

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/29/2015 10:45 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/29/2015 Time: 10:45 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above 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 HOWARD REGIONAL HEALTH (150007) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 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.

(Signed) _____
Officer or Administrator of Provider(s)

Title

Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	186,909	-235,688	-49,234	7,375,092	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
200.00 Total	0	186,909	-235,688	-49,234	7,375,092	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. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 150007		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/29/2015 10:43 am				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 3500 SOUTH LAFOUNTAIN			PO Box:						1.00		
2.00	City: KOKOMO			State: IN		Zip Code: 46902		County: HOWARD		2.00		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital			COMMUNITY HOWARD REGIONAL HEALTH	150007	26900	1	07/01/1966	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
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2014	12/31/2014		20.00		
21.00	Type of Control (see instructions)						2		21.00			
Inpatient PPS Information												
22.00	Does this facility qualify 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		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	N		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03		
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 days	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 column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,724	594	0	8	1,923	96		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/29/2015 10:43 am		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					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	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	Y			40.00
		V	XVII	XIX		
		1.00	2.00	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 Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. 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 Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. 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	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
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	
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider 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 Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<u>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.</u>							
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 nonprovider 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
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	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 associated with primary care FTEs for each primary care program in which you trained residents. 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

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		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 nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 67.00
				1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) 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, 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 fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)	N		0		71.00
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 an approved GME 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, 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 fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (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
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N				81.00
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

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		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 Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. 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 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
				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 column 1 is 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 hospitals providers) based on the definition in CMS Pub.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 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	571,306	0		118.01
				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 high cost 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/29/2015 10:43 am				
		1.00	2.00					
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		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: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101				
142.00	Street: 1500 NORTH RITTER	PO Box:						
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46219-3095				
				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 the 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, § 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		
				1.00				
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00		
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/29/2015 10:43 am
		Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2013	09/30/2014	170.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/29/2015 10:43 am	
			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
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.	Y			5.00
			Y/N	Type	Date
			1.00	2.00	3.00
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	Legal Oper.	
			1.00	2.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
			Part A		Part B
			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	04/01/2015	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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/29/2015 10:43 am	
	Description	Part A		Part B	
		Y/N	Date	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 relieved for Medicare purposes? If yes, see instructions			N	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.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	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			Y	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?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		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.	RONALD	HELMS		41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH NETWORK			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-355-5501	RHELMS@COMMUNITY.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)	04/01/2015		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.	REIMBURSEMENT MANAGER		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2015 10:43 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	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)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	109	39,785	0.00	0	1.00
2.00 HMO and other (see instructions)						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)		109	39,785	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,920	0.00	0	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	43.00				0	13.00
14.00 Total (see instructions)		117	42,705	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		117				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)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2015 10:43 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	8,105	1,639	15,408			1.00
2.00 HMO and other (see instructions)	641	2,525				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	8,105	1,639	15,408			7.00
8.00 INTENSIVE CARE UNIT	1,373	0	2,251			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		85	1,137			13.00
14.00 Total (see instructions)	9,478	1,724	18,796	0.00	715.10	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	94			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	715.10	27.00
28.00 Observation Bed Days		329	1,839			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			199			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	96	148			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2015 10:43 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,980	2,315	6,450	1.00
2.00 HMO and other (see instructions)			57	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	1,980	2,315	6,450	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	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
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150007		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part II Date/Time Prepared: 5/29/2015 10:43 am	
	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	43,245,532	0	43,245,532	1,487,417.00	29.07	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		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	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)		2,368,410	0	2,368,410	83,091.00	28.50	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		866,876	0	866,876	14,910.00	58.14	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) (see instructions)		10,030,924	0	10,030,924			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		33,723	0	33,723			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		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,570,377	0	1,570,377	12,825.00	122.45	26.00
27.00	Administrative & General	5.00	6,376,508	0	6,376,508	202,948.00	31.42	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	987,566	0	987,566	45,678.00	21.62	30.00
31.00	Laundry & Linen Service	8.00	25,108	0	25,108	2,088.00	12.02	31.00
32.00	Housekeeping	9.00	507,251	0	507,251	45,580.00	11.13	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	653,452	-241,974	411,478	19,266.00	21.36	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	241,974	241,974	21,860.00	11.07	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,393,938	-92,194	1,301,744	35,849.00	36.31	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2015 10:43 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,040,590	0	1,040,590	43,766.00	23.78	41.00
42.00	Social Service	17.00	0	141,430	141,430	6,298.00	22.46	42.00
43.00	Other General Service	18.00	671,210	0	671,210	34,640.00	19.38	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2015 10:43 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es 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)	43,245,532	0	43,245,532	1,487,417.00	29.07	1.00
2.00	Excluded area salaries (see instructions)	2,368,410	0	2,368,410	83,091.00	28.50	2.00
3.00	Subtotal salaries (line 1 minus line 2)	40,877,122	0	40,877,122	1,404,326.00	29.11	3.00
4.00	Subtotal other wages & related costs (see inst.)	866,876	0	866,876	14,910.00	58.14	4.00
5.00	Subtotal wage-related costs (see inst.)	10,030,924	0	10,030,924	0.00	24.54	5.00
6.00	Total (sum of lines 3 thru 5)	51,774,922	0	51,774,922	1,419,236.00	36.48	6.00
7.00	Total overhead cost (see instructions)	13,226,000	49,236	13,275,236	470,798.00	28.20	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2015 10:43 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,855,349 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)			0 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)			5,162,637 8.00
9.00	Prescription Drug Plan			-27,617 9.00
10.00	Dental, Hearing and Vision Plan			133,458 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			54,520 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			154,674 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			0 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			246,245 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			3,004,976 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			23,958 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			49,533 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			10,657,733 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: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet S-3
Part V
Date/Time Prepared:
5/29/2015 10:43 am

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	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/29/2015 10:43 am
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			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)		0.269280	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		8,038,965	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		49,175,272	6.00
7.00	Medicaid cost (line 1 times line 6)		13,241,917	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)		5,202,952	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone SCHIP		0	9.00
10.00	Stand-alone SCHIP charges		0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Uncompensated care (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		5,202,952	19.00
			1.00	
			2.00	
			3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	Uninsured patients	5,185,233	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	Insured patients	0	21.00
22.00	Partial payment by patients approved for charity care	Total (col. 1 + col. 2)	5,185,233	22.00
23.00	Cost of charity care (line 21 minus line 22)		1,396,280	23.00
			1.00	
			2.00	
			3.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		13,765,738	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		63,307	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		13,702,431	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		3,689,791	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		5,086,071	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		10,289,023	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150007		Period: From 01/01/2014 To 12/31/2014		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	10,683,551	10,683,551	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT		0	0	302,132	302,132	1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT		0	0	28,686	28,686	1.02
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,570,377	6,110,005	7,680,382	-34,537	7,645,845	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,376,508	39,830,655	46,207,163	-8,763,463	37,443,700	5.00
7.00	00700	OPERATION OF PLANT	987,566	3,427,409	4,414,975	1,161,812	5,576,787	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	25,108	273,732	298,840	-248	298,592	8.00
9.00	00900	HOUSEKEEPING	507,251	252,082	759,333	-7,580	751,753	9.00
10.00	01000	DIETARY	653,452	557,718	1,211,170	-642,136	569,034	10.00
11.00	01100	CAFETERIA	0	0	0	633,040	633,040	11.00
13.00	01300	NURSING ADMINISTRATION	1,393,938	267,650	1,661,588	-118,335	1,543,253	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,040,590	835,531	1,876,121	-3,196	1,872,925	16.00
17.00	01700	SOCIAL SERVICE	0	39	39	191,127	191,166	17.00
18.00	01850	PSYCHIATRIC ADMINISTRATION	671,210	460,741	1,131,951	-14,483	1,117,468	18.00
23.00	02300	PASTORAL CARE	262,245	52,306	314,551	-111	314,440	23.00
23.01	02301	EMS CERTIFICATION PROGRAM	0	0	0	803	803	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,456,304	1,659,640	8,115,944	-1,371,365	6,744,579	30.00
31.00	03100	INTENSIVE CARE UNIT	1,582,112	505,919	2,088,031	-272,286	1,815,745	31.00
43.00	04300	NURSERY	0	0	0	328,628	328,628	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,008,769	5,162,384	7,171,153	-2,220,629	4,950,524	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	520,403	520,403	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,006,567	664,882	1,671,449	-318,873	1,352,576	54.00
54.01	03480	ONCOLOGY	1,230,619	612,029	1,842,648	-246,827	1,595,821	54.01
57.00	05700	CT SCAN	407,275	323,168	730,443	-264,463	465,980	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	547,297	1,303,303	1,850,600	-891,065	959,535	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,005,230	4,700,066	5,705,296	-3,220,604	2,484,692	59.00
60.00	06000	LABORATORY	785,116	3,490,879	4,275,995	-498,158	3,777,837	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	577,102	577,102	-577,102	0	63.00
65.00	06500	RESPIRATORY THERAPY	644,696	169,708	814,404	-109,727	704,677	65.00
66.00	06600	PHYSICAL THERAPY	0	283,833	283,833	0	283,833	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	163,144	163,144	0	163,144	67.00
68.00	06800	SPEECH PATHOLOGY	0	82,655	82,655	0	82,655	68.00
69.00	06900	ELECTROCARDIOLOGY	864,226	396,216	1,260,442	-250,447	1,009,995	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	26,708	4,562	31,270	-1,568	29,702	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	128,860	-25,583	103,277	4,028,512	4,131,789	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,699,879	2,699,879	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,613,745	9,177,139	10,790,884	62,234	10,853,118	73.00
74.00	07400	RENAL DIALYSIS	0	146,297	146,297	-4,550	141,747	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	185,087	78,239	263,326	-25,826	237,500	75.01
76.99	07699	LI THOTRI PSY	0	0	0	291,473	291,473	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,903,095	1,777,571	3,680,666	-348,743	3,331,923	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04951	GENESIS	689,345	87,017	776,362	0	776,362	93.01
93.02	04952	WOMEN'S CENTER	0	-722	-722	-67	-789	93.02
93.03	04953	RESIDENTIAL HOMES	460,408	154,164	614,572	-23,415	591,157	93.03
93.04	04954	DR. STEELE	0	0	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	57,953	9,594	67,547	-8	67,539	93.05
93.06	04956	HOWARD COUNTY CSS	338,517	54,086	392,603	157	392,760	93.06
93.07	04957	CLINTON COUNTY	388,236	184,427	572,663	-84,949	487,714	93.07
93.08	04958	HOWARD DIABETES	143,650	27,619	171,269	-3,263	168,006	93.08
93.09	04959	DR. AROUTINOVA	0	0	0	0	0	93.09
93.10	04960	OB/GYN GREER	0	396	396	0	396	93.10
93.11	04961	ONCOLOGY/BECHAR	0	482	482	-37	445	93.11
93.12	04962	CRITICAL CARE PHYSICIANS	248,063	47,067	295,130	-6,347	288,783	93.12
93.13	04963	PSYCH DR. ERIKA	334,165	39,159	373,324	0	373,324	93.13
93.14	04964	DR. HASAN	0	0	0	0	0	93.14
93.15	04965	PSYCH DR. DEB	0	282	282	0	282	93.15
93.16	04966	NORTH CENTRAL PEDIATRICS	463,021	254,660	717,681	-185,506	532,175	93.16
93.17	04967	CFHC	210,752	40,781	251,533	-4,585	246,948	93.17
93.18	04968	PSYCH MEDICATION	386,460	44,802	431,262	-204	431,058	93.18
93.19	04969	RUSSIAVILLE OFFICE	0	16,848	16,848	-9,119	7,729	93.19
93.20	04970	ORTOPAEDIC	0	0	0	0	0	93.20
93.21	04971	DR. JERRY GREER	0	0	0	0	0	93.21

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet A
Date/Time Prepared:
5/29/2015 10:43 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
93.22	04972	DR. KOESTER	0	0	0	0	0	93.22
93.23	04973	DR. B. FOGELSON	1,443	8,173	9,616	116	9,732	93.23
93.24	04999	DR ANNETTE MOORE	0	0	0	0	0	93.24
93.25	04975	HRHS INTERNAL MEDICINE	57,371	18,616	75,987	-3,013	72,974	93.25
93.26	04976	DR. MOUALLA	0	0	0	0	0	93.26
93.27	04977	DR. SEDAGHAT	82,171	29,908	112,079	-6,346	105,733	93.27
93.28	04978	COMMUNITY OB/GYN	283,907	79,527	363,434	-27,355	336,079	93.28
93.29	04979	BEHAVIORAL HEALTH TIPTON	0	0	0	0	0	93.29
93.30	04980	DR. SCHILT	356,244	42,332	398,576	0	398,576	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	0	588,931	588,931	-129	588,802	93.31
93.32	04982	DR. PETER KLIM	4,137	1,185	5,322	0	5,322	93.32
93.33	04983	HOSPITALISTS	480,789	239,795	720,584	0	720,584	93.33
93.34	04984	DR. NEKOOMARAM	188,001	34,823	222,824	-2,573	220,251	93.34
93.35	04985	DR. CARL	157,750	22,490	180,240	-399	179,841	93.35
93.36	04986	DR ANITA	0	0	0	0	0	93.36
93.37	04987	DR. NICOLE	0	-14	-14	0	-14	93.37
93.38	04988	WOUND CARE PHYSICIANS	0	0	0	0	0	93.38
93.39	04989	DR. EVANS	165,645	43,469	209,114	-14,747	194,367	93.39
93.40	04990	DR. THUMULURI	267,996	101,285	369,281	-46,102	323,179	93.40
93.41	04991	COMMUNITY FAMILY	0	12,866	12,866	-362	12,504	93.41
93.42	04992	INDIANA SURGERY CENTER	0	109,844	109,844	-3,241	106,603	93.42
93.43	04993	NEW BEGINNINGS	61,461	7,078	68,539	0	68,539	93.43
93.44	04994	DR HOVHANESSIAN	100,230	20,534	120,764	-504	120,260	93.44
93.45	04995	DR GERI NG	922,210	107,853	1,030,063	-6,368	1,023,695	93.45
93.46	04996	DR HAENDIGES	265,584	90,393	355,977	-52,149	303,828	93.46
93.47	04997	DR KRAFT	9,684	21,159	30,843	-828	30,015	93.47
93.48	04998	DR GEM-ESTEELUCAS	37,256	3,132	40,388	0	40,388	93.48
93.49	04974	DR CARL RATLIFF	92,967	8,894	101,861	0	101,861	93.49
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	753,726	172,879	926,605	-59,881	866,724	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	41,893,093	86,046,835	127,939,928	184,734	128,124,662	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	59,315	9,131	68,446	-98	68,348	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	270,501	270,501	-85,934	184,567	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEALTHY CHILDREN	48,136	23,263	71,399	-10,823	60,576	194.00
194.01	07951	HCH ONCOLOGY	0	0	0	0	0	194.01
194.02	07952	DR. GATEWOOD	66,627	10,169	76,796	-122	76,674	194.02
194.03	07953	DR. CHEN	256,235	38,652	294,887	-17	294,870	194.03
194.04	07954	DR. SALTER	0	0	0	0	0	194.04
194.05	07955	NORTH CENTRAL INDIANA INTERNAL MED	56,792	10,094	66,886	0	66,886	194.05
194.06	07956	DR. UNDERWOOD	0	53,431	53,431	0	53,431	194.06
194.07	07957	HCH MEDICAL SURGICAL	364,563	95,635	460,198	-30,121	430,077	194.07
194.08	07958	SOUTH BERKLEY	0	35,973	35,973	-15,605	20,368	194.08
194.09	07959	MOBILE CLINIC	16,906	5,899	22,805	-2,461	20,344	194.09
194.10	07960	PLASTIC SURGERY	0	42,121	42,121	-39,553	2,568	194.10
194.11	07961	KOKOMO SCHOOL BASED	35,022	-17,253	17,769	0	17,769	194.11
194.12	07962	SPECIALTY HOSPITAL	0	0	0	0	0	194.12
194.13	07963	COMMUNITY ONCOLOGY	448,843	68,896	517,739	0	517,739	194.13
194.14	07964	GREENTOWN MEDICAL OFFICE	0	0	0	0	0	194.14
200.00		TOTAL (SUM OF LINES 118-199)	43,245,532	86,693,347	129,938,879	0	129,938,879	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet A
Date/Time Prepared:
5/29/2015 10:43 am

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	198,288	10,881,839	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	-556,048	-253,916	1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT	0	28,686	1.02
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,038	7,644,807	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-18,606,893	18,836,807	5.00
7.00	00700	OPERATION OF PLANT	-30,479	5,546,308	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	298,592	8.00
9.00	00900	HOUSEKEEPING	0	751,753	9.00
10.00	01000	DIETARY	-5,926	563,108	10.00
11.00	01100	CAFETERIA	0	633,040	11.00
13.00	01300	NURSING ADMINISTRATION	-111	1,543,142	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-35,674	1,837,251	16.00
17.00	01700	SOCIAL SERVICE	0	191,166	17.00
18.00	01850	PSYCHIATRIC ADMINISTRATION	-25,100	1,092,368	18.00
23.00	02300	PASTORAL CARE	0	314,440	23.00
23.01	02301	EMS CERTIFICATION PROGRAM	1,310	2,113	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-5,546	6,739,033	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,815,745	31.00
43.00	04300	NURSERY	0	328,628	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-389,970	4,560,554	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	520,403	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-50,465	1,302,111	54.00
54.01	03480	ONCOLOGY	0	1,595,821	54.01
57.00	05700	CT SCAN	0	465,980	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-20	959,515	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,484,692	59.00
60.00	06000	LABORATORY	-1,129,077	2,648,760	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-987	-987	63.00
65.00	06500	RESPIRATORY THERAPY	-1,309	703,368	65.00
66.00	06600	PHYSICAL THERAPY	0	283,833	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	163,144	67.00
68.00	06800	SPEECH PATHOLOGY	0	82,655	68.00
69.00	06900	ELECTROCARDIOLOGY	-23,679	986,316	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	29,702	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-856	4,130,933	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,699,879	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-8	10,853,110	73.00
74.00	07400	RENAL DIALYSIS	0	141,747	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03950	WOUND CARE CENTER	0	237,500	75.01
76.99	07699	LI THOTRI PSY	0	291,473	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-965,855	2,366,068	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	93.00
93.01	04951	GENESIS	-1,605	774,757	93.01
93.02	04952	WOMEN'S CENTER	0	-789	93.02
93.03	04953	RESIDENTIAL HOMES	-43,672	547,485	93.03
93.04	04954	DR. STEELE	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	67,539	93.05
93.06	04956	HOWARD COUNTY CSS	-1,376	391,384	93.06
93.07	04957	CLINTON COUNTY	-29,924	457,790	93.07
93.08	04958	HOWARD DIABETES	0	168,006	93.08
93.09	04959	DR. AROUTINOVA	0	0	93.09
93.10	04960	OB/GYN GREER	0	396	93.10
93.11	04961	ONCOLOGY/BECHAR	0	445	93.11
93.12	04962	CRITICAL CARE PHYSICIANS	0	288,783	93.12
93.13	04963	PSYCH DR. ERIKA	0	373,324	93.13
93.14	04964	DR. HASAN	0	0	93.14
93.15	04965	PSYCH DR. DEB	0	282	93.15
93.16	04966	NORTH CENTRAL PEDIATRICS	0	532,175	93.16
93.17	04967	CFHC	0	246,948	93.17
93.18	04968	PSYCH MEDICATION	0	431,058	93.18
93.19	04969	RUSSAVILLE OFFICE	0	7,729	93.19
93.20	04970	ORTOPAEDIC	0	0	93.20
93.21	04971	DR. JERRY GREER	0	0	93.21
93.22	04972	DR. KOESTER	0	0	93.22
93.23	04973	DR. B. FOGELSON	0	9,732	93.23

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet A
Date/Time Prepared:
5/29/2015 10:43 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
93.24	04999	DR ANNETTE MOORE	0	0	93.24
93.25	04975	HRHS INTERNAL MEDICINE	0	72,974	93.25
93.26	04976	DR. MOUALLA	0	0	93.26
93.27	04977	DR. SEDAGHAT	0	105,733	93.27
93.28	04978	COMMUNITY OB/GYN	0	336,079	93.28
93.29	04979	BEHAVIORAL HEALTH TIPTON	0	0	93.29
93.30	04980	DR. SCHILT	-340	398,236	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	-583,962	4,840	93.31
93.32	04982	DR. PETER KLIM	0	5,322	93.32
93.33	04983	HOSPITALISTS	0	720,584	93.33
93.34	04984	DR. NEKOMARAM	0	220,251	93.34
93.35	04985	DR. CARL	0	179,841	93.35
93.36	04986	DR ANITA	0	0	93.36
93.37	04987	DR. NICOLE	0	-14	93.37
93.38	04988	WOUND CARE PHYSICIANS	0	0	93.38
93.39	04989	DR. EVANS	0	194,367	93.39
93.40	04990	DR. THUMULURI	-75	323,104	93.40
93.41	04991	COMMUNITY FAMILY	0	12,504	93.41
93.42	04992	INDIANA SURGERY CENTER	0	106,603	93.42
93.43	04993	NEW BEGINNINGS	-550	67,989	93.43
93.44	04994	DR HOVHANESSIAN	0	120,260	93.44
93.45	04995	DR GERING	0	1,023,695	93.45
93.46	04996	DR HAENDIGES	0	303,828	93.46
93.47	04997	DR KRAFT	0	30,015	93.47
93.48	04998	DR GEM-ESTEELUCAS	0	40,388	93.48
93.49	04974	DR CARL RATLIFF	0	101,861	93.49
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-688	866,036	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-22,291,635	105,833,027	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	68,348	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-101,665	82,902	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	HEALTHY CHILDREN	0	60,576	194.00
194.01	07951	HCH ONCOLOGY	0	0	194.01
194.02	07952	DR. GATEWOOD	0	76,674	194.02
194.03	07953	DR. CHEN	0	294,870	194.03
194.04	07954	DR. SALTER	0	0	194.04
194.05	07955	NORTH CENTRAL INDIANA INTERNAL MED	-408	66,478	194.05
194.06	07956	DR. UNDERWOOD	0	53,431	194.06
194.07	07957	HCH MEDICAL SURGICAL	0	430,077	194.07
194.08	07958	SOUTH BERKLEY	0	20,368	194.08
194.09	07959	MOBILE CLINIC	-1,470	18,874	194.09
194.10	07960	PLASTIC SURGERY	0	2,568	194.10
194.11	07961	KOKOMO SCHOOL BASED	-106,513	-88,744	194.11
194.12	07962	SPECIALTY HOSPITAL	0	0	194.12
194.13	07963	COMMUNITY ONCOLOGY	0	517,739	194.13
194.14	07964	GREENTOWN MEDICAL OFFICE	0	0	194.14
200.00		TOTAL (SUM OF LINES 118-199)	-22,501,691	107,437,188	200.00

RECLASSIFICATIONS

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - Depreciation Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,384,448	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	6,384,448	
B - Depreciation Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.01	0	302,132	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.02	0	28,686	2.00
	TOTALS		0	330,818	
C - Interest Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,804,665	1.00
	TOTALS		0	1,804,665	
D - Capital Insurance Costs					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	145,625	1.00
	TOTALS		0	145,625	
E - BUILDING RENTAL EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	513,493	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
	TOTALS		0	513,493	
F - Equipment Rental Expense Recl ass					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,166,138	1.00
2.00	DR. B. FOGELSON	93.23	0	116	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
	TOTALS		0	2,166,254	
G - Medical Supply Expense Recl ass					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	300,446	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	6,968,896	2.00
3.00	DR GERING	93.45	0	81	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

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-6
Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
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
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
	TOTALS		0	7,269,423		
H - Cafeteria Salary						
1.00	CAFETERIA	11.00	241,974	0		1.00
I - Cafeteria Other						
1.00	CAFETERIA	11.00	0	391,066		1.00
J - Plant Operations Expense						
1.00	OPERATION OF PLANT	7.00	0	1,436,233		1.00
2.00	HOWARD COUNTY CSS	93.06	0	157		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
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00

RECLASSIFICATIONS

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
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
TOTALS			0	1,436,390	
K - Social Service Salary					
1.00	SOCIAL SERVICE	17.00	141,430		1.00
2.00			141,430	0	2.00
L - Social Service Other					
1.00	SOCIAL SERVICE	17.00		49,697	1.00
2.00			0	49,697	2.00
M - OB-GYN_L&D_NURSERY SALARY RECLASS					
1.00	NURSERY	43.00	258,834		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	409,880		2.00
			668,714	0	
N - OB-GYN_L&D_NURSERY OTHER					
1.00	NURSERY	43.00		69,794	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00		110,523	2.00
			0	180,317	
O - Pharmaceutical Expense Recl ass					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	289,103	1.00
2.00	PLASTIC SURGERY	194.10	0	66	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
TOTALS			0	289,169	
P - Lithotripsy Salary					
1.00	LITHOTRI PSY	76.99	11,923		1.00
			11,923	0	
Q - Lithotripsy Other					
1.00	LITHOTRI PSY	76.99		279,550	1.00
			0	279,550	
R - Implantable Device Recl ass					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		2,699,879	1.00
			0	2,699,879	
W - EMS School Allied Health					
1.00	EMS CERTIFICATION PROGRAM	23.01	394		1.00
			394	0	
X - EMS School Allied Health					
1.00	EMS CERTIFICATION PROGRAM	23.01		409	1.00
			0	409	
500.00	Grand Total: Increases		1,064,435	23,941,203	500.00

RECLASSIFICATIONS

Provider CCN: 150007

Period:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - Depreciation Expense							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	6,381,410	9		1.00
2.00	PLASTIC SURGERY	194.10	0	3,038	0		2.00
	TOTALS		0	6,384,448			
B - Depreciation Expense							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	330,818	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	330,818			
C - Interest Expense							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,804,665	11		1.00
	TOTALS		0	1,804,665			
D - Capital Insurance Costs							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	145,625	12		1.00
	TOTALS		0	145,625			
E - BUILDING RENTAL EXPENSE							
1.00		0.00	0	0	14		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	7,083	0		2.00
3.00	OPERATION OF PLANT	7.00	0	230,502	0		3.00
4.00	ONCOLOGY	54.01	0	1,440	0		4.00
5.00	WOUND CARE CENTER	75.01	0	5,310	0		5.00
6.00	RESIDENTIAL HOMES	93.03	0	16,922	0		6.00
7.00	CLINTON COUNTY	93.07	0	84,880	0		7.00
8.00	NORTH CENTRAL PEDIATRICS	93.16	0	6,427	0		8.00
9.00	CFHC	93.17	0	455	0		9.00
10.00	RUSSAVILLE OFFICE	93.19	0	7,735	0		10.00
11.00	HRHS INTERNAL MEDICINE	93.25	0	2,891	0		11.00
12.00	DR. EVANS	93.39	0	9,518	0		12.00
13.00	DR. THUMULURI	93.40	0	46,102	0		13.00
14.00	DR HAENDIGES	93.46	0	31,312	0		14.00
15.00	DR KRAFT	93.47	0	828	0		15.00
16.00	HEALTHY CHILDREN	194.00	0	4,529	0		16.00
17.00	HCH MEDICAL SURGICAL	194.07	0	20,978	0		17.00
18.00	PLASTIC SURGERY	194.10	0	36,581	0		18.00
	TOTALS		0	513,493			
F - Equipment Rental Expense Recl ass							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	656,925	14		1.00
2.00	OPERATION OF PLANT	7.00	0	41,327	0		2.00
3.00	HOUSEKEEPING	9.00	0	6,153	0		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,727	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	44,716	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	50,821	0		6.00
7.00	OPERATING ROOM	50.00	0	19,000	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	106,087	0		8.00
9.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	452,685	0		9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	76,695	0		10.00
11.00	LABORATORY	60.00	0	167,537	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	19,513	0		12.00
13.00	ELECTROCARDIOLOGY	69.00	0	123,273	0		13.00
14.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	232,265	0		14.00
15.00	DRUGS CHARGED TO PATIENTS	73.00	0	165,498	0		15.00
16.00	COMMUNITY FAMILY	93.41	0	14	0		16.00
17.00	DR HAENDIGES	93.46	0	2,018	0		17.00
	TOTALS		0	2,166,254			
G - Medical Supply Expense Recl ass							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,793	0		1.00
2.00	OPERATION OF PLANT	7.00	0	2,592	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	248	0		3.00
4.00	HOUSEKEEPING	9.00	0	890	0		4.00
5.00	DIETARY	10.00	0	6,878	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	171	0		6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,469	0		7.00
8.00	PSYCHIATRIC ADMINISTRATION	18.00	0	162	0		8.00
9.00	PASTORAL CARE	23.00	0	111	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	437,894	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	216,964	0		11.00
12.00	OPERATING ROOM	50.00	0	1,774,546	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	49,180	0		13.00
14.00	ONCOLOGY	54.01	0	65,834	0		14.00
15.00	CT SCAN	57.00	0	117,635	0		15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	67,646	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	3,040,480	0		17.00

RECLASSIFICATIONS

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
18.00	LABORATORY	60.00	0	269,005	0	18.00	
19.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	576,402	0	19.00	
20.00	RESPIRATORY THERAPY	65.00	0	89,456	0	20.00	
21.00	ELECTROCARDIOLOGY	69.00	0	23,292	0	21.00	
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,393	0	22.00	
23.00	DRUGS CHARGED TO PATIENTS	73.00	0	59,991	0	23.00	
24.00	RENAL DIALYSIS	74.00	0	4,436	0	24.00	
25.00	WOUND CARE CENTER	75.01	0	20,286	0	25.00	
26.00	EMERGENCY	91.00	0	345,804	0	26.00	
27.00	ADULTS & PEDIATRICS	30.00	0	23,014	0	27.00	
28.00	WOMEN'S CENTER	93.02	0	10	0	28.00	
29.00	RESIDENTIAL HOMES	93.03	0	329	0	29.00	
30.00	DIABETIC EDUCATION	93.05	0	8	0	30.00	
31.00	CLINTON COUNTY	93.07	0	69	0	31.00	
32.00	HOWARD DIABETES	93.08	0	793	0	32.00	
33.00	ONCOLOGY/BECHAR	93.11	0	37	0	33.00	
34.00	CRITICAL CARE PHYSICIANS	93.12	0	1,596	0	34.00	
35.00	NORTH CENTRAL PEDIATRICS	93.16	0	5,009	0	35.00	
36.00	CFHC	93.17	0	1,782	0	36.00	
37.00	PSYCH MEDICATION	93.18	0	204	0	37.00	
38.00	DR. SEDAGHAT	93.27	0	1,850	0	38.00	
39.00	COMMUNITY OB/GYN	93.28	0	954	0	39.00	
40.00	HCH BEHAVIORAL CONTRACT SERVICES	93.31	0	129	0	40.00	
41.00	DR. NEKOOMARAM	93.34	0	385	0	41.00	
42.00	DR. CARL	93.35	0	73	0	42.00	
43.00	DR. EVANS	93.39	0	532	0	43.00	
44.00	COMMUNITY FAMILY	93.41	0	139	0	44.00	
45.00	INDIANA SURGERY CENTER	93.42	0	3,241	0	45.00	
46.00	DR HOVHANESSIAN	93.44	0	490	0	46.00	
47.00	DR HAENDIGES	93.46	0	12,296	0	47.00	
48.00	AMBULANCE SERVICES	95.00	0	37,082	0	48.00	
49.00	COMMUNITY HOWARD FOUNDATION	190.01	0	98	0	49.00	
50.00	HEALTHY CHILDREN	194.00	0	615	0	50.00	
51.00	DR. GATEWOOD	194.02	0	122	0	51.00	
52.00	DR. CHEN	194.03	0	17	0	52.00	
53.00	HCH MEDICAL SURGICAL	194.07	0	1,804	0	53.00	
54.00	MOBILE CLINIC	194.09	0	187	0	54.00	
	TOTALS		0	7,269,423			
H - Cafeteria Salary							
1.00	DIETARY	10.00	241,974	0		1.00	
			241,974				
I - Cafeteria Other							
1.00	DIETARY	10.00	0	391,066		1.00	
				391,066			
J - Plant Operations Expense							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	68,201	14	1.00	
2.00	HOUSEKEEPING	9.00	0	537	0	2.00	
3.00	DIETARY	10.00	0	2,194	0	3.00	
4.00	PSYCHIATRIC ADMINISTRATION	18.00	0	14,321	0	4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	16,710	0	5.00	
6.00	INTENSIVE CARE UNIT	31.00	0	4,501	0	6.00	
7.00	OPERATING ROOM	50.00	0	135,610	0	7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	157,507	0	8.00	
9.00	ONCOLOGY	54.01	0	106,590	0	9.00	
10.00	CT SCAN	57.00	0	146,828	0	10.00	
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	353,167	0	11.00	
12.00	CARDIAC CATHETERIZATION	59.00	0	103,429	0	12.00	
13.00	LABORATORY	60.00	0	61,616	0	13.00	
14.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	700	0	14.00	
15.00	RESPIRATORY THERAPY	65.00	0	758	0	15.00	
16.00	ELECTROCARDIOLOGY	69.00	0	103,865	0	16.00	
17.00	ELECTROENCEPHALOGRAPHY	70.00	0	175	0	17.00	
18.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	8,240	0	18.00	
19.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,380	0	19.00	
20.00	EMERGENCY	91.00	0	2,939	0	20.00	
21.00	RESIDENTIAL HOMES	93.03	0	6,164	0	21.00	
22.00	CRITICAL CARE PHYSICIANS	93.12	0	69	0	22.00	
23.00	RUSSAVILLE OFFICE	93.19	0	1,384	0	23.00	
24.00	HRHS INTERNAL MEDICINE	93.25	0	122	0	24.00	

RECLASSIFICATIONS

Provider CCN: 150007

Period:
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Worksheet A-6
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
25.00	COMMUNITY OB/GYN	93.28	0	3,219	0	25.00	
26.00	DR. NEKOOMARAM	93.34	0	2,015	0	26.00	
27.00	DR. EVANS	93.39	0	945	0	27.00	
28.00	COMMUNITY FAMILY	93.41	0	45	0	28.00	
29.00	DR HOVHANESSIAN	93.44	0	14	0	29.00	
30.00	DR GERI NG	93.45	0	6,449	0	30.00	
31.00	DR HAENDIGES	93.46	0	1,009	0	31.00	
32.00	AMBULANCE SERVICES	95.00	0	21,996	0	32.00	
33.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	85,934	0	33.00	
34.00	HCH MEDICAL SURGICAL	194.07	0	490	0	34.00	
35.00	SOUTH BERKLEY	194.08	0	15,605	0	35.00	
36.00	MOBILE CLINIC	194.09	0	1,662	0	36.00	
	TOTALS		0	1,436,390			
K - Social Service Salary							
1.00	NURSING ADMINISTRATION	13.00	92,194			1.00	
2.00	ONCOLOGY	54.01	49,236			2.00	
			141,430	0			
L - Social Service Other							
1.00	NURSING ADMINISTRATION	13.00		25,970		1.00	
2.00	ONCOLOGY	54.01		23,727		2.00	
				49,697			
M - OB-GYN_L&D_NURSERY SALARY RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	668,714			1.00	
2.00						2.00	
			668,714	0			
N - OB-GYN_L&D_NURSERY OTHER							
1.00	ADULTS & PEDIATRICS	30.00		180,317		1.00	
2.00						2.00	
				180,317			
O - Pharmaceutical Expense Recl ass							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	30,744	0	1.00	
2.00	DIETARY	10.00	0	24	0	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,099	0	3.00	
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	17,567	0	4.00	
5.00	ELECTROCARDIOLOGY	69.00	0	17	0	5.00	
6.00	RENAL DIALYSIS	74.00	0	114	0	6.00	
7.00	WOUND CARE CENTER	75.01	0	230	0	7.00	
8.00	WOMEN'S CENTER	93.02	0	57	0	8.00	
9.00	HOWARD DIABETES	93.08	0	2,470	0	9.00	
10.00	CRITICAL CARE PHYSICIANS	93.12	0	4,682	0	10.00	
11.00	NORTH CENTRAL PEDIATRICS	93.16	0	174,070	0	11.00	
12.00	CFHC	93.17	0	2,348	0	12.00	
13.00	DR. SEDAGHAT	93.27	0	4,496	0	13.00	
14.00	COMMUNITY OB/GYN	93.28	0	23,182	0	14.00	
15.00	DR. NEKOOMARAM	93.34	0	173	0	15.00	
16.00	DR. CARL	93.35	0	326	0	16.00	
17.00	DR. EVANS	93.39	0	3,752	0	17.00	
18.00	COMMUNITY FAMILY	93.41	0	164	0	18.00	
19.00	DR HAENDIGES	93.46	0	5,514	0	19.00	
20.00	HEALTHY CHILDREN	194.00	0	5,679	0	20.00	
21.00	HCH MEDICAL SURGICAL	194.07	0	6,849	0	21.00	
22.00	MOBILE CLINIC	194.09	0	612	0	22.00	
	TOTALS		0	289,169			
P - Lithotripsy Salary							
1.00	OPERATING ROOM	50.00	11,923			1.00	
			11,923	0			
Q - Lithotripsy Other							
1.00	OPERATING ROOM	50.00		279,550		1.00	
				279,550			
R - Implantable Device Recl ass							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		2,699,879		1.00	
				2,699,879			
W - EMS School Allied Health							
1.00	AMBULANCE SERVICES	95.00	394			1.00	
			394	0			
X - EMS School Allied Health							
1.00	AMBULANCE SERVICES	95.00		409		1.00	
				409			
500.00	Grand Total: Decreases		1,064,435	23,941,203		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-7
Part I
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,018,000	0	0	0	1.00
2.00	Land Improvements	3,423,724	188,799	0	188,799	2.00
3.00	Buildings and Fixtures	86,685,711	40,246	0	40,246	3.00
4.00	Building Improvements	322,799	229,975	0	229,975	4.00
5.00	Fixed Equipment	5,394,619	0	0	0	5.00
6.00	Movable Equipment	13,480,320	12,084	0	12,084	6.00
7.00	HIT designated Assets	19,980,861	2,379,006	0	2,379,006	7.00
8.00	Subtotal (sum of lines 1-7)	134,306,034	2,850,110	0	2,850,110	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	134,306,034	2,850,110	0	2,850,110	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,018,000	0			1.00
2.00	Land Improvements	3,167,432	0			2.00
3.00	Buildings and Fixtures	85,960,556	0			3.00
4.00	Building Improvements	487,774	0			4.00
5.00	Fixed Equipment	3,846,193	0			5.00
6.00	Movable Equipment	13,492,404	0			6.00
7.00	HIT designated Assets	22,359,867	0			7.00
8.00	Subtotal (sum of lines 1-7)	134,332,226	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	134,332,226	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-7
Part II
Date/Time Prepared:
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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
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.02
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
1.01	CAP REL COSTS-BLDG & FIXT	0	0				1.01
1.02	CAP REL COSTS-BLDG & FIXT	0	0				1.02
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-7
Part III
Date/Time Prepared:
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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	134,306,034	0	134,306,034	1.000000	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.02
3.00	Total (sum of lines 1-2)	134,306,034	0	134,306,034	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 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	6,431,911	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	-253,916	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT	0	0	0	28,686	0	1.02
3.00	Total (sum of lines 1-2)	0	0	0	6,206,681	0	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 col. 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	1,624,672	145,625	0	2,679,631	10,881,839	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0	-253,916	1.01
1.02	CAP REL COSTS-BLDG & FIXT	0	0	0	0	28,686	1.02
3.00	Total (sum of lines 1-2)	1,624,672	145,625	0	2,679,631	10,656,609	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	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	-179,993	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
1.01 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			CAP REL COSTS-BLDG & FIXT		1.01		1.01
1.02 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			CAP REL COSTS-BLDG & FIXT		1.02		1.02
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			*** Cost Center Deleted ***		2.00		2.00
3.00 Investment income - other (chapter 2)					0.00		3.00
4.00 Trade, quantity, and time discounts (chapter 8)					0.00		4.00
5.00 Refunds and rebates of expenses (chapter 8)					0.00		5.00
6.00 Rental of provider space by suppliers (chapter 8)					0.00		6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-15,203	ADMINISTRATIVE & GENERAL		5.00		7.00
8.00 Television and radio service (chapter 21)					0.00		8.00
9.00 Parking lot (chapter 21)					0.00		9.00
10.00 Provider-based physician adjustment	A-8-2	-2,122,829					10.00
11.00 Sale of scrap, waste, etc. (chapter 23)					0.00		11.00
12.00 Related organization transactions (chapter 10)	A-8-1	2,018,612					12.00
13.00 Laundry and linen service					0.00		13.00
14.00 Cafeteria-employees and guests					0.00		14.00
15.00 Rental of quarters to employee and others					0.00		15.00
16.00 Sale of medical and surgical supplies to other than patients					0.00		16.00
17.00 Sale of drugs to other than patients					0.00		17.00
18.00 Sale of medical records and abstracts					0.00		18.00
19.00 Nursing school (tuition, fees, books, etc.)					0.00		19.00
20.00 Vending machines					0.00		20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)					0.00		21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments					0.00		22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			CAP REL COSTS-BLDG & FIXT		1.00		26.00
26.01 Depreciation - CAP REL COSTS-BLDG & FIXT			CAP REL COSTS-BLDG & FIXT		1.01		26.01
26.02 Depreciation - CAP REL COSTS-BLDG & FIXT			CAP REL COSTS-BLDG & FIXT		1.02		26.02
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			*** Cost Center Deleted ***		2.00		27.00
28.00 Non-physician Anesthetist			*** Cost Center Deleted ***		19.00		28.00
29.00 Physicians' assistant					0.00		29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00		30.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-8

Date/Time Prepared:
5/29/2015 10:43 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
			Cost Center		Line #		
			1.00	2.00	3.00		4.00
30.99 Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS		30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY		68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00		0 32.00
33.00 MISC INCOME	B	-850	EMPLOYEE BENEFITS DEPARTMENT		4.00		0 33.00
33.01 MISC INCOME	B	-915,764	ADMINISTRATIVE & GENERAL		5.00		0 33.01
33.02 MISC INCOME	B	-35,674	MEDICAL RECORDS & LIBRARY		16.00		0 33.02
33.03 MISC INCOME	B	-50,465	RADIOLOGY-DIAGNOSTIC		54.00		0 33.03
33.04 MISC INCOME	B	630	MAGNETIC RESONANCE IMAGING (MRI)		58.00		0 33.04
33.05 MISC INCOME	B	-1,041,358	LABORATORY		60.00		0 33.05
33.06 MISC INCOME	B	-987	BLOOD STORING, PROCESSING & TRANS.		63.00		0 33.06
33.07 MISC INCOME	B	-1,309	RESPIRATORY THERAPY		65.00		0 33.07
33.08 MISC INCOME	B	-18,163	ELECTROCARDIOLOGY		69.00		0 33.08
33.09 MISC INCOME	B	-447	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00		0 33.09
33.10 MISC INCOME	B	-8	DRUGS CHARGED TO PATIENTS		73.00		0 33.10
33.11 MISC INCOME	B	130	ADULTS & PEDIATRICS		30.00		0 33.11
33.12 MISC INCOME	B	-1,605	GENESIS		93.01		0 33.12
33.13 MISC INCOME	B	-43,672	RESIDENTIAL HOMES		93.03		0 33.13
33.14 MISC INCOME	B	-1,376	HOWARD COUNTY CSS		93.06		0 33.14
33.15 MISC INCOME	B	-29,924	CLINTON COUNTY		93.07		0 33.15
33.16 MISC INCOME	B	-340	DR. SCHILT		93.30		0 33.16
33.17 MISC INCOME	B	-75	DR. THUMLURI		93.40		0 33.17
33.18 MISC INCOME	B	-550	NEW BEGINNINGS		93.43		0 33.18
33.19 MISC INCOME	B	-688	AMBULANCE SERVICES		95.00		0 33.19
33.20 MISC INCOME	B	-101,665	PHYSICIANS' PRIVATE OFFICES		192.00		0 33.20
33.21 MISC INCOME	B	-408	NORTH CENTRAL INDIANA INTERNAL MED		194.05		0 33.21
33.22 MISC INCOME	B	-1,470	MOBILE CLINIC		194.09		0 33.22
33.23 MISC INCOME	B	-106,513	KOKOMO SCHOOL BASED		194.11		0 33.23
33.24 MISC INCOME ACCOUNT 4720	B	-30,479	OPERATION OF PLANT		7.00		0 33.24
33.25 MISC INCOME ACCOUNT 4720	B	-409	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00		0 33.25
33.26 MISC INCOME ACCOUNT 4725	B	-1,916	ADMINISTRATIVE & GENERAL		5.00		0 33.26
33.27 MISC INCOME ACCOUNT 4725	B	-5,772	DIETARY		10.00		0 33.27
33.28 Non-Operating Revenue	B	-556,048	CAP REL COSTS-BLDG & FIXT		1.01		9 33.28
33.29 Non-Operating REVENUE	B	-16,500	ADMINISTRATIVE & GENERAL		5.00		0 33.29
33.30 Bad Debt Expense	A	-13,765,738	ADMINISTRATIVE & GENERAL		5.00		0 33.30
33.31 IHA Lobbying Expense Offset	A	-2,880	ADMINISTRATIVE & GENERAL		5.00		0 33.31
33.32 Physician Recruitment Expense	A	-127,738	ADMINISTRATIVE & GENERAL		5.00		0 33.32
33.33 Charitable Contributions-Offset	A	-84,981	ADMINISTRATIVE & GENERAL		5.00		0 33.33
33.34 Charitable Contributions-Offset	A	-154	DIETARY		10.00		0 33.34
33.35 Charitable Contributions-Offset	A	-25,100	PSYCHIATRIC ADMINISTRATION		18.00		0 33.35
33.36 Governing Board-Offset	A	-3,080	ADMINISTRATIVE & GENERAL		5.00		0 33.36
33.37 PATIENT PHONE OFFSET	A	-10,092	CAP REL COSTS-BLDG & FIXT		1.00		9 33.37
33.38 Advertising Expense Offset	A	-381,734	ADMINISTRATIVE & GENERAL		5.00		0 33.38
33.39 Advertising Expense Offset	A	-111	NURSING ADMINISTRATION		13.00		0 33.39
33.40 EMS	A	1,310	EMS CERTIFICATION PROGRAM		23.01		0 33.40
33.41 Hospital Assessment Tax Offset	A	-4,838,305	ADMINISTRATIVE & GENERAL		5.00		0 33.41
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-22,501,691					50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

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

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

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-8-1

Date/Time Prepared:
5/29/2015 10:43 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	0.00		0	0	1.00
2.00	0.00		0	0	2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT CHNW - HOME OFFICE	51,244	0	3.00
4.00	1.00	CAP REL COSTS-BLDG & FIXT CHNW - HOME OFFICE	337,129	0	4.00
4.01	5.00	ADMINISTRATIVE & GENERAL CHNW - HOME OFFICE	1,630,239	0	4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		2,018,612	0	5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. 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	CHNW	100.00	0.00	6.00
7.00			0.00	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:	G			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: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-8-1

Date/Time Prepared:
5/29/2015 10:43 am

	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	0	9		1.00
2.00	0	0		2.00
3.00	51,244	9		3.00
4.00	337,129	9		4.00
4.01	1,630,239	0		4.01
5.00	2,018,612			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			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: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-8-2

Date/Time Prepared:
5/29/2015 10:43 am

	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	30.00	DR. A	5,676	5,676	0	0	0	1.00
2.00	4.00	DR. B	188	188	0	0	0	2.00
3.00	5.00	DR. B	22,196	1,346	20,850	11,481	139	3.00
4.00	5.00	DR. C	47,100	0	47,100	73,242	887	4.00
5.00	5.00	DR. D	50,400	0	50,400	27,505	333	5.00
6.00	50.00	DR. E	389,970	389,970	0	0	0	6.00
7.00	58.00	DR. F	650	650	0	0	0	7.00
8.00	60.00	DR. G	87,719	87,719	0	0	0	8.00
9.00	69.00	DR. H	5,516	5,516	0	0	0	9.00
10.00	91.00	AGGREGATE-EMERGENCY	965,855	965,855	0	0	0	10.00
11.00	93.31	AGGREGATE-HCH BEHAVIORAL CONTRACT SE	583,962	583,962	0	0	0	11.00
200.00			2,159,232	2,040,882	118,350		1,359	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	30.00	DR. A	0	0	0	0	0	1.00
2.00	4.00	DR. B	0	0	0	0	0	2.00
3.00	5.00	DR. B	767	38	0	0	0	3.00
4.00	5.00	DR. C	31,233	1,562	0	0	0	4.00
5.00	5.00	DR. D	4,403	220	0	0	0	5.00
6.00	50.00	DR. E	0	0	0	0	0	6.00
7.00	58.00	DR. F	0	0	0	0	0	7.00
8.00	60.00	DR. G	0	0	0	0	0	8.00
9.00	69.00	DR. H	0	0	0	0	0	9.00
10.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	10.00
11.00	93.31	AGGREGATE-HCH BEHAVIORAL CONTRACT SE	0	0	0	0	0	11.00
200.00			36,403	1,820	0	0	0	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	30.00	DR. A	0	0	0	5,676	1.00
2.00	4.00	DR. B	0	0	0	188	2.00
3.00	5.00	DR. B	0	767	20,083	21,429	3.00
4.00	5.00	DR. C	0	31,233	15,867	15,867	4.00
5.00	5.00	DR. D	0	4,403	45,997	45,997	5.00
6.00	50.00	DR. E	0	0	0	389,970	6.00
7.00	58.00	DR. F	0	0	0	650	7.00
8.00	60.00	DR. G	0	0	0	87,719	8.00
9.00	69.00	DR. H	0	0	0	5,516	9.00
10.00	91.00	AGGREGATE-EMERGENCY	0	0	0	965,855	10.00
11.00	93.31	AGGREGATE-HCH BEHAVIORAL CONTRACT SE	0	0	0	583,962	11.00
200.00			0	36,403	81,947	2,122,829	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
5/29/2015 10:43 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	BLDG & FIXT	BLDG & FIXT		
	0	1.00	1.01	1.02	4.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	10,881,839	10,881,839				1.00
1.01 00101 CAP REL COSTS-BLDG & FIXT	-253,916	0	-253,916			1.01
1.02 00102 CAP REL COSTS-BLDG & FIXT	28,686	0	0	28,686		1.02
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	7,644,807	101,422	0	0	7,746,229	4.00
5.00 00500 ADMINISTRATIVE & GENERAL	18,836,807	1,835,143	0	0	1,185,200	5.00
7.00 00700 OPERATION OF PLANT	5,546,308	1,133,060	0	0	183,561	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	298,592	61,592	0	0	4,667	8.00
9.00 00900 HOUSEKEEPING	751,753	66,535	0	0	94,284	9.00
10.00 01000 DIETARY	563,108	122,190	0	0	76,482	10.00
11.00 01100 CAFETERIA	633,040	191,083	0	0	44,976	11.00
13.00 01300 NURSING ADMINISTRATION	1,543,142	20,654	0	0	241,958	13.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,837,251	84,519	0	0	193,417	16.00
17.00 01700 SOCIAL SERVICE	191,166	0	0	0	26,288	17.00
18.00 01850 PSYCHIATRIC ADMINISTRATION	1,092,368	2,784	0	0	124,759	18.00
23.00 02300 PASTORAL CARE	314,440	24,546	0	0	48,744	23.00
23.01 02301 EMS CERTIFICATION PROGRAM	2,113	0	0	0	73	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	6,739,033	1,644,177	0	0	1,075,751	30.00
31.00 03100 INTENSIVE CARE UNIT	1,815,745	148,440	0	0	294,070	31.00
43.00 04300 NURSERY	328,628	37,501	0	0	48,110	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	4,560,554	562,567	0	0	371,158	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	520,403	179,208	0	0	76,185	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,302,111	324,352	0	0	187,093	54.00
54.01 03480 ONCOLOGY	1,595,821	583,363	0	0	219,586	54.01
57.00 05700 CT SCAN	465,980	17,046	0	0	75,701	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	959,515	14,205	0	0	101,727	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,484,692	0	0	0	186,844	59.00
60.00 06000 LABORATORY	2,648,760	139,349	0	0	145,931	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	-987	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	703,368	124,832	0	0	119,831	65.00
66.00 06600 PHYSICAL THERAPY	283,833	32,444	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	163,144	19,972	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	82,655	10,000	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	986,316	2,955	0	0	160,635	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	29,702	9,063	0	0	4,964	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,130,933	94,774	0	0	23,951	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	2,699,879	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	10,853,110	42,813	0	0	299,950	73.00
74.00 07400 RENAL DIALYSIS	141,747	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 03950 WOUND CARE CENTER	237,500	58,694	0	0	34,402	75.01
76.99 07699 LI THOTRI PSY	291,473	0	0	0	2,216	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	2,366,068	649,528	0	0	353,732	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00 04950 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01 04951 GENESIS	774,757	1,091,923	0	28,686	128,130	93.01
93.02 04952 WOMEN'S CENTER	-789	73,410	0	0	0	93.02
93.03 04953 RESIDENTIAL HOMES	547,485	336,483	0	0	85,577	93.03
93.04 04954 DR. STEELE	0	0	0	0	0	93.04
93.05 04955 DIABETIC EDUCATION	67,539	0	0	0	10,772	93.05
93.06 04956 HOWARD COUNTY CSS	391,384	0	0	0	62,921	93.06
93.07 04957 CLINTON COUNTY	457,790	0	0	0	72,162	93.07
93.08 04958 HOWARD DIABETES	168,006	71,024	0	0	26,701	93.08
93.09 04959 DR. AROUTINOVA	0	0	0	0	0	93.09
93.10 04960 OB/GYN GREER	396	340,915	0	0	0	93.10
93.11 04961 ONCOLOGY/BECHAR	445	290,062	0	0	0	93.11
93.12 04962 CRITICAL CARE PHYSICIANS	288,783	0	0	0	46,108	93.12
93.13 04963 PSYCH DR. ERIKA	373,324	0	0	0	62,112	93.13
93.14 04964 DR. HASAN	0	0	0	0	0	93.14
93.15 04965 PSYCH DR. DEB	282	0	0	0	0	93.15
93.16 04966 NORTH CENTRAL PEDIATRICS	532,175	0	0	0	86,063	93.16
93.17 04967 CFHC	246,948	0	0	0	39,173	93.17
93.18 04968 PSYCH MEDICATION	431,058	0	0	0	71,832	93.18
93.19 04969 RUSSAVILLE OFFICE	7,729	0	0	0	0	93.19

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT		
			BLDG & FIXT	BLDG & FIXT	BLDG & FIXT			
		0	1.00	1.01	1.02	4.00		
93.20	04970	ORTOPAEDIC	0	0	0	0	93.20	
93.21	04971	DR. JERRY GREER	0	0	0	0	93.21	
93.22	04972	DR. KOESTER	0	0	0	0	93.22	
93.23	04973	DR. B. FOGELSON	9,732	0	0	268	93.23	
93.24	04999	DR ANNETTE MOORE	0	0	0	0	93.24	
93.25	04975	HRHS INTERNAL MEDICINE	72,974	0	0	10,664	93.25	
93.26	04976	DR. MOUALLA	0	0	0	0	93.26	
93.27	04977	DR. SEDAGHAT	105,733	290,062	0	15,273	93.27	
93.28	04978	COMMUNITY OB/GYN	336,079	0	0	52,770	93.28	
93.29	04979	BEHAVIORAL HEALTH TIPTON	0	0	0	0	93.29	
93.30	04980	DR. SCHILT	398,236	0	0	66,216	93.30	
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	4,840	0	0	0	93.31	
93.32	04982	DR. PETER KLIM	5,322	0	0	769	93.32	
93.33	04983	HOSPITALISTS	720,584	0	0	89,365	93.33	
93.34	04984	DR. NEKOOMARAM	220,251	0	0	34,944	93.34	
93.35	04985	DR. CARL	179,841	0	0	29,321	93.35	
93.36	04986	DR ANITA	0	0	0	0	93.36	
93.37	04987	DR. NICOLE	-14	0	0	0	93.37	
93.38	04988	WOUND CARE PHYSICIANS	0	0	0	0	93.38	
93.39	04989	DR. EVANS	194,367	0	0	30,789	93.39	
93.40	04990	DR. THUMULURI	323,104	0	0	49,813	93.40	
93.41	04991	COMMUNITY FAMILY	12,504	0	0	0	93.41	
93.42	04992	INDIANA SURGERY CENTER	106,603	0	0	0	93.42	
93.43	04993	NEW BEGINNINGS	67,989	0	0	11,424	93.43	
93.44	04994	DR HOVHANESSIAN	120,260	0	0	18,630	93.44	
93.45	04995	DR GERING	1,023,695	0	0	171,413	93.45	
93.46	04996	DR HAENDIGES	303,828	0	0	49,365	93.46	
93.47	04997	DR KRAFT	30,015	0	0	1,800	93.47	
93.48	04998	DR GEM-ESTELE LUCAS	40,388	0	0	6,925	93.48	
93.49	04974	DR CARL RATLIFF	101,861	0	0	17,280	93.49	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	866,036	49,149	0	140,023	95.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE					113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	105,833,027	10,881,839	0	28,686	7,494,849	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
190.01	19001	COMMUNITY HOWARD FOUNDATION	68,348	0	0	11,025	190.01	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	82,902	0	0	0	192.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00	
194.00	07950	HEALTHY CHILDREN	60,576	0	0	8,947	194.00	
194.01	07951	HCH ONCOLOGY	0	0	0	0	194.01	
194.02	07952	DR. GATEWOOD	76,674	0	0	12,384	194.02	
194.03	07953	DR. CHEN	294,870	0	0	47,627	194.03	
194.04	07954	DR. SALTER	0	0	0	0	194.04	
194.05	07955	NORTH CENTRAL INDIANA INTERNAL MED	66,478	0	0	10,556	194.05	
194.06	07956	DR. UNDERWOOD	53,431	0	0	0	194.06	
194.07	07957	HCH MEDICAL SURGICAL	430,077	0	0	67,762	194.07	
194.08	07958	SOUTH BERKLEY	20,368	0	0	0	194.08	
194.09	07959	MOBILE CLINIC	18,874	0	0	3,142	194.09	
194.10	07960	PLASTIC SURGERY	2,568	0	0	0	194.10	
194.11	07961	KOKOMO SCHOOL BASED	-88,744	0	0	6,510	194.11	
194.12	07962	SPECIALTY HOSPITAL	0	0	0	0	194.12	
194.13	07963	COMMUNITY ONCOLOGY	517,739	0	0	83,427	194.13	
194.14	07964	GREENTOWN MEDICAL OFFICE	0	0	0	0	194.14	
200.00		Cross Foot Adjustments					200.00	
201.00		Negative Cost Centers			-253,916	0	201.00	
202.00		TOTAL (sum lines 118-201)	107,437,188	10,881,839	-253,916	28,686	7,746,229	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
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Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
4.00	00400						4.00
5.00	00500	21,857,150	21,857,150				5.00
7.00	00700	6,862,929	1,745,915	8,608,844			7.00
8.00	00800	364,851	92,817	67,873	525,541		8.00
9.00	00900	912,572	232,156	73,320	0	1,218,048	9.00
10.00	01000	761,780	193,795	134,650	2,996	10,873	10.00
11.00	01100	869,099	221,097	210,568	4,685	9,640	11.00
13.00	01300	1,805,754	459,380	22,760	0	39,067	13.00
16.00	01600	2,115,187	538,099	93,137	0	0	16.00
17.00	01700	217,454	55,320	0	0	0	17.00
18.00	01850	1,219,911	310,343	3,068	0	143	18.00
23.00	02300	387,730	98,638	27,049	0	0	23.00
23.01	02301	2,186	556	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	9,458,961	2,406,341	1,811,839	205,494	643,903	30.00
31.00	03100	2,258,255	574,496	163,577	51,014	54,495	31.00
43.00	04300	414,239	105,382	41,325	1,872	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	5,494,279	1,397,734	619,933	84,590	101,034	50.00
52.00	05200	775,796	197,361	197,482	10,738	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	1,813,556	461,365	357,427	18,913	111,085	54.00
54.01	03480	2,398,770	610,242	642,850	11,048	1,953	54.01
57.00	05700	558,727	142,139	18,784	0	0	57.00
58.00	05800	1,075,447	273,592	15,653	0	0	58.00
59.00	05900	2,671,536	679,633	0	21,801	41,422	59.00
60.00	06000	2,934,040	746,414	153,559	361	27,402	60.00
63.00	06300	-987	0	0	0	0	63.00
65.00	06500	948,031	241,177	137,561	0	0	65.00
66.00	06600	316,277	80,460	35,752	0	7,593	66.00
67.00	06700	183,116	46,584	22,009	0	0	67.00
68.00	06800	92,655	23,571	11,020	0	0	68.00
69.00	06900	1,149,906	292,534	3,256	21,799	0	69.00
70.00	07000	43,729	11,125	9,987	0	0	70.00
71.00	07100	4,249,658	1,081,104	104,439	0	4,815	71.00
72.00	07200	2,699,879	686,844	0	0	0	72.00
73.00	07300	11,195,873	2,848,199	47,179	0	9,189	73.00
74.00	07400	141,747	36,060	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	03950	330,596	84,103	64,679	0	286	75.01
76.99	07699	293,689	74,714	0	0	12,730	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	3,369,328	857,150	715,763	75,483	60,273	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
93.00	04950	0	0	0	0	0	93.00
93.01	04951	2,023,496	514,773	1,203,269	0	41,645	93.01
93.02	04952	72,621	18,475	80,896	0	0	93.02
93.03	04953	969,545	246,650	370,795	0	0	93.03
93.04	04954	0	0	0	0	0	93.04
93.05	04955	78,311	19,922	0	0	0	93.05
93.06	04956	454,305	115,574	0	0	0	93.06
93.07	04957	529,952	134,819	0	0	0	93.07
93.08	04958	265,731	67,601	78,266	0	0	93.08
93.09	04959	0	0	0	0	0	93.09
93.10	04960	341,311	86,829	375,679	0	0	93.10
93.11	04961	290,507	73,904	319,640	0	0	93.11
93.12	04962	334,891	85,196	0	0	0	93.12
93.13	04963	435,436	110,774	0	0	0	93.13
93.14	04964	0	0	0	0	0	93.14
93.15	04965	282	72	0	0	0	93.15
93.16	04966	618,238	157,279	0	0	0	93.16
93.17	04967	286,121	72,789	0	0	40,500	93.17
93.18	04968	502,890	127,934	0	0	0	93.18
93.19	04969	7,729	1,966	0	0	0	93.19
93.20	04970	0	0	0	0	0	93.20
93.21	04971	0	0	0	0	0	93.21
93.22	04972	0	0	0	0	0	93.22
93.23	04973	10,000	2,544	0	0	0	93.23
93.24	04999	0	0	0	0	0	93.24

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		4A	5.00	7.00	8.00	9.00		
93.25	04975	HRHS INTERNAL MEDICINE	83,638	21,277	0	0	0	93.25
93.26	04976	DR. MOUALLA	0	0	0	0	0	93.26
93.27	04977	DR. SEDAGHAT	411,068	104,575	319,640	0	0	93.27
93.28	04978	COMMUNITY OB/GYN	388,849	98,922	0	0	0	93.28
93.29	04979	BEHAVIORAL HEALTH TIPTON	0	0	0	0	0	93.29
93.30	04980	DR. SCHILT	464,452	118,156	0	0	0	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	4,840	1,231	0	0	0	93.31
93.32	04982	DR. PETER KLIM	6,091	1,550	0	0	0	93.32
93.33	04983	HOSPITALISTS	809,949	206,049	0	0	0	93.33
93.34	04984	DR. NEKOOMARAM	255,195	64,921	0	0	0	93.34
93.35	04985	DR. CARL	209,162	53,210	0	0	0	93.35
93.36	04986	DR ANITA	0	0	0	0	0	93.36
93.37	04987	DR. NICOLE	-14	0	0	0	0	93.37
93.38	04988	WOUND CARE PHYSICIANS	0	0	0	0	0	93.38
93.39	04989	DR. EVANS	225,156	57,279	0	0	0	93.39
93.40	04990	DR. THUMULURI	372,917	94,869	0	0	0	93.40
93.41	04991	COMMUNITY FAMILY	12,504	3,181	0	0	0	93.41
93.42	04992	INDIANA SURGERY CENTER	106,603	27,120	0	0	0	93.42
93.43	04993	NEW BEGINNINGS	79,413	20,203	0	0	0	93.43
93.44	04994	DR HOVHANESSIAN	138,890	35,333	0	0	0	93.44
93.45	04995	DR GERING	1,195,108	304,033	0	0	0	93.45
93.46	04996	DR HAENDIGES	353,193	89,852	0	0	0	93.46
93.47	04997	DR KRAFT	31,815	8,094	0	0	0	93.47
93.48	04998	DR GEM-ESTELE LUCAS	47,313	12,036	0	0	0	93.48
93.49	04974	DR CARL RATLIFF	119,141	30,309	0	0	0	93.49
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,055,208	268,443	54,160	14,747	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	105,835,563	21,364,184	8,608,844	525,541	1,218,048	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	79,373	20,192	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	82,902	21,090	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEALTHY CHILDREN	69,523	17,687	0	0	0	194.00
194.01	07951	HCH ONCOLOGY	0	0	0	0	0	194.01
194.02	07952	DR. GATEWOOD	89,058	22,656	0	0	0	194.02
194.03	07953	DR. CHEN	342,497	87,131	0	0	0	194.03
194.04	07954	DR. SALTER	0	0	0	0	0	194.04
194.05	07955	NORTH CENTRAL INDIANA INTERNAL MED	77,034	19,597	0	0	0	194.05
194.06	07956	DR. UNDERWOOD	53,431	13,593	0	0	0	194.06
194.07	07957	HCH MEDICAL SURGICAL	497,839	126,649	0	0	0	194.07
194.08	07958	SOUTH BERKLEY	20,368	5,182	0	0	0	194.08
194.09	07959	MOBILE CLINIC	22,016	5,601	0	0	0	194.09
194.10	07960	PLASTIC SURGERY	2,568	653	0	0	0	194.10
194.11	07961	KOKOMO SCHOOL BASED	-82,234	0	0	0	0	194.11
194.12	07962	SPECIALTY HOSPITAL	0	0	0	0	0	194.12
194.13	07963	COMMUNITY ONCOLOGY	601,166	152,935	0	0	0	194.13
194.14	07964	GREENTOWN MEDICAL OFFICE	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	-253,916	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	107,437,188	21,857,150	8,608,844	525,541	1,218,048	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150007		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/29/2015 10:43 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			10.00	11.00	13.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT						1.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	1,104,094					10.00
11.00	01100	CAFETERIA	0	1,315,089				11.00
13.00	01300	NURSING ADMINISTRATION	0	51,632	2,378,593			13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	63,780	0	2,810,203		16.00
17.00	01700	SOCIAL SERVICE	0	9,111	0	0	281,885	17.00
18.00	01850	PSYCHIATRIC ADMINISTRATION	0	51,632	0	0	0	18.00
23.00	02300	PASTORAL CARE	0	21,260	0	0	0	23.00
23.01	02301	EMS CERTIFICATION PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	905,080	361,422	1,602,161	168,349	102,243	30.00
31.00	03100	INTENSIVE CARE UNIT	132,226	82,003	332,757	38,046	13,855	31.00
43.00	04300	NURSERY	66,788	15,186	0	8,391	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	97,189	0	177,936	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	21,260	0	13,290	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	51,632	0	171,462	0	54.00
54.01	03480	ONCOLOGY	0	51,632	0	86,751	0	54.01
57.00	05700	CT SCAN	0	18,223	0	297,252	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	27,334	0	126,994	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	48,595	0	308,071	0	59.00
60.00	06000	LABORATORY	0	39,483	0	355,567	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,420	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	39,483	0	32,807	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,863	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,719	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,579	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	36,446	0	166,767	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,037	0	2,458	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,111	0	95,185	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	73,797	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	54,669	0	264,862	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,642	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	0	9,111	0	14,361	0	75.01
76.99	07699	LI THOTRI PSY	0	0	0	11,758	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	109,338	443,675	249,253	24,844	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04951	GENESIS	0	42,520	0	30,850	0	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	12,230	0	93.03
93.04	04954	DR. STEELE	0	0	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	560	0	93.05
93.06	04956	HOWARD COUNTY CSS	0	0	0	9,889	0	93.06
93.07	04957	CLINTON COUNTY	0	0	0	11,347	0	93.07
93.08	04958	HOWARD DIABETES	0	0	0	201	0	93.08
93.09	04959	DR. AROUTINOVA	0	0	0	0	0	93.09
93.10	04960	OB/GYN GREER	0	0	0	0	0	93.10
93.11	04961	ONCOLOGY/BECHAR	0	0	0	0	0	93.11
93.12	04962	CRITICAL CARE PHYSICIANS	0	0	0	0	0	93.12
93.13	04963	PSYCH DR. ERIKA	0	0	0	0	0	93.13
93.14	04964	DR. HASAN	0	0	0	0	0	93.14
93.15	04965	PSYCH DR. DEB	0	0	0	0	0	93.15
93.16	04966	NORTH CENTRAL PEDIATRICS	0	0	0	0	0	93.16
93.17	04967	CFHC	0	0	0	0	0	93.17
93.18	04968	PSYCH MEDICATION	0	0	0	2,247	0	93.18
93.19	04969	RUSSAVILLE OFFICE	0	0	0	0	0	93.19
93.20	04970	ORTOPAEDIC	0	0	0	0	0	93.20
93.21	04971	DR. JERRY GREER	0	0	0	0	0	93.21
93.22	04972	DR. KOESTER	0	0	0	0	0	93.22
93.23	04973	DR. B. FOGELSON	0	0	0	0	0	93.23

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		10.00	11.00	13.00	16.00	17.00	
93.24	04999 DR ANNETTE MOORE	0	0	0	0	0	93.24
93.25	04975 HRHS INTERNAL MEDICINE	0	0	0	0	0	93.25
93.26	04976 DR. MOUALLA	0	0	0	0	0	93.26
93.27	04977 DR. SEDAGHAT	0	0	0	276	0	93.27
93.28	04978 COMMUNITY OB/GYN	0	0	0	0	0	93.28
93.29	04979 BEHAVIORAL HEALTH TIPTON	0	0	0	0	0	93.29
93.30	04980 DR. SCHILT	0	0	0	0	0	93.30
93.31	04981 HCH BEHAVIORAL CONTRACT SERVICES	0	0	0	2,060	0	93.31
93.32	04982 DR. PETER KLIM	0	0	0	0	0	93.32
93.33	04983 HOSPITALISTS	0	0	0	0	0	93.33
93.34	04984 DR. NEKOOMARAM	0	0	0	1,516	0	93.34
93.35	04985 DR. CARL	0	0	0	1,097	0	93.35
93.36	04986 DR ANITA	0	0	0	0	0	93.36
93.37	04987 DR. NICOLE	0	0	0	0	0	93.37
93.38	04988 WOUND CARE PHYSICIANS	0	0	0	0	0	93.38
93.39	04989 DR. EVANS	0	0	0	0	0	93.39
93.40	04990 DR. THUMLURI	0	0	0	5,417	0	93.40
93.41	04991 COMMUNITY FAMILY	0	0	0	0	0	93.41
93.42	04992 INDIANA SURGERY CENTER	0	0	0	0	0	93.42
93.43	04993 NEW BEGINNINGS	0	0	0	1,793	0	93.43
93.44	04994 DR HOVHANNESIAN	0	0	0	0	0	93.44
93.45	04995 DR GERING	0	0	0	0	0	93.45
93.46	04996 DR HAENDIGES	0	0	0	0	0	93.46
93.47	04997 DR KRAFT	0	0	0	0	0	93.47
93.48	04998 DR GEM-ESTELE LUCAS	0	0	0	99	0	93.48
93.49	04974 DR CARL RATLIFF	0	0	0	1,113	0	93.49
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	34,928	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,104,094	1,315,089	2,378,593	2,810,203	140,942	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 COMMUNITY HOWARD FOUNDATION	0	0	0	0	0	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	140,943	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 HEALTHY CHILDREN	0	0	0	0	0	194.00
194.01	07951 HCH ONCOLOGY	0	0	0	0	0	194.01
194.02	07952 DR. GATEWOOD	0	0	0	0	0	194.02
194.03	07953 DR. CHEN	0	0	0	0	0	194.03
194.04	07954 DR. SALTER	0	0	0	0	0	194.04
194.05	07955 NORTH CENTRAL INDIANA INTERNAL MED	0	0	0	0	0	194.05
194.06	07956 DR. UNDERWOOD	0	0	0	0	0	194.06
194.07	07957 HCH MEDICAL SURGICAL	0	0	0	0	0	194.07
194.08	07958 SOUTH BERKLEY	0	0	0	0	0	194.08
194.09	07959 MOBILE CLINIC	0	0	0	0	0	194.09
194.10	07960 PLASTIC SURGERY	0	0	0	0	0	194.10
194.11	07961 KOKOMO SCHOOL BASED	0	0	0	0	0	194.11
194.12	07962 SPECIALTY HOSPITAL	0	0	0	0	0	194.12
194.13	07963 COMMUNITY ONCOLOGY	0	0	0	0	0	194.13
194.14	07964 GREENTOWN MEDICAL OFFICE	0	0	0	0	0	194.14
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)	1,104,094	1,315,089	2,378,593	2,810,203	281,885	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/29/2015 10:43 am
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Cost Center Description		OTHER GENERAL SERVICE ADMINISTRATION	PASTORAL CARE	EMS CERTIFICATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
		18.00	23.00	23.01	24.00	25.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT				1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT				1.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
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
13.00	01300	NURSING ADMINISTRATION				13.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	PSYCHIATRIC ADMINISTRATION	1,585,097			18.00
23.00	02300	PASTORAL CARE	0	534,677		23.00
23.01	02301	EMS CERTIFICATION PROGRAM	0	0	2,742	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	534,677	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	50.00
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	0	54.00
54.01	03480	ONCOLOGY	0	0	0	54.01
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
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
75.01	03950	WOUND CARE CENTER	0	0	0	75.01
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	2,742	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	93.00
93.01	04951	GENESIS	939,088	0	0	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	93.03
93.04	04954	DR. STEELE	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	301,013	0	0	93.06
93.07	04957	CLINTON COUNTY	344,996	0	0	93.07
93.08	04958	HOWARD DIABETES	0	0	0	93.08
93.09	04959	DR. AROUTINOVA	0	0	0	93.09
93.10	04960	OB/GYN GREER	0	0	0	93.10
93.11	04961	ONCOLOGY/BECHAR	0	0	0	93.11
93.12	04962	CRITICAL CARE PHYSICIANS	0	0	0	93.12
93.13	04963	PSYCH DR. ERIKA	0	0	0	93.13
93.14	04964	DR. HASAN	0	0	0	93.14
93.15	04965	PSYCH DR. DEB	0	0	0	93.15
93.16	04966	NORTH CENTRAL PEDIATRICS	0	0	0	93.16
93.17	04967	CFHC	0	0	0	93.17
93.18	04968	PSYCH MEDICATION	0	0	0	93.18
93.19	04969	RUSSAVILLE OFFICE	0	0	0	93.19

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OTHER GENERAL SERVICE	PASTORAL CARE	EMS CERTIFICATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			PSYCHIATRIC ADMINISTRATION					
			18.00	23.00	23.01	24.00	25.00	
93.20	04970	ORTOPAEDIC	0	0	0	0	0	93.20
93.21	04971	DR. JERRY GREER	0	0	0	0	0	93.21
93.22	04972	DR. KOESTER	0	0	0	0	0	93.22
93.23	04973	DR. B. FOGELSON	0	0	0	12,544	0	93.23
93.24	04999	DR ANNETTE MOORE	0	0	0	0	0	93.24
93.25	04975	HRHS INTERNAL MEDICINE	0	0	0	104,915	0	93.25
93.26	04976	DR. MOUALLA	0	0	0	0	0	93.26
93.27	04977	DR. SEDAGHAT	0	0	0	835,559	0	93.27
93.28	04978	COMMUNITY OB/GYN	0	0	0	487,771	0	93.28
93.29	04979	BEHAVIORAL HEALTH TIPTON	0	0	0	0	0	93.29
93.30	04980	DR. SCHILT	0	0	0	582,608	0	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	0	0	0	8,131	0	93.31
93.32	04982	DR. PETER KLIM	0	0	0	7,641	0	93.32
93.33	04983	HOSPITALISTS	0	0	0	1,015,998	0	93.33
93.34	04984	DR. NEKOOMARAM	0	0	0	321,632	0	93.34
93.35	04985	DR. CARL	0	0	0	263,469	0	93.35
93.36	04986	DR ANITA	0	0	0	0	0	93.36
93.37	04987	DR. NICOLE	0	0	0	-14	0	93.37
93.38	04988	WOUND CARE PHYSICIANS	0	0	0	0	0	93.38
93.39	04989	DR. EVANS	0	0	0	282,435	0	93.39
93.40	04990	DR. THUMULURI	0	0	0	473,203	0	93.40
93.41	04991	COMMUNITY FAMILY	0	0	0	15,685	0	93.41
93.42	04992	INDIANA SURGERY CENTER	0	0	0	133,723	0	93.42
93.43	04993	NEW BEGINNINGS	0	0	0	101,409	0	93.43
93.44	04994	DR HOVHANESSIAN	0	0	0	174,223	0	93.44
93.45	04995	DR GERING	0	0	0	1,499,141	0	93.45
93.46	04996	DR HAENDIGES	0	0	0	443,045	0	93.46
93.47	04997	DR KRAFT	0	0	0	39,909	0	93.47
93.48	04998	DR GEM-ESTELE LUCAS	0	0	0	59,448	0	93.48
93.49	04974	DR CARL RATLIFF	0	0	0	150,563	0	93.49
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	1,427,486	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,585,097	534,677	2,742	105,201,654	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	0	0	99,565	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	244,935	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEALTHY CHILDREN	0	0	0	87,210	0	194.00
194.01	07951	HCH ONCOLOGY	0	0	0	0	0	194.01
194.02	07952	DR. GATEWOOD	0	0	0	111,714	0	194.02
194.03	07953	DR. CHEN	0	0	0	429,628	0	194.03
194.04	07954	DR. SALTER	0	0	0	0	0	194.04
194.05	07955	NORTH CENTRAL INDIANA INTERNAL MED	0	0	0	96,631	0	194.05
194.06	07956	DR. UNDERWOOD	0	0	0	67,024	0	194.06
194.07	07957	HCH MEDICAL SURGICAL	0	0	0	624,488	0	194.07
194.08	07958	SOUTH BERKLEY	0	0	0	25,550	0	194.08
194.09	07959	MOBILE CLINIC	0	0	0	27,617	0	194.09
194.10	07960	PLASTIC SURGERY	0	0	0	3,221	0	194.10
194.11	07961	KOKOMO SCHOOL BASED	0	0	0	-82,234	0	194.11
194.12	07962	SPECIALTY HOSPITAL	0	0	0	0	0	194.12
194.13	07963	COMMUNITY ONCOLOGY	0	0	0	754,101	0	194.13
194.14	07964	GREENTOWN MEDICAL OFFICE	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	-253,916	0	201.00
202.00		TOTAL (sum lines 118-201)	1,585,097	534,677	2,742	107,437,188	0	202.00

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101 CAP REL COSTS-BLDG & FIXT		1.01
1.02	00102 CAP REL COSTS-BLDG & FIXT		1.02
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
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
13.00	01300 NURSING ADMINISTRATION		13.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
18.00	01850 PSYCHIATRIC ADMINISTRATION		18.00
23.00	02300 PASTORAL CARE		23.00
23.01	02301 EMS CERTIFICATION PROGRAM		23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	18,200,470	30.00
31.00	03100 INTENSIVE CARE UNIT	3,700,724	31.00
43.00	04300 NURSERY	653,183	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	7,972,695	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,215,927	52.00
53.00	05300 ANESTHESIOLOGY	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,985,440	54.00
54.01	03480 ONCOLOGY	3,803,246	54.01
57.00	05700 CT SCAN	1,035,125	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,519,020	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,771,058	59.00
60.00	06000 LABORATORY	4,256,826	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	11,433	63.00
65.00	06500 RESPIRATORY THERAPY	1,399,059	65.00
66.00	06600 PHYSICAL THERAPY	448,945	66.00
67.00	06700 OCCUPATIONAL THERAPY	257,428	67.00
68.00	06800 SPEECH PATHOLOGY	128,825	68.00
69.00	06900 ELECTROCARDIOLOGY	1,670,708	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	70,336	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,544,312	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,460,520	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	14,419,971	73.00
74.00	07400 RENAL DIALYSIS	180,449	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00
75.01	03950 WOUND CARE CENTER	503,136	75.01
76.99	07699 LI THOTRI PSY	392,891	76.99
OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	5,907,849	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0	93.00
93.01	04951 GENESIS	4,795,641	93.01
93.02	04952 WOMEN'S CENTER	171,992	93.02
93.03	04953 RESIDENTIAL HOMES	1,599,220	93.03
93.04	04954 DR. STEELE	0	93.04
93.05	04955 DIABETIC EDUCATION	98,793	93.05
93.06	04956 HOWARD COUNTY CSS	880,781	93.06
93.07	04957 CLINTON COUNTY	1,021,114	93.07
93.08	04958 HOWARD DIABETES	411,799	93.08
93.09	04959 DR. AROUTINOVA	0	93.09
93.10	04960 OB/GYN GREER	803,819	93.10
93.11	04961 ONCOLOGY/BECHAR	684,051	93.11
93.12	04962 CRITICAL CARE PHYSICIANS	420,087	93.12
93.13	04963 PSYCH DR. ERIKA	546,210	93.13
93.14	04964 DR. HASAN	0	93.14
93.15	04965 PSYCH DR. DEB	354	93.15
93.16	04966 NORTH CENTRAL PEDIATRICS	775,517	93.16
93.17	04967 CFHC	399,410	93.17
93.18	04968 PSYCH MEDICATION	633,071	93.18
93.19	04969 RUSSAVILLE OFFICE	9,695	93.19
93.20	04970 ORTHOPAEDIC	0	93.20
93.21	04971 DR. JERRY GREER	0	93.21
93.22	04972 DR. KOESTER	0	93.22
93.23	04973 DR. B. FOGELSON	12,544	93.23
93.24	04999 DR ANNETTE MOORE	0	93.24
93.25	04975 HRHS INTERNAL MEDICINE	104,915	93.25

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Cost Center Description			Total	
			26.00	
93.26	04976	DR. MOUALLA	0	93.26
93.27	04977	DR. SEDAGHAT	835,559	93.27
93.28	04978	COMMUNITY OB/GYN	487,771	93.28
93.29	04979	BEHAVIORAL HEALTH TIPTON	0	93.29
93.30	04980	DR. SCHILT	582,608	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	8,131	93.31
93.32	04982	DR. PETER KLIM	7,641	93.32
93.33	04983	HOSPITALISTS	1,015,998	93.33
93.34	04984	DR. NEKOMARAM	321,632	93.34
93.35	04985	DR. CARL	263,469	93.35
93.36	04986	DR ANITA	0	93.36
93.37	04987	DR. NICOLE	-14	93.37
93.38	04988	WOUND CARE PHYSICIANS	0	93.38
93.39	04989	DR. EVANS	282,435	93.39
93.40	04990	DR. THUMULURI	473,203	93.40
93.41	04991	COMMUNITY FAMILY	15,685	93.41
93.42	04992	INDIANA SURGERY CENTER	133,723	93.42
93.43	04993	NEW BEGINNINGS	101,409	93.43
93.44	04994	DR HOVHANESSIAN	174,223	93.44
93.45	04995	DR GERING	1,499,141	93.45
93.46	04996	DR HAENDIGES	443,045	93.46
93.47	04997	DR KRAFT	39,909	93.47
93.48	04998	DR GEM-ESTEELUCAS	59,448	93.48
93.49	04974	DR CARL RATLIFF	150,563	93.49
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	1,427,486	95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	105,201,654	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	99,565	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	244,935	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	HEALTHY CHILDREN	87,210	194.00
194.01	07951	HCH ONCOLOGY	0	194.01
194.02	07952	DR. GATEWOOD	111,714	194.02
194.03	07953	DR. CHEN	429,628	194.03
194.04	07954	DR. SALTER	0	194.04
194.05	07955	NORTH CENTRAL INDIANA INTERNAL MED	96,631	194.05
194.06	07956	DR. UNDERWOOD	67,024	194.06
194.07	07957	HCH MEDICAL SURGICAL	624,488	194.07
194.08	07958	SOUTH BERKLEY	25,550	194.08
194.09	07959	MOBILE CLINIC	27,617	194.09
194.10	07960	PLASTIC SURGERY	3,221	194.10
194.11	07961	KOKOMO SCHOOL BASED	-82,234	194.11
194.12	07962	SPECIALTY HOSPITAL	0	194.12
194.13	07963	COMMUNITY ONCOLOGY	754,101	194.13
194.14	07964	GREENTOWN MEDICAL OFFICE	0	194.14
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	-253,916	201.00
202.00		TOTAL (sum lines 118-201)	107,437,188	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part II
Date/Time Prepared:
5/29/2015 10:43 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	BLDG & FIXT	BLDG & FIXT		
		0	1.00	1.01		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT					1.01
1.02 00102	CAP REL COSTS-BLDG & FIXT					1.02
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	101,422	0	0	101,422 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,835,143	0	0	1,835,143 5.00
7.00 00700	OPERATION OF PLANT	0	1,133,060	0	0	1,133,060 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	61,592	0	0	61,592 8.00
9.00 00900	HOUSEKEEPING	0	66,535	0	0	66,535 9.00
10.00 01000	DIETARY	0	122,190	0	0	122,190 10.00
11.00 01100	CAFETERIA	0	191,083	0	0	191,083 11.00
13.00 01300	NURSING ADMINISTRATION	0	20,654	0	0	20,654 13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	84,519	0	0	84,519 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
18.00 01850	PSYCHIATRIC ADMINISTRATION	0	2,784	0	0	2,784 18.00
23.00 02300	PASTORAL CARE	0	24,546	0	0	24,546 23.00
23.01 02301	EMS CERTIFICATION PROGRAM	0	0	0	0	0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,644,177	0	0	1,644,177 30.00
31.00 03100	INTENSIVE CARE UNIT	0	148,440	0	0	148,440 31.00
43.00 04300	NURSERY	0	37,501	0	0	37,501 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	562,567	0	0	562,567 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	179,208	0	0	179,208 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	324,352	0	0	324,352 54.00
54.01 03480	ONCOLOGY	0	583,363	0	0	583,363 54.01
57.00 05700	CT SCAN	0	17,046	0	0	17,046 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	14,205	0	0	14,205 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	139,349	0	0	139,349 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
65.00 06500	RESPIRATORY THERAPY	0	124,832	0	0	124,832 65.00
66.00 06600	PHYSICAL THERAPY	0	32,444	0	0	32,444 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	19,972	0	0	19,972 67.00
68.00 06800	SPEECH PATHOLOGY	0	10,000	0	0	10,000 68.00
69.00 06900	ELECTROCARDIOLOGY	0	2,955	0	0	2,955 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	9,063	0	0	9,063 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	94,774	0	0	94,774 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	42,813	0	0	42,813 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
75.01 03950	WOUND CARE CENTER	0	58,694	0	0	58,694 75.01
76.99 07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	0	649,528	0	0	649,528 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01
93.00 04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0 93.00
93.01 04951	GENESIS	0	1,091,923	0	28,686	1,120,609 93.01
93.02 04952	WOMEN'S CENTER	0	73,410	0	0	73,410 93.02
93.03 04953	RESIDENTIAL HOMES	0	336,483	0	0	336,483 93.03
93.04 04954	DR. STEELE	0	0	0	0	0 93.04
93.05 04955	DIABETIC EDUCATION	0	0	0	0	0 93.05
93.06 04956	HOWARD COUNTY CSS	0	0	0	0	0 93.06
93.07 04957	CLINTON COUNTY	0	0	0	0	0 93.07
93.08 04958	HOWARD DIABETES	0	71,024	0	0	71,024 93.08
93.09 04959	DR. AROUTINOVA	0	0	0	0	0 93.09
93.10 04960	OB/GYN GREER	0	340,915	0	0	340,915 93.10
93.11 04961	ONCOLOGY/BECHAR	0	290,062	0	0	290,062 93.11
93.12 04962	CRITICAL CARE PHYSICIANS	0	0	0	0	0 93.12
93.13 04963	PSYCH DR. ERIKA	0	0	0	0	0 93.13
93.14 04964	DR. HASAN	0	0	0	0	0 93.14
93.15 04965	PSYCH DR. DEB	0	0	0	0	0 93.15
93.16 04966	NORTH CENTRAL PEDIATRICS	0	0	0	0	0 93.16
93.17 04967	CFHC	0	0	0	0	0 93.17
93.18 04968	PSYCH MEDICATION	0	0	0	0	0 93.18
93.19 04969	RUSSAVILLE OFFICE	0	0	0	0	0 93.19
93.20 04970	ORTOPAEDIC	0	0	0	0	0 93.20

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part II
Date/Time Prepared:
5/29/2015 10:43 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	BLDG & FIXT	BLDG & FIXT		
		1.00	1.01	1.02		
	0				2A	
93.21 04971 DR. JERRY GREER	0	0	0	0	0	93.21
93.22 04972 DR. KOESTER	0	0	0	0	0	93.22
93.23 04973 DR. B. FOGELSON	0	0	0	0	0	93.23
93.24 04999 DR ANNETTE MOORE	0	0	0	0	0	93.24
93.25 04975 HRHS INTERNAL MEDICINE	0	0	0	0	0	93.25
93.26 04976 DR. MOUALLA	0	0	0	0	0	93.26
93.27 04977 DR. SEDAGHAT	0	290,062	0	0	290,062	93.27
93.28 04978 COMMUNITY OB/GYN	0	0	0	0	0	93.28
93.29 04979 BEHAVIORAL HEALTH TIPTON	0	0	0	0	0	93.29
93.30 04980 DR. SCHILT	0	0	0	0	0	93.30
93.31 04981 HCH BEHAVIORAL CONTRACT SERVICES	0	0	0	0	0	93.31
93.32 04982 DR. PETER KLIM	0	0	0	0	0	93.32
93.33 04983 HOSPITALISTS	0	0	0	0	0	93.33
93.34 04984 DR. NEKOOMARAM	0	0	0	0	0	93.34
93.35 04985 DR. CARL	0	0	0	0	0	93.35
93.36 04986 DR ANITA	0	0	0	0	0	93.36
93.37 04987 DR. NICOLE	0	0	0	0	0	93.37
93.38 04988 WOUND CARE PHYSICIANS	0	0	0	0	0	93.38
93.39 04989 DR. EVANS	0	0	0	0	0	93.39
93.40 04990 DR. THUMULURI	0	0	0	0	0	93.40
93.41 04991 COMMUNITY FAMILY	0	0	0	0	0	93.41
93.42 04992 INDIANA SURGERY CENTER	0	0	0	0	0	93.42
93.43 04993 NEW BEGINNINGS	0	0	0	0	0	93.43
93.44 04994 DR HOVHANESSIAN	0	0	0	0	0	93.44
93.45 04995 DR GERING	0	0	0	0	0	93.45
93.46 04996 DR HAENDIGES	0	0	0	0	0	93.46
93.47 04997 DR KRAFT	0	0	0	0	0	93.47
93.48 04998 DR GEM-ESTELE LUCAS	0	0	0	0	0	93.48
93.49 04974 DR CARL RATLIFF	0	0	0	0	0	93.49
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	49,149	0	0	49,149	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	10,881,839	0	28,686	10,910,525	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 COMMUNITY HOWARD FOUNDATION	0	0	0	0	0	190.01
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 HEALTHY CHILDREN	0	0	0	0	0	194.00
194.01 07951 HCH ONCOLOGY	0	0	0	0	0	194.01
194.02 07952 DR. GATEWOOD	0	0	0	0	0	194.02
194.03 07953 DR. CHEN	0	0	0	0	0	194.03
194.04 07954 DR. SALTER	0	0	0	0	0	194.04
194.05 07955 NORTH CENTRAL INDIANA INTERNAL MED	0	0	0	0	0	194.05
194.06 07956 DR. UNDERWOOD	0	0	0	0	0	194.06
194.07 07957 HCH MEDICAL SURGICAL	0	0	0	0	0	194.07
194.08 07958 SOUTH BERKLEY	0	0	0	0	0	194.08
194.09 07959 MOBILE CLINIC	0	0	0	0	0	194.09
194.10 07960 PLASTIC SURGERY	0	0	0	0	0	194.10
194.11 07961 KOKOMO SCHOOL BASED	0	0	0	0	0	194.11
194.12 07962 SPECIALTY HOSPITAL	0	0	0	0	0	194.12
194.13 07963 COMMUNITY ONCOLOGY	0	0	0	0	0	194.13
194.14 07964 GREENTOWN MEDICAL OFFICE	0	0	0	0	0	194.14
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	-253,916	0	-253,916	201.00
202.00 TOTAL (sum lines 118-201)	0	10,881,839	-253,916	28,686	10,656,609	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/29/2015 10:43 am		
Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT 4.00	ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT					1.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	101,422				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	15,503	1,850,646			5.00
7.00	00700	OPERATION OF PLANT	2,404	147,827	1,283,291		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	61	7,859	10,118	79,630	8.00
9.00	00900	HOUSEKEEPING	1,235	19,657	10,930	0	98,357
10.00	01000	DIETARY	1,002	16,409	20,072	454	878
11.00	01100	CAFETERIA	589	18,720	31,389	710	778
13.00	01300	NURSING ADMINISTRATION	3,168	38,896	3,393	0	3,155
16.00	01600	MEDICAL RECORDS & LIBRARY	2,533	45,561	13,884	0	0
17.00	01700	SOCIAL SERVICE	344	4,684	0	0	0
18.00	01850	PSYCHIATRIC ADMINISTRATION	1,634	26,277	457	0	12
23.00	02300	PASTORAL CARE	638	8,352	4,032	0	0
23.01	02301	EMS CERTIFICATION PROGRAM	1	47	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,087	203,746	270,084	31,136	51,995
31.00	03100	INTENSIVE CARE UNIT	3,851	48,643	24,384	7,730	4,400
43.00	04300	NURSERY	630	8,923	6,160	284	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,860	118,347	92,411	12,817	8,158
52.00	05200	DELIVERY ROOM & LABOR ROOM	998	16,711	29,438	1,627	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,450	39,064	53,280	2,866	8,970
54.01	03480	ONCOLOGY	2,875	51,670	95,827	1,674	158
57.00	05700	CT SCAN	991	12,035	2,800	91	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,332	23,165	2,333	0	0
59.00	05900	CARDIAC CATHETERIZATION	2,447	57,545	0	3,303	3,345
60.00	06000	LABORATORY	1,911	63,199	22,890	55	2,213
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,569	20,421	20,506	0	0
66.00	06600	PHYSICAL THERAPY	0	6,813	5,329	0	613
67.00	06700	OCCUPATIONAL THERAPY	0	3,944	3,281	0	0
68.00	06800	SPEECH PATHOLOGY	0	1,996	1,643	0	0
69.00	06900	ELECTROCARDIOLOGY	2,104	24,769	485	3,303	0
70.00	07000	ELECTROENCEPHALOGRAPHY	65	942	1,489	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	314	91,538	15,568	0	389
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	58,155	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	3,928	241,149	7,033	0	742
74.00	07400	RENAL DIALYSIS	0	3,053	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	03950	WOUND CARE CENTER	451	7,121	9,642	0	23
76.99	07699	LI THOTRI PSY	29	6,326	0	0	1,028
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	4,632	72,575	106,696	11,437	4,867
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0
93.01	04951	GENESIS	1,678	43,586	179,367	0	3,363
93.02	04952	WOMEN'S CENTER	0	1,564	12,059	0	0
93.03	04953	RESIDENTIAL HOMES	1,121	20,884	55,273	0	0
93.04	04954	DR. STEELE	0	0	0	0	0
93.05	04955	DIABETIC EDUCATION	141	1,687	0	0	0
93.06	04956	HOWARD COUNTY CSS	824	9,786	0	0	0
93.07	04957	CLINTON COUNTY	945	11,415	0	0	0
93.08	04958	HOWARD DIABETES	350	5,724	11,667	0	0
93.09	04959	DR. AROUTINOVA	0	0	0	0	0
93.10	04960	OB/GYN GREER	0	7,352	56,001	0	0
93.11	04961	ONCOLOGY/BECHAR	0	6,258	47,648	0	0
93.12	04962	CRITICAL CARE PHYSICIANS	604	7,214	0	0	0
93.13	04963	PSYCH DR. ERIKA	813	9,379	0	0	0
93.14	04964	DR. HASAN	0	0	0	0	0
93.15	04965	PSYCH DR. DEB	0	6	0	0	0
93.16	04966	NORTH CENTRAL PEDIATRICS	1,127	13,317	0	0	0
93.17	04967	CFHC	513	6,163	0	0	3,270
93.18	04968	PSYCH MEDICATION	941	10,832	0	0	0
93.19	04969	RUSSAVILLE OFFICE	0	166	0	0	0
93.20	04970	ORTOPAEDIC	0	0	0	0	0
93.21	04971	DR. JERRY GREER	0	0	0	0	0
93.22	04972	DR. KOESTER	0	0	0	0	0
93.23	04973	DR. B. FOGELSON	4	215	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part II
Date/Time Prepared:
5/29/2015 10:43 am

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4.00	5.00	7.00	8.00	9.00	
93.24	04999 DR ANNETTE MOORE	0	0	0	0	0	93.24
93.25	04975 HRHS INTERNAL MEDICINE	140	1,802	0	0	0	93.25
93.26	04976 DR. MOUALLA	0	0	0	0	0	93.26
93.27	04977 DR. SEDAGHAT	200	8,854	47,648	0	0	93.27
93.28	04978 COMMUNITY OB/GYN	691	8,376	0	0	0	93.28
93.29	04979 BEHAVIORAL HEALTH TIPTON	0	0	0	0	0	93.29
93.30	04980 DR. SCHILT	867	10,004	0	0	0	93.30
93.31	04981 HCH BEHAVIORAL CONTRACT SERVICES	0	104	0	0	0	93.31
93.32	04982 DR. PETER KLIM	10	131	0	0	0	93.32
93.33	04983 HOSPITALISTS	1,170	17,446	0	0	0	93.33
93.34	04984 DR. NEKOOMARAM	458	5,497	0	0	0	93.34
93.35	04985 DR. CARL	384	4,505	0	0	0	93.35
93.36	04986 DR ANITA	0	0	0	0	0	93.36
93.37	04987 DR. NICOLE	0	0	0	0	0	93.37
93.38	04988 WOUND CARE PHYSICIANS	0	0	0	0	0	93.38
93.39	04989 DR. EVANS	403	4,850	0	0	0	93.39
93.40	04990 DR. THUMLURI	652	8,033	0	0	0	93.40
93.41	04991 COMMUNITY FAMILY	0	269	0	0	0	93.41
93.42	04992 INDIANA SURGERY CENTER	0	2,296	0	0	0	93.42
93.43	04993 NEW BEGINNINGS	150	1,711	0	0	0	93.43
93.44	04994 DR HOVHANESSIAN	244	2,992	0	0	0	93.44
93.45	04995 DR GERING	2,245	25,743	0	0	0	93.45
93.46	04996 DR HAENDIGES	646	7,608	0	0	0	93.46
93.47	04997 DR KRAFT	24	685	0	0	0	93.47
93.48	04998 DR GEM-ESTELE LUCAS	91	1,019	0	0	0	93.48
93.49	04974 DR CARL RATLIFF	226	2,566	0	0	0	93.49
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	1,834	22,729	8,074	2,234	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	98,132	1,808,907	1,283,291	79,630	98,357	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 COMMUNITY HOWARD FOUNDATION	144	1,710	0	0	0	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	1,786	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 HEALTHY CHILDREN	117	1,498	0	0	0	194.00
194.01	07951 HCH ONCOLOGY	0	0	0	0	0	194.01
194.02	07952 DR. GATEWOOD	162	1,918	0	0	0	194.02
194.03	07953 DR. CHEN	624	7,377	0	0	0	194.03
194.04	07954 DR. SALTER	0	0	0	0	0	194.04
194.05	07955 NORTH CENTRAL INDIANA INTERNAL MED	138	1,659	0	0	0	194.05
194.06	07956 DR. UNDERWOOD	0	1,151	0	0	0	194.06
194.07	07957 HCH MEDICAL SURGICAL	887	10,723	0	0	0	194.07
194.08	07958 SOUTH BERKLEY	0	439	0	0	0	194.08
194.09	07959 MOBILE CLINIC	41	474	0	0	0	194.09
194.10	07960 PLASTIC SURGERY	0	55	0	0	0	194.10
194.11	07961 KOKOMO SCHOOL BASED	85	0	0	0	0	194.11
194.12	07962 SPECIALTY HOSPITAL	0	0	0	0	0	194.12
194.13	07963 COMMUNITY ONCOLOGY	1,092	12,949	0	0	0	194.13
194.14	07964 GREENTOWN MEDICAL OFFICE	0	0	0	0	0	194.14
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)	101,422	1,850,646	1,283,291	79,630	98,357	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150007		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/29/2015 10:43 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			10.00	11.00	13.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT						1.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	161,005					10.00
11.00	01100	CAFETERIA	0	243,269				11.00
13.00	01300	NURSING ADMINISTRATION	0	9,551	78,817			13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11,798	0	158,295		16.00
17.00	01700	SOCIAL SERVICE	0	1,685	0	0	6,713	17.00
18.00	01850	PSYCHIATRIC ADMINISTRATION	0	9,551	0	0	0	18.00
23.00	02300	PASTORAL CARE	0	3,933	0	0	0	23.00
23.01	02301	EMS CERTIFICATION PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	131,984	66,857	53,089	9,479	2,435	30.00
31.00	03100	INTENSIVE CARE UNIT	19,282	15,169	11,026	2,142	330	31.00
43.00	04300	NURSERY	9,739	2,809	0	472	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	17,978	0	10,019	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,933	0	748	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,551	0	9,654	0	54.00
54.01	03480	ONCOLOGY	0	9,551	0	4,885	0	54.01
57.00	05700	CT SCAN	0	3,371	0	16,737	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	5,056	0	7,150	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	8,989	0	17,346	0	59.00
60.00	06000	LABORATORY	0	7,304	0	20,085	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	699	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	7,304	0	1,847	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	499	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	322	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	89	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,742	0	9,390	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	562	0	138	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,685	0	5,359	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,155	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,113	0	14,913	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	149	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	0	1,685	0	809	0	75.01
76.99	07699	LI THOTRI PSY	0	0	0	662	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	20,226	14,702	14,034	592	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04951	GENESIS	0	7,866	0	1,737	0	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	689	0	93.03
93.04	04954	DR. STEELE	0	0	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	32	0	93.05
93.06	04956	HOWARD COUNTY CSS	0	0	0	557	0	93.06
93.07	04957	CLINTON COUNTY	0	0	0	639	0	93.07
93.08	04958	HOWARD DIABETES	0	0	0	11	0	93.08
93.09	04959	DR. AROUTINOVA	0	0	0	0	0	93.09
93.10	04960	OB/GYN GREER	0	0	0	0	0	93.10
93.11	04961	ONCOLOGY/BECHAR	0	0	0	0	0	93.11
93.12	04962	CRITICAL CARE PHYSICIANS	0	0	0	0	0	93.12
93.13	04963	PSYCH DR. ERIKA	0	0	0	0	0	93.13
93.14	04964	DR. HASAN	0	0	0	0	0	93.14
93.15	04965	PSYCH DR. DEB	0	0	0	0	0	93.15
93.16	04966	NORTH CENTRAL PEDIATRICS	0	0	0	0	0	93.16
93.17	04967	CFHC	0	0	0	0	0	93.17
93.18	04968	PSYCH MEDICATION	0	0	0	127	0	93.18
93.19	04969	RUSSAVILLE OFFICE	0	0	0	0	0	93.19
93.20	04970	ORTOPAEDIC	0	0	0	0	0	93.20
93.21	04971	DR. JERRY GREER	0	0	0	0	0	93.21
93.22	04972	DR. KOESTER	0	0	0	0	0	93.22
93.23	04973	DR. B. FOGELSON	0	0	0	0	0	93.23

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		10.00	11.00	13.00	16.00	17.00	
93.24	04999 DR ANNETTE MOORE	0	0	0	0	0	93.24
93.25	04975 HRHS INTERNAL MEDICINE	0	0	0	0	0	93.25
93.26	04976 DR. MOUALLA	0	0	0	0	0	93.26
93.27	04977 DR. SEDAGHAT	0	0	0	16	0	93.27
93.28	04978 COMMUNITY OB/GYN	0	0	0	0	0	93.28
93.29	04979 BEHAVIORAL HEALTH TIPTON	0	0	0	0	0	93.29
93.30	04980 DR. SCHILT	0	0	0	0	0	93.30
93.31	04981 HCH BEHAVIORAL CONTRACT SERVICES	0	0	0	116	0	93.31
93.32	04982 DR. PETER KLIM	0	0	0	0	0	93.32
93.33	04983 HOSPITALISTS	0	0	0	0	0	93.33
93.34	04984 DR. NEKOOMARAM	0	0	0	85	0	93.34
93.35	04985 DR. CARL	0	0	0	62	0	93.35
93.36	04986 DR ANITA	0	0	0	0	0	93.36
93.37	04987 DR. NICOLE	0	0	0	0	0	93.37
93.38	04988 WOUND CARE PHYSICIANS	0	0	0	0	0	93.38
93.39	04989 DR. EVANS	0	0	0	0	0	93.39
93.40	04990 DR. THUMLURI	0	0	0	305	0	93.40
93.41	04991 COMMUNITY FAMILY	0	0	0	0	0	93.41
93.42	04992 INDIANA SURGERY CENTER	0	0	0	0	0	93.42
93.43	04993 NEW BEGINNINGS	0	0	0	101	0	93.43
93.44	04994 DR HOVHANNESIAN	0	0	0	0	0	93.44
93.45	04995 DR GERING	0	0	0	0	0	93.45
93.46	04996 DR HAENDIGES	0	0	0	0	0	93.46
93.47	04997 DR KRAFT	0	0	0	0	0	93.47
93.48	04998 DR GEM-ESTELE LUCAS	0	0	0	6	0	93.48
93.49	04974 DR CARL RATLIFF	0	0	0	63	0	93.49
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	1,967	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	161,005	243,269	78,817	158,295	3,357	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 COMMUNITY HOWARD FOUNDATION	0	0	0	0	0	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	3,356	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 HEALTHY CHILDREN	0	0	0	0	0	194.00
194.01	07951 HCH ONCOLOGY	0	0	0	0	0	194.01
194.02	07952 DR. GATEWOOD	0	0	0	0	0	194.02
194.03	07953 DR. CHEN	0	0	0	0	0	194.03
194.04	07954 DR. SALTER	0	0	0	0	0	194.04
194.05	07955 NORTH CENTRAL INDIANA INTERNAL MED	0	0	0	0	0	194.05
194.06	07956 DR. UNDERWOOD	0	0	0	0	0	194.06
194.07	07957 HCH MEDICAL SURGICAL	0	0	0	0	0	194.07
194.08	07958 SOUTH BERKLEY	0	0	0	0	0	194.08
194.09	07959 MOBILE CLINIC	0	0	0	0	0	194.09
194.10	07960 PLASTIC SURGERY	0	0	0	0	0	194.10
194.11	07961 KOKOMO SCHOOL BASED	0	0	0	0	0	194.11
194.12	07962 SPECIALTY HOSPITAL	0	0	0	0	0	194.12
194.13	07963 COMMUNITY ONCOLOGY	0	0	0	0	0	194.13
194.14	07964 GREENTOWN MEDICAL OFFICE	0	0	0	0	0	194.14
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)	161,005	243,269	78,817	158,295	6,713	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

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Cost Center Description	OTHER GENERAL SERVICE	PASTORAL CARE	EMS CERTIFICATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	PSYCHIATRIC ADMINISTRATION					
	18.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 CAP REL COSTS-BLDG & FIXT						1.01
1.02 00102 CAP REL COSTS-BLDG & FIXT						1.02
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
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
13.00 01300 NURSING ADMINISTRATION						13.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
18.00 01850 PSYCHIATRIC ADMINISTRATION	40,715					18.00
23.00 02300 PASTORAL CARE	0	41,501				23.00
23.01 02301 EMS CERTIFICATION PROGRAM	0		48			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0			2,479,069	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0			285,397	0	31.00
43.00 04300 NURSERY	0			66,518	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0			827,157	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0			232,663	0	52.00
53.00 05300 ANESTHESIOLOGY	0			0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0			450,187	0	54.00
54.01 03480 ONCOLOGY	0			750,003	0	54.01
57.00 05700 CT SCAN	0			52,980	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0			53,241	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0			92,975	0	59.00
60.00 06000 LABORATORY	0			257,006	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0			699	0	63.00
65.00 06500 RESPIRATORY THERAPY	0			176,479	0	65.00
66.00 06600 PHYSICAL THERAPY	0			45,698	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0			27,519	0	67.00
68.00 06800 SPEECH PATHOLOGY	0			13,728	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0			49,748	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0			12,259	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0			209,627	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0			62,310	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0			320,691	0	73.00
74.00 07400 RENAL DIALYSIS	0			3,202	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0			0	0	75.00
75.01 03950 WOUND CARE CENTER	0			78,425	0	75.01
76.99 07699 LI THOTRIPSY	0			8,045	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0			899,289	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0			0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0			0	0	92.01
93.00 04950 OTHER OUTPATIENT SERVICES	0			0	0	93.00
93.01 04951 GENESIS	24,122			1,382,328	0	93.01
93.02 04952 WOMEN'S CENTER	0			87,033	0	93.02
93.03 04953 RESIDENTIAL HOMES	0			414,450	0	93.03
93.04 04954 DR. STEELE	0			0	0	93.04
93.05 04955 DIABETIC EDUCATION	0			1,860	0	93.05
93.06 04956 HOWARD COUNTY CSS	7,732			18,899	0	93.06
93.07 04957 CLINTON COUNTY	8,861			21,860	0	93.07
93.08 04958 HOWARD DIABETES	0			88,776	0	93.08
93.09 04959 DR. AROUTINOVA	0			0	0	93.09
93.10 04960 OB/GYN GREER	0			404,268	0	93.10
93.11 04961 ONCOLOGY/BECHAR	0			343,968	0	93.11
93.12 04962 CRITICAL CARE PHYSICIANS	0			7,818	0	93.12
93.13 04963 PSYCH DR. ERIKA	0			10,192	0	93.13
93.14 04964 DR. HASAN	0			0	0	93.14
93.15 04965 PSYCH DR. DEB	0			6	0	93.15
93.16 04966 NORTH CENTRAL PEDIATRICS	0			14,444	0	93.16
93.17 04967 CFHC	0			9,946	0	93.17
93.18 04968 PSYCH MEDICATION	0			11,900	0	93.18
93.19 04969 RUSSAVILLE OFFICE	0			166	0	93.19

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150007

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Cost Center Description		OTHER GENERAL SERVICE PSYCHIATRIC ADMINISTRATION	PASTORAL CARE	EMS CERTIFICATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		18.00	23.00	23.01	24.00	25.00		
93.20	04970	ORTOPAEDIC	0		0	0	93.20	
93.21	04971	DR. JERRY GREER	0		0	0	93.21	
93.22	04972	DR. KOESTER	0		0	0	93.22	
93.23	04973	DR. B. FOGELSON	0		219	0	93.23	
93.24	04999	DR ANNETTE MOORE	0		0	0	93.24	
93.25	04975	HRHS INTERNAL MEDICINE	0		1,942	0	93.25	
93.26	04976	DR. MOUALLA	0		0	0	93.26	
93.27	04977	DR. SEDAGHAT	0		346,780	0	93.27	
93.28	04978	COMMUNITY OB/GYN	0		9,067	0	93.28	
93.29	04979	BEHAVIORAL HEALTH TIPTON	0		0	0	93.29	
93.30	04980	DR. SCHILT	0		10,871	0	93.30	
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	0		220	0	93.31	
93.32	04982	DR. PETER KLIM	0		141	0	93.32	
93.33	04983	HOSPITALISTS	0		18,616	0	93.33	
93.34	04984	DR. NEKOOMARAM	0		6,040	0	93.34	
93.35	04985	DR. CARL	0		4,951	0	93.35	
93.36	04986	DR ANITA	0		0	0	93.36	
93.37	04987	DR. NICOLE	0		0	0	93.37	
93.38	04988	WOUND CARE PHYSICIANS	0		0	0	93.38	
93.39	04989	DR. EVANS	0		5,253	0	93.39	
93.40	04990	DR. THUMULURI	0		8,990	0	93.40	
93.41	04991	COMMUNITY FAMILY	0		269	0	93.41	
93.42	04992	INDIANA SURGERY CENTER	0		2,296	0	93.42	
93.43	04993	NEW BEGINNINGS	0		1,962	0	93.43	
93.44	04994	DR HOVHANESSIAN	0		3,236	0	93.44	
93.45	04995	DR GERING	0		27,988	0	93.45	
93.46	04996	DR HAENDIGES	0		8,254	0	93.46	
93.47	04997	DR KRAFT	0		709	0	93.47	
93.48	04998	DR GEM-ESTELE LUCAS	0		1,116	0	93.48	
93.49	04974	DR CARL RATLIFF	0		2,855	0	93.49	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		85,987	0	95.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE					113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	40,715	0	0	10,820,591	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		0	0	190.00	
190.01	19001	COMMUNITY HOWARD FOUNDATION	0		1,854	0	190.01	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		5,142	0	192.00	
193.00	19300	NONPAID WORKERS	0		0	0	193.00	
194.00	07950	HEALTHY CHILDREN	0		1,615	0	194.00	
194.01	07951	HCH ONCOLOGY	0		0	0	194.01	
194.02	07952	DR. GATEWOOD	0		2,080	0	194.02	
194.03	07953	DR. CHEN	0		8,001	0	194.03	
194.04	07954	DR. SALTER	0		0	0	194.04	
194.05	07955	NORTH CENTRAL INDIANA INTERNAL MED	0		1,797	0	194.05	
194.06	07956	DR. UNDERWOOD	0		1,151	0	194.06	
194.07	07957	HCH MEDICAL SURGICAL	0		11,610	0	194.07	
194.08	07958	SOUTH BERKLEY	0		439	0	194.08	
194.09	07959	MOBILE CLINIC	0		515	0	194.09	
194.10	07960	PLASTIC SURGERY	0		55	0	194.10	
194.11	07961	KOKOMO SCHOOL BASED	0		85	0	194.11	
194.12	07962	SPECIALTY HOSPITAL	0		0	0	194.12	
194.13	07963	COMMUNITY ONCOLOGY	0		14,041	0	194.13	
194.14	07964	GREENTOWN MEDICAL OFFICE	0		0	0	194.14	
200.00		Cross Foot Adjustments		41,501	48	41,549	0	200.00
201.00		Negative Cost Centers	0	0	0	-253,916	0	201.00
202.00		TOTAL (sum lines 118-201)	40,715	41,501	48	10,656,609	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/29/2015 10:43 am
Cost Center Description		Total			
		26.00			
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT			1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT			1.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
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
13.00	01300	NURSING ADMINISTRATION			13.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
18.00	01850	PSYCHIATRIC ADMINISTRATION			18.00
23.00	02300	PASTORAL CARE			23.00
23.01	02301	EMS CERTIFICATION PROGRAM			23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	2,479,069		30.00
31.00	03100	INTENSIVE CARE UNIT	285,397		31.00
43.00	04300	NURSERY	66,518		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	827,157		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	232,663		52.00
53.00	05300	ANESTHESIOLOGY	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	450,187		54.00
54.01	03480	ONCOLOGY	750,003		54.01
57.00	05700	CT SCAN	52,980		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	53,241		58.00
59.00	05900	CARDIAC CATHETERIZATION	92,975		59.00
60.00	06000	LABORATORY	257,006		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	699		63.00
65.00	06500	RESPIRATORY THERAPY	176,479		65.00
66.00	06600	PHYSICAL THERAPY	45,698		66.00
67.00	06700	OCCUPATIONAL THERAPY	27,519		67.00
68.00	06800	SPEECH PATHOLOGY	13,728		68.00
69.00	06900	ELECTROCARDIOLOGY	49,748		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,259		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	209,627		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	62,310		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	320,691		73.00
74.00	07400	RENAL DIALYSIS	3,202		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		75.00
75.01	03950	WOUND CARE CENTER	78,425		75.01
76.99	07699	LITHOTRIpsy	8,045		76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	899,289		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0		93.00
93.01	04951	GENESIS	1,382,328		93.01
93.02	04952	WOMEN'S CENTER	87,033		93.02
93.03	04953	RESIDENTIAL HOMES	414,450		93.03
93.04	04954	DR. STEELE	0		93.04
93.05	04955	DIABETIC EDUCATION	1,860		93.05
93.06	04956	HOWARD COUNTY CSS	18,899		93.06
93.07	04957	CLINTON COUNTY	21,860		93.07
93.08	04958	HOWARD DIABETES	88,776		93.08
93.09	04959	DR. AROUTINOVA	0		93.09
93.10	04960	OB/GYN GREER	404,268		93.10
93.11	04961	ONCOLOGY/BECHAR	343,968		93.11
93.12	04962	CRITICAL CARE PHYSICIANS	7,818		93.12
93.13	04963	PSYCH DR. ERIKA	10,192		93.13
93.14	04964	DR. HASAN	0		93.14
93.15	04965	PSYCH DR. DEB	6		93.15
93.16	04966	NORTH CENTRAL PEDIATRICS	14,444		93.16
93.17	04967	CFHC	9,946		93.17
93.18	04968	PSYCH MEDICATION	11,900		93.18
93.19	04969	RUSSAVILLE OFFICE	166		93.19
93.20	04970	ORTOPAEDIC	0		93.20
93.21	04971	DR. JERRY GREER	0		93.21
93.22	04972	DR. KOESTER	0		93.22
93.23	04973	DR. B. FOGELSON	219		93.23
93.24	04999	DR ANNETTE MOORE	0		93.24
93.25	04975	HRHS INTERNAL MEDICINE	1,942		93.25

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part II
Date/Time Prepared:
5/29/2015 10:43 am

Cost Center Description			Total	
			26.00	
93.26	04976	DR. MOUALLA	0	93.26
93.27	04977	DR. SEDAGHAT	346,780	93.27
93.28	04978	COMMUNITY OB/GYN	9,067	93.28
93.29	04979	BEHAVIORAL HEALTH TIPTON	0	93.29
93.30	04980	DR. SCHILT	10,871	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	220	93.31
93.32	04982	DR. PETER KLIM	141	93.32
93.33	04983	HOSPITALISTS	18,616	93.33
93.34	04984	DR. NEKOMARAM	6,040	93.34
93.35	04985	DR. CARL	4,951	93.35
93.36	04986	DR ANITA	0	93.36
93.37	04987	DR. NICOLE	0	93.37
93.38	04988	WOUND CARE PHYSICIANS	0	93.38
93.39	04989	DR. EVANS	5,253	93.39
93.40	04990	DR. THUMULURI	8,990	93.40
93.41	04991	COMMUNITY FAMILY	269	93.41
93.42	04992	INDIANA SURGERY CENTER	2,296	93.42
93.43	04993	NEW BEGINNINGS	1,962	93.43
93.44	04994	DR HOVHANESSIAN	3,236	93.44
93.45	04995	DR GERI NG	27,988	93.45
93.46	04996	DR HAENDIGES	8,254	93.46
93.47	04997	DR KRAFT	709	93.47
93.48	04998	DR GEM-ESTEELUCAS	1,116	93.48
93.49	04974	DR CARL RATLIFF	2,855	93.49
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	85,987	95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,820,591	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	1,854	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,142	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	HEALTHY CHILDREN	1,615	194.00
194.01	07951	HCH ONCOLOGY	0	194.01
194.02	07952	DR. GATEWOOD	2,080	194.02
194.03	07953	DR. CHEN	8,001	194.03
194.04	07954	DR. SALTER	0	194.04
194.05	07955	NORTH CENTRAL INDIANA INTERNAL MED	1,797	194.05
194.06	07956	DR. UNDERWOOD	1,151	194.06
194.07	07957	HCH MEDICAL SURGICAL	11,610	194.07
194.08	07958	SOUTH BERKLEY	439	194.08
194.09	07959	MOBILE CLINIC	515	194.09
194.10	07960	PLASTIC SURGERY	55	194.10
194.11	07961	KOKOMO SCHOOL BASED	85	194.11
194.12	07962	SPECIALTY HOSPITAL	0	194.12
194.13	07963	COMMUNITY ONCOLOGY	14,041	194.13
194.14	07964	GREENTOWN MEDICAL OFFICE	0	194.14
200.00		Cross Foot Adjustments	41,549	200.00
201.00		Negative Cost Centers	-253,916	201.00
202.00		TOTAL (sum lines 118-201)	10,656,609	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1
Date/Time Prepared:
5/29/2015 10:43 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)			
	1.00	1.01	1.02			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	383,034				1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT	0	14,951			1.01
1.02 00102	CAP REL COSTS-BLDG & FIXT	0	0	7,065		1.02
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,570	0	0	41,675,155	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	64,596	0	0	6,376,508	-21,857,150
7.00 00700	OPERATION OF PLANT	39,883	2,044	0	987,566	0
8.00 00800	LAUNDRY & LINEN SERVICE	2,168	0	0	25,108	0
9.00 00900	HOUSEKEEPING	2,342	0	0	507,251	0
10.00 01000	DIETARY	4,301	0	0	411,478	0
11.00 01100	CAFETERIA	6,726	0	0	241,974	0
13.00 01300	NURSING ADMINISTRATION	727	0	0	1,301,744	0
16.00 01600	MEDICAL RECORDS & LIBRARY	2,975	0	0	1,040,590	0
17.00 01700	SOCIAL SERVICE	0	0	0	141,430	0
18.00 01850	PSYCHIATRIC ADMINISTRATION	98	0	0	671,210	0
23.00 02300	PASTORAL CARE	864	0	0	262,245	0
23.01 02301	EMS CERTIFICATION PROGRAM	0	0	0	394	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	57,874	12,096	0	5,787,590	0
31.00 03100	INTENSIVE CARE UNIT	5,225	0	0	1,582,112	0
43.00 04300	NURSERY	1,320	0	0	258,834	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	19,802	0	0	1,996,846	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,308	0	0	409,880	0
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,417	306	0	1,006,567	0
54.01 03480	ONCOLOGY	20,534	0	0	1,181,383	0
57.00 05700	CT SCAN	600	0	0	407,275	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	500	0	0	547,297	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	1,005,230	0
60.00 06000	LABORATORY	4,905	505	0	785,116	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	987
65.00 06500	RESPIRATORY THERAPY	4,394	0	0	644,696	0
66.00 06600	PHYSICAL THERAPY	1,142	0	0	1,142	0
67.00 06700	OCCUPATIONAL THERAPY	703	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	352	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	104	0	0	864,226	0
70.00 07000	ELECTROENCEPHALOGRAPHY	319	0	0	26,708	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,336	0	0	128,860	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	1,507	0	0	1,613,745	0
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01 03950	WOUND CARE CENTER	2,066	0	0	185,087	0
76.99 07699	LITHOTRIPSY	0	0	0	11,923	0
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	22,863	0	0	1,903,095	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00 04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0
93.01 04951	GENESIS	38,435	0	7,065	689,345	0
93.02 04952	WOMEN'S CENTER	2,584	0	0	0	0
93.03 04953	RESIDENTIAL HOMES	11,844	0	0	460,408	0
93.04 04954	DR. STEELE	0	0	0	0	0
93.05 04955	DIABETIC EDUCATION	0	0	0	57,953	0
93.06 04956	HOWARD COUNTY CSS	0	0	0	338,517	0
93.07 04957	CLINTON COUNTY	0	0	0	388,236	0
93.08 04958	HOWARD DIABETES	2,500	0	0	143,650	0
93.09 04959	DR. AROUTINOVA	0	0	0	0	0
93.10 04960	OB/GYN GREER	12,000	0	0	0	0
93.11 04961	ONCOLOGY/BECHAR	10,210	0	0	0	0
93.12 04962	CRITICAL CARE PHYSICIANS	0	0	0	248,063	0
93.13 04963	PSYCH DR. ERIKA	0	0	0	334,165	0
93.14 04964	DR. HASAN	0	0	0	0	0
93.15 04965	PSYCH DR. DEB	0	0	0	0	0
93.16 04966	NORTH CENTRAL PEDIATRICS	0	0	0	463,021	0
93.17 04967	CFHC	0	0	0	210,752	0
93.18 04968	PSYCH MEDICATION	0	0	0	386,460	0
93.19 04969	RUSSAVILLE OFFICE	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1
Date/Time Prepared:
5/29/2015 10:43 am

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)			
		1.00	1.01	1.02			
93.20	04970	ORTOPAEDIC	0	0	0	0	93.20
93.21	04971	DR. JERRY GREER	0	0	0	0	93.21
93.22	04972	DR. KOESTER	0	0	0	0	93.22
93.23	04973	DR. B. FOGELSON	0	0	0	1,443	93.23
93.24	04999	DR ANNETTE MOORE	0	0	0	0	93.24
93.25	04975	HRHS INTERNAL MEDICINE	0	0	0	57,371	93.25
93.26	04976	DR. MOUALLA	0	0	0	0	93.26
93.27	04977	DR. SEDAGHAT	10,210	0	0	82,171	93.27
93.28	04978	COMMUNITY OB/GYN	0	0	0	283,907	93.28
93.29	04979	BEHAVIORAL HEALTH TIPTON	0	0	0	0	93.29
93.30	04980	DR. SCHILT	0	0	0	356,244	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	0	0	0	0	93.31
93.32	04982	DR. PETER KLIM	0	0	0	4,137	93.32
93.33	04983	HOSPITALISTS	0	0	0	480,789	93.33
93.34	04984	DR. NEKOMARAM	0	0	0	188,001	93.34
93.35	04985	DR. CARL	0	0	0	157,750	93.35
93.36	04986	DR ANITA	0	0	0	0	93.36
93.37	04987	DR. NICOLE	0	0	0	0	14 93.37
93.38	04988	WOUND CARE PHYSICIANS	0	0	0	0	93.38
93.39	04989	DR. EVANS	0	0	0	165,645	93.39
93.40	04990	DR. THUMULURI	0	0	0	267,996	93.40
93.41	04991	COMMUNITY FAMILY	0	0	0	0	93.41
93.42	04992	INDIANA SURGERY CENTER	0	0	0	0	93.42
93.43	04993	NEW BEGINNINGS	0	0	0	61,461	93.43
93.44	04994	DR HOVHANESSIAN	0	0	0	100,230	93.44
93.45	04995	DR GERING	0	0	0	922,210	93.45
93.46	04996	DR HAENDIGES	0	0	0	265,584	93.46
93.47	04997	DR KRAFT	0	0	0	9,684	93.47
93.48	04998	DR GEM-ESTELE LUCAS	0	0	0	37,256	93.48
93.49	04974	DR CARL RATLIFF	0	0	0	92,967	93.49
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,730	0	0	753,332	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	383,034	14,951	7,065	40,322,716	-21,856,149 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	0	0	59,315	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	HEALTHY CHILDREN	0	0	0	48,136	194.00
194.01	07951	HCH ONCOLOGY	0	0	0	0	194.01
194.02	07952	DR. GATEWOOD	0	0	0	66,627	194.02
194.03	07953	DR. CHEN	0	0	0	256,235	194.03
194.04	07954	DR. SALTER	0	0	0	0	194.04
194.05	07955	NORTH CENTRAL INDIANA INTERNAL MED	0	0	0	56,792	194.05
194.06	07956	DR. UNDERWOOD	0	0	0	0	194.06
194.07	07957	HCH MEDICAL SURGICAL	0	0	0	364,563	194.07
194.08	07958	SOUTH BERKLEY	0	0	0	0	194.08
194.09	07959	MOBILE CLINIC	0	0	0	16,906	194.09
194.10	07960	PLASTIC SURGERY	0	0	0	0	194.10
194.11	07961	KOKOMO SCHOOL BASED	0	0	0	35,022	82,234 194.11
194.12	07962	SPECIALTY HOSPITAL	0	0	0	0	194.12
194.13	07963	COMMUNITY ONCOLOGY	0	0	0	448,843	194.13
194.14	07964	GREENTOWN MEDICAL OFFICE	0	0	0	0	194.14
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)	10,881,839	-253,916	28,686	7,746,229	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	28.409590	0.000000	4.060297	0.185872	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				101,422	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.002434	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1
Date/Time Prepared:
5/29/2015 10:43 am

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (TOTAL PATIENT DAYS)	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT					1.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	85,917,189				5.00
7.00	00700	OPERATION OF PLANT	6,862,929	274,985			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	364,851	2,168	490,010		8.00
9.00	00900	HOUSEKEEPING	912,572	2,342	0	442,736	9.00
10.00	01000	DIETARY	761,780	4,301	2,793	3,952	18,796
11.00	01100	CAFETERIA	869,099	6,726	4,368	3,504	0
13.00	01300	NURSING ADMINISTRATION	1,805,754	727	0	14,200	0
16.00	01600	MEDICAL RECORDS & LIBRARY	2,115,187	2,975	0	0	0
17.00	01700	SOCIAL SERVICE	217,454	0	0	0	0
18.00	01850	PSYCHIATRIC ADMINISTRATION	1,219,911	98	0	52	0
23.00	02300	PASTORAL CARE	387,730	864	0	0	0
23.01	02301	EMS CERTIFICATION PROGRAM	2,186	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,458,961	57,874	191,602	234,046	15,408
31.00	03100	INTENSIVE CARE UNIT	2,258,255	5,225	47,565	19,808	2,251
43.00	04300	NURSERY	414,239	1,320	1,745	0	1,137
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,494,279	19,802	78,871	36,724	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	775,796	6,308	10,012	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,813,556	11,417	17,634	40,377	0
54.01	03480	ONCOLOGY	2,398,770	20,534	10,301	710	0
57.00	05700	CT SCAN	558,727	600	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,075,447	500	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	2,671,536	0	20,327	15,056	0
60.00	06000	LABORATORY	2,934,040	4,905	337	9,960	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	948,031	4,394	0	0	0
66.00	06600	PHYSICAL THERAPY	316,277	1,142	0	2,760	0
67.00	06700	OCCUPATIONAL THERAPY	183,116	703	0	0	0
68.00	06800	SPEECH PATHOLOGY	92,655	352	0	0	0
69.00	06900	ELECTROCARDIOLOGY	1,149,906	104	20,325	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	43,729	319	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,249,658	3,336	0	1,750	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,699,879	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	11,195,873	1,507	0	3,340	0
74.00	07400	RENAL DIALYSIS	141,747	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	03950	WOUND CARE CENTER	330,596	2,066	0	104	0
76.99	07699	LITHOTRIPSY	293,689	0	0	4,627	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	3,369,328	22,863	70,380	21,908	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0
93.01	04951	GENESIS	2,023,496	38,435	0	15,137	0
93.02	04952	WOMEN'S CENTER	72,621	2,584	0	0	0
93.03	04953	RESIDENTIAL HOMES	969,545	11,844	0	0	0
93.04	04954	DR. STEELE	0	0	0	0	0
93.05	04955	DIABETIC EDUCATION	78,311	0	0	0	0
93.06	04956	HOWARD COUNTY CSS	454,305	0	0	0	0
93.07	04957	CLINTON COUNTY	529,952	0	0	0	0
93.08	04958	HOWARD DIABETES	265,731	2,500	0	0	0
93.09	04959	DR. AROUTINOVA	0	0	0	0	0
93.10	04960	OB/GYN GREER	341,311	12,000	0	0	0
93.11	04961	ONCOLOGY/BECHAR	290,507	10,210	0	0	0
93.12	04962	CRITICAL CARE PHYSICIANS	334,891	0	0	0	0
93.13	04963	PSYCH DR. ERIKA	435,436	0	0	0	0
93.14	04964	DR. HASAN	0	0	0	0	0
93.15	04965	PSYCH DR. DEB	282	0	0	0	0
93.16	04966	NORTH CENTRAL PEDIATRICS	618,238	0	0	0	0
93.17	04967	CFHC	286,121	0	0	14,721	0
93.18	04968	PSYCH MEDIATION	502,890	0	0	0	0
93.19	04969	RUSSAVILLE OFFICE	7,729	0	0	0	0
93.20	04970	ORTOPAEDIC	0	0	0	0	0
93.21	04971	DR. JERRY GREER	0	0	0	0	0
93.22	04972	DR. KOESTER	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
5/29/2015 10:43 am

Cost Center Description			ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (TOTAL PATIENT DAYS)	
			5.00	7.00	8.00	9.00	10.00	
93.23	04973	DR. B. FOGELSON	10,000	0	0	0	0	93.23
93.24	04999	DR ANNETTE MOORE	0	0	0	0	0	93.24
93.25	04975	HRHS INTERNAL MEDICINE	83,638	0	0	0	0	93.25
93.26	04976	DR. MOUALLA	0	0	0	0	0	93.26
93.27	04977	DR. SEDAGHAT	411,068	10,210	0	0	0	93.27
93.28	04978	COMMUNITY OB/GYN	388,849	0	0	0	0	93.28
93.29	04979	BEHAVIORAL HEALTH TIPTON	0	0	0	0	0	93.29
93.30	04980	DR. SCHILT	464,452	0	0	0	0	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	4,840	0	0	0	0	93.31
93.32	04982	DR. PETER KLIM	6,091	0	0	0	0	93.32
93.33	04983	HOSPITALISTS	809,949	0	0	0	0	93.33
93.34	04984	DR. NEKOOMARAM	255,195	0	0	0	0	93.34
93.35	04985	DR. CARL	209,162	0	0	0	0	93.35
93.36	04986	DR ANITA	0	0	0	0	0	93.36
93.37	04987	DR. NICOLE	0	0	0	0	0	93.37
93.38	04988	WOUND CARE PHYSICIANS	0	0	0	0	0	93.38
93.39	04989	DR. EVANS	225,156	0	0	0	0	93.39
93.40	04990	DR. THUMULURI	372,917	0	0	0	0	93.40
93.41	04991	COMMUNITY FAMILY	12,504	0	0	0	0	93.41
93.42	04992	INDIANA SURGERY CENTER	106,603	0	0	0	0	93.42
93.43	04993	NEW BEGINNINGS	79,413	0	0	0	0	93.43
93.44	04994	DR HOVHANESSIAN	138,890	0	0	0	0	93.44
93.45	04995	DR GERI NG	1,195,108	0	0	0	0	93.45
93.46	04996	DR HAENDIGES	353,193	0	0	0	0	93.46
93.47	04997	DR KRAFT	31,815	0	0	0	0	93.47
93.48	04998	DR GEM-ESTE LE LUCAS	47,313	0	0	0	0	93.48
93.49	04974	DR CARL RATLIFF	119,141	0	0	0	0	93.49
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,055,208	1,730	13,750	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	83,979,414	274,985	490,010	442,736	18,796	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	79,373	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	82,902	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEALTHY CHILDREN	69,523	0	0	0	0	194.00
194.01	07951	HCH ONCOLOGY	0	0	0	0	0	194.01
194.02	07952	DR. GATEWOOD	89,058	0	0	0	0	194.02
194.03	07953	DR. CHEN	342,497	0	0	0	0	194.03
194.04	07954	DR. SALTER	0	0	0	0	0	194.04
194.05	07955	NORTH CENTRAL INDIANA INTERNAL MED	77,034	0	0	0	0	194.05
194.06	07956	DR. UNDERWOOD	53,431	0	0	0	0	194.06
194.07	07957	HCH MEDICAL SURGICAL	497,839	0	0	0	0	194.07
194.08	07958	SOUTH BERKLEY	20,368	0	0	0	0	194.08
194.09	07959	MOBILE CLINIC	22,016	0	0	0	0	194.09
194.10	07960	PLASTIC SURGERY	2,568	0	0	0	0	194.10
194.11	07961	KOKOMO SCHOOL BASED	0	0	0	0	0	194.11
194.12	07962	SPECIALTY HOSPITAL	0	0	0	0	0	194.12
194.13	07963	COMMUNITY ONCOLOGY	601,166	0	0	0	0	194.13
194.14	07964	GREENTOWN MEDICAL OFFICE	0	0	0	0	0	194.14
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)	21,857,150	8,608,844	525,541	1,218,048	1,104,094	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.254398	31.306595	1.072511	2.751184	58.740902	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,850,646	1,283,291	79,630	98,357	161,005	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.021540	4.666767	0.162507	0.222157	8.565918	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	CAFETERIA (TIME SPENT)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (ASSIGNED TIME)	OTHER GENERAL SERVICE PSYCHIATRIC ADMINISTRATION (PATIENT REVENUE)	
	11.00	13.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 CAP REL COSTS-BLDG & FIXT						1.01
1.02 00102 CAP REL COSTS-BLDG & FIXT						1.02
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
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	433					11.00
13.00 01300 NURSING ADMINISTRATION	17	193				13.00
16.00 01600 MEDICAL RECORDS & LIBRARY	21	0	390,677,612			16.00
17.00 01700 SOCIAL SERVICE	3	0	0	590		17.00
18.00 01850 PSYCHIATRIC ADMINISTRATION	17	0	0	0	7,239,314	18.00
23.00 02300 PASTORAL CARE	7	0	0	0	0	23.00
23.01 02301 EMS CERTIFICATION PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	119	130	23,404,567	214	0	30.00
31.00 03100 INTENSIVE CARE UNIT	27	27	5,289,332	29	0	31.00
43.00 04300 NURSERY	5	0	1,166,487	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	32	0	24,737,413	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	7	0	1,847,572	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	17	0	23,837,365	0	0	54.00
54.01 03480 ONCOLOGY	17	0	12,060,501	0	0	54.01
57.00 05700 CT SCAN	6	0	41,325,184	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	9	0	17,655,243	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	16	0	42,829,279	0	0	59.00
60.00 06000 LABORATORY	13	0	49,424,147	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	1,726,713	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	13	0	4,561,009	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	1,232,111	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	795,143	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	219,483	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	12	0	23,184,611	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1	0	341,753	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3	0	13,233,052	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	10,259,540	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	18	0	36,822,247	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	367,269	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 03950 WOUND CARE CENTER	3	0	1,996,502	0	0	75.01
76.99 07699 LI THOTRI PSY	0	0	1,634,635	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	36	36	34,652,168	52	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00 04950 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01 04951 GENESIS	14	0	4,288,922	0	4,288,922	93.01
93.02 04952 WOMEN'S CENTER	0	0	0	0	0	93.02
93.03 04953 RESIDENTIAL HOMES	0	0	1,700,332	0	0	93.03
93.04 04954 DR. STEELE	0	0	0	0	0	93.04
93.05 04955 DIABETIC EDUCATION	0	0	77,838	0	0	93.05
93.06 04956 HOWARD COUNTY CSS	0	0	1,374,758	0	1,374,758	93.06
93.07 04957 CLINTON COUNTY	0	0	1,577,503	0	1,575,634	93.07
93.08 04958 HOWARD DIABETES	0	0	27,913	0	0	93.08
93.09 04959 DR. AROUTINOVA	0	0	0	0	0	93.09
93.10 04960 OB/GYN GREER	0	0	0	0	0	93.10
93.11 04961 ONCOLOGY/BECHAR	0	0	0	0	0	93.11
93.12 04962 CRITICAL CARE PHYSICIANS	0	0	0	0	0	93.12
93.13 04963 PSYCH DR. ERIKA	0	0	0	0	0	93.13
93.14 04964 DR. HASAN	0	0	0	0	0	93.14
93.15 04965 PSYCH DR. DEB	0	0	0	0	0	93.15
93.16 04966 NORTH CENTRAL PEDIATRICS	0	0	0	0	0	93.16
93.17 04967 CFHC	0	0	0	0	0	93.17
93.18 04968 PSYCH MEDICATION	0	0	312,384	0	0	93.18
93.19 04969 RUSSAVILLE OFFICE	0	0	0	0	0	93.19

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		CAFETERIA (TIME SPENT)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (ASSIGNED TIME)	OTHER GENERAL SERVICE PSYCHIATRIC ADMINISTRATION (PATIENT REVENUE)	
		11.00	13.00	16.00	17.00	18.00	
93.20	04970	ORTOPAEDIC	0	0	0	0	93.20
93.21	04971	DR. JERRY GREER	0	0	0	0	93.21
93.22	04972	DR. KOESTER	0	0	0	0	93.22
93.23	04973	DR. B. FOGELSON	0	0	0	0	93.23
93.24	04999	DR ANNETTE MOORE	0	0	0	0	93.24
93.25	04975	HRHS INTERNAL MEDICINE	0	0	0	0	93.25
93.26	04976	DR. MOUALLA	0	0	0	0	93.26
93.27	04977	DR. SEDAGHAT	0	38,436	0	0	93.27
93.28	04978	COMMUNITY OB/GYN	0	0	0	0	93.28
93.29	04979	BEHAVIORAL HEALTH TIPTON	0	0	0	0	93.29
93.30	04980	DR. SCHILT	0	0	0	0	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	0	286,390	0	0	93.31
93.32	04982	DR. PETER KLIM	0	0	0	0	93.32
93.33	04983	HOSPITALISTS	0	0	0	0	93.33
93.34	04984	DR. NEKOMARAM	0	210,702	0	0	93.34
93.35	04985	DR. CARL	0	152,440	0	0	93.35
93.36	04986	DR ANITA	0	0	0	0	93.36
93.37	04987	DR. NICOLE	0	0	0	0	93.37
93.38	04988	WOUND CARE PHYSICIANS	0	0	0	0	93.38
93.39	04989	DR. EVANS	0	0	0	0	93.39
93.40	04990	DR. THUMULURI	0	753,098	0	0	93.40
93.41	04991	COMMUNITY FAMILY	0	0	0	0	93.41
93.42	04992	INDIANA SURGERY CENTER	0	0	0	0	93.42
93.43	04993	NEW BEGINNINGS	0	249,257	0	0	93.43
93.44	04994	DR HOVHANESSIAN	0	0	0	0	93.44
93.45	04995	DR GERING	0	0	0	0	93.45
93.46	04996	DR HAENDIGES	0	0	0	0	93.46
93.47	04997	DR KRAFT	0	0	0	0	93.47
93.48	04998	DR GEM-ESTELE LUCAS	0	13,758	0	0	93.48
93.49	04974	DR CARL RATLIFF	0	154,691	0	0	93.49
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	4,855,864	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	433	193	390,677,612	295	7,239,314
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	295	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	HEALTHY CHILDREN	0	0	0	0	194.00
194.01	07951	HCH ONCOLOGY	0	0	0	0	194.01
194.02	07952	DR. GATEWOOD	0	0	0	0	194.02
194.03	07953	DR. CHEN	0	0	0	0	194.03
194.04	07954	DR. SALTER	0	0	0	0	194.04
194.05	07955	NORTH CENTRAL INDIANA INTERNAL MED	0	0	0	0	194.05
194.06	07956	DR. UNDERWOOD	0	0	0	0	194.06
194.07	07957	HCH MEDICAL SURGICAL	0	0	0	0	194.07
194.08	07958	SOUTH BERKLEY	0	0	0	0	194.08
194.09	07959	MOBILE CLINIC	0	0	0	0	194.09
194.10	07960	PLASTIC SURGERY	0	0	0	0	194.10
194.11	07961	KOKOMO SCHOOL BASED	0	0	0	0	194.11
194.12	07962	SPECIALTY HOSPITAL	0	0	0	0	194.12
194.13	07963	COMMUNITY ONCOLOGY	0	0	0	0	194.13
194.14	07964	GREENTOWN MEDICAL OFFICE	0	0	0	0	194.14
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)	1,315,089	2,378,593	2,810,203	281,885	1,585,097
203.00		Unit cost multiplier (Wkst. B, Part I)	3,037.157044	12,324.316062	0.007193	477.771186	0.218957
204.00		Cost to be allocated (per Wkst. B, Part II)	243,269	78,817	158,295	6,713	40,715
205.00		Unit cost multiplier (Wkst. B, Part II)	561.822171	408.378238	0.000405	11.377966	0.005624

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150007

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From 01/01/2014
To 12/31/2014

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PASTORAL CARE (ASSIGNED TIME)	EMS CERTIFICATION PROGRAM (ASSIGNED TIME)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00	00100			1.00
1.01	00101			1.01
1.02	00102			1.02
4.00	00400			4.00
5.00	00500			5.00
7.00	00700			7.00
8.00	00800			8.00
9.00	00900			9.00
10.00	01000			10.00
11.00	01100			11.00
13.00	01300			13.00
16.00	01600			16.00
17.00	01700			17.00
18.00	01850			18.00
23.00	02300	100		23.00
23.01	02301	0	100	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	100	0	30.00
31.00	03100	0	0	31.00
43.00	04300	0	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	0	0	50.00
52.00	05200	0	0	52.00
53.00	05300	0	0	53.00
54.00	05400	0	0	54.00
54.01	03480	0	0	54.01
57.00	05700	0	0	57.00
58.00	05800	0	0	58.00
59.00	05900	0	0	59.00
60.00	06000	0	0	60.00
63.00	06300	0	0	63.00
65.00	06500	0	0	65.00
66.00	06600	0	0	66.00
67.00	06700	0	0	67.00
68.00	06800	0	0	68.00
69.00	06900	0	0	69.00
70.00	07000	0	0	70.00
71.00	07100	0	0	71.00
72.00	07200	0	0	72.00
73.00	07300	0	0	73.00
74.00	07400	0	0	74.00
75.00	07500	0	0	75.00
75.01	03950	0	0	75.01
76.99	07699	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	0	100	91.00
92.00	09200			92.00
92.01	09201	0	0	92.01
93.00	04950	0	0	93.00
93.01	04951	0	0	93.01
93.02	04952	0	0	93.02
93.03	04953	0	0	93.03
93.04	04954	0	0	93.04
93.05	04955	0	0	93.05
93.06	04956	0	0	93.06
93.07	04957	0	0	93.07
93.08	04958	0	0	93.08
93.09	04959	0	0	93.09
93.10	04960	0	0	93.10
93.11	04961	0	0	93.11
93.12	04962	0	0	93.12
93.13	04963	0	0	93.13
93.14	04964	0	0	93.14
93.15	04965	0	0	93.15
93.16	04966	0	0	93.16
93.17	04967	0	0	93.17
93.18	04968	0	0	93.18
93.19	04969	0	0	93.19
93.20	04970	0	0	93.20
93.21	04971	0	0	93.21

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1
Date/Time Prepared:
5/29/2015 10:43 am

Cost Center Description			PASTORAL CARE (ASSIGNED TIME)	EMS CERTIFICATION PROGRAM (ASSIGNED TIME)	
			23.00	23.01	
93.22	04972	DR. KOESTER	0	0	93.22
93.23	04973	DR. B. FOGELSON	0	0	93.23
93.24	04999	DR ANNETTE MOORE	0	0	93.24
93.25	04975	HRHS INTERNAL MEDICINE	0	0	93.25
93.26	04976	DR. MOUALLA	0	0	93.26
93.27	04977	DR. SEDAGHAT	0	0	93.27
93.28	04978	COMMUNITY OB/GYN	0	0	93.28
93.29	04979	BEHAVIORAL HEALTH TIPTON	0	0	93.29
93.30	04980	DR. SCHILT	0	0	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	0	0	93.31
93.32	04982	DR. PETER KLIM	0	0	93.32
93.33	04983	HOSPITALISTS	0	0	93.33
93.34	04984	DR. NEKOMARAM	0	0	93.34
93.35	04985	DR. CARL	0	0	93.35
93.36	04986	DR ANITA	0	0	93.36
93.37	04987	DR. NICOLE	0	0	93.37
93.38	04988	WOUND CARE PHYSICIANS	0	0	93.38
93.39	04989	DR. EVANS	0	0	93.39
93.40	04990	DR. THUMULURI	0	0	93.40
93.41	04991	COMMUNITY FAMILY	0	0	93.41
93.42	04992	INDIANA SURGERY CENTER	0	0	93.42
93.43	04993	NEW BEGINNINGS	0	0	93.43
93.44	04994	DR HOVHANESSIAN	0	0	93.44
93.45	04995	DR GERING	0	0	93.45
93.46	04996	DR HAENDIGES	0	0	93.46
93.47	04997	DR KRAFT	0	0	93.47
93.48	04998	DR GEM-ESTELE LUCAS	0	0	93.48
93.49	04974	DR CARL RATLIFF	0	0	93.49
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	100	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	HEALTHY CHILDREN	0	0	194.00
194.01	07951	HCH ONCOLOGY	0	0	194.01
194.02	07952	DR. GATEWOOD	0	0	194.02
194.03	07953	DR. CHEN	0	0	194.03
194.04	07954	DR. SALTER	0	0	194.04
194.05	07955	NORTH CENTRAL INDIANA INTERNAL MED	0	0	194.05
194.06	07956	DR. UNDERWOOD	0	0	194.06
194.07	07957	HCH MEDICAL SURGICAL	0	0	194.07
194.08	07958	SOUTH BERKLEY	0	0	194.08
194.09	07959	MOBILE CLINIC	0	0	194.09
194.10	07960	PLASTIC SURGERY	0	0	194.10
194.11	07961	KOKOMO SCHOOL BASED	0	0	194.11
194.12	07962	SPECIALTY HOSPITAL	0	0	194.12
194.13	07963	COMMUNITY ONCOLOGY	0	0	194.13
194.14	07964	GREENTOWN MEDICAL OFFICE	0	0	194.14
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)	534,677	2,742	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5,346.770000	27.420000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	41,501	48	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	415.010000	0.480000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/29/2015 10:43 am
			Title XVIIII	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		18,200,470	0	18,200,470
31.00	03100 INTENSIVE CARE UNIT		3,700,724	0	3,700,724
43.00	04300 NURSERY		653,183	0	653,183
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		7,972,695	0	7,972,695
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,215,927	0	1,215,927
53.00	05300 ANESTHESIOLOGY		0	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC		2,985,440	0	2,985,440
54.01	03480 ONCOLOGY		3,803,246	0	3,803,246
57.00	05700 CT SCAN		1,035,125	0	1,035,125
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,519,020	0	1,519,020
59.00	05900 CARDIAC CATHETERIZATION		3,771,058	0	3,771,058
60.00	06000 LABORATORY		4,256,826	0	4,256,826
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		11,433	0	11,433
65.00	06500 RESPIRATORY THERAPY	0	1,399,059	0	1,399,059
66.00	06600 PHYSICAL THERAPY	0	448,945	0	448,945
67.00	06700 OCCUPATIONAL THERAPY	0	257,428	0	257,428
68.00	06800 SPEECH PATHOLOGY	0	128,825	0	128,825
69.00	06900 ELECTROCARDIOLOGY		1,670,708	0	1,670,708
70.00	07000 ELECTROENCEPHALOGRAPHY		70,336	0	70,336
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		5,544,312	0	5,544,312
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		3,460,520	0	3,460,520
73.00	07300 DRUGS CHARGED TO PATIENTS		14,419,971	0	14,419,971
74.00	07400 RENAL DIALYSIS		180,449	0	180,449
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0
75.01	03950 WOUND CARE CENTER		503,136	0	503,136
76.99	07699 LI THOTRIPSY		392,891	0	392,891
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY		5,907,849	0	5,907,849
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,940,660	0	1,940,660
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		0	0	0
93.00	04950 OTHER OUTPATIENT SERVICES		0	0	0
93.01	04951 GENESIS		4,795,641	0	4,795,641
93.02	04952 WOMEN'S CENTER		171,992	0	171,992
93.03	04953 RESIDENTIAL HOMES		1,599,220	0	1,599,220
93.04	04954 DR. STEELE		0	0	0
93.05	04955 DIABETIC EDUCATION		98,793	0	98,793
93.06	04956 HOWARD COUNTY CSS		880,781	0	880,781
93.07	04957 CLINTON COUNTY		1,021,114	0	1,021,114
93.08	04958 HOWARD DIABETES		411,799	0	411,799
93.09	04959 DR. AROUTINOVA		0	0	0
93.10	04960 OB/GYN GREER		803,819	0	803,819
93.11	04961 ONCOLOGY/BECHAR		684,051	0	684,051
93.12	04962 CRITICAL CARE PHYSICIANS		420,087	0	420,087
93.13	04963 PSYCH DR. ERIKA		546,210	0	546,210
93.14	04964 DR. HASAN		0	0	0
93.15	04965 PSYCH DR. DEB		354	0	354
93.16	04966 NORTH CENTRAL PEDIATRICS		775,517	0	775,517
93.17	04967 CFHC		399,410	0	399,410
93.18	04968 PSYCH MEDICATION		633,071	0	633,071
93.19	04969 RUSSAVILLE OFFICE		9,695	0	9,695
93.20	04970 ORTOPAEDIC		0	0	0
93.21	04971 DR. JERRY GREER		0	0	0
93.22	04972 DR. KOESTER		0	0	0
93.23	04973 DR. B. FOGELSON		12,544	0	12,544
93.24	04999 DR ANNETTE MOORE		0	0	0
93.25	04975 HRHS INTERNAL MEDICINE		104,915	0	104,915
93.26	04976 DR. MOULLA		0	0	0
93.27	04977 DR. SEDAGHAT		835,559	0	835,559
93.28	04978 COMMUNITY OB/GYN		487,771	0	487,771
93.29	04979 BEHAVIORAL HEALTH TIPTON		0	0	0
93.30	04980 DR. SCHILT		582,608	0	582,608
93.31	04981 HCH BEHAVIORAL CONTRACT SERVICES		8,131	0	8,131
93.32	04982 DR. PETER KLIM		7,641	0	7,641
93.33	04983 HOSPITALISTS		1,015,998	0	1,015,998
93.34	04984 DR. NEKOOMARAM		321,632	0	321,632
93.35	04985 DR. CARL		263,469	0	263,469
93.36	04986 DR ANITA		0	0	0
93.37	04987 DR. NICOLE		0	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet C
Part I
Date/Time Prepared:
5/29/2015 10:43 am

Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
93.38	04988	WOUND CARE PHYSICIANS	0		0	0	0	93.38
93.39	04989	DR. EVANS	282,435		282,435	0	282,435	93.39
93.40	04990	DR. THUMULURI	473,203		473,203	0	473,203	93.40
93.41	04991	COMMUNITY FAMILY	15,685		15,685	0	15,685	93.41
93.42	04992	INDIANA SURGERY CENTER	133,723		133,723	0	133,723	93.42
93.43	04993	NEW BEGINNINGS	101,409		101,409	0	101,409	93.43
93.44	04994	DR HOVHANESSIAN	174,223		174,223	0	174,223	93.44
93.45	04995	DR GERING	1,499,141		1,499,141	0	1,499,141	93.45
93.46	04996	DR HAENDIGES	443,045		443,045	0	443,045	93.46
93.47	04997	DR KRAFT	39,909		39,909	0	39,909	93.47
93.48	04998	DR GEM-ESTEELUCAS	59,448		59,448	0	59,448	93.48
93.49	04974	DR CARL RATLIFF	150,563		150,563	0	150,563	93.49
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,427,486		1,427,486	0	1,427,486	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	107,142,328	0	107,142,328	0	107,142,328	200.00
201.00		Less Observation Beds	1,940,660		1,940,660		1,940,660	201.00
202.00		Total (see instructions)	105,201,668	0	105,201,668	0	105,201,668	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150007		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/29/2015 10:43 am	
			Title XVII I		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,314,111		20,314,111			30.00
31.00	03100	INTENSIVE CARE UNIT	5,289,332		5,289,332			31.00
43.00	04300	NURSERY	1,166,487		1,166,487			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,793,623	13,943,790	24,737,413	0.322293	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,031,444	816,128	1,847,572	0.658122	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,573,048	18,264,317	23,837,365	0.125242	0.000000	54.00
54.01	03480	ONCOLOGY	170,786	11,889,715	12,060,501	0.315347	0.000000	54.01
57.00	05700	CT SCAN	8,875,915	32,449,269	41,325,184	0.025048	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,084,491	16,570,752	17,655,243	0.086038	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,018,743	25,810,536	42,829,279	0.088049	0.000000	59.00
60.00	06000	LABORATORY	14,931,488	34,492,659	49,424,147	0.086128	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,127,283	599,430	1,726,713	0.006621	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	4,011,024	549,985	4,561,009	0.306743	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,188,680	43,431	1,232,111	0.364371	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	762,559	32,584	795,143	0.323751	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	189,805	29,678	219,483	0.586948	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,851,827	17,332,784	23,184,611	0.072061	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	102,343	239,410	341,753	0.205809	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,201,518	5,031,534	13,233,052	0.418975	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,294,759	4,964,781	10,259,540	0.337298	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,831,768	25,990,479	36,822,247	0.391610	0.000000	73.00
74.00	07400	RENAL DIALYSIS	367,269	0	367,269	0.491327	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	03950	WOUND CARE CENTER	12,989	1,983,513	1,996,502	0.252009	0.000000	75.01
76.99	07699	LITHOTRIPSY	0	1,634,635	1,634,635	0.240354	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	4,803,484	29,848,684	34,652,168	0.170490	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	28,604	3,061,852	3,090,456	0.627953	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	0.000000	93.00
93.01	04951	GENESIS	440	4,288,482	4,288,922	1.118146	0.000000	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0.000000	0.000000	93.02
93.03	04953	RESIDENTIAL HOMES	7,134	1,693,198	1,700,332	0.940534	0.000000	93.03
93.04	04954	DR. STEELE	0	0	0	0.000000	0.000000	93.04
93.05	04955	DIABETIC EDUCATION	0	77,838	77,838	1.269213	0.000000	93.05
93.06	04956	HOWARD COUNTY CSS	4,733	1,370,025	1,374,758	0.640681	0.000000	93.06
93.07	04957	CLINTON COUNTY	1,869	1,575,634	1,577,503	0.647298	0.000000	93.07
93.08	04958	HOWARD DIABETES	0	27,913	27,913	14.752947	0.000000	93.08
93.09	04959	DR. AROUTINOVA	0	0	0	0.000000	0.000000	93.09
93.10	04960	OB/GYN GREER	0	0	0	0.000000	0.000000	93.10
93.11	04961	ONCOLOGY/BECHAR	0	0	0	0.000000	0.000000	93.11
93.12	04962	CRITICAL CARE PHYSICIANS	0	0	0	0.000000	0.000000	93.12
93.13	04963	PSYCH DR. ERIKA	0	0	0	0.000000	0.000000	93.13
93.14	04964	DR. HASAN	0	0	0	0.000000	0.000000	93.14
93.15	04965	PSYCH DR. DEB	0	0	0	0.000000	0.000000	93.15
93.16	04966	NORTH CENTRAL PEDIATRICS	0	0	0	0.000000	0.000000	93.16
93.17	04967	CFHC	0	0	0	0.000000	0.000000	93.17
93.18	04968	PSYCH MEDICATION	37,539	274,845	312,384	2.026579	0.000000	93.18
93.19	04969	RUSSAVILLE OFFICE	0	0	0	0.000000	0.000000	93.19
93.20	04970	ORTOPAEDIC	0	0	0	0.000000	0.000000	93.20
93.21	04971	DR. JERRY GREER	0	0	0	0.000000	0.000000	93.21
93.22	04972	DR. KOESTER	0	0	0	0.000000	0.000000	93.22
93.23	04973	DR. B. FOGELSON	0	0	0	0.000000	0.000000	93.23
93.24	04999	DR ANNETTE MOORE	0	0	0	0.000000	0.000000	93.24
93.25	04975	HRHS INTERNAL MEDICINE	0	0	0	0.000000	0.000000	93.25
93.26	04976	DR. MOUALLA	0	0	0	0.000000	0.000000	93.26
93.27	04977	DR. SEDAGHAT	0	38,436	38,436	21.738969	0.000000	93.27
93.28	04978	COMMUNITY OB/GYN	0	0	0	0.000000	0.000000	93.28
93.29	04979	BEHAVIORAL HEALTH Tipton	0	0	0	0.000000	0.000000	93.29
93.30	04980	DR. SCHILT	0	0	0	0.000000	0.000000	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	286,390	0	286,390	0.028391	0.000000	93.31
93.32	04982	DR. PETER KLIM	0	0	0	0.000000	0.000000	93.32
93.33	04983	HOSPITALISTS	0	0	0	0.000000	0.000000	93.33
93.34	04984	DR. NEKOOMARAM	0	210,702	210,702	1.526478	0.000000	93.34
93.35	04985	DR. CARL	0	152,440	152,440	1.728346	0.000000	93.35
93.36	04986	DR ANITA	0	0	0	0.000000	0.000000	93.36
93.37	04987	DR. NICOLE	0	0	0	0.000000	0.000000	93.37
93.38	04988	WOUND CARE PHYSICIANS	0	0	0	0.000000	0.000000	93.38

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet C
Part I
Date/Time Prepared:
5/29/2015 10:43 am

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
93.39	04989	DR. EVANS	0	0	0	0.000000	0.000000	93.39
93.40	04990	DR. THUMULURI	826	752,272	753,098	0.628342	0.000000	93.40
93.41	04991	COMMUNITY FAMILY	0	0	0	0.000000	0.000000	93.41
93.42	04992	INDIANA SURGERY CENTER	0	0	0	0.000000	0.000000	93.42
93.43	04993	NEW BEGINNINGS	0	249,257	249,257	0.406845	0.000000	93.43
93.44	04994	DR HOVHANESSIAN	0	0	0	0.000000	0.000000	93.44
93.45	04995	DR GERING	0	0	0	0.000000	0.000000	93.45
93.46	04996	DR HAENDIGES	0	0	0	0.000000	0.000000	93.46
93.47	04997	DR KRAFT	0	0	0	0.000000	0.000000	93.47
93.48	04998	DR GEM-ESTEELUCAS	13,758	0	13,758	4.320977	0.000000	93.48
93.49	04974	DR CARL RATLIFF	14,754	139,937	154,691	0.973315	0.000000	93.49
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	4,855,864	4,855,864	0.293972	0.000000	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	129,390,823	261,286,789	390,677,612			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	129,390,823	261,286,789	390,677,612			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/29/2015 10:43 am
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.322293		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.658122		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.125242		54.00
54.01	03480 ONCOLOGY	0.315347		54.01
57.00	05700 CT SCAN	0.025048		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.086038		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.088049		59.00
60.00	06000 LABORATORY	0.086128		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.006621		63.00
65.00	06500 RESPIRATORY THERAPY	0.306743		65.00
66.00	06600 PHYSICAL THERAPY	0.364371		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.323751		67.00
68.00	06800 SPEECH PATHOLOGY	0.586948		68.00
69.00	06900 ELECTROCARDIOLOGY	0.072061		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.205809		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.418975		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.337298		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.391610		73.00
74.00	07400 RENAL DIALYSIS	0.491327		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03950 WOUND CARE CENTER	0.252009		75.01
76.99	07699 LI THOTRIPSY	0.240354		76.99
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.170490		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.627953		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0.000000		93.00
93.01	04951 GENESIS	1.118146		93.01
93.02	04952 WOMEN'S CENTER	0.000000		93.02
93.03	04953 RESIDENTIAL HOMES	0.940534		93.03
93.04	04954 DR. STEELE	0.000000		93.04
93.05	04955 DIABETIC EDUCATION	1.269213		93.05
93.06	04956 HOWARD COUNTY CSS	0.640681		93.06
93.07	04957 CLINTON COUNTY	0.647298		93.07
93.08	04958 HOWARD DIABETES	14.752947		93.08
93.09	04959 DR. AROUTINOVA	0.000000		93.09
93.10	04960 OB/GYN GREER	0.000000		93.10
93.11	04961 ONCOLOGY/BECHAR	0.000000		93.11
93.12	04962 CRITICAL CARE PHYSICIANS	0.000000		93.12
93.13	04963 PSYCH DR. ERIKA	0.000000		93.13
93.14	04964 DR. HASAN	0.000000		93.14
93.15	04965 PSYCH DR. DEB	0.000000		93.15
93.16	04966 NORTH CENTRAL PEDIATRICS	0.000000		93.16
93.17	04967 CFHC	0.000000		93.17
93.18	04968 PSYCH MEDICATION	2.026579		93.18
93.19	04969 RUSSAVILLE OFFICE	0.000000		93.19
93.20	04970 ORTOPAEDIC	0.000000		93.20
93.21	04971 DR. JERRY GREER	0.000000		93.21
93.22	04972 DR. KOESTER	0.000000		93.22
93.23	04973 DR. B. FOGELSON	0.000000		93.23
93.24	04999 DR ANNETTE MOORE	0.000000		93.24
93.25	04975 HRHS INTERNAL MEDICINE	0.000000		93.25
93.26	04976 DR. MOUALLA	0.000000		93.26
93.27	04977 DR. SEDAGHAT	21.738969		93.27
93.28	04978 COMMUNITY OB/GYN	0.000000		93.28
93.29	04979 BEHAVIORAL HEALTH TIPTON	0.000000		93.29
93.30	04980 DR. SCHILT	0.000000		93.30
93.31	04981 HCH BEHAVIORAL CONTRACT SERVICES	0.028391		93.31
93.32	04982 DR. PETER KLIM	0.000000		93.32
93.33	04983 HOSPITALISTS	0.000000		93.33
93.34	04984 DR. NEKOOMARAM	1.526478		93.34
93.35	04985 DR. CARL	1.728346		93.35
93.36	04986 DR ANITA	0.000000		93.36
93.37	04987 DR. NICOLE	0.000000		93.37
93.38	04988 WOUND CARE PHYSICIANS	0.000000		93.38
93.39	04989 DR. EVANS	0.000000		93.39
93.40	04990 DR. THUMULURI	0.628342		93.40

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/29/2015 10:43 am
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
93.41	04991	COMMUNITY FAMILY	0.000000		93.41
93.42	04992	INDIANA SURGERY CENTER	0.000000		93.42
93.43	04993	NEW BEGINNINGS	0.406845		93.43
93.44	04994	DR HOVHANESSIAN	0.000000		93.44
93.45	04995	DR GERING	0.000000		93.45
93.46	04996	DR HAENDIGES	0.000000		93.46
93.47	04997	DR KRAFT	0.000000		93.47
93.48	04998	DR GEM-ESTELE LUCAS	4.320977		93.48
93.49	04974	DR CARL RATLIFF	0.973315		93.49
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.293972		95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/29/2015 10:43 am
			Title XIX	Hospital	Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		18,200,470	0	18,200,470
31.00	03100 INTENSIVE CARE UNIT		3,700,724	0	3,700,724
43.00	04300 NURSERY		653,183	0	653,183
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		7,972,695	0	7,972,695
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,215,927	0	1,215,927
53.00	05300 ANESTHESIOLOGY		0	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC		2,985,440	0	2,985,440
54.01	03480 ONCOLOGY		3,803,246	0	3,803,246
57.00	05700 CT SCAN		1,035,125	0	1,035,125
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,519,020	0	1,519,020
59.00	05900 CARDIAC CATHETERIZATION		3,771,058	0	3,771,058
60.00	06000 LABORATORY		4,256,826	0	4,256,826
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		11,433	0	11,433
65.00	06500 RESPIRATORY THERAPY	0	1,399,059	0	1,399,059
66.00	06600 PHYSICAL THERAPY	0	448,945	0	448,945
67.00	06700 OCCUPATIONAL THERAPY	0	257,428	0	257,428
68.00	06800 SPEECH PATHOLOGY	0	128,825	0	128,825
69.00	06900 ELECTROCARDIOLOGY		1,670,708	0	1,670,708
70.00	07000 ELECTROENCEPHALOGRAPHY		70,336	0	70,336
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		5,544,312	0	5,544,312
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		3,460,520	0	3,460,520
73.00	07300 DRUGS CHARGED TO PATIENTS		14,419,971	0	14,419,971
74.00	07400 RENAL DIALYSIS		180,449	0	180,449
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0
75.01	03950 WOUND CARE CENTER		503,136	0	503,136
76.99	07699 LI THOTRI PSY		392,891	0	392,891
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY		5,907,849	0	5,907,849
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,940,660	0	1,940,660
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		0	0	0
93.00	04950 OTHER OUTPATIENT SERVICES		0	0	0
93.01	04951 GENESIS		4,795,641	0	4,795,641
93.02	04952 WOMEN'S CENTER		171,992	0	171,992
93.03	04953 RESIDENTIAL HOMES		1,599,220	0	1,599,220
93.04	04954 DR. STEELE		0	0	0
93.05	04955 DIABETIC EDUCATION		98,793	0	98,793
93.06	04956 HOWARD COUNTY CSS		880,781	0	880,781
93.07	04957 CLINTON COUNTY		1,021,114	0	1,021,114
93.08	04958 HOWARD DIABETES		411,799	0	411,799
93.09	04959 DR. AROUTINOVA		0	0	0
93.10	04960 OB/GYN GREER		803,819	0	803,819
93.11	04961 ONCOLOGY/BECHAR		684,051	0	684,051
93.12	04962 CRITICAL CARE PHYSICIANS		420,087	0	420,087
93.13	04963 PSYCH DR. ERIKA		546,210	0	546,210
93.14	04964 DR. HASAN		0	0	0
93.15	04965 PSYCH DR. DEB		354	0	354
93.16	04966 NORTH CENTRAL PEDIATRICS		775,517	0	775,517
93.17	04967 CFHC		399,410	0	399,410
93.18	04968 PSYCH MEDICATION		633,071	0	633,071
93.19	04969 RUSSAVILLE OFFICE		9,695	0	9,695
93.20	04970 ORTOPAEDIC		0	0	0
93.21	04971 DR. JERRY GREER		0	0	0
93.22	04972 DR. KOESTER		0	0	0
93.23	04973 DR. B. FOGELSON		12,544	0	12,544
93.24	04999 DR ANNETTE MOORE		0	0	0
93.25	04975 HRHS INTERNAL MEDICINE		104,915	0	104,915
93.26	04976 DR. MOULLA		0	0	0
93.27	04977 DR. SEDAGHAT		835,559	0	835,559
93.28	04978 COMMUNITY OB/GYN		487,771	0	487,771
93.29	04979 BEHAVIORAL HEALTH TIPTON		0	0	0
93.30	04980 DR. SCHILT		582,608	0	582,608
93.31	04981 HCH BEHAVIORAL CONTRACT SERVICES		8,131	0	8,131
93.32	04982 DR. PETER KLIM		7,641	0	7,641
93.33	04983 HOSPITALISTS		1,015,998	0	1,015,998
93.34	04984 DR. NEKOOMARAM		321,632	0	321,632
93.35	04985 DR. CARL		263,469	0	263,469
93.36	04986 DR ANITA		0	0	0
93.37	04987 DR. NICOLE		0	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet C
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Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
93.38	04988	WOUND CARE PHYSICIANS	0		0	0	0	93.38
93.39	04989	DR. EVANS	282,435		282,435	0	282,435	93.39
93.40	04990	DR. THUMULURI	473,203		473,203	0	473,203	93.40
93.41	04991	COMMUNITY FAMILY	15,685		15,685	0	15,685	93.41
93.42	04992	INDIANA SURGERY CENTER	133,723		133,723	0	133,723	93.42
93.43	04993	NEW BEGINNINGS	101,409		101,409	0	101,409	93.43
93.44	04994	DR HOVHANESSIAN	174,223		174,223	0	174,223	93.44
93.45	04995	DR GERING	1,499,141		1,499,141	0	1,499,141	93.45
93.46	04996	DR HAENDIGES	443,045		443,045	0	443,045	93.46
93.47	04997	DR KRAFT	39,909		39,909	0	39,909	93.47
93.48	04998	DR GEM-ESTEELUCAS	59,448		59,448	0	59,448	93.48
93.49	04974	DR CARL RATLIFF	150,563		150,563	0	150,563	93.49
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,427,486		1,427,486	0	1,427,486	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	107,142,328	0	107,142,328	0	107,142,328	200.00
201.00		Less Observation Beds	1,940,660		1,940,660		1,940,660	201.00
202.00		Total (see instructions)	105,201,668	0	105,201,668	0	105,201,668	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet C
Part I
Date/Time Prepared:
5/29/2015 10:43 am

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	20,314,111		20,314,111		30.00
31.00	03100	INTENSIVE CARE UNIT	5,289,332		5,289,332		31.00
43.00	04300	NURSERY	1,166,487		1,166,487		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,793,623	13,943,790	24,737,413	0.322293	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,031,444	816,128	1,847,572	0.658122	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,573,048	18,264,317	23,837,365	0.125242	54.00
54.01	03480	ONCOLOGY	170,786	11,889,715	12,060,501	0.315347	54.01
57.00	05700	CT SCAN	8,875,915	32,449,269	41,325,184	0.025048	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,084,491	16,570,752	17,655,243	0.086038	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,018,743	25,810,536	42,829,279	0.088049	59.00
60.00	06000	LABORATORY	14,931,488	34,492,659	49,424,147	0.086128	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,127,283	599,430	1,726,713	0.006621	63.00
65.00	06500	RESPIRATORY THERAPY	4,011,024	549,985	4,561,009	0.306743	65.00
66.00	06600	PHYSICAL THERAPY	1,188,680	43,431	1,232,111	0.364371	66.00
67.00	06700	OCCUPATIONAL THERAPY	762,559	32,584	795,143	0.323751	67.00
68.00	06800	SPEECH PATHOLOGY	189,805	29,678	219,483	0.586948	68.00
69.00	06900	ELECTROCARDIOLOGY	5,851,827	17,332,784	23,184,611	0.072061	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	102,343	239,410	341,753	0.205809	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,201,518	5,031,534	13,233,052	0.418975	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,294,759	4,964,781	10,259,540	0.337298	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,831,768	25,990,479	36,822,247	0.391610	73.00
74.00	07400	RENAL DIALYSIS	367,269	0	367,269	0.491327	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	03950	WOUND CARE CENTER	12,989	1,983,513	1,996,502	0.252009	75.01
76.99	07699	LITHOTRIPSY	0	1,634,635	1,634,635	0.240354	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	4,803,484	29,848,684	34,652,168	0.170490	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	28,604	3,061,852	3,090,456	0.627953	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	93.00
93.01	04951	GENESIS	440	4,288,482	4,288,922	1.118146	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0.000000	93.02
93.03	04953	RESIDENTIAL HOMES	7,134	1,693,198	1,700,332	0.940534	93.03
93.04	04954	DR. STEELE	0	0	0	0.000000	93.04
93.05	04955	DIABETIC EDUCATION	0	77,838	77,838	1.269213	93.05
93.06	04956	HOWARD COUNTY CSS	4,733	1,370,025	1,374,758	0.640681	93.06
93.07	04957	CLINTON COUNTY	1,869	1,575,634	1,577,503	0.647298	93.07
93.08	04958	HOWARD DIABETES	0	27,913	27,913	14.752947	93.08
93.09	04959	DR. AROUTINOVA	0	0	0	0.000000	93.09
93.10	04960	OB/GYN GREER	0	0	0	0.000000	93.10
93.11	04961	ONCOLOGY/BECHAR	0	0	0	0.000000	93.11
93.12	04962	CRITICAL CARE PHYSICIANS	0	0	0	0.000000	93.12
93.13	04963	PSYCH DR. ERIKA	0	0	0	0.000000	93.13
93.14	04964	DR. HASAN	0	0	0	0.000000	93.14
93.15	04965	PSYCH DR. DEB	0	0	0	0.000000	93.15
93.16	04966	NORTH CENTRAL PEDIATRICS	0	0	0	0.000000	93.16
93.17	04967	CFHC	0	0	0	0.000000	93.17
93.18	04968	PSYCH MEDICATION	37,539	274,845	312,384	2.026579	93.18
93.19	04969	RUSSAVILLE OFFICE	0	0	0	0.000000	93.19
93.20	04970	ORTOPAEDIC	0	0	0	0.000000	93.20
93.21	04971	DR. JERRY GREER	0	0	0	0.000000	93.21
93.22	04972	DR. KOESTER	0	0	0	0.000000	93.22
93.23	04973	DR. B. FOGELSON	0	0	0	0.000000	93.23
93.24	04999	DR ANNETTE MOORE	0	0	0	0.000000	93.24
93.25	04975	HRHS INTERNAL MEDICINE	0	0	0	0.000000	93.25
93.26	04976	DR. MOUALLA	0	0	0	0.000000	93.26
93.27	04977	DR. SEDAGHAT	0	38,436	38,436	21.738969	93.27
93.28	04978	COMMUNITY OB/GYN	0	0	0	0.000000	93.28
93.29	04979	BEHAVIORAL HEALTH Tipton	0	0	0	0.000000	93.29
93.30	04980	DR. SCHILT	0	0	0	0.000000	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	286,390	0	286,390	0.028391	93.31
93.32	04982	DR. PETER KLIM	0	0	0	0.000000	93.32
93.33	04983	HOSPITALISTS	0	0	0	0.000000	93.33
93.34	04984	DR. NEKOOMARAM	0	210,702	210,702	1.526478	93.34
93.35	04985	DR. CARL	0	152,440	152,440	1.728346	93.35
93.36	04986	DR ANITA	0	0	0	0.000000	93.36
93.37	04987	DR. NICOLE	0	0	0	0.000000	93.37
93.38	04988	WOUND CARE PHYSICIANS	0	0	0	0.000000	93.38

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet C
Part I
Date/Time Prepared:
5/29/2015 10:43 am

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
93.39	04989	DR. EVANS	0	0	0	0.000000	0.000000	93.39
93.40	04990	DR. THUMULURI	826	752,272	753,098	0.628342	0.000000	93.40
93.41	04991	COMMUNITY FAMILY	0	0	0	0.000000	0.000000	93.41
93.42	04992	INDIANA SURGERY CENTER	0	0	0	0.000000	0.000000	93.42
93.43	04993	NEW BEGINNINGS	0	249,257	249,257	0.406845	0.000000	93.43
93.44	04994	DR HOVHANESSIAN	0	0	0	0.000000	0.000000	93.44
93.45	04995	DR GERING	0	0	0	0.000000	0.000000	93.45
93.46	04996	DR HAENDIGES	0	0	0	0.000000	0.000000	93.46
93.47	04997	DR KRAFT	0	0	0	0.000000	0.000000	93.47
93.48	04998	DR GEM-ESTELE LUCAS	13,758	0	13,758	4.320977	0.000000	93.48
93.49	04974	DR CARL RATLIFF	14,754	139,937	154,691	0.973315	0.000000	93.49
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	4,855,864	4,855,864	0.293972	0.000000	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	129,390,823	261,286,789	390,677,612			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	129,390,823	261,286,789	390,677,612			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/29/2015 10:43 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03480 ONCOLOGY	0.000000		54.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03950 WOUND CARE CENTER	0.000000		75.01
76.99	07699 LI THOTRI PSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0.000000		93.00
93.01	04951 GENESIS	0.000000		93.01
93.02	04952 WOMEN'S CENTER	0.000000		93.02
93.03	04953 RESIDENTIAL HOMES	0.000000		93.03
93.04	04954 DR. STEELE	0.000000		93.04
93.05	04955 DIABETIC EDUCATION	0.000000		93.05
93.06	04956 HOWARD COUNTY CSS	0.000000		93.06
93.07	04957 CLINTON COUNTY	0.000000		93.07
93.08	04958 HOWARD DIABETES	0.000000		93.08
93.09	04959 DR. AROUTINOVA	0.000000		93.09
93.10	04960 OB/GYN GREER	0.000000		93.10
93.11	04961 ONCOLOGY/BECHAR	0.000000		93.11
93.12	04962 CRITICAL CARE PHYSICIANS	0.000000		93.12
93.13	04963 PSYCH DR. ERIKA	0.000000		93.13
93.14	04964 DR. HASAN	0.000000		93.14
93.15	04965 PSYCH DR. DEB	0.000000		93.15
93.16	04966 NORTH CENTRAL PEDIATRICS	0.000000		93.16
93.17	04967 CFHC	0.000000		93.17
93.18	04968 PSYCH MEDICATION	0.000000		93.18
93.19	04969 RUSSAVILLE OFFICE	0.000000		93.19
93.20	04970 ORTOPAEDIC	0.000000		93.20
93.21	04971 DR. JERRY GREER	0.000000		93.21
93.22	04972 DR. KOESTER	0.000000		93.22
93.23	04973 DR. B. FOGELSON	0.000000		93.23
93.24	04999 DR ANNETTE MOORE	0.000000		93.24
93.25	04975 HRHS INTERNAL MEDICINE	0.000000		93.25
93.26	04976 DR. MOUALLA	0.000000		93.26
93.27	04977 DR. SEDAGHAT	0.000000		93.27
93.28	04978 COMMUNITY OB/GYN	0.000000		93.28
93.29	04979 BEHAVIORAL HEALTH TIPTON	0.000000		93.29
93.30	04980 DR. SCHILT	0.000000		93.30
93.31	04981 HCH BEHAVIORAL CONTRACT SERVICES	0.000000		93.31
93.32	04982 DR. PETER KLIM	0.000000		93.32
93.33	04983 HOSPITALISTS	0.000000		93.33
93.34	04984 DR. NEKOOMARAM	0.000000		93.34
93.35	04985 DR. CARL	0.000000		93.35
93.36	04986 DR ANITA	0.000000		93.36
93.37	04987 DR. NICOLE	0.000000		93.37
93.38	04988 WOUND CARE PHYSICIANS	0.000000		93.38
93.39	04989 DR. EVANS	0.000000		93.39
93.40	04990 DR. THUMULURI	0.000000		93.40

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet C
Part I
Date/Time Prepared:
5/29/2015 10:43 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
93.41	04991	COMMUNITY FAMILY	0.000000			93.41
93.42	04992	INDIANA SURGERY CENTER	0.000000			93.42
93.43	04993	NEW BEGINNINGS	0.000000			93.43
93.44	04994	DR HOVHANESSIAN	0.000000			93.44
93.45	04995	DR GERING	0.000000			93.45
93.46	04996	DR HAENDIGES	0.000000			93.46
93.47	04997	DR KRAFT	0.000000			93.47
93.48	04998	DR GEM-ESTELE LUCAS	0.000000			93.48
93.49	04974	DR CARL RATLIFF	0.000000			93.49
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150007		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part I Date/Time Prepared: 5/29/2015 10:43 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,479,069	0	2,479,069	17,247	143.74	30.00
31.00	INTENSIVE CARE UNIT	285,397		285,397	2,251	126.79	31.00
43.00	NURSERY	66,518		66,518	1,137	58.50	43.00
200.00	Total (Lines 30-199)	2,830,984		2,830,984	20,635		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	8,105	1,165,013				
31.00	INTENSIVE CARE UNIT	1,373	174,083				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	9,478	1,339,096				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/29/2015 10:43 am		
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
Title VIII							
Hospital							
PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	827,157	24,737,413	0.033437	7,762,367	259,550
52.00	05200	DELIVERY ROOM & LABOR ROOM	232,663	1,847,572	0.125929	2,439	307
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	450,187	23,837,365	0.018886	3,952,072	74,639
54.01	03480	ONCOLOGY	750,003	12,060,501	0.062187	38,958	2,423
57.00	05700	CT SCAN	52,980	41,325,184	0.001282	4,647,887	5,959
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	53,241	17,655,243	0.003016	583,310	1,759
59.00	05900	CARDIAC CATHETERIZATION	92,975	42,829,279	0.002171	7,294,789	15,837
60.00	06000	LABORATORY	257,006	49,424,147	0.005200	8,709,757	45,291
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	699	1,726,713	0.000405	464,597	188
65.00	06500	RESPIRATORY THERAPY	176,479	4,561,009	0.038693	2,493,527	96,482
66.00	06600	PHYSICAL THERAPY	45,698	1,232,111	0.037089	759,884	28,183
67.00	06700	OCCUPATIONAL THERAPY	27,519	795,143	0.034609	570,622	19,749
68.00	06800	SPEECH PATHOLOGY	13,728	219,483	0.062547	139,083	8,699
69.00	06900	ELECTROCARDIOLOGY	49,748	23,184,611	0.002146	3,333,123	7,153
70.00	07000	ELECTROENCEPHALOGRAPHY	12,259	341,753	0.035871	50,986	1,829
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	209,627	13,233,052	0.015841	3,485,181	55,209
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	62,310	10,259,540	0.006073	2,965,013	18,007
73.00	07300	DRUGS CHARGED TO PATIENTS	320,691	36,822,247	0.008709	6,932,768	60,377
74.00	07400	RENAL DIALYSIS	3,202	367,269	0.008718	223,278	1,947
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0
75.01	03950	WOUND CARE CENTER	78,425	1,996,502	0.039281	9,719	382
76.99	07699	LI THOTRI PSY	8,045	1,634,635	0.004922	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	899,289	34,652,168	0.025952	2,419,031	62,779
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	264,335	3,090,456	0.085533	28,604	2,447
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0
93.01	04951	GENESIS	1,382,328	4,288,922	0.322302	275	89
93.02	04952	WOMEN'S CENTER	87,033	0	0.000000	0	0
93.03	04953	RESIDENTIAL HOMES	414,450	1,700,332	0.243747	0	0
93.04	04954	DR. STEELE	0	0	0.000000	0	0
93.05	04955	DIABETIC EDUCATION	1,860	77,838	0.023896	0	0
93.06	04956	HOWARD COUNTY CSS	18,899	1,374,758	0.013747	195	3
93.07	04957	CLINTON COUNTY	21,860	1,577,503	0.013857	0	0
93.08	04958	HOWARD DIABETES	88,776	27,913	3.180454	0	0
93.09	04959	DR. AROUTINOVA	0	0	0.000000	0	0
93.10	04960	OB/GYN GREER	404,268	0	0.000000	0	0
93.11	04961	ONCOLOGY/BECHAR	343,968	0	0.000000	0	0
93.12	04962	CRITICAL CARE PHYSICIANS	7,818	0	0.000000	0	0
93.13	04963	PSYCH DR. ERIKA	10,192	0	0.000000	0	0
93.14	04964	DR. HASAN	0	0	0.000000	0	0
93.15	04965	PSYCH DR. DEB	6	0	0.000000	0	0
93.16	04966	NORTH CENTRAL PEDIATRICS	14,444	0	0.000000	0	0
93.17	04967	CFHC	9,946	0	0.000000	0	0
93.18	04968	PSYCH MEDICATION	11,900	312,384	0.038094	0	0
93.19	04969	RUSSELLVILLE OFFICE	166	0	0.000000	0	0
93.20	04970	ORTOPAEDIC	0	0	0.000000	0	0
93.21	04971	DR. JERRY GREER	0	0	0.000000	0	0
93.22	04972	DR. KOESTER	0	0	0.000000	0	0
93.23	04973	DR. B. FOGELSON	219	0	0.000000	0	0
93.24	04999	DR. ANNETTE MOORE	0	0	0.000000	0	0
93.25	04975	HRHS INTERNAL MEDICINE	1,942	0	0.000000	0	0
93.26	04976	DR. MOUALLA	0	0	0.000000	0	0
93.27	04977	DR. SEDAGHAT	346,780	38,436	9.022271	0	0
93.28	04978	COMMUNITY OB/GYN	9,067	0	0.000000	0	0
93.29	04979	BEHAVIORAL HEALTH TIPTON	0	0	0.000000	0	0
93.30	04980	DR. SCHILT	10,871	0	0.000000	0	0
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	220	286,390	0.000768	962	1
93.32	04982	DR. PETER KLIM	141	0	0.000000	0	0
93.33	04983	HOSPITALISTS	18,616	0	0.000000	0	0
93.34	04984	DR. NEKOOMARAM	6,040	210,702	0.028666	0	0
93.35	04985	DR. CARL	4,951	152,440	0.032478	0	0
93.36	04986	DR ANITA	0	0	0.000000	0	0
93.37	04987	DR. NICOLE	0	0	0.000000	0	0
93.38	04988	WOUND CARE PHYSICIANS	0	0	0.000000	0	0
93.39	04989	DR. EVANS	5,253	0	0.000000	0	0
93.40	04990	DR. THUMULURI	8,990	753,098	0.011937	0	0
93.41	04991	COMMUNITY FAMILY	269	0	0.000000	0	0

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150007		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/29/2015 10:43 am	
Cost Center Description			Title XVIII		Hospital		PPS	
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
93.42	04992	INDIANA SURGERY CENTER	2,296	0	0.000000	0	0	93.42
93.43	04993	NEW BEGINNINGS	1,962	249,257	0.007871	0	0	93.43
93.44	04994	DR HOVHANESSIAN	3,236	0	0.000000	0	0	93.44
93.45	04995	DR GERING	27,988	0	0.000000	0	0	93.45
93.46	04996	DR HAENDIGES	8,254	0	0.000000	0	0	93.46
93.47	04997	DR KRAFT	709	0	0.000000	0	0	93.47
93.48	04998	DR GEM-ESTEELUCAS	1,116	13,758	0.081116	0	0	93.48
93.49	04974	DR CARL RATLIFF	2,855	154,691	0.018456	0	0	93.49
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	8,167,955	359,051,818		56,868,427	769,289	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150007		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/29/2015 10:43 am	
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	534,677	0	0	534,677	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	534,677	0	0	534,677	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)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,247	31.00	8,105	251,255		30.00
31.00	03100	INTENSIVE CARE UNIT	2,251	0.00	1,373	0		31.00
43.00	04300	NURSERY	1,137	0.00	0	0		43.00
200.00		Total (lines 30-199)	20,635		9,478	251,255		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150007		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part IV Date/Time Prepared: 5/29/2015 10:43 am	
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
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	0	0	0	54.00
54.01	03480 ONCOLOGY	0	0	0	0	0	54.01
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
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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
75.01	03950 WOUND CARE CENTER	0	0	0	0	0	75.01
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	2,742	0	2,742	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	57,011	0	57,011	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04951 GENESIS	0	0	0	0	0	93.01
93.02	04952 WOMEN'S CENTER	0	0	0	0	0	93.02
93.03	04953 RESIDENTIAL HOMES	0	0	0	0	0	93.03
93.04	04954 DR. STEELE	0	0	0	0	0	93.04
93.05	04955 DIABETIC EDUCATION	0	0	0	0	0	93.05
93.06	04956 HOWARD COUNTY CSS	0	0	0	0	0	93.06
93.07	04957 CLINTON COUNTY	0	0	0	0	0	93.07
93.08	04958 HOWARD DIABETES	0	0	0	0	0	93.08
93.09	04959 DR. AROUTINOVA	0	0	0	0	0	93.09
93.10	04960 OB/GYN GREER	0	0	0	0	0	93.10
93.11	04961 ONCOLOGY/BECHAR	0	0	0	0	0	93.11
93.12	04962 CRITICAL CARE PHYSICIANS	0	0	0	0	0	93.12
93.13	04963 PSYCH DR. ERIKA	0	0	0	0	0	93.13
93.14	04964 DR. HASAN	0	0	0	0	0	93.14
93.15	04965 PSYCH DR. DEB	0	0	0	0	0	93.15
93.16	04966 NORTH CENTRAL PEDIATRICS	0	0	0	0	0	93.16
93.17	04967 CFHC	0	0	0	0	0	93.17
93.18	04968 PSYCH MEDICATION	0	0	0	0	0	93.18
93.19	04969 RUSSIAVILLE OFFICE	0	0	0	0	0	93.19
93.20	04970 ORTOPAEDIC	0	0	0	0	0	93.20
93.21	04971 DR. JERRY GREER	0	0	0	0	0	93.21
93.22	04972 DR. KOESTER	0	0	0	0	0	93.22
93.23	04973 DR. B. FOGELSON	0	0	0	0	0	93.23
93.24	04999 DR ANNETTE MOORE	0	0	0	0	0	93.24
93.25	04975 HRHS INTERNAL MEDICINE	0	0	0	0	0	93.25
93.26	04976 DR. MOULLA	0	0	0	0	0	93.26
93.27	04977 DR. SEDAGHAT	0	0	0	0	0	93.27
93.28	04978 COMMUNITY OB/GYN	0	0	0	0	0	93.28
93.29	04979 BEHAVIORAL HEALTH TIPTON	0	0	0	0	0	93.29
93.30	04980 DR. SCHILT	0	0	0	0	0	93.30
93.31	04981 HCH BEHAVIORAL CONTRACT SERVICES	0	0	0	0	0	93.31
93.32	04982 DR. PETER KLIM	0	0	0	0	0	93.32
93.33	04983 HOSPITALISTS	0	0	0	0	0	93.33
93.34	04984 DR. NEKOOMARAM	0	0	0	0	0	93.34
93.35	04985 DR. CARL	0	0	0	0	0	93.35
93.36	04986 DR ANITA	0	0	0	0	0	93.36
93.37	04987 DR. NICOLE	0	0	0	0	0	93.37
93.38	04988 WOUND CARE PHYSICIANS	0	0	0	0	0	93.38
93.39	04989 DR. EVANS	0	0	0	0	0	93.39
93.40	04990 DR. THUMULURI	0	0	0	0	0	93.40
93.41	04991 COMMUNITY FAMILY	0	0	0	0	0	93.41
93.42	04992 INDIANA SURGERY CENTER	0	0	0	0	0	93.42

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet D
Part IV
Date/Time Prepared:
5/29/2015 10:43 am

Cost Center Description			Title XVIII				Hospital		PPS	
			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					
93.43	04993	NEW BEGINNINGS	0	0	0	0	0	0	93.43	
93.44	04994	DR HOVHANESSIAN	0	0	0	0	0	0	93.44	
93.45	04995	DR GERING	0	0	0	0	0	0	93.45	
93.46	04996	DR HAENDIGES	0	0	0	0	0	0	93.46	
93.47	04997	DR KRAFT	0	0	0	0	0	0	93.47	
93.48	04998	DR GEM-ESTELE LUCAS	0	0	0	0	0	0	93.48	
93.49	04974	DR CARL RATLIFF	0	0	0	0	0	0	93.49	
OTHER REIMBURSABLE COST CENTERS										
95.00	09500	AMBULANCE SERVICES							95.00	
200.00		Total (lines 50-199)	0	0	59,753	0	59,753	200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/29/2015 10:43 am
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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	PPS
		6.00	7.00	8.00	9.00	10.00	
Title VIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	24,737,413	0.000000	0.000000	7,762,367	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,847,572	0.000000	0.000000	2,439	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	23,837,365	0.000000	0.000000	3,952,072	54.00
54.01	03480 ONCOLOGY	0	12,060,501	0.000000	0.000000	38,958	54.01
57.00	05700 CT SCAN	0	41,325,184	0.000000	0.000000	4,647,887	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	17,655,243	0.000000	0.000000	583,310	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	42,829,279	0.000000	0.000000	7,294,789	59.00
60.00	06000 LABORATORY	0	49,424,147	0.000000	0.000000	8,709,757	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	1,726,713	0.000000	0.000000	464,597	63.00
65.00	06500 RESPIRATORY THERAPY	0	4,561,009	0.000000	0.000000	2,493,527	65.00
66.00	06600 PHYSICAL THERAPY	0	1,232,111	0.000000	0.000000	759,884	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	795,143	0.000000	0.000000	570,622	67.00
68.00	06800 SPEECH PATHOLOGY	0	219,483	0.000000	0.000000	139,083	68.00
69.00	06900 ELECTROCARDIOLOGY	0	23,184,611	0.000000	0.000000	3,333,123	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	341,753	0.000000	0.000000	50,986	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,233,052	0.000000	0.000000	3,485,181	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	10,259,540	0.000000	0.000000	2,965,013	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	36,822,247	0.000000	0.000000	6,932,768	73.00
74.00	07400 RENAL DIALYSIS	0	367,269	0.000000	0.000000	223,278	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	03950 WOUND CARE CENTER	0	1,996,502	0.000000	0.000000	9,719	75.01
76.99	07699 LI THOTRI PSY	0	1,634,635	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	2,742	34,652,168	0.000079	0.000079	2,419,031	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	57,011	3,090,456	0.018447	0.018447	28,604	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0	0	0.000000	0.000000	0	93.00
93.01	04951 GENESIS	0	4,288,922	0.000000	0.000000	275	93.01
93.02	04952 WOMEN'S CENTER	0	0	0.000000	0.000000	0	93.02
93.03	04953 RESIDENTIAL HOMES	0	1,700,332	0.000000	0.000000	0	93.03
93.04	04954 DR. STEELE	0	0	0.000000	0.000000	0	93.04
93.05	04955 DIABETIC EDUCATION	0	77,838	0.000000	0.000000	0	93.05
93.06	04956 HOWARD COUNTY CSS	0	1,374,758	0.000000	0.000000	195	93.06
93.07	04957 CLINTON COUNTY	0	1,577,503	0.000000	0.000000	0	93.07
93.08	04958 HOWARD DIABETES	0	27,913	0.000000	0.000000	0	93.08
93.09	04959 DR. AROUTINOVA	0	0	0.000000	0.000000	0	93.09
93.10	04960 OB/GYN GREER	0	0	0.000000	0.000000	0	93.10
93.11	04961 ONCOLOGY/BECHAR	0	0	0.000000	0.000000	0	93.11
93.12	04962 CRITICAL CARE PHYSICIANS	0	0	0.000000	0.000000	0	93.12
93.13	04963 PSYCH DR. ERIKA	0	0	0.000000	0.000000	0	93.13
93.14	04964 DR. HASAN	0	0	0.000000	0.000000	0	93.14
93.15	04965 PSYCH DR. DEB	0	0	0.000000	0.000000	0	93.15
93.16	04966 NORTH CENTRAL PEDIATRICS	0	0	0.000000	0.000000	0	93.16
93.17	04967 CFHC	0	0	0.000000	0.000000	0	93.17
93.18	04968 PSYCH MEDICATION	0	312,384	0.000000	0.000000	0	93.18
93.19	04969 RUSSAVILLE OFFICE	0	0	0.000000	0.000000	0	93.19
93.20	04970 ORTOPAEDIC	0	0	0.000000	0.000000	0	93.20
93.21	04971 DR. JERRY GREER	0	0	0.000000	0.000000	0	93.21
93.22	04972 DR. KOESTER	0	0	0.000000	0.000000	0	93.22
93.23	04973 DR. B. FOGELSON	0	0	0.000000	0.000000	0	93.23
93.24	04999 DR ANNETTE MOORE	0	0	0.000000	0.000000	0	93.24
93.25	04975 HRHS INTERNAL MEDICINE	0	0	0.000000	0.000000	0	93.25
93.26	04976 DR. MOUALLA	0	0	0.000000	0.000000	0	93.26
93.27	04977 DR. SEDAGHAT	0	38,436	0.000000	0.000000	0	93.27
93.28	04978 COMMUNITY OB/GYN	0	0	0.000000	0.000000	0	93.28
93.29	04979 BEHAVIORAL HEALTH TIPTON	0	0	0.000000	0.000000	0	93.29
93.30	04980 DR. SCHILT	0	0	0.000000	0.000000	0	93.30
93.31	04981 HCH BEHAVIORAL CONTRACT SERVICES	0	286,390	0.000000	0.000000	962	93.31
93.32	04982 DR. PETER KLIM	0	0	0.000000	0.000000	0	93.32
93.33	04983 HOSPITALISTS	0	0	0.000000	0.000000	0	93.33
93.34	04984 DR. NEKOOMARAM	0	210,702	0.000000	0.000000	0	93.34
93.35	04985 DR. CARL	0	152,440	0.000000	0.000000	0	93.35
93.36	04986 DR ANITA	0	0	0.000000	0.000000	0	93.36
93.37	04987 DR. NICOLE	0	0	0.000000	0.000000	0	93.37
93.38	04988 WOUND CARE PHYSICIANS	0	0	0.000000	0.000000	0	93.38
93.39	04989 DR. EVANS	0	0	0.000000	0.000000	0	93.39
93.40	04990 DR. THUMULURI	0	753,098	0.000000	0.000000	0	93.40
93.41	04991 COMMUNITY FAMILY	0	0	0.000000	0.000000	0	93.41

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet D
Part IV
Date/Time Prepared:
5/29/2015 10:43 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital			
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
93.42	04992	INDIANA SURGERY CENTER	0	0	0.000000	0.000000	0	93.42
93.43	04993	NEW BEGINNINGS	0	249,257	0.000000	0.000000	0	93.43
93.44	04994	DR HOVHANESSIAN	0	0	0.000000	0.000000	0	93.44
93.45	04995	DR GERING	0	0	0.000000	0.000000	0	93.45
93.46	04996	DR HAENDIGES	0	0	0.000000	0.000000	0	93.46
93.47	04997	DR KRAFT	0	0	0.000000	0.000000	0	93.47
93.48	04998	DR GEM-ESTEELUCAS	0	13,758	0.000000	0.000000	0	93.48
93.49	04974	DR CARL RATLIFF	0	154,691	0.000000	0.000000	0	93.49
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	59,753	359,051,818			56,868,427	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/29/2015 10:43 am
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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)	Hospital	PPS
		11.00	12.00	13.00		
Title XVIII						
Hospital						
PPS						
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	10,158,092	0		50.00
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	9,474,701	0		54.00
54.01	03480 ONCOLOGY	0	5,845,741	0		54.01
57.00	05700 CT SCAN	0	11,209,641	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	2,893,305	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	7,745,111	0		59.00
60.00	06000 LABORATORY	0	5,450,863	0		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	224,885	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	224,676	0		65.00
66.00	06600 PHYSICAL THERAPY	0	522	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	6,069,310	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	57,451	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,712,037	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,706,973	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	15,545,423	0		73.00
74.00	07400 RENAL DIALYSIS	0	5,665	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01	03950 WOUND CARE CENTER	0	993,566	0		75.01
76.99	07699 LI THOTRI PSY	0	564,360	0		76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	191	6,459,116	510		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	528	2,237,731	41,279		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0		92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0	0	0		93.00
93.01	04951 GENESIS	0	372,756	0		93.01
93.02	04952 WOMEN'S CENTER	0	0	0		93.02
93.03	04953 RESIDENTIAL HOMES	0	40,712	0		93.03
93.04	04954 DR. STEELE	0	0	0		93.04
93.05	04955 DIABETIC EDUCATION	0	0	0		93.05
93.06	04956 HOWARD COUNTY CSS	0	710,014	0		93.06
93.07	04957 CLINTON COUNTY	0	385,712	0		93.07
93.08	04958 HOWARD DIABETES	0	0	0		93.08
93.09	04959 DR. AROUTINOVA	0	0	0		93.09
93.10	04960 OB/GYN GREER	0	0	0		93.10
93.11	04961 ONCOLOGY/BECHAR	0	0	0		93.11
93.12	04962 CRITICAL CARE PHYSICIANS	0	0	0		93.12
93.13	04963 PSYCH DR. ERIKA	0	0	0		93.13
93.14	04964 DR. HASAN	0	0	0		93.14
93.15	04965 PSYCH DR. DEB	0	0	0		93.15
93.16	04966 NORTH CENTRAL PEDIATRICS	0	0	0		93.16
93.17	04967 CFHC	0	0	0		93.17
93.18	04968 PSYCH MEDICATION	0	162,848	0		93.18
93.19	04969 RUSSAVILLE OFFICE	0	0	0		93.19
93.20	04970 ORTOPAEDIC	0	0	0		93.20
93.21	04971 DR. JERRY GREER	0	0	0		93.21
93.22	04972 DR. KOESTER	0	0	0		93.22
93.23	04973 DR. B. FOGELSON	0	0	0		93.23
93.24	04999 DR ANNETTE MOORE	0	0	0		93.24
93.25	04975 HRHS INTERNAL MEDICINE	0	0	0		93.25
93.26	04976 DR. MOUALLA	0	0	0		93.26
93.27	04977 DR. SEDAGHAT	0	0	0		93.27
93.28	04978 COMMUNITY OB/GYN	0	0	0		93.28
93.29	04979 BEHAVIORAL HEALTH TIPTON	0	0	0		93.29
93.30	04980 DR. SCHILT	0	0	0		93.30
93.31	04981 HCH BEHAVIORAL CONTRACT SERVICES	0	0	0		93.31
93.32	04982 DR. PETER KLIM	0	0	0		93.32
93.33	04983 HOSPITALISTS	0	0	0		93.33
93.34	04984 DR. NEKOOMARAM	0	0	0		93.34
93.35	04985 DR. CARL	0	93,733	0		93.35
93.36	04986 DR ANITA	0	0	0		93.36
93.37	04987 DR. NICOLE	0	0	0		93.37
93.38	04988 WOUND CARE PHYSICIANS	0	0	0		93.38
93.39	04989 DR. EVANS	0	0	0		93.39
93.40	04990 DR. THUMULURI	0	137,070	0		93.40
93.41	04991 COMMUNITY FAMILY	0	0	0		93.41

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet D
Part IV
Date/Time Prepared:
5/29/2015 10:43 am

Cost Center Description		Title XVIII			Hospital	PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
93.42	04992 INDIANA SURGERY CENTER	0	0	0		93.42
93.43	04993 NEW BEGINNINGS	0	77,987	0		93.43
93.44	04994 DR HOVHANESSIAN	0	0	0		93.44
93.45	04995 DR GERING	0	0	0		93.45
93.46	04996 DR HAENDIGES	0	0	0		93.46
93.47	04997 DR KRAFT	0	0	0		93.47
93.48	04998 DR GEM-ESTEELUCAS	0	0	0		93.48
93.49	04974 DR CARL RATLIFF	0	0	0		93.49
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	719	91,560,001	41,789		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/29/2015 10:43 am			
		Title XVIIII	Hospital	PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.322293	10,158,092	0	0	3,273,882	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.658122	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.125242	9,474,701	0	0	1,186,631	54.00
54.01	03480 ONCOLOGY	0.315347	5,845,741	0	0	1,843,437	54.01
57.00	05700 CT SCAN	0.025048	11,209,641	814	0	280,779	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.086038	2,893,305	0	0	248,934	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.088049	7,745,111	0	0	681,949	59.00
60.00	06000 LABORATORY	0.086128	5,450,863	793	0	469,472	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.006621	224,885	0	0	1,489	63.00
65.00	06500 RESPIRATORY THERAPY	0.306743	224,676	0	0	68,918	65.00
66.00	06600 PHYSICAL THERAPY	0.364371	522	0	0	190	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.323751	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.586948	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.072061	6,069,310	0	0	437,361	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.205809	57,451	0	0	11,824	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.418975	1,712,037	864	0	717,301	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.337298	2,706,973	0	0	913,057	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.391610	15,545,423	0	8,567	6,087,743	73.00
74.00	07400 RENAL DIALYSIS	0.491327	5,665	0	0	2,783	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03950 WOUND CARE CENTER	0.252009	993,566	0	0	250,388	75.01
76.99	07699 LI THOTRI PSY	0.240354	564,360	0	0	135,646	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.170490	6,459,116	0	0	1,101,215	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.627953	2,237,731	0	0	1,405,190	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
93.01	04951 GENESIS	1.118146	372,756	0	0	416,796	93.01
93.02	04952 WOMEN'S CENTER	0.000000	0	0	0	0	93.02
93.03	04953 RESIDENTIAL HOMES	0.940534	40,712	0	0	38,291	93.03
93.04	04954 DR. STEELE	0.000000	0	0	0	0	93.04
93.05	04955 DIABETIC EDUCATION	1.269213	0	0	0	0	93.05
93.06	04956 HOWARD COUNTY CSS	0.640681	710,014	0	0	454,892	93.06
93.07	04957 CLINTON COUNTY	0.647298	385,712	0	0	249,671	93.07
93.08	04958 HOWARD DIABETES	14.752947	0	0	0	0	93.08
93.09	04959 DR. AROUTINOVA	0.000000	0	0	0	0	93.09
93.10	04960 OB/GYN GREER	0.000000	0	0	0	0	93.10
93.11	04961 ONCOLOGY/BECHAR	0.000000	0	0	0	0	93.11
93.12	04962 CRITICAL CARE PHYSICIANS	0.000000	0	0	0	0	93.12
93.13	04963 PSYCH DR. ERIKA	0.000000	0	0	0	0	93.13
93.14	04964 DR. HASAN	0.000000	0	0	0	0	93.14
93.15	04965 PSYCH DR. DEB	0.000000	0	0	0	0	93.15
93.16	04966 NORTH CENTRAL PEDIATRICS	0.000000	0	0	0	0	93.16
93.17	04967 CFHC	0.000000	0	0	0	0	93.17
93.18	04968 PSYCH MEDICATION	2.026579	162,848	0	0	330,024	93.18
93.19	04969 RUSSI AVILLE OFFICE	0.000000	0	0	0	0	93.19
93.20	04970 ORTOPAEDIC	0.000000	0	0	0	0	93.20
93.21	04971 DR. JERRY GREER	0.000000	0	0	0	0	93.21
93.22	04972 DR. KOESTER	0.000000	0	0	0	0	93.22
93.23	04973 DR. B. FOGELSON	0.000000	0	0	0	0	93.23
93.24	04999 DR ANNETTE MOORE	0.000000	0	0	0	0	93.24
93.25	04975 HRHS INTERNAL MEDICINE	0.000000	0	0	0	0	93.25
93.26	04976 DR. MOULLA	0.000000	0	0	0	0	93.26
93.27	04977 DR. SEDAGHAT	21.738969	0	0	0	0	93.27
93.28	04978 COMMUNITY OB/GYN	0.000000	0	0	0	0	93.28
93.29	04979 BEHAVIORAL HEALTH TIPTON	0.000000	0	0	0	0	93.29
93.30	04980 DR. SCHILT	0.000000	0	0	0	0	93.30
93.31	04981 HCH BEHAVIORAL CONTRACT SERVICES	0.028391	0	0	0	0	93.31
93.32	04982 DR. PETER KLIM	0.000000	0	0	0	0	93.32
93.33	04983 HOSPI TALISTS	0.000000	0	0	0	0	93.33
93.34	04984 DR. NEKOOMARAM	1.526478	0	0	0	0	93.34
93.35	04985 DR. CARL	1.728346	93,733	0	0	162,003	93.35
93.36	04986 DR ANITA	0.000000	0	0	0	0	93.36
93.37	04987 DR. NICOLE	0.000000	0	0	0	0	93.37
93.38	04988 WOUND CARE PHYSICIANS	0.000000	0	0	0	0	93.38
93.39	04989 DR. EVANS	0.000000	0	0	0	0	93.39

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 150007		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part V Date/Time Prepared: 5/29/2015 10:43 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
93.40	04990	DR. THUMULURI	0.628342	137,070	0	0	86,127	93.40
93.41	04991	COMMUNITY FAMILY	0.000000	0	0	0	0	93.41
93.42	04992	INDIANA SURGERY CENTER	0.000000	0	0	0	0	93.42
93.43	04993	NEW BEGINNINGS	0.406845	77,987	0	0	31,729	93.43
93.44	04994	DR HOVHANESSIAN	0.000000	0	0	0	0	93.44
93.45	04995	DR GERING	0.000000	0	0	0	0	93.45
93.46	04996	DR HAENDIGES	0.000000	0	0	0	0	93.46
93.47	04997	DR KRAFT	0.000000	0	0	0	0	93.47
93.48	04998	DR GEM-ESTELE LUCAS	4.320977	0	0	0	0	93.48
93.49	04974	DR CARL RATLIFF	0.973315	0	0	0	0	93.49
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.293972		0			95.00
200.00		Subtotal (see instructions)		91,560,001	2,471	8,567	20,887,722	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		91,560,001	2,471	8,567	20,887,722	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/29/2015 10:43 am
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Cost Center Description		Costs		Hospital	PPS
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0		50.00
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
54.01	03480 ONCOLOGY	0	0		54.01
57.00	05700 CT SCAN	20	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	68	0		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
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	362	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	3,355		73.00
74.00	07400 RENAL DIALYSIS	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01	03950 WOUND CARE CENTER	0	0		75.01
76.99	07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0	0		93.00
93.01	04951 GENESIS	0	0		93.01
93.02	04952 WOMEN'S CENTER	0	0		93.02
93.03	04953 RESIDENTIAL HOMES	0	0		93.03
93.04	04954 DR. STEELE	0	0		93.04
93.05	04955 DIABETIC EDUCATION	0	0		93.05
93.06	04956 HOWARD COUNTY CSS	0	0		93.06
93.07	04957 CLINTON COUNTY	0	0		93.07
93.08	04958 HOWARD DIABETES	0	0		93.08
93.09	04959 DR. AROUTINOVA	0	0		93.09
93.10	04960 OB/GYN GREER	0	0		93.10
93.11	04961 ONCOLOGY/BECHAR	0	0		93.11
93.12	04962 CRITICAL CARE PHYSICIANS	0	0		93.12
93.13	04963 PSYCH DR. ERIKA	0	0		93.13
93.14	04964 DR. HASAN	0	0		93.14
93.15	04965 PSYCH DR. DEB	0	0		93.15
93.16	04966 NORTH CENTRAL PEDIATRICS	0	0		93.16
93.17	04967 CFHC	0	0		93.17
93.18	04968 PSYCH MEDICATION	0	0		93.18
93.19	04969 RUSSIAVILLE OFFICE	0	0		93.19
93.20	04970 ORTOPAEDIC	0	0		93.20
93.21	04971 DR. JERRY GREER	0	0		93.21
93.22	04972 DR. KOESTER	0	0		93.22
93.23	04973 DR. B. FOGELSON	0	0		93.23
93.24	04999 DR ANNETTE MOORE	0	0		93.24
93.25	04975 HRHS INTERNAL MEDICINE	0	0		93.25
93.26	04976 DR. MOUALLA	0	0		93.26
93.27	04977 DR. SEDAGHAT	0	0		93.27
93.28	04978 COMMUNITY OB/GYN	0	0		93.28
93.29	04979 BEHAVIORAL HEALTH TIPTON	0	0		93.29
93.30	04980 DR. SCHILT	0	0		93.30
93.31	04981 HCH BEHAVIORAL CONTRACT SERVICES	0	0		93.31
93.32	04982 DR. PETER KLIM	0	0		93.32
93.33	04983 HOSPITALISTS	0	0		93.33
93.34	04984 DR. NEKOOMARAM	0	0		93.34
93.35	04985 DR. CARL	0	0		93.35
93.36	04986 DR ANITA	0	0		93.36
93.37	04987 DR. NICOLE	0	0		93.37
93.38	04988 WOUND CARE PHYSICIANS	0	0		93.38
93.39	04989 DR. EVANS	0	0		93.39

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/29/2015 10:43 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
93.40 04990 DR. THUMULURI	0	0		93.40
93.41 04991 COMMUNITY FAMILY	0	0		93.41
93.42 04992 INDIANA SURGERY CENTER	0	0		93.42
93.43 04993 NEW BEGINNINGS	0	0		93.43
93.44 04994 DR HOVHANESSIAN	0	0		93.44
93.45 04995 DR GERING	0	0		93.45
93.46 04996 DR HAENDIGES	0	0		93.46
93.47 04997 DR KRAFT	0	0		93.47
93.48 04998 DR GEM-ESTELE LUCAS	0	0		93.48
93.49 04974 DR CARL RATLIFF	0	0		93.49
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	450	3,355		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	450	3,355		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 150007		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part V Date/Time Prepared: 5/29/2015 10:43 am	
			Title XIX		Hospital		Cost	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.322293	0	1,289,850	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.658122	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125242	0	1,169,464	0	0	54.00
54.01	03480	ONCOLOGY	0.315347	0	495,856	0	0	54.01
57.00	05700	CT SCAN	0.025048	0	1,941,947	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.086038	0	576,922	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.088049	0	635,246	0	0	59.00
60.00	06000	LABORATORY	0.086128	0	1,940,413	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.006621	0	25,167	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.306743	0	38,161	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.364371	0	1,410	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.323751	0	964	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.586948	0	2,208	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.072061	0	536,330	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.205809	0	27,942	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.418975	0	463,544	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.337298	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.391610	0	844,880	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.491327	0	466	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	0.252009	0	135,319	0	0	75.01
76.99	07699	LI THOTRI PSY	0.240354	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.170490	0	3,072,466	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.627953	0	824,121	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
93.01	04951	GENESIS	1.118146	0	713,013	0	0	93.01
93.02	04952	WOMEN'S CENTER	0.000000	0	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0.940534	0	203,396	0	0	93.03
93.04	04954	DR. STEELE	0.000000	0	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	1.269213	0	4,485	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	0.640681	0	167,911	0	0	93.06
93.07	04957	CLINTON COUNTY	0.647298	0	329,419	0	0	93.07
93.08	04958	HOWARD DIABETES	14.752947	0	0	0	0	93.08
93.09	04959	DR. AROUTINOVA	0.000000	0	0	0	0	93.09
93.10	04960	OB/GYN GREER	0.000000	0	0	0	0	93.10
93.11	04961	ONCOLOGY/BECHAR	0.000000	0	0	0	0	93.11
93.12	04962	CRITICAL CARE PHYSICIANS	0.000000	0	0	0	0	93.12
93.13	04963	PSYCH DR. ERIKA	0.000000	0	0	0	0	93.13
93.14	04964	DR. HASAN	0.000000	0	0	0	0	93.14
93.15	04965	PSYCH DR. DEB	0.000000	0	0	0	0	93.15
93.16	04966	NORTH CENTRAL PEDIATRICS	0.000000	0	0	0	0	93.16
93.17	04967	CFHC	0.000000	0	0	0	0	93.17
93.18	04968	PSYCH MEDICATION	2.026579	0	0	0	0	93.18
93.19	04969	RUSSELLVILLE OFFICE	0.000000	0	0	0	0	93.19
93.20	04970	ORTOPAEDIC	0.000000	0	0	0	0	93.20
93.21	04971	DR. JERRY GREER	0.000000	0	0	0	0	93.21
93.22	04972	DR. KOESTER	0.000000	0	0	0	0	93.22
93.23	04973	DR. B. FOGELSON	0.000000	0	0	0	0	93.23
93.24	04999	DR. ANNETTE MOORE	0.000000	0	0	0	0	93.24
93.25	04975	HRHS INTERNAL MEDICINE	0.000000	0	0	0	0	93.25
93.26	04976	DR. MOULLA	0.000000	0	0	0	0	93.26
93.27	04977	DR. SEDAGHAT	21.738969	0	0	0	0	93.27
93.28	04978	COMMUNITY OB/GYN	0.000000	0	0	0	0	93.28
93.29	04979	BEHAVIORAL HEALTH TIPTON	0.000000	0	0	0	0	93.29
93.30	04980	DR. SCHILT	0.000000	0	0	0	0	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	0.028391	0	0	0	0	93.31
93.32	04982	DR. PETER KLIM	0.000000	0	0	0	0	93.32
93.33	04983	HOSPITALISTS	0.000000	0	0	0	0	93.33
93.34	04984	DR. NEKOOMARAM	1.526478	0	0	0	0	93.34
93.35	04985	DR. CARL	1.728346	0	0	0	0	93.35
93.36	04986	DR. ANITA	0.000000	0	0	0	0	93.36
93.37	04987	DR. NICOLE	0.000000	0	0	0	0	93.37
93.38	04988	WOUND CARE PHYSICIANS	0.000000	0	0	0	0	93.38
93.39	04989	DR. EVANS	0.000000	0	0	0	0	93.39

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/29/2015 10:43 am
	Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
93.40 04990 DR. THUMULURI	0.628342	0	87,062	0	0	0	93.40
93.41 04991 COMMUNITY FAMILY	0.000000	0	0	0	0	0	93.41
93.42 04992 INDIANA SURGERY CENTER	0.000000	0	0	0	0	0	93.42
93.43 04993 NEW BEGINNINGS	0.406845	0	29,984	0	0	0	93.43
93.44 04994 DR HOVHANESSIAN	0.000000	0	0	0	0	0	93.44
93.45 04995 DR GERING	0.000000	0	0	0	0	0	93.45
93.46 04996 DR HAENDIGES	0.000000	0	0	0	0	0	93.46
93.47 04997 DR KRAFT	0.000000	0	0	0	0	0	93.47
93.48 04998 DR GEM-ESTELE LUCAS	4.320977	0	0	0	0	0	93.48
93.49 04974 DR CARL RATLIFF	0.973315	0	36,842	0	0	0	93.49
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0.293972	0	317,957				95.00
200.00	Subtotal (see instructions)	0	15,912,745	0	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	15,912,745	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/29/2015 10:43 am
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		Title XIX		Hospital	Cost
Cost Center Description		Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	415,710	0		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	146,466	0		54.00
54.01	03480 ONCOLOGY	156,367	0		54.01
57.00	05700 CT SCAN	48,642	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	49,637	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	55,933	0		59.00
60.00	06000 LABORATORY	167,124	0		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	167	0		63.00
65.00	06500 RESPIRATORY THERAPY	11,706	0		65.00
66.00	06600 PHYSICAL THERAPY	514	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	312	0		67.00
68.00	06800 SPEECH PATHOLOGY	1,296	0		68.00
69.00	06900 ELECTROCARDIOLOGY	38,648	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	5,751	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	194,213	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	330,863	0		73.00
74.00	07400 RENAL DIALYSIS	229	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01	03950 WOUND CARE CENTER	34,102	0		75.01
76.99	07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	523,825	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	517,509	0		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0	0		93.00
93.01	04951 GENESIS	797,253	0		93.01
93.02	04952 WOMEN'S CENTER	0	0		93.02
93.03	04953 RESIDENTIAL HOMES	191,301	0		93.03
93.04	04954 DR. STEELE	0	0		93.04
93.05	04955 DIABETIC EDUCATION	5,692	0		93.05
93.06	04956 HOWARD COUNTY CSS	107,577	0		93.06
93.07	04957 CLINTON COUNTY	213,232	0		93.07
93.08	04958 HOWARD DIABETES	0	0		93.08
93.09	04959 DR. AROUTINOVA	0	0		93.09
93.10	04960 OB/GYN GREER	0	0		93.10
93.11	04961 ONCOLOGY/BECHAR	0	0		93.11
93.12	04962 CRITICAL CARE PHYSICIANS	0	0		93.12
93.13	04963 PSYCH DR. ERIKA	0	0		93.13
93.14	04964 DR. HASAN	0	0		93.14
93.15	04965 PSYCH DR. DEB	0	0		93.15
93.16	04966 NORTH CENTRAL PEDIATRICS	0	0		93.16
93.17	04967 CFHC	0	0		93.17
93.18	04968 PSYCH MEDICATION	0	0		93.18
93.19	04969 RUSSIAVILLE OFFICE	0	0		93.19
93.20	04970 ORTOPAEDIC	0	0		93.20
93.21	04971 DR. JERRY GREER	0	0		93.21
93.22	04972 DR. KOESTER	0	0		93.22
93.23	04973 DR. B. FOGELSON	0	0		93.23
93.24	04999 DR ANNETTE MOORE	0	0		93.24
93.25	04975 HRHS INTERNAL MEDICINE	0	0		93.25
93.26	04976 DR. MOUALLA	0	0		93.26
93.27	04977 DR. SEDAGHAT	0	0		93.27
93.28	04978 COMMUNITY OB/GYN	0	0		93.28
93.29	04979 BEHAVIORAL HEALTH TIPTON	0	0		93.29
93.30	04980 DR. SCHILT	0	0		93.30
93.31	04981 HCH BEHAVIORAL CONTRACT SERVICES	0	0		93.31
93.32	04982 DR. PETER KLIM	0	0		93.32
93.33	04983 HOSPITALISTS	0	0		93.33
93.34	04984 DR. NEKOOMARAM	0	0		93.34
93.35	04985 DR. CARL	0	0		93.35
93.36	04986 DR ANITA	0	0		93.36
93.37	04987 DR. NICOLE	0	0		93.37
93.38	04988 WOUND CARE PHYSICIANS	0	0		93.38
93.39	04989 DR. EVANS	0	0		93.39

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet D
Part V
Date/Time Prepared:
5/29/2015 10:43 am

			Title XIX		Hospital	Cost
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
93.40	04990	DR. THUMULURI	54,705	0		93.40
93.41	04991	COMMUNITY FAMILY	0	0		93.41
93.42	04992	INDIANA SURGERY CENTER	0	0		93.42
93.43	04993	NEW BEGINNINGS	12,199	0		93.43
93.44	04994	DR HOVHANESSIAN	0	0		93.44
93.45	04995	DR GERING	0	0		93.45
93.46	04996	DR HAENDIGES	0	0		93.46
93.47	04997	DR KRAFT	0	0		93.47
93.48	04998	DR GEM-ESTELE LUCAS	0	0		93.48
93.49	04974	DR CARL RATLIFF	35,859	0		93.49
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	93,470			95.00
200.00		Subtotal (see instructions)	4,210,302	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	4,210,302	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2015 10:43 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		17,247	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		17,247	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)		15,408	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)		8,105	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)		18,200,470	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		18,200,470	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		18,200,470	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)		1,055.28	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,553,044	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)		8,553,044	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150007		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,700,724	2,251	1,644.04	1,373	2,257,267	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					11,849,786	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					22,660,097	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)					1,590,351	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					770,008	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,360,359	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					20,299,738	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)					1,839	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,055.28	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,940,660	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150007		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/29/2015 10:43 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,479,069	18,200,470	0.136209	1,940,660	264,335	90.00
91.00	Nursing School cost	0	18,200,470	0.000000	1,940,660	0	91.00
92.00	Allied health cost	534,677	18,200,470	0.029377	1,940,660	57,011	92.00
93.00	All other Medical Education	0	18,200,470	0.000000	1,940,660	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/29/2015 10:43 am
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		17,247	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		17,247	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)		15,408	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)		1,639	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)		1,137	15.00
16.00	Nursery days (title V or XIX only)		85	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)		18,200,470	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		18,200,470	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		18,200,470	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)		1,055.28	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,729,604	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)		1,729,604	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/29/2015 10:43 am		
Cost Center Description			Title XIX		Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	653,183	1,137	574.48	85	48,831	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,700,724	2,251	1,644.04	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,386,355	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,164,790	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)					1,839	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,055.28	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,940,660	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150007		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/29/2015 10:43 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,479,069	18,200,470	0.136209	1,940,660	264,335	90.00
91.00	Nursing School cost	0	18,200,470	0.000000	1,940,660	0	91.00
92.00	Allied health cost	0	18,200,470	0.000000	1,940,660	0	92.00
93.00	All other Medical Education	0	18,200,470	0.000000	1,940,660	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/29/2015 10:43 am	
Cost Center Description		Title VIII	Hospital	PPS	
		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		9,658,160	30.00
31.00	03100	INTENSIVE CARE UNIT		2,960,287	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.322293	7,762,367	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.658122	2,439	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125242	3,952,072	54.00
54.01	03480	ONCOLOGY	0.315347	38,958	54.01
57.00	05700	CT SCAN	0.025048	4,647,887	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.086038	583,310	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.088049	7,294,789	59.00
60.00	06000	LABORATORY	0.086128	8,709,757	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.006621	464,597	63.00
65.00	06500	RESPIRATORY THERAPY	0.306743	2,493,527	65.00
66.00	06600	PHYSICAL THERAPY	0.364371	759,884	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.323751	570,622	67.00
68.00	06800	SPEECH PATHOLOGY	0.586948	139,083	68.00
69.00	06900	ELECTROCARDIOLOGY	0.072061	3,333,123	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.205809	50,986	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.418975	3,485,181	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.337298	2,965,013	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.391610	6,932,768	73.00
74.00	07400	RENAL DIALYSIS	0.491327	223,278	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03950	WOUND CARE CENTER	0.252009	9,719	75.01
76.99	07699	LITHOTRIPSY	0.240354	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.170490	2,419,031	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.627953	28,604	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0.000000	0	93.00
93.01	04951	GENESIS	1.118146	275	93.01
93.02	04952	WOMEN'S CENTER	0.000000	0	93.02
93.03	04953	RESIDENTIAL HOMES	0.940534	0	93.03
93.04	04954	DR. STEELE	0.000000	0	93.04
93.05	04955	DIABETIC EDUCATION	1.269213	0	93.05
93.06	04956	HOWARD COUNTY CSS	0.640681	195	93.06
93.07	04957	CLINTON COUNTY	0.647298	0	93.07
93.08	04958	HOWARD DIABETES	14.752947	0	93.08
93.09	04959	DR. AROUTINOVA	0.000000	0	93.09
93.10	04960	OB/GYN GREER	0.000000	0	93.10
93.11	04961	ONCOLOGY/BECHAR	0.000000	0	93.11
93.12	04962	CRITICAL CARE PHYSICIANS	0.000000	0	93.12
93.13	04963	PSYCH DR. ERIKA	0.000000	0	93.13
93.14	04964	DR. HASAN	0.000000	0	93.14
93.15	04965	PSYCH DR. DEB	0.000000	0	93.15
93.16	04966	NORTH CENTRAL PEDIATRICS	0.000000	0	93.16
93.17	04967	CFHC	0.000000	0	93.17
93.18	04968	PSYCH MEDICATION	2.026579	0	93.18
93.19	04969	RUSSAVILLE OFFICE	0.000000	0	93.19
93.20	04970	ORTOPAEDIC	0.000000	0	93.20
93.21	04971	DR. JERRY GREER	0.000000	0	93.21
93.22	04972	DR. KOESTER	0.000000	0	93.22
93.23	04973	DR. B. FOGELSON	0.000000	0	93.23
93.24	04999	DR ANNETTE MOORE	0.000000	0	93.24
93.25	04975	HRHS INTERNAL MEDICINE	0.000000	0	93.25
93.26	04976	DR. MOUALLA	0.000000	0	93.26
93.27	04977	DR. SEDAGHAT	21.738969	0	93.27
93.28	04978	COMMUNITY OB/GYN	0.000000	0	93.28
93.29	04979	BEHAVIORAL HEALTH Tipton	0.000000	0	93.29
93.30	04980	DR. SCHILT	0.000000	0	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	0.028391	962	93.31
93.32	04982	DR. PETER KLIM	0.000000	0	93.32
93.33	04983	HOSPITALISTS	0.000000	0	93.33
93.34	04984	DR. NEKOOMARAM	1.526478	0	93.34
93.35	04985	DR. CARL	1.728346	0	93.35
93.36	04986	DR ANITA	0.000000	0	93.36
93.37	04987	DR. NICOLE	0.000000	0	93.37
93.38	04988	WOUND CARE PHYSICIANS	0.000000	0	93.38

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/29/2015 10:43 am	
Cost Center Description			Title XVIII	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
93.39	04989	DR. EVANS	0.000000	0	0	93.39
93.40	04990	DR. THUMULURI	0.628342	0	0	93.40
93.41	04991	COMMUNITY FAMILY	0.000000	0	0	93.41
93.42	04992	INDIANA SURGERY CENTER	0.000000	0	0	93.42
93.43	04993	NEW BEGINNINGS	0.406845	0	0	93.43
93.44	04994	DR HOVHANESSIAN	0.000000	0	0	93.44
93.45	04995	DR GERING	0.000000	0	0	93.45
93.46	04996	DR HAENDIGES	0.000000	0	0	93.46
93.47	04997	DR KRAFT	0.000000	0	0	93.47
93.48	04998	DR GEM-ESTELE LUCAS	4.320977	0	0	93.48
93.49	04974	DR CARL RATLIFF	0.973315	0	0	93.49
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		56,868,427	11,849,786	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)		56,868,427		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/29/2015 10:43 am	
Cost Center Description		Title XIX	Hospital	Cost	
		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		2,818,926	30.00
31.00	03100	INTENSIVE CARE UNIT		329,250	31.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.322293	870,537	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.658122	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125242	269,087	54.00
54.01	03480	ONCOLOGY	0.315347	15,383	54.01
57.00	05700	CT SCAN	0.025048	445,745	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.086038	46,746	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.088049	542,664	59.00
60.00	06000	LABORATORY	0.086128	1,025,633	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.006621	72,731	63.00
65.00	06500	RESPIRATORY THERAPY	0.306743	248,893	65.00
66.00	06600	PHYSICAL THERAPY	0.364371	57,424	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.323751	39,902	67.00
68.00	06800	SPEECH PATHOLOGY	0.586948	7,726	68.00
69.00	06900	ELECTROCARDIOLOGY	0.072061	218,880	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.205809	11,671	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.418975	859,984	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.337298	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.391610	858,348	73.00
74.00	07400	RENAL DIALYSIS	0.491327	16,651	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03950	WOUND CARE CENTER	0.252009	1,057	75.01
76.99	07699	LITHOTRIPSY	0.240354	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.170490	307,527	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.627953	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0.000000	0	93.00
93.01	04951	GENESIS	1.118146	0	93.01
93.02	04952	WOMEN'S CENTER	0.000000	0	93.02
93.03	04953	RESIDENTIAL HOMES	0.940534	0	93.03
93.04	04954	DR. STEELE	0.000000	0	93.04
93.05	04955	DIABETIC EDUCATION	1.269213	0	93.05
93.06	04956	HOWARD COUNTY CSS	0.640681	677	93.06
93.07	04957	CLINTON COUNTY	0.647298	0	93.07
93.08	04958	HOWARD DIABETES	14.752947	0	93.08
93.09	04959	DR. AROUTINOVA	0.000000	0	93.09
93.10	04960	OB/GYN GREER	0.000000	0	93.10
93.11	04961	ONCOLOGY/BECHAR	0.000000	0	93.11
93.12	04962	CRITICAL CARE PHYSICIANS	0.000000	0	93.12
93.13	04963	PSYCH DR. ERIKA	0.000000	0	93.13
93.14	04964	DR. HASAN	0.000000	0	93.14
93.15	04965	PSYCH DR. DEB	0.000000	0	93.15
93.16	04966	NORTH CENTRAL PEDIATRICS	0.000000	0	93.16
93.17	04967	CFHC	0.000000	0	93.17
93.18	04968	PSYCH MEDICATION	2.026579	4,870	93.18
93.19	04969	RUSSAVILLE OFFICE	0.000000	0	93.19
93.20	04970	ORTOPAEDIC	0.000000	0	93.20
93.21	04971	DR. JERRY GREER	0.000000	0	93.21
93.22	04972	DR. KOESTER	0.000000	0	93.22
93.23	04973	DR. B. FOGELSON	0.000000	0	93.23
93.24	04999	DR ANNETTE MOORE	0.000000	0	93.24
93.25	04975	HRHS INTERNAL MEDICINE	0.000000	0	93.25
93.26	04976	DR. MOUALLA	0.000000	0	93.26
93.27	04977	DR. SEDAGHAT	21.738969	0	93.27
93.28	04978	COMMUNITY OB/GYN	0.000000	0	93.28
93.29	04979	BEHAVIORAL HEALTH Tipton	0.000000	0	93.29
93.30	04980	DR. SCHILT	0.000000	0	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	0.028391	144,579	93.31
93.32	04982	DR. PETER KLIM	0.000000	0	93.32
93.33	04983	HOSPITALISTS	0.000000	0	93.33
93.34	04984	DR. NEKOOMARAM	1.526478	0	93.34
93.35	04985	DR. CARL	1.728346	0	93.35
93.36	04986	DR ANITA	0.000000	0	93.36
93.37	04987	DR. NICOLE	0.000000	0	93.37
93.38	04988	WOUND CARE PHYSICIANS	0.000000	0	93.38

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/29/2015 10:43 am	
Cost Center Description			Title XIX	Hospital	Cost	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
93.39	04989	DR. EVANS	0.000000	0	0	93.39
93.40	04990	DR. THUMULURI	0.628342	325	204	93.40
93.41	04991	COMMUNITY FAMILY	0.000000	0	0	93.41
93.42	04992	INDIANA SURGERY CENTER	0.000000	0	0	93.42
93.43	04993	NEW BEGINNINGS	0.406845	0	0	93.43
93.44	04994	DR HOVHANESSIAN	0.000000	0	0	93.44
93.45	04995	DR GERING	0.000000	0	0	93.45
93.46	04996	DR HAENDIGES	0.000000	0	0	93.46
93.47	04997	DR KRAFT	0.000000	0	0	93.47
93.48	04998	DR GEM-ESTELE LUCAS	4.320977	1,919	8,292	93.48
93.49	04974	DR CARL RATLIFF	0.973315	2,384	2,320	93.49
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		6,071,343	1,386,355	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)		6,071,343		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/29/2015 10:43 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPSS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		11,907,163	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		3,818,136	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,494,877	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		401,956	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		111.70	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), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
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 factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.94	30.00
31.00	Percentage of Medicaid patient days (see instructions)		22.70	31.00
32.00	Sum of lines 30 and 31		29.64	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.67	33.00
34.00	Disproportionate share adjustment (see instructions)		537,412	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/29/2015 10:43 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,855	35.00
35.01	Factor 3 (see instructions)		0.00011557	0.000115336	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,009,187	882,049	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		754,816	222,325	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		977,141		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		18,734,729		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 (see instructions)		18,734,729		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,574,447		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. 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 (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		251,255		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		719		58.00
59.00	Total (sum of amounts on lines 49 through 58)		20,561,150		59.00
60.00	Primary payer payments		5,156		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		20,555,994		61.00
62.00	Deductibles billed to program beneficiaries		1,666,272		62.00
63.00	Coinurance billed to program beneficiaries		61,408		63.00
64.00	Allowable bad debts (see instructions)		68,271		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		44,376		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		9,111		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		18,872,690		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (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
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-35,672		70.93
70.94	HRR adjustment amount (see instructions)		-14,489		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/29/2015 10:43 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		533		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		18,821,996		71.00
71.01	Sequestration adjustment (see instructions)		376,440		71.01
72.00	Interim payments		18,258,647		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		186,909		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		1,056,306		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. 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 (see instructions)		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
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/29/2015 10:43 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,805	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		20,845,933	2.00
3.00	PPS payments		13,299,876	3.00
4.00	Outlier payment (see instructions)		514,127	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		41,789	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		3,805	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		11,038	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		11,038	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 charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		11,038	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		7,233	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)		3,805	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		13,855,792	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		336	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,795,214	26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		11,064,047	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		11,064,047	30.00
31.00	Primary payer payments		463	31.00
32.00	Subtotal (line 30 minus line 31)		11,063,584	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		29,125	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		18,931	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		18,699	36.00
37.00	Subtotal (see instructions)		11,082,515	37.00
38.00	MSP-LCC reconciliation amount from PS&R		1,063	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		11,081,452	40.00
40.01	Sequestration adjustment (see instructions)		221,629	40.01
41.00	Interim payments		11,095,511	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-235,688	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2015 10:43 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		17,969,147		10,964,111	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	08/04/2014	289,500	08/04/2014	131,400	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)		289,500		131,400	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		18,258,647		11,095,511	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		186,909		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		235,688	6.02
7.00	Total Medicare program liability (see instructions)		18,445,556		10,859,823	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet E-1
Part II
Date/Time Prepared:
5/29/2015 10:43 am

		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, Pt. I col. 15 line 14			6,450 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			9,478 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			641 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			17,659 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			390,677,612 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			5,185,233 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,332,794 8.00
9.00	Sequestration adjustment amount (see instructions)			26,656 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,306,138 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,355,372 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			-49,234 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2015 10:43 am
		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	3,164,790		1.00
2.00	Medical and other services		4,210,302	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	3,164,790	4,210,302	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)	3,164,790	4,210,302	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	6,071,343	15,912,745	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)	6,071,343	15,912,745	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)	6,071,343	15,912,745	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	2,906,553	11,702,443	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 physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	3,164,790	4,210,302	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	0	24.00
25.00	Capital exception payments (see instructions)	0	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)	3,164,790	4,210,302	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)	3,164,790	4,210,302	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	3,164,790	4,210,302	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	3,164,790	4,210,302	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	3,164,790	4,210,302	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	3,164,790	4,210,302	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §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: 150007 Period: From 01/01/2014 To 12/31/2014 Worksheet G
 Date/Time Prepared: 5/29/2015 10:43 am

		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	18,720,765	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	35,308,517	0	0	0	4.00
5.00	Other receivable	2,086,658	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-16,519,357	0	0	0	6.00
7.00	Inventory	4,352,464	0	0	0	7.00
8.00	Prepaid expenses	547,805	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	26,047,970	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	70,544,822	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,185,432	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	85,960,556	0	0	0	15.00
16.00	Accumulated depreciation	0	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	2,629,355	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	12,364,520	0	0	0	23.00
24.00	Accumulated depreciation	-17,786,612	0	0	0	24.00
25.00	Minor equipment depreciable	2,757,496	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	94,110,747	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,038,643	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	3,409,331	0	0	0	33.00
34.00	Other assets	17,727,187	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	22,175,161	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	186,830,730	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	8,158,908	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,231,844	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	33,266,319	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	44,657,071	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	44,446,244	0	0	0	47.00
48.00	Unsecured loans	7,327,330	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	51,773,574	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	96,430,645	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	90,400,085				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)	90,400,085	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	186,830,730	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet G-1

Date/Time Prepared:
5/29/2015 10:43 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		77,299,404		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		11,790,222			2.00
3.00	Total (sum of line 1 and line 2)		89,089,626		0	3.00
4.00	MISC ADJS	1,310,459		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		1,310,459		0	10.00
11.00	Subtotal (line 3 plus line 10)		90,400,085		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		90,400,085		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	MISC ADJS		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: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2015 10:43 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	22,529,970		22,529,970	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	22,529,970		22,529,970	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	5,318,700		5,318,700	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	5,318,700		5,318,700	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	27,848,670		27,848,670	17.00
18.00	Ancillary services	103,155,875	281,943,928	385,099,803	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	131,004,545	281,943,928	412,948,473	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		129,938,879		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)		129,938,879		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150007

Period:
From 01/01/2014
To 12/31/2014

Worksheet G-3

Date/Time Prepared:
5/29/2015 10:43 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	412,948,473	1.00
2.00	Less contractual allowances and discounts on patients' accounts	279,683,843	2.00
3.00	Net patient revenues (line 1 minus line 2)	133,264,630	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	129,938,879	4.00
5.00	Net income from service to patients (line 3 minus line 4)	3,325,751	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	1,441,889	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	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	GRANTS	4,021,861	24.00
24.01	OTHER OPERATING INCOME	6,102,783	24.01
24.02	OTHER NON-OPERATING ITEMS	-72,072	24.02
24.03	DERIVATIVE UNREALIZED LOSS	-2,659,560	24.03
24.04	INCOME FROM INVESTMENTS IN LLC'S	-364,993	24.04
24.05	MISCELLANEOUS	-5,437	24.05
25.00	Total other income (sum of lines 6-24)	8,464,471	25.00
26.00	Total (line 5 plus line 25)	11,790,222	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	11,790,222	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150007	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/29/2015 10:43 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,246,707	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		250,694	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		49.33	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 (multiply line 5 by the sum of lines 1 and 1.01)		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)		6.94	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		22.70	8.00
9.00	Sum of lines 7 and 8		29.64	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.18	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		77,046	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,574,447	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