	0	1.00
	TOTALS		48,655	50,589		
	L - POB UTILITIES					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	32,566	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
	TOTALS		0	32,566		
500.00	Grand Total: Decreases		1,356,293	25,852,457		500.00

RECLASSIFICATIONS

Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 5/29/2013 12:06 pm

	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
	A - DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	EMPLOYEE BENEFITS	4.00	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	ADMINISTRATIVE & GENERAL	5.00	0	2.00
3.00		0.00	0	OPERATION OF PLANT	7.00	0	3.00
4.00		0.00	0	HOUSEKEEPING	9.00	0	4.00
5.00		0.00	0	DIETARY	10.00	0	5.00
6.00		0.00	0	NURSING ADMINISTRATION	13.00	0	6.00
7.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0	7.00
8.00		0.00	0	PHARMACY	15.00	0	8.00
9.00		0.00	0	MEDICAL RECORDS & LIBRARY	16.00	0	9.00
10.00		0.00	0	ADULTS & PEDIATRICS	30.00	0	10.00
11.00		0.00	0	INTENSIVE CARE UNIT	31.00	0	11.00
12.00		0.00	0	NURSERY	43.00	0	12.00
13.00		0.00	0	OPERATING ROOM	50.00	0	13.00
14.00		0.00	0	ANESTHESIOLOGY	53.00	0	14.00
15.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	15.00
16.00		0.00	0	CT SCAN	57.00	0	16.00
17.00		0.00	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	17.00
18.00		0.00	0	RADIOISOTOPE	56.00	0	18.00
19.00		0.00	0	LABORATORY	60.00	0	19.00
20.00		0.00	0	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	20.00
21.00		0.00	0	RESPIRATORY THERAPY	65.00	0	21.00
22.00		0.00	0	PHYSICAL THERAPY	66.00	0	22.00
23.00		0.00	0	SPEECH PATHOLOGY	68.00	0	23.00
24.00		0.00	0	ELECTROCARDIOLOGY	69.00	0	24.00
25.00		0.00	0	ELECTROENCEPHALOGRAPHY	70.00	0	25.00
26.00		0.00	0	CARDIAC CATHETERIZATION	59.00	0	26.00
27.00		0.00	0	PREGNANCY PLUS	90.06	0	27.00
28.00		0.00	0	WOUND/OSTOMY CLINIC	90.01	0	28.00
30.00		0.00	0	MUNCIE CLINIC	90.04	0	30.00
31.00		0.00	0	EMERGENCY	91.00	0	31.00
32.00		0.00	0	WELLNESS CENTERS	190.01	0	32.00
33.00		0.00	0	NORTHVIEW CONV (LTC)	190.03	0	33.00
34.00		0.00	0	SUMMIT CONV (LTC)	190.04	0	34.00
35.00		0.00	0	CLINICAL RESEARCH CENTER	190.10	0	35.00
36.00		0.00	0	ONCOLOGIST	190.11	0	36.00
37.00		0.00	0	MEDICAL INTERNIST	190.12	0	37.00
38.00		0.00	0	RHEUMATOLOGY	190.13	0	38.00
39.00		0.00	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	39.00
40.00		0.00	0	HEALTHY HEART	192.04	0	40.00
41.00		0.00	0	OCCUPATIONAL THERAPY	67.00	0	41.00
42.00		0.00	0	ONCOLOGY	90.03	0	42.00
	TOTALS		0	TOTALS		0	
	B - DRUGS & SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	EMPLOYEE BENEFITS	4.00	0	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	ADMINISTRATIVE & GENERAL	5.00	0	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	OPERATION OF PLANT	7.00	0	3.00
4.00		0.00	0	HOUSEKEEPING	9.00	0	4.00
5.00		0.00	0	DIETARY	10.00	0	5.00
6.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0	6.00
7.00		0.00	0	PHARMACY	15.00	0	7.00
8.00		0.00	0	MEDICAL RECORDS & LIBRARY	16.00	0	8.00
9.00		0.00	0	ADULTS & PEDIATRICS	30.00	0	9.00
10.00		0.00	0	INTENSIVE CARE UNIT	31.00	0	10.00
11.00		0.00	0	OPERATING ROOM	50.00	0	11.00
12.00		0.00	0	ANESTHESIOLOGY	53.00	0	12.00
13.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	13.00
14.00		0.00	0	CT SCAN	57.00	0	14.00
15.00		0.00	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	15.00
16.00		0.00	0	RADIOISOTOPE	56.00	0	16.00
17.00		0.00	0	LABORATORY	60.00	0	17.00
18.00		0.00	0	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	18.00
19.00		0.00	0	RESPIRATORY THERAPY	65.00	0	19.00
20.00		0.00	0	PHYSICAL THERAPY	66.00	0	20.00
21.00		0.00	0	OCCUPATIONAL THERAPY	67.00	0	21.00
22.00		0.00	0	SPEECH PATHOLOGY	68.00	0	22.00
23.00		0.00	0	ELECTROCARDIOLOGY	69.00	0	23.00
24.00		0.00	0	ELECTROENCEPHALOGRAPHY	70.00	0	24.00

RECLASSIFICATIONS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 5/29/2013 12:06 pm

	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
25.00		0.00	0	CARDIAC CATHETERIZATION	59.00	0	25.00
26.00		0.00	0	PREGNANCY PLUS	90.06	0	26.00
27.00		0.00	0	WOUND/OSTOMY CLINIC	90.01	0	27.00
28.00		0.00	0	ONCOLOGY	90.03	0	28.00
29.00		0.00	0	MUNCIE CLINIC	90.04	0	29.00
30.00		0.00	0	EMERGENCY	91.00	0	30.00
31.00		0.00	0	WELLNESS CENTERS	190.01	0	31.00
32.00		0.00	0	NORTHVIEW CONV (LTC)	190.03	0	32.00
33.00		0.00	0	CLINICAL RESEARCH CENTER	190.10	0	33.00
34.00		0.00	0	MEDICAL INTERNIST	190.12	0	34.00
35.00		0.00	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	35.00
36.00		0.00	0	HEALTHY HEART	192.04	0	36.00
37.00		0.00	0	RENAL DIALYSIS	74.00	0	37.00
38.00		0.00	0	ANTICOAGULATION CLINIC	90.05	0	38.00
39.00		0.00	0	ONCOLOGIST	190.11	0	39.00
40.00		0.00	0	RHEUMATOLOGY	190.13	0	40.00
41.00		0.00	0	PARK PLACE CENTER	192.07	0	41.00
	TOTALS		0	TOTALS		0	
	C - RENT						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	DIETARY	10.00	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	PHARMACY	15.00	0	2.00
3.00		0.00	0	OPERATING ROOM	50.00	0	3.00
4.00		0.00	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	4.00
5.00		0.00	0	PHYSICAL THERAPY	66.00	0	5.00
8.00		0.00	0	RHEUMATOLOGY	190.13	0	8.00
9.00		0.00	0	CLINICAL RESEARCH CENTER	190.10	0	9.00
10.00		0.00	0	ADMINISTRATIVE & GENERAL	5.00	0	10.00
11.00		0.00	0	ADULTS & PEDIATRICS	30.00	0	11.00
12.00		0.00	0	RESPIRATORY THERAPY	65.00	0	12.00
13.00		0.00	0	ELECTROENCEPHALOGRAPHY	70.00	0	13.00
14.00		0.00	0	LABORATORY	60.00	0	14.00
15.00		0.00	0	ONCOLOGIST	190.11	0	15.00
16.00		0.00	0	ONCOLOGY	90.03	0	16.00
	TOTALS		0	TOTALS		0	
			0			0	
			0			0	
	F - LABOR & DELIVERY						
1.00	NURSERY	43.00	444,702	ADULTS & PEDIATRICS	30.00	444,702	1.00
	TOTALS		444,702	TOTALS		444,702	
	G - BLOOD & NUC MED						
1.00		0.00	0		0.00	0	1.00
	TOTALS		0	TOTALS		0	
	H - CAFETERIA RECLASS						
1.00	CAFETERIA	11.00	836,022	DIETARY	10.00	836,022	1.00
	TOTALS		836,022	TOTALS		836,022	
	I - SPECIAL MEALS						
1.00	DIETARY	10.00	26,914	CAFETERIA	11.00	26,914	1.00
	TOTALS		26,914	TOTALS		26,914	
	J - INTEREST & INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	ADMINISTRATIVE & GENERAL	5.00	0	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	ADMINISTRATIVE & GENERAL	5.00	0	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0		0.00	0	3.00
	TOTALS		0	TOTALS		0	
	K - LAUNDRY						
1.00	LAUNDRY & LINEN SERVICE	8.00	48,655	HOUSEKEEPING	9.00	48,655	1.00
	TOTALS		48,655	TOTALS		48,655	
	L - POB UTILITIES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	1.00
2.00	PHYSICAL THERAPY	66.00	0		0.00	0	2.00
3.00	OCCUPATIONAL THERAPY	67.00	0		0.00	0	3.00
4.00	SPEECH PATHOLOGY	68.00	0		0.00	0	4.00
5.00	ELECTROCARDIOLOGY	69.00	0		0.00	0	5.00
	TOTALS		0	TOTALS		0	
500.00	Grand Total: Increases		1,356,293	Grand Total: Decreases		1,356,293	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-7 Part I Date/Time Prepared: 5/29/2013 12:06 pm

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,976,988	0	0	0	0	1.00
2.00	Land Improvements	1,888,870	0	0	0	0	2.00
3.00	Buildings and Fixtures	45,802,197	197,419	126,700	324,119	283,999	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	15,556,430	279,109	0	279,109	334,628	5.00
6.00	Movable Equipment	40,645,001	4,178,320	843,420	5,021,740	2,418,935	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	109,869,486	4,654,848	970,120	5,624,968	3,037,562	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	109,869,486	4,654,848	970,120	5,624,968	3,037,562	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	5,976,988	0	1.00
2.00	Land Improvements	1,888,870	1,186,892	2.00
3.00	Buildings and Fixtures	45,842,317	22,147,168	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	15,500,911	8,217,937	5.00
6.00	Movable Equipment	43,247,806	22,665,268	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	112,456,892	54,217,265	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	112,456,892	54,217,265	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-7 Part II Date/Time Prepared: 5/29/2013 12:06 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-7 Part III Date/Time Prepared: 5/29/2013 12:06 pm

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	69,209,087	0	69,209,087	0.615428	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	43,247,807	0	43,247,807	0.384572	0	2.00
3.00	Total (sum of lines 1-2)	112,456,894	0	112,456,894	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,581,537	-2,782	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,767,472	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,349,009	-2,782	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	895,557	129,234	0	0	3,603,546	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	80,766	0	0	4,848,238	2.00
3.00	Total (sum of lines 1-2)	895,557	210,000	0	0	8,451,784	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-8 | Date/Time Prepared: 5/29/2013 12:06 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-31,782	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-13,314	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-17,347	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-30,320	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,071,871			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-2,345,107			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-619,357	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others	B	-2,782	CAP REL COSTS-BLDG & FIXT	1.00	10	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	21,477	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
33.01	PHYSICIAN RECRUITMENT	A	-131,942	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02			0		0.00	0	33.02
33.03	ADVERTISING	A	-133,468	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	OUTSIDE SERVICES - MEDICAL RECORDS	B	-48,239	MEDICAL RECORDS & LIBRARY	16.00	0	33.04

ADJUSTMENTS TO EXPENSES

Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-8 | Date/Time Prepared: 5/29/2013 12:06 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.05	OUTSIDE SERVICES - SPD	B	-1,033	CENTRAL SERVICES & SUPPLY	14.00	0	33.05
33.06			0		0.00	0	33.06
33.07	MISC A&G	B	-292,871	ADMINISTRATIVE & GENERAL	5.00	0	33.07
33.08	SEXUAL RESPONSE UNIT	B	-22,250	EMERGENCY	91.00	0	33.08
33.09	MISC A&P	B	-3,096	ADULTS & PEDIATRICS	30.00	0	33.09
33.10	MISC EMPLOYEE BENEFITS	B	-37,406	EMPLOYEE BENEFITS	4.00	0	33.10
33.11			0		0.00	0	33.11
33.12			0		0.00	0	33.12
33.13	MISC OPERATION OF PLANT	B	-10,780	OPERATION OF PLANT	7.00	0	33.13
33.14	GUEST MEALS	A	-28,371	CAFETERIA	11.00	0	33.14
33.15	RADIOLOGY, DIAGNOSTIC	B	-129,250	RADIOLOGY-DIAGNOSTIC	54.00	0	33.15
33.16			0		0.00	0	33.16
33.17	MISC OTHER OPERATING REVENUE	B	-740,424	ADMINISTRATIVE & GENERAL	5.00	0	33.17
33.18			0		0.00	0	33.18
33.19	ESPRESSO TO GO	B	-38,406	CAFETERIA	11.00	0	33.19
33.20	MEDICAL STAFF FINANCES	B	-44,352	ADMINISTRATIVE & GENERAL	5.00	0	33.20
33.21			0		0.00	0	33.21
33.22	PROCARE ADMINISTRATION	B	-15,374	PHYSICAL THERAPY	66.00	0	33.22
33.23			0		0.00	0	33.23
33.24			0		0.00	0	33.24
33.25	CARDIAC CATH LAB	B	-150	CARDIAC CATHETERIZATION	59.00	0	33.25
33.26			0		0.00	0	33.26
33.27	MEDICAL RECORDS	B	-7,373	MEDICAL RECORDS & LIBRARY	16.00	0	33.27
33.28	HOSPITAL ASSESSMENT FEES (HAF)	B	-4,422,896	ADMINISTRATIVE & GENERAL	5.00	0	33.28
33.29	PATIENT TV DEPRECIATION OFFSET	A	-436	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.29
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-13,218,520				50.00

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

Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-8-1 | Date/Time Prepared: 5/29/2013 12:06 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS	SELF INSURANCE	0	2,420,641	1.00
2.00	23.00	PARAMED ED PRGM-(SPECIFY)	EMS AND RADIOLOGY ALLOCATION	75,534	0	2.00
3.00	0.00		0	0	0	3.00
4.00	0.00		0	0	0	4.00
5.00	0		0	75,534	2,420,641	5.00

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office: Name	Related Organization(s) and/or Home Office: Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	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	A	IN PROHEALTH	100.00		0.00	6.00
7.00	B		0.00	CHN	0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 150113	Period: From 01/01/2012 To 12/31/2012	Worksheet A-8-1 Date/Time Prepared: 5/29/2013 12:06 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	-2,420,641	0		1.00
2.00	75,534	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	-2,345,107			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-8-2 | Date/Time Prepared: 5/29/2013 12:06 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS	0	0	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	2,349,856	1,987,572	362,283	177,200	2,964	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	2,096,847	1,967,992	128,855	200,300	2,080	5.00
6.00	56.00	RADIOISOTOPE	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	90.06	PREGNANCY PLUS	0	0	0	0	0	9.00
10.00	90.01	WOUND/OSTOMY CLINIC	15,225	0	15,225	177,200	102	10.00
11.00	91.00	EMERGENCY	465	465	0	0	0	11.00
200.00			4,462,393	3,956,029	506,363		5,146	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS	0	0	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	252,510	12,626	3,030	467	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	200,300	10,015	4,589	282	21,392	5.00
6.00	56.00	RADIOISOTOPE	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	90.06	PREGNANCY PLUS	0	0	0	0	0	9.00
10.00	90.01	WOUND/OSTOMY CLINIC	8,690	435	0	0	0	10.00
11.00	91.00	EMERGENCY	0	0	0	0	0	11.00
200.00			461,500	23,076	7,619	749	21,392	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	EMPLOYEE BENEFITS	0	0	0	0		1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	252,977	109,306	2,096,879		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0		3.00
4.00	50.00	OPERATING ROOM	0	0	0	0		4.00
5.00	53.00	ANESTHESIOLOGY	1,315	201,897	0	1,967,992		5.00
6.00	56.00	RADIOISOTOPE	0	0	0	0		6.00
7.00	60.00	LABORATORY	0	0	0	0		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0		8.00
9.00	90.06	PREGNANCY PLUS	0	0	0	0		9.00
10.00	90.01	WOUND/OSTOMY CLINIC	0	8,690	6,535	6,535		10.00
11.00	91.00	EMERGENCY	0	0	0	465		11.00
200.00			1,315	463,564	115,841	4,071,871		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS	Subtotal	
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,603,546	3,603,546				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	4,848,238		4,848,238			2.00
4.00	00400	EMPLOYEE BENEFITS	11,129,761	24,276	50,811	11,204,848		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	18,866,507	299,013	2,361,913	1,802,479	23,329,912	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	4,451,612	460,991	111,028	354,208	5,377,839	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	99,244	48,107	0	10,569	157,920	8.00
9.00	00900	HOUSEKEEPING	1,346,852	91,139	10,425	218,585	1,667,001	9.00
10.00	01000	DIETARY	710,597	141,262	30,887	92,924	975,670	10.00
11.00	01100	CAFETERIA	746,977	28,377	0	175,761	951,115	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	922,482	46,480	313	177,135	1,146,410	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,647,383	65,723	57,447	171,402	1,941,955	14.00
15.00	01500	PHARMACY	1,597,285	44,589	6,311	287,643	1,935,828	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,121,430	62,984	551	334,452	2,519,417	16.00
17.00	01700	SOCIAL SERVICE	0	27,724	0	0	27,724	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	75,534	0	0	0	75,534	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	10,896,421	689,342	218,214	2,155,949	13,959,926	30.00
31.00	03100	INTENSIVE CARE UNIT	1,329,252	68,935	27,693	258,843	1,684,723	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	541,196	26,000	4,318	96,602	668,116	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,930,751	247,319	702,099	814,025	6,694,194	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	327,715	3,782	16,362	470,096	817,955	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,869,423	268,119	345,861	495,665	3,979,068	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	337,774	20,619	3,813	50,269	412,475	56.00
57.00	05700	CT SCAN	536,830	6,257	1,093	81,460	625,640	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	324,586	13,014	13,235	50,983	401,818	58.00
59.00	05900	CARDIAC CATHETERIZATION	629,719	56,713	93,170	108,866	888,468	59.00
60.00	06000	LABORATORY	3,511,198	108,838	136,735	428,444	4,185,215	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0				0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	218,086	8,134	4,510	43,317	274,047	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	814,314	10,011	37,110	163,463	1,024,898	65.00
66.00	06600	PHYSICAL THERAPY	1,530,365	20,146	10,822	278,505	1,839,838	66.00
67.00	06700	OCCUPATIONAL THERAPY	215,021	12,416	1,160	42,243	270,840	67.00
68.00	06800	SPEECH PATHOLOGY	139,123	6,938	1,640	26,832	174,533	68.00
69.00	06900	ELECTROCARDIOLOGY	506,543	21,328	190,853	96,714	815,438	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	518,067	21,328	46,943	97,418	683,756	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,557,731	0	0	0	8,557,731	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,706,830	0	0	0	3,706,830	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,255,946	0	0	0	4,255,946	73.00
74.00	07400	RENAL DIALYSIS	65,981	2,614	0	0	68,595	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,619	0	0	0	4,619	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS	Subtotal	
			0	1.00	2.00	4.00	4A	
90.01	09002	WOUND/OSTOMY CLINIC	1,059,453	142,193	23,871	77,259	1,302,776	90.01
90.02	09001	KIDS PLUS CLINIC	100,000	21,690	0	0	121,690	90.02
90.03	09003	ONCOLOGY	-4,878,570	38,068	223,434	25,929	-4,591,139	90.03
90.04	09004	MUNCIE CLINIC	43,876	20,689	26,669	0	91,234	90.04
90.05	09005	ANTICOAGULATION CLINIC	218,130	0	0	43,088	261,218	90.05
90.06	09006	PREGNANCY PLUS	307,839	32,966	1,516	60,217	402,538	90.06
91.00	09100	EMERGENCY	2,933,985	107,768	40,315	579,533	3,661,601	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	98,719,652	3,315,892	4,801,122	10,170,878	97,350,912	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,768	0	0	16,768	190.00
190.01	19001	WELLNESS CENTERS	1,069,631	17,060	451	118,787	1,205,929	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV (LTC)	585,706	0	0	70,948	656,654	190.03
190.04	19004	SUMMIT CONV (LTC)	216,493	0	0	41,008	257,501	190.04
190.05	19005	PARKVIEW CONV (LTC)	311,515	0	0	63,100	374,615	190.05
190.06	19006	MONTICELLO HOUSE (ASSISTED LIVING)	115,233	0	0	23,332	138,565	190.06
190.07	19007	NH PARK PLACE (LTC)	23,854	0	0	4,843	28,697	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	684,243	28,808	2,950	120,114	836,115	190.10
190.11	19011	ONCOLOGIST	2,163,082	0	8,075	385,563	2,556,720	190.11
190.12	19012	MEDICAL INTERNIST	105,779	0	283	19,701	125,763	190.12
190.13	19013	RHEUMATOLOGY	905,103	0	18,389	118,217	1,041,709	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,244,885	213,978	15,993	0	1,474,856	192.00
192.02	19202	FOUNDATION	854,361	2,600	0	35,266	892,227	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	159,500	0	975	30,730	191,205	192.04
192.05	19205	VACANT SPACE	0	8,440	0	0	8,440	192.05
192.07	19207	PARK PLACE CENTER	12,640	0	0	2,361	15,001	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	107,171,677	3,603,546	4,848,238	11,204,848	107,171,677	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	23,329,912					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	1,418,755	0	6,796,594			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	41,662	0	115,974	315,556		8.00
9.00	00900	HOUSEKEEPING	439,780	0	219,714	3,788	2,330,283	9.00
10.00	01000	DIETARY	257,396	0	340,549	0	65,687	10.00
11.00	01100	CAFETERIA	250,918	0	68,411	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	302,440	0	112,053	0	4,460	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	512,317	0	158,442	25,779	29,600	14.00
15.00	01500	PHARMACY	510,700	0	107,494	0	21,085	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	664,660	0	151,839	0	13,786	16.00
17.00	01700	SOCIAL SERVICE	7,314	0	66,836	0	5,677	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	19,927	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,682,823	0	1,661,856	159,822	1,207,511	30.00
31.00	03100	INTENSIVE CARE UNIT	444,455	0	166,185	14,245	108,263	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	176,259	0	62,680	0	20,679	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,766,029	0	596,228	38,880	348,711	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	215,789	0	9,117	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,049,738	0	646,372	6,015	71,770	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	108,817	0	49,708	4,077	11,759	56.00
57.00	05700	CT SCAN	165,053	0	15,083	7,114	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	106,006	0	31,373	3,216	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	234,391	0	136,722	405	8,921	59.00
60.00	06000	LABORATORY	1,104,122	0	262,383	740	35,277	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	72,298	0	19,608	0	7,299	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	270,383	0	24,133	5,757	17,436	65.00
66.00	06600	PHYSICAL THERAPY	485,377	0	48,568	267	6,488	66.00
67.00	06700	OCCUPATIONAL THERAPY	71,452	0	29,932	267	7,299	67.00
68.00	06800	SPEECH PATHOLOGY	46,044	0	16,726	0	6,488	68.00
69.00	06900	ELECTROCARDIOLOGY	215,125	0	51,417	4,565	2,027	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	180,385	0	51,417	0	25,951	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,257,658	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	977,917	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,122,782	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	18,096	0	6,301	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,219	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09002	WOUND/OSTOMY CLINIC	343,692	0	342,794	1,995	54,334	90.01
90.02	09001	KIDS PLUS CLINIC	32,104	0	52,289	0	0	90.02
90.03	09003	ONCOLOGY	0	0	91,774	0	5,271	90.03
90.04	09004	MUNCIE CLINIC	24,069	0	49,876	0	0	90.04
90.05	09005	ANTICOAGULATION CLINIC	68,913	0	0	0	0	90.05

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
90.06	09006	PREGNANCY PLUS	106,196	0	79,473	0	6,488	90.06
91.00	09100	EMERGENCY	965,985	0	259,802	38,624	185,709	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,739,046	0	6,103,129	315,556	2,277,976	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,424	0	40,423	0	0	190.00
190.01	19001	WELLNESS CENTERS	318,142	0	41,127	0	52,307	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV (LTC)	173,235	0	0	0	0	190.03
190.04	19004	SUMMIT CONV (LTC)	67,933	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV (LTC)	98,829	0	0	0	0	190.05
190.06	19006	MONTICELLO HOUSE (ASSISTED LIVING)	36,556	0	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	7,571	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	220,580	0	69,450	0	0	190.10
190.11	19011	ONCOLOGIST	674,501	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	33,178	0	0	0	0	190.12
190.13	19013	RHEUMATOLOGY	274,818	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	389,089	0	515,851	0	0	192.00
192.02	19202	FOUNDATION	235,383	0	6,268	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	50,443	0	0	0	0	192.04
192.05	19205	VACANT SPACE	2,227	0	20,346	0	0	192.05
192.07	19207	PARK PLACE CENTER	3,957	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	23,329,912	0	6,796,594	315,556	2,330,283	202.00

		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,639,302					10.00
11.00	01100	CAFETERIA	0	1,270,444				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	20,469	0	1,585,832		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	54,121	0	0	2,722,214	14.00
15.00	01500	PHARMACY	0	37,390	0	0	8,290	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	59,312	0	0	470	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,476,377	384,153	0	1,098,678	141,375	30.00
31.00	03100	INTENSIVE CARE UNIT	157,456	34,728	0	99,321	28,748	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	14,755	0	42,198	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	168	120,852	0	345,635	447,716	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	19,236	0	0	221	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	69,280	0	0	12,355	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	5,637	0	0	952	56.00
57.00	05700	CT SCAN	0	12,810	0	0	6,794	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,127	0	0	284	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	16,190	0	0	5,280	59.00
60.00	06000	LABORATORY	0	77,816	0	0	12,353	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,778	0	0	246	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	25,902	0	0	934	65.00
66.00	06600	PHYSICAL THERAPY	0	39,562	0	0	920	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,670	0	0	69	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,632	0	0	12	68.00
69.00	06900	ELECTROCARDIOLOGY	0	16,710	0	0	1,955	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	15,371	0	0	860	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,364,637	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	591,102	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	167	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09002	WOUND/OSTOMY CLINIC	0	13,276	0	0	20,148	90.01
90.02	09001	KIDS PLUS CLINIC	0	0	0	0	0	90.02
90.03	09003	ONCOLOGY	0	23,784	0	0	5,153	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	1	90.04
90.05	09005	ANTICOAGULATION CLINIC	0	6,271	0	0	169	90.05
90.06	09006	PREGNANCY PLUS	0	9,427	0	0	93	90.06
91.00	09100	EMERGENCY	5,301	84,754	0	0	51,614	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,639,302	1,182,013	0	1,585,832	2,702,918	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	18,291	0	0	1,081	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV (LTC)	0	9,869	0	0	207	190.03
190.04	19004	SUMMIT CONV (LTC)	0	5,541	0	0	0	190.04
190.05	19005	PARKVIEW CONV (LTC)	0	8,606	0	0	10	190.05
190.06	19006	MONTICELLO HOUSE (ASSISTED LIVING)	0	3,324	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	0	762	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	21,425	0	0	261	190.10
190.11	19011	ONCOLOGIST	0	9,618	0	0	16,945	190.11
190.12	19012	MEDICAL INTERNIST	0	2,051	0	0	23	190.12
190.13	19013	RHEUMATOLOGY	0	1,564	0	0	1	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	266	192.00
192.02	19202	FOUNDATION	0	3,257	0	0	138	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	3,790	0	0	363	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	333	0	0	1	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,639,302	1,270,444	0	1,585,832	2,722,214	202.00

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	18.00	19.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	2,620,787					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,409,484				16.00
17.00	01700	SOCIAL SERVICE	0	0	107,551			17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	512,181	105,780	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	92,078	1,771	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	18.00	19.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	258,445	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	20,650	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	716	657,622	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	43	37,668	0	0	0	56.00
57.00	05700	CT SCAN	0	173,692	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	347,383	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	452,540	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	47	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	407	24,066	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	19,357	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,185	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,046	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,278	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,592,277	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09002	WOUND/OSTOMY CLINIC	6,536	116,143	0	0	0	90.01
90.02	09001	KIDS PLUS CLINIC	0	0	0	0	0	90.02
90.03	09003	ONCOLOGY	0	0	0	0	0	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04
90.05	09005	ANTICOAGULATION CLINIC	0	0	0	0	0	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	576,531	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,620,676	3,279,215	107,551	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	5	0	0	0	0	190.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	18.00	19.00	
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV (LTC)	0	0	0	0	0	190.03
190.04	19004	SUMMIT CONV (LTC)	0	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV (LTC)	0	0	0	0	0	190.05
190.06	19006	MONTICELLO HOUSE (ASSISTED LIVING)	0	0	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	106	0	0	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	0	0	0	0	190.12
190.13	19013	RHEUMATOLOGY	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	130,269	0	0	0	192.00
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	0	0	0	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	2,620,787	3,409,484	107,551	0	0	202.00

		Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	Subtotal	
			20.00	21.00	22.00	23.00	24.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL	0					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	95,461		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	24,390,482	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	2,831,973	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	984,687	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	10,616,858	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	1,082,968	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	42,003	6,534,939	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I | Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	Subtotal	
			20.00	21.00	22.00	23.00	24.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	631,136	56.00
57.00	05700	CT SCAN	0	0	0	0	1,006,186	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	896,207	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	1,290,377	59.00
60.00	06000	LABORATORY	0	0	0	0	6,130,446	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	379,276	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	1,369,490	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	2,445,493	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	403,886	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	251,620	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	1,108,283	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	964,018	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	12,180,026	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,275,849	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	7,971,005	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	93,159	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	5,838	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09002	WOUND/OSTOMY CLINIC	0	0	0	0	2,201,694	90.01
90.02	09001	KIDS PLUS CLINIC	0	0	0	0	206,083	90.02
90.03	09003	ONCOLOGY	0	0	0	0	-4,465,157	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	165,180	90.04
90.05	09005	ANTICOAGULATION CLINIC	0	0	0	0	336,571	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	604,215	90.06
91.00	09100	EMERGENCY	0	0	0	53,458	5,883,379	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	95,461	93,776,167	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	61,615	190.00
190.01	19001	WELLNESS CENTERS	0	0	0	0	1,636,882	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV (LTC)	0	0	0	0	839,965	190.03
190.04	19004	SUMMIT CONV (LTC)	0	0	0	0	330,975	190.04
190.05	19005	PARKVIEW CONV (LTC)	0	0	0	0	482,060	190.05
190.06	19006	MONTICELLO HOUSE (ASSISTED LIVING)	0	0	0	0	178,445	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	37,030	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	0	0	0	1,147,937	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	3,257,784	190.11
190.12	19012	MEDICAL INTERNIST	0	0	0	0	161,015	190.12
190.13	19013	RHEUMATOLOGY	0	0	0	0	1,318,092	190.13

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	Subtotal	
			20.00	21.00	22.00	23.00	24.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	2,510,331	192.00
192.02	19202	FOUNDATION	0	0	0	0	1,137,273	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	0	0	245,801	192.04
192.05	19205	VACANT SPACE	0	0	0	0	31,013	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	19,292	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	0	95,461	107,171,677	202.00

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)			18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	0	24,390,482	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,831,973	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	984,687	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	10,616,858	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,082,968	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,534,939	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	631,136	56.00
57.00	05700	CT SCAN	0	1,006,186	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	896,207	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,290,377	59.00
60.00	06000	LABORATORY	0	6,130,446	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	379,276	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,369,490	65.00
66.00	06600	PHYSICAL THERAPY	0	2,445,493	66.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
67.00	06700	OCCUPATIONAL THERAPY	0	403,886		67.00
68.00	06800	SPEECH PATHOLOGY	0	251,620		68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,108,283		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	964,018		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,180,026		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,275,849		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,971,005		73.00
74.00	07400	RENAL DIALYSIS	0	93,159		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	5,838		76.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09002	WOUND/OSTOMY CLINIC	0	2,201,694		90.01
90.02	09001	KIDS PLUS CLINIC	0	206,083		90.02
90.03	09003	ONCOLOGY	0	-4,465,157		90.03
90.04	09004	MUNCIE CLINIC	0	165,180		90.04
90.05	09005	ANTICOAGULATION CLINIC	0	336,571		90.05
90.06	09006	PREGNANCY PLUS	0	604,215		90.06
91.00	09100	EMERGENCY	0	5,883,379		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
99.00	09900	CMHC	0	0		99.00
99.10	09910	CORF	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0		111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0		115.00
116.00	11600	HOSPICE	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	93,776,167		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	61,615		190.00
190.01	19001	WELLNESS CENTERS	0	1,636,882		190.01
190.02	19002	EMPLOYED ORTHO MD	0	0		190.02
190.03	19003	NORTHVIEW CONV (LTC)	0	839,965		190.03
190.04	19004	SUMMIT CONV (LTC)	0	330,975		190.04
190.05	19005	PARKVIEW CONV (LTC)	0	482,060		190.05
190.06	19006	MONTICELLO HOUSE (ASSISTED LIVING)	0	178,445		190.06
190.07	19007	NH PARK PLACE (LTC)	0	37,030		190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0		190.08
190.09	19009	SPINE SURGEON	0	0		190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	1,147,937		190.10
190.11	19011	ONCOLOGIST	0	3,257,784		190.11
190.12	19012	MEDICAL INTERNIST	0	161,015		190.12
190.13	19013	RHEUMATOLOGY	0	1,318,092		190.13
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,510,331		192.00
192.02	19202	FOUNDATION	0	1,137,273		192.02
192.03	19203	SPOE	0	0		192.03
192.04	19204	HEALTHY HEART	0	245,801		192.04
192.05	19205	VACANT SPACE	0	31,013		192.05
192.07	19207	PARK PLACE CENTER	0	19,292		192.07
193.00	19300	NONPAID WORKERS	0	0		193.00
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)	0	107,171,677		202.00

COST ALLOCATION STATISTICS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet Non-CMS Wo | Date/Time Prepared: 5/29/2013 12:06 pm

	Cost Center Description	Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-5	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	9	HOURS OF SERVICE	9.00
10.00	DIETARY	10	MEALS SERVED	10.00
11.00	CAFETERIA	11	MANHOUR	11.00
12.00	MAINTENANCE OF PERSONNEL	12	NUMBER HOUSED	12.00
13.00	NURSING ADMINISTRATION	13	DIRECT NURS. HRS.	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
15.00	PHARMACY	15	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	16.00
17.00	SOCIAL SERVICE	17	TIME SPENT	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	18	TIME SPENT	18.00
19.00	NONPHYSICIAN ANESTHETISTS	19	ASSIGNED TIME	19.00
20.00	NURSING SCHOOL	20	ASSIGNED TIME	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	23	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS	0	24,276	50,811	75,087	75,087	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	299,013	2,361,913	2,660,926	12,081	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	460,991	111,028	572,019	2,374	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	48,107	0	48,107	71	8.00
9.00	00900	HOUSEKEEPING	0	91,139	10,425	101,564	1,465	9.00
10.00	01000	DIETARY	0	141,262	30,887	172,149	623	10.00
11.00	01100	CAFETERIA	0	28,377	0	28,377	1,178	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	46,480	313	46,793	1,187	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	65,723	57,447	123,170	1,149	14.00
15.00	01500	PHARMACY	0	44,589	6,311	50,900	1,928	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	62,984	551	63,535	2,242	16.00
17.00	01700	SOCIAL SERVICE	0	27,724	0	27,724	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	689,342	218,214	907,556	14,436	30.00
31.00	03100	INTENSIVE CARE UNIT	0	68,935	27,693	96,628	1,735	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	26,000	4,318	30,318	647	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	247,319	702,099	949,418	5,456	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,782	16,362	20,144	3,151	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	268,119	345,861	613,980	3,322	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	20,619	3,813	24,432	337	56.00
57.00	05700	CT SCAN	0	6,257	1,093	7,350	546	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	13,014	13,235	26,249	342	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	56,713	93,170	149,883	730	59.00
60.00	06000	LABORATORY	0	108,838	136,735	245,573	2,872	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	8,134	4,510	12,644	290	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	10,011	37,110	47,121	1,096	65.00
66.00	06600	PHYSICAL THERAPY	0	20,146	10,822	30,968	1,867	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	12,416	1,160	13,576	283	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,938	1,640	8,578	180	68.00
69.00	06900	ELECTROCARDIOLOGY	0	21,328	190,853	212,181	648	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	21,328	46,943	68,271	653	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	2,614	0	2,614	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09002	WOUND/OSTOMY CLINIC	0	142,193	23,871	166,064	518	90.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS	
			0	1.00	2.00	2A	4.00	
90.02	09001	KIDS PLUS CLINIC	0	21,690	0	21,690	0	90.02
90.03	09003	ONCOLOGY	0	38,068	223,434	261,502	174	90.03
90.04	09004	MUNCIE CLINIC	0	20,689	26,669	47,358	0	90.04
90.05	09005	ANTICOAGULATION CLINIC	0	0	0	0	289	90.05
90.06	09006	PREGNANCY PLUS	0	32,966	1,516	34,482	404	90.06
91.00	09100	EMERGENCY	0	107,768	40,315	148,083	3,884	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	3,315,892	4,801,122	8,117,014	68,158	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,768	0	16,768	0	190.00
190.01	19001	WELLNESS CENTERS	0	17,060	451	17,511	796	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV (LTC)	0	0	0	0	476	190.03
190.04	19004	SUMMIT CONV (LTC)	0	0	0	0	275	190.04
190.05	19005	PARKVIEW CONV (LTC)	0	0	0	0	423	190.05
190.06	19006	MONTICELLO HOUSE (ASSISTED LIVING)	0	0	0	0	156	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	32	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	28,808	2,950	31,758	805	190.10
190.11	19011	ONCOLOGIST	0	0	8,075	8,075	2,584	190.11
190.12	19012	MEDICAL INTERNIST	0	0	283	283	132	190.12
190.13	19013	RHEUMATOLOGY	0	0	18,389	18,389	792	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	213,978	15,993	229,971	0	192.00
192.02	19202	FOUNDATION	0	2,600	0	2,600	236	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	975	975	206	192.04
192.05	19205	VACANT SPACE	0	8,440	0	8,440	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	16	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	0	3,603,546	4,848,238	8,451,784	75,087	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,673,007					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	162,551	0	736,944			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,773	0	12,575	65,526		8.00
9.00	00900	HOUSEKEEPING	50,387	0	23,823	787	178,026	9.00
10.00	01000	DIETARY	29,491	0	36,925	0	5,018	10.00
11.00	01100	CAFETERIA	28,748	0	7,418	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	34,651	0	12,150	0	341	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	58,698	0	17,180	5,353	2,261	14.00
15.00	01500	PHARMACY	58,512	0	11,655	0	1,611	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	76,152	0	16,464	0	1,053	16.00
17.00	01700	SOCIAL SERVICE	838	0	7,247	0	434	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	2,283	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	421,991	0	180,191	33,189	92,248	30.00
31.00	03100	INTENSIVE CARE UNIT	50,922	0	18,019	2,958	8,271	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	20,194	0	6,796	0	1,580	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	202,339	0	64,648	8,073	26,640	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	24,724	0	989	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	120,271	0	70,085	1,249	5,483	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	12,467	0	5,390	847	898	56.00
57.00	05700	CT SCAN	18,911	0	1,635	1,477	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,145	0	3,402	668	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	26,855	0	14,825	84	681	59.00
60.00	06000	LABORATORY	126,502	0	28,450	154	2,695	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	8,283	0	2,126	0	558	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	30,979	0	2,617	1,195	1,332	65.00
66.00	06600	PHYSICAL THERAPY	55,611	0	5,266	55	496	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,186	0	3,245	55	558	67.00
68.00	06800	SPEECH PATHOLOGY	5,275	0	1,814	0	496	68.00
69.00	06900	ELECTROCARDIOLOGY	24,647	0	5,575	948	155	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,667	0	5,575	0	1,983	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	258,666	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	112,043	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	128,640	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,073	0	683	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	140	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09002	WOUND/OSTOMY CLINIC	39,378	0	37,169	414	4,151	90.01
90.02	09001	KIDS PLUS CLINIC	3,678	0	5,670	0	0	90.02
90.03	09003	ONCOLOGY	0	0	9,951	0	403	90.03
90.04	09004	MUNCIE CLINIC	2,758	0	5,408	0	0	90.04
90.05	09005	ANTICOAGULATION CLINIC	7,896	0	0	0	0	90.05

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
90.06	09006	PREGNANCY PLUS	12,167	0	8,617	0	496	90.06
91.00	09100	EMERGENCY	110,676	0	28,170	8,020	14,188	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,376,168	0	661,753	65,526	174,030	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	507	0	4,383	0	0	190.00
190.01	19001	WELLNESS CENTERS	36,450	0	4,459	0	3,996	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV (LTC)	19,848	0	0	0	0	190.03
190.04	19004	SUMMIT CONV (LTC)	7,783	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV (LTC)	11,323	0	0	0	0	190.05
190.06	19006	MONTICELLO HOUSE (ASSISTED LIVING)	4,188	0	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	867	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	25,272	0	7,530	0	0	190.10
190.11	19011	ONCOLOGIST	77,279	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	3,801	0	0	0	0	190.12
190.13	19013	RHEUMATOLOGY	31,487	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	44,579	0	55,933	0	0	192.00
192.02	19202	FOUNDATION	26,968	0	680	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	5,779	0	0	0	0	192.04
192.05	19205	VACANT SPACE	255	0	2,206	0	0	192.05
192.07	19207	PARK PLACE CENTER	453	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,673,007	0	736,944	65,526	178,026	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	244,206					10.00
11.00	01100	CAFETERIA	0	65,721				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	1,059	0	96,181		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,800	0	0	210,611	14.00
15.00	01500	PHARMACY	0	1,934	0	0	641	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,068	0	0	36	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	219,935	19,873	0	66,635	10,938	30.00
31.00	03100	INTENSIVE CARE UNIT	23,456	1,796	0	6,024	2,224	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	763	0	2,559	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	25	6,252	0	20,963	34,638	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	995	0	0	17	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,584	0	0	956	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	292	0	0	74	56.00
57.00	05700	CT SCAN	0	663	0	0	526	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	317	0	0	22	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	838	0	0	409	59.00
60.00	06000	LABORATORY	0	4,025	0	0	956	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	299	0	0	19	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,340	0	0	72	65.00
66.00	06600	PHYSICAL THERAPY	0	2,047	0	0	71	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	242	0	0	5	67.00
68.00	06800	SPEECH PATHOLOGY	0	188	0	0	1	68.00
69.00	06900	ELECTROCARDIOLOGY	0	864	0	0	151	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	795	0	0	67	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	105,579	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	45,731	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	13	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09002	WOUND/OSTOMY CLINIC	0	687	0	0	1,559	90.01
90.02	09001	KIDS PLUS CLINIC	0	0	0	0	0	90.02
90.03	09003	ONCOLOGY	0	1,230	0	0	399	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
90.05	09005	ANTICOAGULATION CLINIC	0	324	0	0	13	90.05
90.06	09006	PREGNANCY PLUS	0	488	0	0	7	90.06
91.00	09100	EMERGENCY	790	4,384	0	0	3,993	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	244,206	61,147	0	96,181	209,117	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	946	0	0	84	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV (LTC)	0	511	0	0	16	190.03
190.04	19004	SUMMIT CONV (LTC)	0	287	0	0	0	190.04
190.05	19005	PARKVIEW CONV (LTC)	0	445	0	0	1	190.05
190.06	19006	MONTICELLO HOUSE (ASSISTED LIVING)	0	172	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	0	39	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	1,108	0	0	20	190.10
190.11	19011	ONCOLOGIST	0	498	0	0	1,311	190.11
190.12	19012	MEDICAL INTERNIST	0	106	0	0	2	190.12
190.13	19013	RHEUMATOLOGY	0	81	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	21	192.00
192.02	19202	FOUNDATION	0	168	0	0	11	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	196	0	0	28	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	17	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	244,206	65,721	0	96,181	210,611	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	18.00	19.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	127,181					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	162,550				16.00
17.00	01700	SOCIAL SERVICE	0	0	36,243			17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	24,419	35,646	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,390	597	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0	0		42.00
43.00	04300	NURSERY	0	0	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00	04500	NURSING FACILITY	0	0	0	0		45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0		46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	12,322	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	1,002	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35	31,351	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00	05600	RADIOISOTOPE	2	1,796	0	0		56.00
57.00	05700	CT SCAN	0	8,281	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	16,562	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	0	21,575	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	2	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	20	1,147	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	923	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	200	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	50	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	299	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	125,798	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0		76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0		90.00
90.01	09002	WOUND/OSTOMY CLINIC	317	5,537	0	0		90.01
90.02	09001	KIDS PLUS CLINIC	0	0	0	0		90.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	18.00	19.00	
90.03	09003	ONCOLOGY	0	0	0	0		90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0		90.04
90.05	09005	ANTICOAGULATION CLINIC	0	0	0	0		90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0		90.06
91.00	09100	EMERGENCY	0	27,487	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
99.00	09900	CMHC	0	0	0	0		99.00
99.10	09910	CORF	0	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	127,176	156,339	36,243	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
190.01	19001	WELLNESS CENTERS	0	0	0	0		190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0		190.02
190.03	19003	NORTHVIEW CONV (LTC)	0	0	0	0		190.03
190.04	19004	SUMMIT CONV (LTC)	0	0	0	0		190.04
190.05	19005	PARKVIEW CONV (LTC)	0	0	0	0		190.05
190.06	19006	MONTICELLO HOUSE (ASSISTED LIVING)	0	0	0	0		190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0		190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0		190.08
190.09	19009	SPINE SURGEON	0	0	0	0		190.09
190.10	19010	CLINICAL RESEARCH CENTER	5	0	0	0		190.10
190.11	19011	ONCOLOGIST	0	0	0	0		190.11
190.12	19012	MEDICAL INTERNIST	0	0	0	0		190.12
190.13	19013	RHEUMATOLOGY	0	0	0	0		190.13
191.00	19100	RESEARCH	0	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,211	0	0		192.00
192.02	19202	FOUNDATION	0	0	0	0		192.02
192.03	19203	SPOE	0	0	0	0		192.03
192.04	19204	HEALTHY HEART	0	0	0	0		192.04
192.05	19205	VACANT SPACE	0	0	0	0		192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0		192.07
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
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)	127,181	162,550	36,243	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	Subtotal	
			20.00	21.00	22.00	23.00	24.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL	0					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		0				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				2,283		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS					2,027,057	30.00
31.00	03100	INTENSIVE CARE UNIT					217,020	31.00
32.00	03200	CORONARY CARE UNIT					0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT					0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT					0	34.00
40.00	04000	SUBPROVIDER - IPF					0	40.00
41.00	04100	SUBPROVIDER - IRF					0	41.00
42.00	04200	SUBPROVIDER					0	42.00
43.00	04300	NURSERY					62,857	43.00
44.00	04400	SKILLED NURSING FACILITY					0	44.00
45.00	04500	NURSING FACILITY					0	45.00
46.00	04600	OTHER LONG TERM CARE					0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM					1,330,774	50.00
51.00	05100	RECOVERY ROOM					0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					0	52.00
53.00	05300	ANESTHESIOLOGY					51,022	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					850,316	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					0	55.00
56.00	05600	RADIOISOTOPE					46,535	56.00
57.00	05700	CT SCAN					39,389	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)					59,707	58.00
59.00	05900	CARDIAC CATHETERIZATION					194,305	59.00
60.00	06000	LABORATORY					432,802	60.00
60.01	06001	BLOOD LABORATORY					0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS					24,219	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					0	63.00
64.00	06400	INTRAVENOUS THERAPY					0	64.00
65.00	06500	RESPIRATORY THERAPY					85,754	65.00
66.00	06600	PHYSICAL THERAPY					97,548	66.00
67.00	06700	OCCUPATIONAL THERAPY					27,073	67.00
68.00	06800	SPEECH PATHOLOGY					16,732	68.00
69.00	06900	ELECTROCARDIOLOGY					245,219	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					98,310	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS					364,245	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					157,774	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					254,438	73.00
74.00	07400	RENAL DIALYSIS					5,383	74.00
75.00	07500	ASC (NON-DISTINCT PART)					0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES					140	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC					0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00	09000	CLINIC					0	90.00
90.01	09002	WOUND/OSTOMY CLINIC					255,794	90.01
90.02	09001	KIDS PLUS CLINIC					31,038	90.02
90.03	09003	ONCOLOGY					273,659	90.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	Subtotal	
			20.00	21.00	22.00	23.00	24.00	
90.04	09004	MUNCIE CLINIC					55,524	90.04
90.05	09005	ANTICOAGULATION CLINIC					8,522	90.05
90.06	09006	PREGNANCY PLUS					56,661	90.06
91.00	09100	EMERGENCY					349,675	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS					0	94.00
95.00	09500	AMBULANCE SERVICES					0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED					0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD					0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS					0	98.00
99.00	09900	CMHC					0	99.00
99.10	09910	CORF					0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM					0	100.00
101.00	10100	HOME HEALTH AGENCY					0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION					0	105.00
106.00	10600	HEART ACQUISITION					0	106.00
107.00	10700	LIVER ACQUISITION					0	107.00
108.00	10800	LUNG ACQUISITION					0	108.00
109.00	10900	PANCREAS ACQUISITION					0	109.00
110.00	11000	INTESTINAL ACQUISITION					0	110.00
111.00	11100	ISLET ACQUISITION					0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
116.00	11600	HOSPICE					0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	7,719,492	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					21,658	190.00
190.01	19001	WELLNESS CENTERS					64,242	190.01
190.02	19002	EMPLOYED ORTHO MD					0	190.02
190.03	19003	NORTHVIEW CONV (LTC)					20,851	190.03
190.04	19004	SUMMIT CONV (LTC)					8,345	190.04
190.05	19005	PARKVIEW CONV (LTC)					12,192	190.05
190.06	19006	MONTICELLO HOUSE (ASSISTED LIVING)					4,516	190.06
190.07	19007	NH PARK PLACE (LTC)					938	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)					0	190.08
190.09	19009	SPINE SURGEON					0	190.09
190.10	19010	CLINICAL RESEARCH CENTER					66,498	190.10
190.11	19011	ONCOLOGIST					89,747	190.11
190.12	19012	MEDICAL INTERNIST					4,324	190.12
190.13	19013	RHEUMATOLOGY					50,749	190.13
191.00	19100	RESEARCH					0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES					336,715	192.00
192.02	19202	FOUNDATION					30,663	192.02
192.03	19203	SPOE					0	192.03
192.04	19204	HEALTHY HEART					7,184	192.04
192.05	19205	VACANT SPACE					10,901	192.05
192.07	19207	PARK PLACE CENTER					486	192.07
193.00	19300	NONPAID WORKERS					0	193.00
200.00		Cross Foot Adjustments	0	0	0	2,283	2,283	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	0	2,283	8,451,784	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)				18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	2,027,057		30.00
31.00	03100	INTENSIVE CARE UNIT	0	217,020		31.00
32.00	03200	CORONARY CARE UNIT	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	0	62,857		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		44.00
45.00	04500	NURSING FACILITY	0	0		45.00
46.00	04600	OTHER LONG TERM CARE	0	0		46.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	1,330,774		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	51,022		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	850,316		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	46,535		56.00
57.00	05700	CT SCAN	0	39,389		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	59,707		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	194,305		59.00
60.00	06000	LABORATORY	0	432,802		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	24,219		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	85,754		65.00
66.00	06600	PHYSICAL THERAPY	0	97,548		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	27,073		67.00
68.00	06800	SPEECH PATHOLOGY	0	16,732		68.00
69.00	06900	ELECTROCARDIOLOGY	0	245,219		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	98,310		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	364,245		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	157,774		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	254,438		73.00
74.00	07400	RENAL DIALYSIS	0	5,383		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	140		76.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09002	WOUND/OSTOMY CLINIC	0	255,794		90.01
90.02	09001	KIDS PLUS CLINIC	0	31,038		90.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
90.03	09003	ONCOLOGY	0	273,659	90.03
90.04	09004	MUNCIE CLINIC	0	55,524	90.04
90.05	09005	ANTICOAGULATION CLINIC	0	8,522	90.05
90.06	09006	PREGNANCY PLUS	0	56,661	90.06
91.00	09100	EMERGENCY	0	349,675	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	7,719,492	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,658	190.00
190.01	19001	WELLNESS CENTERS	0	64,242	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	190.02
190.03	19003	NORTHVIEW CONV (LTC)	0	20,851	190.03
190.04	19004	SUMMIT CONV (LTC)	0	8,345	190.04
190.05	19005	PARKVIEW CONV (LTC)	0	12,192	190.05
190.06	19006	MONTICELLO HOUSE (ASSISTED LIVING)	0	4,516	190.06
190.07	19007	NH PARK PLACE (LTC)	0	938	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	66,498	190.10
190.11	19011	ONCOLOGIST	0	89,747	190.11
190.12	19012	MEDICAL INTERNIST	0	4,324	190.12
190.13	19013	RHEUMATOLOGY	0	50,749	190.13
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	336,715	192.00
192.02	19202	FOUNDATION	0	30,663	192.02
192.03	19203	SPOE	0	0	192.03
192.04	19204	HEALTHY HEART	0	7,184	192.04
192.05	19205	VACANT SPACE	0	10,901	192.05
192.07	19207	PARK PLACE CENTER	0	486	192.07
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		Cross Foot Adjustments	0	2,283	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	8,451,784	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	259,179					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,547,114				2.00
4.00	00400	EMPLOYEE BENEFITS	1,746	37,175	51,580,966			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	21,506	1,728,044	8,297,636	-23,329,912	88,432,904	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	33,156	81,231	1,630,582	0	5,377,839	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,460	0	48,655	0	157,920	8.00
9.00	00900	HOUSEKEEPING	6,555	7,627	1,006,245	0	1,667,001	9.00
10.00	01000	DIETARY	10,160	22,598	427,770	0	975,670	10.00
11.00	01100	CAFETERIA	2,041	0	809,108	0	951,115	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,343	229	815,435	0	1,146,410	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,727	42,030	789,040	0	1,941,955	14.00
15.00	01500	PHARMACY	3,207	4,617	1,324,152	0	1,935,828	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,530	403	1,539,637	0	2,519,417	16.00
17.00	01700	SOCIAL SERVICE	1,994	0	0	0	27,724	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	75,534	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	49,580	159,652	9,924,748	0	13,959,926	30.00
31.00	03100	INTENSIVE CARE UNIT	4,958	20,261	1,191,575	0	1,684,723	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,870	3,159	444,702	0	668,116	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	17,788	513,676	3,747,328	0	6,694,194	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	272	11,971	2,164,069	0	817,955	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,284	253,042	2,281,771	0	3,979,068	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,483	2,790	231,409	0	412,475	56.00
57.00	05700	CT SCAN	450	800	374,998	0	625,640	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	936	9,683	234,698	0	401,818	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,079	68,166	501,162	0	888,468	59.00
60.00	06000	LABORATORY	7,828	100,039	1,972,322	0	4,185,215	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	585	3,300	199,407	0	274,047	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	720	27,151	752,497	0	1,024,898	65.00
66.00	06600	PHYSICAL THERAPY	1,449	7,918	1,282,085	0	1,839,838	66.00
67.00	06700	OCCUPATIONAL THERAPY	893	849	194,463	0	270,840	67.00
68.00	06800	SPEECH PATHOLOGY	499	1,200	123,519	0	174,533	68.00
69.00	06900	ELECTROCARDIOLOGY	1,534	139,634	445,218	0	815,438	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,534	34,345	448,458	0	683,756	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	8,557,731	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,706,830	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,255,946	73.00
74.00	07400	RENAL DIALYSIS	188	0	0	0	68,595	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	4,619	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09002	WOUND/OSTOMY CLINIC	10,227	17,465	355,657	0	1,302,776	90.01

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
90.02	09001	KIDS PLUS CLINIC	1,560	0	0	0	121,690	90.02
90.03	09003	ONCOLOGY	2,738	163,471	119,362	4,591,139	0	90.03
90.04	09004	MUNCIE CLINIC	1,488	19,512	0	0	91,234	90.04
90.05	09005	ANTICOAGULATION CLINIC	0	0	198,354	0	261,218	90.05
90.06	09006	PREGNANCY PLUS	2,371	1,109	277,205	0	402,538	90.06
91.00	09100	EMERGENCY	7,751	29,496	2,667,854	0	3,661,601	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	238,490	3,512,643	46,821,121	-18,738,773	78,612,139	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,206	0	0	0	16,768	190.00
190.01	19001	WELLNESS CENTERS	1,227	330	546,830	0	1,205,929	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV (LTC)	0	0	326,608	0	656,654	190.03
190.04	19004	SUMMIT CONV (LTC)	0	0	188,778	0	257,501	190.04
190.05	19005	PARKVIEW CONV (LTC)	0	0	290,478	0	374,615	190.05
190.06	19006	MONTICELLO HOUSE (ASSISTED LIVING)	0	0	107,410	0	138,565	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	22,295	0	28,697	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	2,072	2,158	552,942	0	836,115	190.10
190.11	19011	ONCOLOGIST	0	5,908	1,774,924	0	2,556,720	190.11
190.12	19012	MEDICAL INTERNIST	0	207	90,694	0	125,763	190.12
190.13	19013	RHEUMATOLOGY	0	13,454	544,207	0	1,041,709	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,390	11,701	0	0	1,474,856	192.00
192.02	19202	FOUNDATION	187	0	162,346	0	892,227	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	713	141,462	0	191,205	192.04
192.05	19205	VACANT SPACE	607	0	0	0	8,440	192.05
192.07	19207	PARK PLACE CENTER	0	0	10,871	0	15,001	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,603,546	4,848,238	11,204,848		23,329,912	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.903696	1.366812	0.217228		0.263815	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			75,087		2,673,007	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001456		0.030226	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	235,927					6.00
7.00	00700	OPERATION OF PLANT	33,156	202,771				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,460	3,460	871,873			8.00
9.00	00900	HOUSEKEEPING	6,555	6,555	10,467	5,747		9.00
10.00	01000	DIETARY	10,160	10,160	0	162	68,339	10.00
11.00	01100	CAFETERIA	2,041	2,041	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,343	3,343	0	11	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,727	4,727	71,228	73	0	14.00
15.00	01500	PHARMACY	3,207	3,207	0	52	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,530	4,530	0	34	0	16.00
17.00	01700	SOCIAL SERVICE	1,994	1,994	0	14	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	49,580	49,580	441,581	2,978	61,547	30.00
31.00	03100	INTENSIVE CARE UNIT	4,958	4,958	39,358	267	6,564	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,870	1,870	0	51	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	17,788	17,788	107,424	860	7	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	272	272	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,284	19,284	16,620	177	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,483	1,483	11,266	29	0	56.00
57.00	05700	CT SCAN	450	450	19,657	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	936	936	8,885	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,079	4,079	1,120	22	0	59.00
60.00	06000	LABORATORY	7,828	7,828	2,045	87	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	585	585	0	18	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	720	720	15,906	43	0	65.00
66.00	06600	PHYSICAL THERAPY	1,449	1,449	738	16	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	893	893	738	18	0	67.00
68.00	06800	SPEECH PATHOLOGY	499	499	0	16	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,534	1,534	12,613	5	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,534	1,534	0	64	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	188	188	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09002	WOUND/OSTOMY CLINIC	10,227	10,227	5,511	134	0	90.01
90.02	09001	KIDS PLUS CLINIC	1,560	1,560	0	0	0	90.02
90.03	09003	ONCOLOGY	2,738	2,738	0	13	0	90.03

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
90.04	09004	MUNCIE CLINIC	1,488	1,488	0	0	0	90.04
90.05	09005	ANTICOAGULATION CLINIC	0	0	0	0	0	90.05
90.06	09006	PREGNANCY PLUS	2,371	2,371	0	16	0	90.06
91.00	09100	EMERGENCY	7,751	7,751	106,716	458	221	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	215,238	182,082	871,873	5,618	68,339	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,206	1,206	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	1,227	1,227	0	129	0	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV (LTC)	0	0	0	0	0	190.03
190.04	19004	SUMMIT CONV (LTC)	0	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV (LTC)	0	0	0	0	0	190.05
190.06	19006	MONTICELLO HOUSE (ASSISTED LIVING)	0	0	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	2,072	2,072	0	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	0	0	0	0	190.12
190.13	19013	RHEUMATOLOGY	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,390	15,390	0	0	0	192.00
192.02	19202	FOUNDATION	187	187	0	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	0	0	0	192.04
192.05	19205	VACANT SPACE	607	607	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	6,796,594	315,556	2,330,283	1,639,302	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	33.518570	0.361929	405.478163	23.987796	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	736,944	65,526	178,026	244,206	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	3.634366	0.075155	30.977205	3.573450	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	CAFETERIA (MANHOUR)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,358,730					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	21,891	0	593,021			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	57,882	0	0	17,071,175		14.00
15.00	01500	PHARMACY	39,988	0	0	51,987	4,302,755	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	63,434	0	0	2,950	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	410,850	0	410,850	886,569	0	30.00
31.00	03100	INTENSIVE CARE UNIT	37,141	0	37,141	180,279	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	15,780	0	15,780	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	129,250	0	129,250	2,807,650	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	20,573	0	0	1,383	33,903	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	74,094	0	0	77,479	1,176	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	6,029	0	0	5,971	71	56.00
57.00	05700	CT SCAN	13,700	0	0	42,605	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,553	0	0	1,781	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,315	0	0	33,112	0	59.00
60.00	06000	LABORATORY	83,224	0	0	77,467	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,179	0	0	1,542	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	27,702	0	0	5,857	77	65.00
66.00	06600	PHYSICAL THERAPY	42,311	0	0	5,769	669	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,995	0	0	433	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,884	0	0	75	0	68.00
69.00	06900	ELECTROCARDIOLOGY	17,871	0	0	12,261	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,439	0	0	5,396	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,557,731	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,706,830	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,255,946	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,050	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09002	WOUND/OSTOMY CLINIC	14,199	0	0	126,352	10,730	90.01
90.02	09001	KIDS PLUS CLINIC	0	0	0	0	0	90.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	CAFETERIA (MANHOUR)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
90.03	09003	ONCOLOGY	25,437	0	0	32,313	0	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	4	0	90.04
90.05	09005	ANTICOAGULATION CLINIC	6,707	0	0	1,061	0	90.05
90.06	09006	PREGNANCY PLUS	10,082	0	0	585	0	90.06
91.00	09100	EMERGENCY	90,644	0	0	323,675	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,264,154	0	593,021	16,950,167	4,302,572	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	19,562	0	0	6,777	9	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV (LTC)	10,555	0	0	1,298	0	190.03
190.04	19004	SUMMIT CONV (LTC)	5,926	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV (LTC)	9,204	0	0	65	0	190.05
190.06	19006	MONTICELLO HOUSE (ASSISTED LIVING)	3,555	0	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	815	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	22,914	0	0	1,636	174	190.10
190.11	19011	ONCOLOGIST	10,286	0	0	106,263	0	190.11
190.12	19012	MEDICAL INTERNIST	2,194	0	0	143	0	190.12
190.13	19013	RHEUMATOLOGY	1,673	0	0	7	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,669	0	192.00
192.02	19202	FOUNDATION	3,483	0	0	864	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	4,053	0	0	2,279	0	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	356	0	0	7	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,270,444	0	1,585,832	2,722,214	2,620,787	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.935023	0.000000	2.674158	0.159463	0.609095	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	65,721	0	96,181	210,611	127,181	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.048369	0.000000	0.162188	0.012337	0.029558	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			16.00	17.00	18.00	19.00	20.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	162,925					16.00
17.00	01700	SOCIAL SERVICE	0	425				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	24,475	418	0		0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,400	7	0		0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0		0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0		0	41.00
42.00	04200	SUBPROVIDER	0	0	0		0	42.00
43.00	04300	NURSERY	0	0	0		0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	44.00
45.00	04500	NURSING FACILITY	0	0	0		0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0		0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,350	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,425	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,800	0	0	0	0	56.00
57.00	05700	CT SCAN	8,300	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,600	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	21,625	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,150	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	925	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	200	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	50	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	300	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09002	WOUND/OSTOMY CLINIC	5,550	0	0	0	0	90.01

		Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			16.00	17.00	18.00	19.00	20.00	
90.02	09001	KIDS PLUS CLINIC	0	0	0	0	0	90.02
90.03	09003	ONCOLOGY	0	0	0	0	0	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04
90.05	09005	ANTICOAGULATION CLINIC	0	0	0	0	0	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	27,550	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	156,700	425	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	0	0	0	0	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV (LTC)	0	0	0	0	0	190.03
190.04	19004	SUMMIT CONV (LTC)	0	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV (LTC)	0	0	0	0	0	190.05
190.06	19006	MONTICELLO HOUSE (ASSISTED LIVING)	0	0	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	0	0	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	0	0	0	0	190.12
190.13	19013	RHEUMATOLOGY	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,225	0	0	0	0	192.00
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	0	0	0	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,409,484	107,551	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	20.926709	253.061176	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	162,550	36,243	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.997698	85.277647	0.000000	0.000000	0.000000	205.00

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)		
			21.00	22.00	23.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			100		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0		42.00
43.00	04300	NURSERY	0	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		44.00
45.00	04500	NURSING FACILITY	0	0	0		45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0		46.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	44		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		76.00
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
90.01	09002	WOUND/OSTOMY CLINIC	0	0	0		90.01

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME) 21.00	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME) 22.00	PARAMED ED PRGM (ASSIGNED TIME) 23.00		
90.02	09001	KIDS PLUS CLINIC	0	0	0		90.02
90.03	09003	ONCOLOGY	0	0	0		90.03
90.04	09004	MUNCIE CLINIC	0	0	0		90.04
90.05	09005	ANTICOAGULATION CLINIC	0	0	0		90.05
90.06	09006	PREGNANCY PLUS	0	0	0		90.06
91.00	09100	EMERGENCY	0	0	56		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
		OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
		SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	100		118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
190.01	19001	WELLNESS CENTERS	0	0	0		190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0		190.02
190.03	19003	NORTHVIEW CONV (LTC)	0	0	0		190.03
190.04	19004	SUMMIT CONV (LTC)	0	0	0		190.04
190.05	19005	PARKVIEW CONV (LTC)	0	0	0		190.05
190.06	19006	MONTICELLO HOUSE (ASSISTED LIVING)	0	0	0		190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0		190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0		190.08
190.09	19009	SPINE SURGEON	0	0	0		190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	0	0		190.10
190.11	19011	ONCOLOGIST	0	0	0		190.11
190.12	19012	MEDICAL INTERNIST	0	0	0		190.12
190.13	19013	RHEUMATOLOGY	0	0	0		190.13
191.00	19100	RESEARCH	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
192.02	19202	FOUNDATION	0	0	0		192.02
192.03	19203	SPOE	0	0	0		192.03
192.04	19204	HEALTHY HEART	0	0	0		192.04
192.05	19205	VACANT SPACE	0	0	0		192.05
192.07	19207	PARK PLACE CENTER	0	0	0		192.07
193.00	19300	NONPAID WORKERS	0	0	0		193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	95,461		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	954.610000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	2,283		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	22.830000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 5/29/2013 12:06 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	Charges: Inpatient	
			1.00	2.00	3.00	4.00	5.00	6.00	
		INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	24,390,482		24,390,482	0	24,390,482	18,450,590	30.00
31.00	03100	INTENSIVE CARE UNIT	2,831,973		2,831,973	0	2,831,973	3,591,227	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	984,687		984,687	0	984,687	1,425,928	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,616,858		10,616,858	0	10,616,858	10,183,431	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,082,968		1,082,968	0	1,082,968	633,935	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,534,939		6,534,939	0	6,534,939	3,220,905	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	631,136		631,136	0	631,136	1,187,186	56.00
57.00	05700	CT SCAN	1,006,186		1,006,186	0	1,006,186	4,712,085	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	896,207		896,207	0	896,207	1,195,721	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,290,377		1,290,377	0	1,290,377	5,451,884	59.00
60.00	06000	LABORATORY	6,130,446		6,130,446	0	6,130,446	10,645,848	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	379,276		379,276	0	379,276	901,662	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,369,490	0	1,369,490	0	1,369,490	4,237,106	65.00
66.00	06600	PHYSICAL THERAPY	2,445,493	0	2,445,493	0	2,445,493	845,624	66.00
67.00	06700	OCCUPATIONAL THERAPY	403,886	0	403,886	0	403,886	312,013	67.00
68.00	06800	SPEECH PATHOLOGY	251,620	0	251,620	0	251,620	224,379	68.00
69.00	06900	ELECTROCARDIOLOGY	1,108,283		1,108,283	0	1,108,283	2,193,011	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	964,018		964,018	0	964,018	103,305	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,180,026		12,180,026	0	12,180,026	9,008,207	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,275,849		5,275,849	0	5,275,849	6,684,463	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,971,005		7,971,005	0	7,971,005	25,877,123	73.00
74.00	07400	RENAL DIALYSIS	93,159		93,159	0	93,159	83,712	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,838		5,838	0	5,838	0	76.00
		OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	0	90.00
90.01	09002	WOUND/OSTOMY CLINIC	2,201,694		2,201,694	6,535	2,208,229	59,383	90.01
90.02	09001	KIDS PLUS CLINIC	206,083		206,083	0	206,083	0	90.02
90.03	09003	ONCOLOGY	0		0	0	0	4,021	90.03
90.04	09004	MUNCIE CLINIC	165,180		165,180	0	165,180	0	90.04
90.05	09005	ANTICOAGULATION CLINIC	336,571		336,571	0	336,571	3,015	90.05
90.06	09006	PREGNANCY PLUS	604,215		604,215	0	604,215	95	90.06
91.00	09100	EMERGENCY	5,883,379		5,883,379	0	5,883,379	6,511,112	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,584,941		1,584,941		1,584,941	0	92.00
		OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	0	96.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 5/29/2013 12:06 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	Charges: Inpatient	
			1.00	2.00	3.00	4.00	5.00	6.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	0	98.00
99.00	09900	CMHC	0		0		0	0	99.00
99.10	09910	CORF	0		0		0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0		0	0	101.00
		SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0		0		0	0	105.00
106.00	10600	HEART ACQUISITION	0		0		0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0		0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0		0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	0	111.00
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	0	115.00
116.00	11600	HOSPICE	0		0		0	0	116.00
200.00		Subtotal (see instructions)	99,826,265	0	99,826,265	6,535	99,832,800	117,746,971	200.00
201.00		Less Observation Beds	1,584,941		1,584,941		1,584,941		201.00
202.00		Total (see instructions)	98,241,324	0	98,241,324	6,535	98,247,859	117,746,971	202.00

		Cost Center Description	Charges: Outpatient	Charges: Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
			7.00	8.00	9.00	10.00	11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		18,450,590					30.00
31.00	03100	INTENSIVE CARE UNIT		3,591,227					31.00
32.00	03200	CORONARY CARE UNIT		0					32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0					34.00
40.00	04000	SUBPROVIDER - IPF		0					40.00
41.00	04100	SUBPROVIDER - IRF		0					41.00
42.00	04200	SUBPROVIDER		0					42.00
43.00	04300	NURSERY		1,425,928					43.00
44.00	04400	SKILLED NURSING FACILITY		0					44.00
45.00	04500	NURSING FACILITY		0					45.00
46.00	04600	OTHER LONG TERM CARE		0					46.00
		ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	21,236,705	31,420,136	0.337900	0.000000	0.337900		50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	3,354,759	3,988,694	0.271509	0.000000	0.271509		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,642,406	17,863,311	0.365830	0.000000	0.365830		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	7,105,106	8,292,292	0.076111	0.000000	0.076111		56.00
57.00	05700	CT SCAN	17,121,188	21,833,273	0.046085	0.000000	0.046085		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,695,433	9,891,154	0.090607	0.000000	0.090607		58.00
59.00	05900	CARDIAC CATHETERIZATION	4,832,900	10,284,784	0.125465	0.000000	0.125465		59.00
60.00	06000	LABORATORY	32,552,476	43,198,324	0.141914	0.000000	0.141914		60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	591,364	1,493,026	0.254032	0.000000	0.254032		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	746,943	4,984,049	0.274775	0.000000	0.274775		65.00
66.00	06600	PHYSICAL THERAPY	3,875,688	4,721,312	0.517969	0.000000	0.517969		66.00
67.00	06700	OCCUPATIONAL THERAPY	540,074	852,087	0.473996	0.000000	0.473996		67.00
68.00	06800	SPEECH PATHOLOGY	173,258	397,637	0.632788	0.000000	0.632788		68.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	Charges Outpatient	Charges Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
			Title XVIII				Hospital	PPS	
			7.00	8.00	9.00	10.00	11.00		
69.00	06900	ELECTROCARDIOLOGY	4,923,741	7,116,752	0.155729	0.000000	0.155729		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,633,682	5,736,987	0.168036	0.000000	0.168036		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,222,670	12,230,877	0.995842	0.000000	0.995842		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,336,306	15,020,769	0.351237	0.000000	0.351237		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,657,833	42,534,956	0.187399	0.000000	0.187399		73.00
74.00	07400	RENAL DIALYSIS	0	83,712	1.112851	0.000000	1.112851		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000		75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0.000000	0.000000		76.00
		OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0					89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0.000000		90.00
90.01	09002	WOUND/OSTOMY CLINIC	6,737,691	6,797,074	0.323918	0.000000	0.324879		90.01
90.02	09001	KIDS PLUS CLINIC	0	0	0.000000	0.000000	0.000000		90.02
90.03	09003	ONCOLOGY	1,288,705	1,292,726	0.000000	0.000000	0.000000		90.03
90.04	09004	MUNCIE CLINIC	0	0	0.000000	0.000000	0.000000		90.04
90.05	09005	ANTICOAGULATION CLINIC	919,696	922,711	0.364763	0.000000	0.364763		90.05
90.06	09006	PREGNANCY PLUS	149	244	2,476.290984	0.000000	2,476.290984		90.06
91.00	09100	EMERGENCY	21,304,154	27,815,266	0.211516	0.000000	0.211516		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,764,503	5,764,503	0.274948	0.000000	0.274948		92.00
		OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0.000000		97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0.000000		98.00
99.00	09900	CMHC	0	0					99.00
99.10	09910	CORF	0	0					99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0					100.00
101.00	10100	HOME HEALTH AGENCY	0	0					101.00
		SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0					105.00
106.00	10600	HEART ACQUISITION	0	0					106.00
107.00	10700	LIVER ACQUISITION	0	0					107.00
108.00	10800	LUNG ACQUISITION	0	0					108.00
109.00	10900	PANCREAS ACQUISITION	0	0					109.00
110.00	11000	INTESTINAL ACQUISITION	0	0					110.00
111.00	11100	ISLET ACQUISITION	0	0					111.00
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0					115.00
116.00	11600	HOSPICE	0	0					116.00
200.00		Subtotal (see instructions)	190,257,430	308,004,401					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	190,257,430	308,004,401					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XIX Costs: Total Costs	Title XIX Costs: RCE Disallowance	Hospital Costs: Total Costs	Cost Charges: Inpatient	
			1.00	2.00	3.00	4.00	5.00	6.00	
		INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	24,390,482		24,390,482	0	0	18,450,590	30.00
31.00	03100	INTENSIVE CARE UNIT	2,831,973		2,831,973	0	0	3,591,227	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	984,687		984,687	0	0	1,425,928	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,616,858		10,616,858	0	0	10,183,431	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,082,968		1,082,968	0	0	633,935	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,534,939		6,534,939	0	0	3,220,905	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	631,136		631,136	0	0	1,187,186	56.00
57.00	05700	CT SCAN	1,006,186		1,006,186	0	0	4,712,085	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	896,207		896,207	0	0	1,195,721	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,290,377		1,290,377	0	0	5,451,884	59.00
60.00	06000	LABORATORY	6,130,446		6,130,446	0	0	10,645,848	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	379,276		379,276	0	0	901,662	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,369,490	0	1,369,490	0	0	4,237,106	65.00
66.00	06600	PHYSICAL THERAPY	2,445,493	0	2,445,493	0	0	845,624	66.00
67.00	06700	OCCUPATIONAL THERAPY	403,886	0	403,886	0	0	312,013	67.00
68.00	06800	SPEECH PATHOLOGY	251,620	0	251,620	0	0	224,379	68.00
69.00	06900	ELECTROCARDIOLOGY	1,108,283		1,108,283	0	0	2,193,011	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	964,018		964,018	0	0	103,305	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,180,026		12,180,026	0	0	9,008,207	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,275,849		5,275,849	0	0	6,684,463	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,971,005		7,971,005	0	0	25,877,123	73.00
74.00	07400	RENAL DIALYSIS	93,159		93,159	0	0	83,712	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,838		5,838	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	0	90.00
90.01	09002	WOUND/OSTOMY CLINIC	2,201,694		2,201,694	0	0	59,383	90.01
90.02	09001	KIDS PLUS CLINIC	206,083		206,083	0	0	0	90.02
90.03	09003	ONCOLOGY	0		0	0	0	4,021	90.03
90.04	09004	MUNCIE CLINIC	165,180		165,180	0	0	0	90.04
90.05	09005	ANTICOAGULATION CLINIC	336,571		336,571	0	0	3,015	90.05
90.06	09006	PREGNANCY PLUS	604,215		604,215	0	0	95	90.06
91.00	09100	EMERGENCY	5,883,379		5,883,379	0	0	6,511,112	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,584,941		1,584,941		0	0	92.00
		OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	0	96.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 5/29/2013 12:06 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	Charges: Inpatient	
			1.00	2.00	3.00	4.00	5.00	6.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	0	98.00
99.00	09900	CMHC	0		0		0	0	99.00
99.10	09910	CORF	0		0		0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0		0	0	101.00
		SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0		0		0	0	105.00
106.00	10600	HEART ACQUISITION	0		0		0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0		0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0		0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	0	111.00
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	0	115.00
116.00	11600	HOSPICE	0		0		0	0	116.00
200.00		Subtotal (see instructions)	99,826,265	0	99,826,265	0	0	117,746,971	200.00
201.00		Less Observation Beds	1,584,941		1,584,941		0		201.00
202.00		Total (see instructions)	98,241,324	0	98,241,324	0	0	117,746,971	202.00

		Cost Center Description	Charges: Outpatient	Charges: Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
			7.00	8.00	9.00	10.00	11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		18,450,590					30.00
31.00	03100	INTENSIVE CARE UNIT		3,591,227					31.00
32.00	03200	CORONARY CARE UNIT		0					32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0					34.00
40.00	04000	SUBPROVIDER - IPF		0					40.00
41.00	04100	SUBPROVIDER - IRF		0					41.00
42.00	04200	SUBPROVIDER		0					42.00
43.00	04300	NURSERY		1,425,928					43.00
44.00	04400	SKILLED NURSING FACILITY		0					44.00
45.00	04500	NURSING FACILITY		0					45.00
46.00	04600	OTHER LONG TERM CARE		0					46.00
		ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	21,236,705	31,420,136	0.337900	0.000000	0.000000		50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	3,354,759	3,988,694	0.271509	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,642,406	17,863,311	0.365830	0.000000	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	7,105,106	8,292,292	0.076111	0.000000	0.000000		56.00
57.00	05700	CT SCAN	17,121,188	21,833,273	0.046085	0.000000	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,695,433	9,891,154	0.090607	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	4,832,900	10,284,784	0.125465	0.000000	0.000000		59.00
60.00	06000	LABORATORY	32,552,476	43,198,324	0.141914	0.000000	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	591,364	1,493,026	0.254032	0.000000	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	746,943	4,984,049	0.274775	0.000000	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	3,875,688	4,721,312	0.517969	0.000000	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	540,074	852,087	0.473996	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	173,258	397,637	0.632788	0.000000	0.000000		68.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	Charges Outpatient	Charges Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Title XIX Hospital Cost	
			7.00	8.00	9.00	10.00	11.00		
69.00	06900	ELECTROCARDIOLOGY	4,923,741	7,116,752	0.155729	0.000000	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,633,682	5,736,987	0.168036	0.000000	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,222,670	12,230,877	0.995842	0.000000	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,336,306	15,020,769	0.351237	0.000000	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,657,833	42,534,956	0.187399	0.000000	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0	83,712	1.112851	0.000000	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000		75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0.000000	0.000000		76.00
		OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0.000000		89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0.000000		90.00
90.01	09002	WOUND/OSTOMY CLINIC	6,737,691	6,797,074	0.323918	0.000000	0.000000		90.01
90.02	09001	KIDS PLUS CLINIC	0	0	0.000000	0.000000	0.000000		90.02
90.03	09003	ONCOLOGY	1,288,705	1,292,726	0.000000	0.000000	0.000000		90.03
90.04	09004	MUNCIE CLINIC	0	0	0.000000	0.000000	0.000000		90.04
90.05	09005	ANTICOAGULATION CLINIC	919,696	922,711	0.364763	0.000000	0.000000		90.05
90.06	09006	PREGNANCY PLUS	149	244	2,476.290984	0.000000	0.000000		90.06
91.00	09100	EMERGENCY	21,304,154	27,815,266	0.211516	0.000000	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,764,503	5,764,503	0.274948	0.000000	0.000000		92.00
		OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0.000000		97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0.000000		98.00
99.00	09900	CMHC	0	0					99.00
99.10	09910	CORF	0	0					99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0					100.00
101.00	10100	HOME HEALTH AGENCY	0	0					101.00
		SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0					105.00
106.00	10600	HEART ACQUISITION	0	0					106.00
107.00	10700	LIVER ACQUISITION	0	0					107.00
108.00	10800	LUNG ACQUISITION	0	0					108.00
109.00	10900	PANCREAS ACQUISITION	0	0					109.00
110.00	11000	INTESTINAL ACQUISITION	0	0					110.00
111.00	11100	ISLET ACQUISITION	0	0					111.00
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0					115.00
116.00	11600	HOSPICE	0	0					116.00
200.00		Subtotal (see instructions)	190,257,430	308,004,401					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	190,257,430	308,004,401					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part I Date/Time Prepared: 5/29/2013 12:06 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,027,057	0	2,027,057	20,775	97.57	30.00
31.00	INTENSIVE CARE UNIT	217,020		217,020	2,148	101.03	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	62,857		62,857	1,880	33.43	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	2,306,934		2,306,934	24,803		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	10,749	1,048,780	30.00
31.00	INTENSIVE CARE UNIT	1,180	119,215	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (lines 30-199)	11,929	1,167,995	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part II Date/Time Prepared: 5/29/2013 12:06 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,330,774	31,420,136	0.042354	4,003,463	169,563	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	51,022	3,988,694	0.012792	247,706	3,169	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	850,316	17,863,311	0.047601	2,047,937	97,484	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	46,535	8,292,292	0.005612	721,126	4,047	56.00
57.00	05700	CT SCAN	39,389	21,833,273	0.001804	2,690,699	4,854	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	59,707	9,891,154	0.006036	634,995	3,833	58.00
59.00	05900	CARDIAC CATHETERIZATION	194,305	10,284,784	0.018892	1,200,503	22,680	59.00
60.00	06000	LABORATORY	432,802	43,198,324	0.010019	6,379,120	63,912	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	24,219	1,493,026	0.016221	345,176	5,599	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	85,754	4,984,049	0.017206	2,247,352	38,668	65.00
66.00	06600	PHYSICAL THERAPY	97,548	4,721,312	0.020661	565,657	11,687	66.00
67.00	06700	OCCUPATIONAL THERAPY	27,073	852,087	0.031773	202,204	6,425	67.00
68.00	06800	SPEECH PATHOLOGY	16,732	397,637	0.042079	172,725	7,268	68.00
69.00	06900	ELECTROCARDIOLOGY	245,219	7,116,752	0.034457	1,800,405	62,037	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	98,310	5,736,987	0.017136	55,117	944	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	364,245	12,230,877	0.029781	5,520,717	164,412	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	157,774	15,020,769	0.010504	5,649,754	59,345	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	254,438	42,534,956	0.005982	14,307,032	85,585	73.00
74.00	07400	RENAL DIALYSIS	5,383	83,712	0.064304	52,820	3,397	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	140	0	0.000000	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09002	WOUND/OSTOMY CLINIC	255,794	6,797,074	0.037633	0	0	90.01
90.02	09001	KIDS PLUS CLINIC	31,038	0	0.000000	0	0	90.02
90.03	09003	ONCOLOGY	273,659	1,292,726	0.211691	0	0	90.03
90.04	09004	MUNCIE CLINIC	55,524	0	0.000000	0	0	90.04
90.05	09005	ANTICOAGULATION CLINIC	8,522	922,711	0.009236	0	0	90.05
90.06	09006	PREGNANCY PLUS	56,661	244	232.217213	0	0	90.06
91.00	09100	EMERGENCY	349,675	27,815,266	0.012571	2,767,321	34,788	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	131,723	5,764,503	0.022851	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	5,544,281	284,536,656		51,611,829	849,697	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part III Date/Time Prepared: 5/29/2013 12:06 pm

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	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0		0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	44.00
45.00	04500	NURSING FACILITY	0	0	0		0	45.00
200.00		Total (lines 30-199)	0	0	0		0	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	20,775	0.00	10,749	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,148	0.00	1,180	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	04300	NURSERY	1,880	0.00	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	0	45.00
200.00		Total (lines 30-199)	24,803		11,929	0	0	200.00

		Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	
			12.00	13.00	
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
200.00		Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part IV Date/Time Prepared: 5/29/2013 12:06 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	42,003	0	42,003	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09002	WOUND/OSTOMY CLINIC	0	0	0	0	0	90.01
90.02	09001	KIDS PLUS CLINIC	0	0	0	0	0	90.02
90.03	09003	ONCOLOGY	0	0	0	0	0	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04
90.05	09005	ANTICOAGULATION CLINIC	0	0	0	0	0	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	53,458	0	53,458	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	95,461	0	95,461	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part IV | Date/Time Prepared: 5/29/2013 12:06 pm

		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)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			Title XVIII			Hospital	PPS	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	31,420,136	0.000000	0.000000	4,003,463	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,988,694	0.000000	0.000000	247,706	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,003	17,863,311	0.002351	0.002351	2,047,937	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	8,292,292	0.000000	0.000000	721,126	56.00
57.00	05700	CT SCAN	0	21,833,273	0.000000	0.000000	2,690,699	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,891,154	0.000000	0.000000	634,995	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	10,284,784	0.000000	0.000000	1,200,503	59.00
60.00	06000	LABORATORY	0	43,198,324	0.000000	0.000000	6,379,120	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,493,026	0.000000	0.000000	345,176	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,984,049	0.000000	0.000000	2,247,352	65.00
66.00	06600	PHYSICAL THERAPY	0	4,721,312	0.000000	0.000000	565,657	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	852,087	0.000000	0.000000	202,204	67.00
68.00	06800	SPEECH PATHOLOGY	0	397,637	0.000000	0.000000	172,725	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,116,752	0.000000	0.000000	1,800,405	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,736,987	0.000000	0.000000	55,117	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,230,877	0.000000	0.000000	5,520,717	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,020,769	0.000000	0.000000	5,649,754	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	42,534,956	0.000000	0.000000	14,307,032	73.00
74.00	07400	RENAL DIALYSIS	0	83,712	0.000000	0.000000	52,820	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0.000000	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09002	WOUND/OSTOMY CLINIC	0	6,797,074	0.000000	0.000000	0	90.01
90.02	09001	KIDS PLUS CLINIC	0	0	0.000000	0.000000	0	90.02
90.03	09003	ONCOLOGY	0	1,292,726	0.000000	0.000000	0	90.03
90.04	09004	MUNCIE CLINIC	0	0	0.000000	0.000000	0	90.04
90.05	09005	ANTICOAGULATION CLINIC	0	922,711	0.000000	0.000000	0	90.05
90.06	09006	PREGNANCY PLUS	0	244	0.000000	0.000000	0	90.06
91.00	09100	EMERGENCY	53,458	27,815,266	0.001922	0.001922	2,767,321	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,764,503	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	95,461	284,536,656			51,611,829	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part IV Date/Time Prepared: 5/29/2013 12:06 pm

		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	
			Title XVIII			Hospital	PPS	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	7,255,495	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	316,083	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,815	4,319,839	10,156	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	3,333,305	0	0	0	56.00
57.00	05700	CT SCAN	0	5,672,881	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,662,602	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	824,883	0	0	0	59.00
60.00	06000	LABORATORY	0	1,524,410	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	375,809	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,673,122	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	593	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,342,644	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,811,604	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,077,756	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,490,815	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,949,119	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09002	WOUND/OSTOMY CLINIC	0	0	0	0	0	90.01
90.02	09001	KIDS PLUS CLINIC	0	0	0	0	0	90.02
90.03	09003	ONCOLOGY	0	0	0	0	0	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04
90.05	09005	ANTICOAGULATION CLINIC	0	0	0	0	0	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	5,319	4,058,308	7,800	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,913,229	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	10,134	50,602,497	17,956	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part IV Date/Time Prepared: 5/29/2013 12:06 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
			23.00	24.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09002	WOUND/OSTOMY CLINIC	0	0	90.01
90.02	09001	KIDS PLUS CLINIC	0	0	90.02
90.03	09003	ONCOLOGY	0	0	90.03
90.04	09004	MUNCIE CLINIC	0	0	90.04
90.05	09005	ANTICOAGULATION CLINIC	0	0	90.05
90.06	09006	PREGNANCY PLUS	0	0	90.06
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00		Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part V Date/Time Prepared: 5/29/2013 12:06 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.337900	7,255,495	0	0	2,451,632	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.271509	316,083	0	0	85,819	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.365830	4,319,839	0	0	1,580,327	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.076111	3,333,305	0	0	253,701	56.00
57.00	05700	CT SCAN	0.046085	5,672,881	0	0	261,435	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.090607	2,662,602	0	0	241,250	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.125465	824,883	0	0	103,494	59.00
60.00	06000	LABORATORY	0.141914	1,524,410	0	0	216,335	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.254032	375,809	0	0	95,468	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.274775	1,673,122	0	0	459,732	65.00
66.00	06600	PHYSICAL THERAPY	0.517969	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.473996	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.632788	593	0	0	375	68.00
69.00	06900	ELECTROCARDIOLOGY	0.155729	2,342,644	0	0	364,818	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.168036	1,811,604	0	0	304,415	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.995842	4,077,756	1,977	0	4,060,801	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.351237	1,490,815	0	0	523,629	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.187399	6,949,119	0	103,578	1,302,258	73.00
74.00	07400	RENAL DIALYSIS	1.112851	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09002	WOUND/OSTOMY CLINIC	0.323918	0	0	0	0	90.01
90.02	09001	KIDS PLUS CLINIC	0.000000	0	0	0	0	90.02
90.03	09003	ONCOLOGY	0.000000	0	0	0	0	90.03
90.04	09004	MUNCIE CLINIC	0.000000	0	0	0	0	90.04
90.05	09005	ANTICOAGULATION CLINIC	0.364763	0	0	0	0	90.05
90.06	09006	PREGNANCY PLUS	2,476.290984	0	0	0	0	90.06
91.00	09100	EMERGENCY	0.211516	4,058,308	0	0	858,397	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.274948	1,913,229	0	0	526,038	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		50,602,497	1,977	103,578	13,689,924	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		50,602,497	1,977	103,578	13,689,924	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part V | Date/Time Prepared: 5/29/2013 12:06 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,969	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,410	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09002	WOUND/OSTOMY CLINIC	0	0	90.01
90.02	09001	KIDS PLUS CLINIC	0	0	90.02
90.03	09003	ONCOLOGY	0	0	90.03
90.04	09004	MUNCIE CLINIC	0	0	90.04
90.05	09005	ANTICOAGULATION CLINIC	0	0	90.05
90.06	09006	PREGNANCY PLUS	0	0	90.06
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00		Subtotal (see instructions)	1,969	19,410	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	1,969	19,410	202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D-1 | Date/Time Prepared: 5/29/2013 12:06 pm

	Title XVIII	Hospital	PPS
	Cost Center Description		1.00
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	20,775	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	20,775	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	19,425	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)	10,749	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
	SWING BED ADJUSTMENT		
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)	24,390,482	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)	24,390,482	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	17,983,546	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	17,983,546	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.356267	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)	925.79	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)	24,390,482	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,174.03	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	12,619,648	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)	12,619,648	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D-1 | Date/Time Prepared: 5/29/2013 12:06 pm

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		Title XVIII			Hospital	PPS	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	2,831,973	2,148	1,318.42	1,180	1,555,736	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	15,761,926	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	29,937,310	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	1,167,995	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	859,831	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	2,027,826	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	27,909,484	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
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
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	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
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	1,350	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,174.03	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,584,941	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150113

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

Worksheet D-1

Date/Time Prepared: 5/29/2013 12:06 pm

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		Title XVIII			Hospital	PPS	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	2,027,057	24,390,482	0.083109	1,584,941	131,723	90.00
91.00	Nursing School cost	0	24,390,482	0.000000	1,584,941	0	91.00
92.00	Allied health cost	0	24,390,482	0.000000	1,584,941	0	92.00
93.00	All other Medical Education	0	24,390,482	0.000000	1,584,941	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D-1 | Date/Time Prepared: 5/29/2013 12:06 pm

	Cost Center Description	Title XIX	Hospital	Cost
				1.00
	PART I - ALL PROVIDER COMPONENTS			
	INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			20,775 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			20,775 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			19,425 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)			1,542 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)			1,880 15.00
16.00	Nursery days (title V or XIX only)			460 16.00
	SWING BED ADJUSTMENT			
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)			24,390,482 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)			24,390,482 27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)			17,983,546 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			17,983,546 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			1.356267 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)			925.79 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)			24,390,482 37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY			
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,174.03 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,810,354 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)			1,810,354 41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D-1 | Date/Time Prepared: 5/29/2013 12:06 pm

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		Title XIX			Hospital	Cost	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	984,687	1,880	523.77	460	240,934	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	2,831,973	2,148	1,318.42	144	189,852	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
	Cost Center Description					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,266,851	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,507,991	49.00
	PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION						
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
	PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	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
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					1,350	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,174.03	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,584,941	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150113

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

Worksheet D-1

Date/Time Prepared: 5/29/2013 12:06 pm

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		Title XIX			Hospital	Cost	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D-3 | Date/Time Prepared: 5/29/2013 12:06 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		8,699,059		30.00
31.00	03100	INTENSIVE CARE UNIT		1,814,279		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.337900	4,003,463	1,352,770	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.271509	247,706	67,254	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.365830	2,047,937	749,197	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.076111	721,126	54,886	56.00
57.00	05700	CT SCAN	0.046085	2,690,699	124,001	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.090607	634,995	57,535	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.125465	1,200,503	150,621	59.00
60.00	06000	LABORATORY	0.141914	6,379,120	905,286	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.254032	345,176	87,686	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.274775	2,247,352	617,516	65.00
66.00	06600	PHYSICAL THERAPY	0.517969	565,657	292,993	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.473996	202,204	95,844	67.00
68.00	06800	SPEECH PATHOLOGY	0.632788	172,725	109,298	68.00
69.00	06900	ELECTROCARDIOLOGY	0.155729	1,800,405	280,375	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.168036	55,117	9,262	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.995842	5,520,717	5,497,762	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.351237	5,649,754	1,984,403	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.187399	14,307,032	2,681,123	73.00
74.00	07400	RENAL DIALYSIS	1.112851	52,820	58,781	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09002	WOUND/OSTOMY CLINIC	0.324879	0	0	90.01
90.02	09001	KIDS PLUS CLINIC	0.000000	0	0	90.02
90.03	09003	ONCOLOGY	0.000000	0	0	90.03
90.04	09004	MUNCIE CLINIC	0.000000	0	0	90.04
90.05	09005	ANTICOAGULATION CLINIC	0.364763	0	0	90.05
90.06	09006	PREGNANCY PLUS	2,476.290984	0	0	90.06
91.00	09100	EMERGENCY	0.211516	2,767,321	585,333	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.274948	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		51,611,829	15,761,926	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)		51,611,829		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D-3 | Date/Time Prepared: 5/29/2013 12:06 pm

		Cost Center Description	Title XIX Ratio of Cost To Charges	Hospital Inpatient Program Charges	Cost Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		1,936,951		30.00
31.00	03100	INTENSIVE CARE UNIT		140,370		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY		588,444		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.337900	1,531,951	517,646	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.271509	69,631	18,905	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.365830	168,001	61,460	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.076111	55,218	4,203	56.00
57.00	05700	CT SCAN	0.046085	208,191	9,594	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.090607	61,265	5,551	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.125465	178,510	22,397	59.00
60.00	06000	LABORATORY	0.141914	691,720	98,165	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.254032	91,261	23,183	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.274775	175,231	48,149	65.00
66.00	06600	PHYSICAL THERAPY	0.517969	17,764	9,201	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.473996	4,993	2,367	67.00
68.00	06800	SPEECH PATHOLOGY	0.632788	7,664	4,850	68.00
69.00	06900	ELECTROCARDIOLOGY	0.155729	88,474	13,778	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.168036	9,720	1,633	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.995842	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.351237	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.187399	1,884,136	353,085	73.00
74.00	07400	RENAL DIALYSIS	1.112851	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	76.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09002	WOUND/OSTOMY CLINIC	0.323918	2,834	918	90.01
90.02	09001	KIDS PLUS CLINIC	0.000000	0	0	90.02
90.03	09003	ONCOLOGY	0.000000	0	0	90.03
90.04	09004	MUNCIE CLINIC	0.000000	0	0	90.04
90.05	09005	ANTICOAGULATION CLINIC	0.364763	0	0	90.05
90.06	09006	PREGNANCY PLUS	2,476.290984	0	0	90.06
91.00	09100	EMERGENCY	0.211516	339,294	71,766	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.274948	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		5,585,858	1,266,851	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)		5,585,858		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet E Part A Date/Time Prepared: 5/29/2013 12:06 pm

Title XVIII | Hospital | PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS		
1.00	DRG Amounts Other than Outlier Payments	20,291,813	1.00
2.00	Outlier payments for discharges. (see instructions)	428,996	2.00
2.01	Outlier reconciliation amount	0	2.01
3.00	Managed Care Simulated Payments	0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	133.31	4.00
	Indirect Medical Education Adjustment		
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00
12.00	Current year allowable FTE (see instructions)	0.00	12.00
13.00	Total allowable FTE count for the prior year.	0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00	15.00
16.00	Adjustment for residents in initial years of the program	0.00	16.00
17.00	Adjusment for residents displaced by program or hospital closure	0.00	17.00
18.00	Adjusted rolling average FTE count	0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000	21.00
22.00	IME payment adjustment (see instructions)	0	22.00
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000	26.00
27.00	IME payments adjustment. (see instructions)	0.000000	27.00
28.00	IME Adjustment (see instructions)	0	28.00
29.00	Total IME payment (sum of lines 22 and 28)	0	29.00
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	4.44	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)	20.73	31.00
32.00	Sum of lines 30 and 31	25.17	32.00
33.00	Allowable disproportionate share percentage (see instructions)	9.98	33.00
34.00	Disproportionate share adjustment (see instructions)	2,025,123	34.00
	Additional payment for high percentage of ESRD beneficiary discharges		
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)	0	46.00
47.00	Subtotal (see instructions)	22,745,932	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	22,745,932	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	1,776,955	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)	0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).	0	52.00
53.00	Nursing and Allied Health Managed Care payment	0	53.00
54.00	Special add-on payments for new technologies	0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)	0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)	0	56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).	0	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150113	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/29/2013 12:06 pm
	Title XVIII	Hospital	PPS

		1.00	
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)	10,134	58.00
59.00	Total (sum of amounts on lines 49 through 58)	24,533,021	59.00
60.00	Primary payer payments	744	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	24,532,277	61.00
62.00	Deductibles billed to program beneficiaries	2,179,231	62.00
63.00	Coinsurance billed to program beneficiaries	70,805	63.00
64.00	Allowable bad debts (see instructions)	121,492	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	85,044	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	35,039	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	22,367,285	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)	0	68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96).(For SCH see instructions)	0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	70.00
70.93	HVBP incentive payment (see instructions)	1,883	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)	-19,947	70.94
70.95	Recovery of Accelerated Depreciation	0	70.95
70.96	Low Volume Payment-1	0	70.96
70.97	Low Volume Payment-2	0	70.97
70.98	Low Volume Payment-3	0	70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)	22,349,221	71.00
72.00	Interim payments	22,731,941	72.00
73.00	Tentative settlement (for contractor use only)	0	73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)	-382,720	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	1,937,868	75.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)	0	90.00
91.00	Capital outlier from Worksheet L, Part I, line 2	0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)	0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)	0	93.00
94.00	The rate used to calculate the Time Value of Money	0.00	94.00
95.00	Time Value of Money for operating expenses(see instructions)	0	95.00
96.00	Time Value of Money for capital related expenses (see instructions)	0	96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet E Part B Date/Time Prepared: 5/29/2013 12:06 pm

Title XVIII | Hospital | PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	21,379	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	13,671,968	2.00
3.00	PPS payments	10,596,218	3.00
4.00	Outlier payment (see instructions)	18,534	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.873	5.00
6.00	Line 2 times line 5	11,935,628	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	88.93	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	17,956	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	21,379	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	105,555	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	105,555	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	105,555	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	84,176	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)	21,379	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	10,632,708	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	395	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	2,581,534	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)	8,072,158	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	8,072,158	30.00
31.00	Primary payer payments	1,471	31.00
32.00	Subtotal (line 30 minus line 31)	8,070,687	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	241,469	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	169,028	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	208,647	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	8,239,715	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.98	AB Re-billing demo amount (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)	8,239,715	40.00
41.00	Interim payments	8,472,153	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)	-232,438	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00
		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet E-1 Part I Date/Time Prepared: 5/29/2013 12:06 pm

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		22,700,041		8,411,553	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	09/06/2012	31,900	09/06/2012	60,600	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		31,900		60,600	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)		22,731,941		8,472,153	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		382,720		232,438	6.02
7.00	Total Medicare program liability (see instructions)		22,349,221		8,239,715	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet E-1 Part II Date/Time Prepared: 5/29/2013 12:06 pm

Title XVIII | Hospital | PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14	6,059	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	11,929	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2	2,070	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	21,573	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	308,004,401	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	9,914,843	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	1,499,533	8.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	865,653	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)	633,880	32.00
		Overrides	
		1.00	
	CONTRACTOR OVERRIDES		
108.00	Override of HIT payment	0	108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet E-3 Part VII Date/Time Prepared: 5/29/2013 12:06 pm

		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
	COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		3,507,991		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		3,507,991	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		3,507,991	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonable Charges				
8.00	Routine service charges		2,665,764		8.00
9.00	Ancillary service charges		5,585,858	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		8,251,622	0	12.00
	CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		8,251,622	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		4,743,631	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		3,507,991	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		3,507,991	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		3,507,991	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinsurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		3,507,991	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		3,507,991	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		3,507,991	0	40.00
41.00	Interim payments		5,663,120	0	41.00
42.00	Balance due provider/program (line 40 minus 41)		-2,155,129	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	0	43.00

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

Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet G | Date/Time Prepared: 5/29/2013 12:06 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	25,173,191	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	43,554,535	0	0	0	4.00
5.00	Other receivable	-17,212	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-23,628,849	0	0	0	6.00
7.00	Inventory	2,114,271	0	0	0	7.00
8.00	Prepaid expenses	141,962	0	0	0	8.00
9.00	Other current assets	48,588,369	0	0	0	9.00
10.00	Due from other funds	6,719,989	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	102,646,256	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	5,976,988	0	0	0	12.00
13.00	Land improvements	2,152,803	0	0	0	13.00
14.00	Accumulated depreciation	-1,682,695	0	0	0	14.00
15.00	Buildings	46,826,141	0	0	0	15.00
16.00	Accumulated depreciation	-28,901,311	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	18,041,296	0	0	0	19.00
20.00	Accumulated depreciation	-10,204,587	0	0	0	20.00
21.00	Automobiles and trucks	592,676	0	0	0	21.00
22.00	Accumulated depreciation	-455,839	0	0	0	22.00
23.00	Major movable equipment	14,992,280	0	0	0	23.00
24.00	Accumulated depreciation	-11,146,376	0	0	0	24.00
25.00	Minor equipment depreciable	27,662,851	0	0	0	25.00
26.00	Accumulated depreciation	-19,642,467	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)	44,211,760	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	0	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	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	146,858,016	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	2,069,150	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,416,438	0	0	0	38.00
39.00	Payroll taxes payable	317,913	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,075,536	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	388,243	0	0	0	43.00
44.00	Other current liabilities	1,692,987	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	14,960,267	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	11,829,913	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	11,829,913	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	26,790,180	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	120,067,837				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)	120,067,837	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	146,858,017	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet G-1 | Date/Time Prepared: 5/29/2013 12:06 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		84,696,505		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		35,371,330				2.00
3.00	Total (sum of line 1 and line 2)		120,067,835		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		120,067,835		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		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)		120,067,835		0		19.00

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/29/2013 12:06 pm

	Cost Center Description	Inpatient 1.00	Outpatient 2.00	Total 3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	18,714,532		18,714,532	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	18,714,532		18,714,532	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	3,637,179		3,637,179	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	3,637,179		3,637,179	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	22,351,711		22,351,711	17.00
18.00	Ancillary services	89,220,035	156,960,587	246,180,622	18.00
19.00	Outpatient services	6,656,845	30,509,758	37,166,603	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		0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	NURSERY, NRCC AND OTHER	1,675,943	8,807,098	10,483,041	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	119,904,534	196,277,443	316,181,977	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		120,390,197		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)		120,390,197		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet G-3 | Date/Time Prepared: 5/29/2013 12:06 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	316,181,977	1.00
2.00	Less contractual allowances and discounts on patients' accounts	164,147,125	2.00
3.00	Net patient revenues (line 1 minus line 2)	152,034,852	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	120,390,197	4.00
5.00	Net income from service to patients (line 3 minus line 4)	31,644,655	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	31,782	7.00
8.00	Revenues from telephone and telegraph service	17,347	8.00
9.00	Revenue from television and radio service	30,323	9.00
10.00	Purchase discounts	13,314	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	619,357	14.00
15.00	Revenue from rental of living quarters	2,782	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	-21,477	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
24.01	GENERAL NON-OPERATING REVENUE	5,320,205	24.01
24.02	GENERAL OTHER-OPERATING REVENUE	6,363,927	24.02
25.00	Total other income (sum of lines 6-24)	12,377,560	25.00
26.00	Total (line 5 plus line 25)	44,022,215	26.00
27.00	PROVISION FOR BAD DEBTS	8,650,885	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	8,650,885	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	35,371,330	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 150113

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

Worksheet I-5

Date/Time Prepared: 5/29/2013 12:06 pm

		1.00	
1.00	Total expenses related to care of program beneficiaries (see instructions)	0	1.00
2.00	Total payment (from Worksheet I-4, column 6, line 11)	0	2.00
3.00	Deductibles billed to Medicare (Part B) patients	0	3.00
4.00	Coinsurance billed to Medicare (Part B) patients	0	4.00
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	5.00
6.00			6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (sum of lines 3 and 4 less line 5)	0	8.00
9.00	Program payment (line 2 less line 3, times 80 percent)	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (Line 1 minus the sum of lines 8 and 9. If negative, enter zero and do not complete line 11.)	0	10.00
11.00	Reimbursable bad debts (lesser of line 10 or line 5) (transfer to Worksheet E, Part B, line 33)	0	11.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 150113 | Period: From 01/01/2012 To 12/31/2012 | Worksheet L Parts I-III Date/Time Prepared: 5/29/2013 12:06 pm

Title XVIII | Hospital | PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	1,628,289	1.00
2.00	Capital DRG outlier payments	63,506	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	59.28	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	4.44	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)	20.73	8.00
9.00	Sum of lines 7 and 8	25.17	9.00
10.00	Allowable disproportionate share percentage (see instructions)	5.23	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	85,160	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	1,776,955	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00