

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/28/2015 12:36 pm
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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: 5/28/2015 Time: 12:36 pm
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 IU HEALTH BLOOMINGTON HOSPITAL ( 150051 ) 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 V 1.00	Title XVII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	330,357	12,179	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	18,416	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	348,773	12,179	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. 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: 150051		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 12:27 pm				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 601 WEST SECOND STREET	PO Box: 1149							1.00	
2.00	City: BLOOMINGTON	State: IN		Zip Code: 47402		County: MONROE			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	
							V	XVIII	XIX	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	IU HEALTH BLOOMINGTON HOSPITAL	150051	14020	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	IU HEALTH BLOOMINGTON HOSPITAL	15T051	14020	5	10/01/2002	N	P	P	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	IU HEALTH BLOOMINGTON HOME HEALTH	157011	14020		07/01/1996	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	IU HEALTH BLOOMINGTON HOSPICE	151509	14020		03/13/1991				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2014	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)					Y	Y		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.	4,275	1,743	4	0	5,409	0		24.00	

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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
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 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.	208	24	0	0	54		25.00	
						Urban/Rural	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)(ii)? 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	N	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.								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)					N			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	61.00	
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	

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
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
	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		
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					0.00	62.00
62.01	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	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
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 Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))				
	1.00	2.00	3.00				
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.			0.00	0.00	0.000000	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)							
	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		

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	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	
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
			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)				0		71.00
		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	
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		Y				75.00

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		1.00	2.00	3.00			
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	N	0	76.00		
		1.00					
<b>Long Term Care Hospital PPS</b>							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00		
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		
<b>TEFRA Providers</b>							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00		
		V		XIX			
		1.00		2.00			
<b>Title V and XIX Services</b>							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00	
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N	105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on 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)				107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N	108.00		
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
		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	
<b>Miscellaneous Cost Reporting Information</b>							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If 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.			Y	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.			2	118.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 12:27 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	669,062	0	0
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	
119.00	DO NOT USE THIS LINE			
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y	
<b>Transplant Center Information</b>				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			
<b>All Providers</b>				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	15H059
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name: IU HEALTH PARTNERS	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101
142.00	Street: 340 WEST TENTH STREET	PO Box:		
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202-3082	
				1.00
144.00	Are provider based physicians' costs included in Worksheet A?		Y	
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	
		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	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N	
		Part A	Part B	Title V
		1.00	2.00	3.00
				Title XIX
				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
156.00	Subprovider - IPF	N	N	N
157.00	Subprovider - IRF	N	N	N
158.00	SUBPROVIDER			
159.00	SNF	N	N	N
160.00	HOME HEALTH AGENCY	Y	Y	N
161.00	CMHC		N	N
161.10	CORF		N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150051		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 12:27 pm		
							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.						N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00
							Beginning	Ending
							1.00	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)							170.00
							1.00	
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: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/28/2015 12:27 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		Y		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		N		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
			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)		N		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)		Y	04/24/2015	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/28/2015 12:27 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	STEVE		HOWELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	INDIANA UNIVERSITY HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317.962.1035		SHOWELL7@IUHEALTH.ORG	43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		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)	04/24/2015	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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: 150051

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2015 12:27 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
	Line Number				Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	247	90,155	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)		247	90,155	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		263	95,995	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	21	7,665		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	28,359			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		284				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: 150051

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2015 12:27 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	19,482	3,246	44,243			1.00
2.00 HMO and other (see instructions)	4,212	6,713				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	78				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	19,482	3,246	44,243			7.00
8.00 INTENSIVE CARE UNIT	2,346	400	3,865			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		580	5,546			13.00
14.00 Total (see instructions)	21,828	4,226	53,654	0.00	2,093.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	2,710	208	4,246	0.00	22.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	14,355	1,718	25,140	0.00	78.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	25,560	2	28,359	0.00	54.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	2,247.00	27.00
28.00 Observation Bed Days		749	3,408			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	492	946			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: 150051

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2015 12:27 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00		
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	4,444	2,762	11,961	1.00
2.00 HMO and other (see instructions)			857	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	4,444	2,762	11,961	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	210	14	338	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
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: 150051

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/28/2015 12:27 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion 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	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	112,030,698	1,477,879	113,508,577	4,298,543.44	26.41
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		193,255	0	193,255	3,445.06	56.10
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		1,644,811	0	1,644,811	21,718.08	75.73
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		14,651,381	1,661,883	16,313,264	685,023.02	23.81
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor: Direct Patient Care		2,074,880	0	2,074,880	25,429.33	81.59
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		895,946	0	895,946	9,560.74	93.71
14.00	Home office salaries & wage-related costs		6,682,614	0	6,682,614	127,029.00	52.61
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		23,722,013	0	23,722,013		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		4,304,227	0	4,304,227		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		32,399	0	32,399		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		218,463	0	218,463		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	1,650,906	9,205	1,660,111	61,627.52	26.94
27.00	Administrative & General	5.00	16,490,725	-1,210,395	15,280,330	514,650.86	29.69
28.00	Administrative & General under contract (see inst.)		720,750	0	720,750	8,887.82	81.09
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	2,727,339	-35,947	2,691,392	109,837.71	24.50
31.00	Laundry & Linen Service	8.00	516,452	4,621	521,073	34,981.62	14.90
32.00	Housekeeping	9.00	1,581,300	24,188	1,605,488	133,224.61	12.05
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	1,987,725	-642,695	1,345,030	89,764.95	14.98
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	55,778	674,804	730,582	55,222.45	13.23
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	3,509,951	52,557	3,562,508	112,041.77	31.80

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150051

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/28/2015 12:27 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion 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		
39.00	Central Services and Supply	14.00	453,592	8,303	461,895	25,069.80	18.42	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	140,010	2,725	142,735	7,454.10	19.15	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	398,426	6,149	404,575	24,629.41	16.43	43.00



HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150051		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part III Date/Time Prepared: 5/28/2015 12:27 pm	
	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adjusted 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		
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>								
1.00	Net salaries (see instructions)	111,106,637	1,477,879	112,584,516	4,285,713.18	26.27	1.00	
2.00	Excluded area salaries (see instructions)	14,651,381	1,661,883	16,313,264	685,023.02	23.81	2.00	
3.00	Subtotal salaries (line 1 minus line 2)	96,455,256	-184,004	96,271,252	3,600,690.16	26.74	3.00	
4.00	Subtotal other wages & related costs (see inst.)	9,653,440	0	9,653,440	162,019.07	59.58	4.00	
5.00	Subtotal wage-related costs (see inst.)	23,722,013	0	23,722,013	0.00	24.64	5.00	
6.00	Total (sum of lines 3 thru 5)	129,830,709	-184,004	129,646,705	3,762,709.23	34.46	6.00	
7.00	Total overhead cost (see instructions)	30,232,954	-1,106,485	29,126,469	1,177,392.62	24.74	7.00	

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2015 12:27 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			2,153,067 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
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			90,719 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			13,348,540 8.00
9.00	Prescription Drug Plan			122,035 9.00
10.00	Dental, Hearing and Vision Plan			571,678 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			123,431 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			2,957,784 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			320,488 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
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			8,091,685 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			-144 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
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			2,882 22.00
23.00	Tuition Reimbursement			494,937 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			28,277,102 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/28/2015 12:27 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,074,880	0	1.00
2.00	Hospital	2,074,880	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150051 Component CCN: 157011		Period: From 01/01/2014 To 12/31/2014		Worksheet S-4 Date/Time Prepared: 5/28/2015 12:27 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			MONROE		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	3,027	362	1,912	5,301 1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	631.00	73.00	908.00	1,612.00 2.00	
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00 3.00	
4.00	Director(s) and Assistant Director(s)			1.00	0.00	1.00 4.00	
5.00	Other Administrative Personnel			8.13	0.00	8.13 5.00	
6.00	Direct Nursing Service			22.12	0.00	22.12 6.00	
7.00	Nursing Supervisor			7.52	0.00	7.52 7.00	
8.00	Physical Therapy Service			8.51	0.00	8.51 8.00	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00 9.00	
10.00	Occupational Therapy Service			2.67	0.00	2.67 10.00	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00 11.00	
12.00	Speech Pathology Service			0.19	0.00	0.19 12.00	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00 13.00	
14.00	Medical Social Service			1.14	0.00	1.14 14.00	
15.00	Medical Social Service Supervisor			1.31	0.00	1.31 15.00	
16.00	Home Health Aide			3.20	0.00	3.20 16.00	
17.00	Home Health Aide Supervisor			0.73	0.00	0.73 17.00	
18.00	NONREIMBURSABLE			21.58	0.00	21.58 18.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			3		19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			14020		20.00	
20.01				99915		20.01	
20.02				26900		20.02	
				Full Episodes			
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	6,877	567	214	114	7,772 21.00	
22.00	Skilled Nursing Visit Charges	700,454	61,177	16,658	10,819	789,108 22.00	
23.00	Physical Therapy Visits	3,946	85	96	58	4,185 23.00	
24.00	Physical Therapy Visit Charges	467,565	10,294	8,305	6,705	492,869 24.00	
25.00	Occupational Therapy Visits	1,270	38	16	28	1,352 25.00	
26.00	Occupational Therapy Visit Charges	153,520	4,691	1,264	3,373	162,848 26.00	
27.00	Speech Pathology Visits	21	0	0	0	21 27.00	
28.00	Speech Pathology Visit Charges	2,805	0	0	0	2,805 28.00	
29.00	Medical Social Service Visits	159	3	0	6	168 29.00	
30.00	Medical Social Service Visit Charges	27,981	533	0	1,047	29,561 30.00	
31.00	Home Health Aide Visits	776	74	3	4	857 31.00	
32.00	Home Health Aide Visit Charges	38,466	3,571	156	200	42,393 32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	13,049	767	329	210	14,355 33.00	
34.00	Other Charges	0	0	0	0	0 34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,390,791	80,266	26,383	22,144	1,519,584 35.00	
36.00	Total Number of Episodes (standard/non outlier)	719		83	19	821 36.00	
37.00	Total Number of Outlier Episodes		16		0	16 37.00	
38.00	Total Non-Routine Medical Supply Charges	10,447	950	757	249	12,403 38.00	

HOSPITAL IDENTIFICATION DATA		Provider CCN: 150051 Component CCN: 151509	Period: From 01/01/2014 To 12/31/2014	Worksheet S-9 Parts I & II Date/Time Prepared: 5/28/2015 12:27 pm
		Hospice I		

	Unduplicated Days	Hospice I				Total (sum of cols. 1, 2 & 5)		
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility			All Other
		1.00	2.00	3.00	4.00			5.00
<b>PART I - ENROLLMENT DAYS</b>								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	24,756	611	5,516	71	1,120	26,487	2.00
3.00	Inpatient Respite Care	323	5	323	5	6	334	3.00
4.00	General Inpatient Care	1,274	82	1,272	81	182	1,538	4.00
5.00	Total Hospice Days	26,353	698	7,111	157	1,308	28,359	5.00
<b>Part II - CENSUS DATA</b>								
6.00	Number of Patients Receiving Hospice Care	548	25	382	19	64	637	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	48.09	27.92	18.62	8.26	20.44	44.52	8.00
9.00	Unduplicated Census Count	473	23	336	18	61	557	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/28/2015 12:27 pm	
				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.302042	1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid			18,591,937	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			99,620,648	6.00
7.00	Medicaid cost (line 1 times line 6)			30,089,620	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)			11,497,683	8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
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
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			4,608,811	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			20,850,364	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			6,297,686	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)			1,688,875	16.00
<b>Uncompensated care (see instructions for each line)</b>					
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			1,979,664	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			13,186,558	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	30,329,622	3,507,832	33,837,454	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	9,160,820	1,059,513	10,220,333	21.00
22.00	Partial payment by patients approved for charity care	68,158	39,723	107,881	22.00
23.00	Cost of charity care (line 21 minus line 22)	9,092,662	1,019,790	10,112,452	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			0	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			581,170	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			-581,170	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			-175,538	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			9,936,914	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			23,123,472	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150051

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

Worksheet A  
Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	0	0	1.00
1.01	00101	CAP REL COSTS-1947 BUILDING		24,740	24,740	0	1.01
1.02	00102	CAP REL COSTS-1965 BUILDING		2,742,138	2,742,138	434,236	1.02
1.03	00103	CAP REL COSTS-1983 BUILDING		207,869	207,869	0	1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS		33,295	33,295	0	1.04
1.05	00105	CAP REL COSTS-UTILITIES		31,786	31,786	0	1.05
1.06	00106	CAP REL COSTS-WEGMILLER		11,010	11,010	0	1.06
1.07	00107	CAP REL COSTS-CANCER		157,159	157,159	0	1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING		49,263	49,263	0	1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT		31,549	31,549	0	1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE		46,037	46,037	0	1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP		13,652,974	13,652,974	2,339,184	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,650,906	29,333,808	30,984,714	-2,285,514	4.00
4.01	00402	CHILD CARE	0	2,882	2,882	0	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	16,490,725	63,767,180	80,257,905	-4,690,478	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,727,339	8,311,504	11,038,843	71,539	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	516,452	478,786	995,238	-29,692	8.00
9.00	00900	HOUSEKEEPING	1,581,300	348,289	1,929,589	10,275	9.00
10.00	01000	DIETARY	1,987,725	1,928,251	3,915,976	-1,346,937	10.00
11.00	01100	CAFETERIA	55,778	114,142	169,920	1,364,153	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,509,951	542,596	4,052,547	-97,865	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	453,592	80,930	534,522	-86,370	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	140,010	469,429	609,439	2,541	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	398,426	249,807	648,233	-186,526	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	20,192,424	2,281,559	22,473,983	-989,481	30.00
31.00	03100	INTENSIVE CARE UNIT	2,569,238	582,091	3,151,329	-333,929	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,077,256	103,906	1,181,162	-44,847	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	1,308,481	159,002	1,467,483	-84,476	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	5,609,428	14,933,592	20,543,020	-12,474,217	50.00
50.01	05001	CV SURGERY	515,448	912,702	1,428,150	-763,775	50.01
51.00	05100	RECOVERY ROOM	833,191	51,076	884,267	-27,629	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,701,936	614,019	3,315,955	-384,012	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,093,310	1,539,211	4,632,521	-917,849	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,993,842	1,872,181	3,866,023	-141,927	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	569,915	480,050	1,049,965	-80,054	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	305,735	232,933	538,668	-5,971	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,039,885	6,938,322	7,978,207	-6,446,338	59.00
60.00	06000	LABORATORY	4,505,648	7,788,345	12,293,993	-3,608,324	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0	3,613,945	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	37,190	64.00
65.00	06500	RESPIRATORY THERAPY	1,725,548	368,489	2,094,037	-281,522	65.00
66.00	06600	PHYSICAL THERAPY	7,112,099	1,408,077	8,520,176	-837,852	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150051

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

Worksheet A  
Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
69.00	06900	ELECTROCARDIOLOGY	787,062	383,568	1,170,630	5,061	1,175,691	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	865,227	165,345	1,030,572	-16,042	1,014,530	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	22,511,953	22,511,953	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,183,005	3,183,005	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,725,297	17,128,418	21,853,715	-125,207	21,728,508	73.00
74.00	07400	RENAL DIALYSIS	0	948,047	948,047	-22,882	925,165	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,549,910	207,961	1,757,871	-152,469	1,605,402	75.01
76.97	07697	CARDIAC REHABILITATION	599,050	31,756	630,806	-973	629,833	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,034,482	110,958	1,145,440	-150,213	995,227	90.00
91.00	09100	EMERGENCY	4,229,957	961,404	5,191,361	-482,186	4,709,175	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	4,187,360	1,200,836	5,388,196	-178,327	5,209,869	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	4,194,522	1,619,765	5,814,287	131,190	5,945,477	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	1,454,709	1,454,709	-510,566	944,143	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	2,852,836	1,469,257	4,322,093	-377,351	3,944,742	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	109,691,291	188,563,003	298,254,294	-4,457,529	293,796,765	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	PROMPTCARE	1,222,634	573,932	1,796,566	-88,333	1,708,233	190.01
190.02	19002	RENTAL PROPERTIES	0	11,586	11,586	664,077	675,663	190.02
190.03	19003	OLCOTT	257,302	46,481	303,783	-10,289	293,494	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	1,140,082	1,140,082	190.04
190.05	19005	FOUNDATION	430,285	135,122	565,407	-37,758	527,649	190.05
190.06	19006	MARKETING	0	0	0	603,310	603,310	190.06
190.07	19007	HME STORE	263,538	1,835,508	2,099,046	4,912	2,103,958	190.07
190.08	19008	UNUSED SPACE	0	0	0	297,710	297,710	190.08
190.09	19010	CLINICAL TRIALS	165,648	197,855	363,503	3,224	366,727	190.09
191.00	19100	RESEARCH	0	0	0	0	0	191.00
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	IU HEALTH PAOLI HOSPITAL	0	0	0	631,579	631,579	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	220,683	220,683	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	204,295	204,295	194.02
194.03	07953	IU HEALTH SIP	0	0	0	824,037	824,037	194.03
200.00		TOTAL (SUM OF LINES 118-199)	112,030,698	191,363,487	303,394,185	0	303,394,185	200.00



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150051

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

Worksheet A  
Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	00101	CAP REL COSTS-1947 BUI LDING	0	24,740	1.01
1.02	00102	CAP REL COSTS-1965 BUI LDING	459,513	3,635,887	1.02
1.03	00103	CAP REL COSTS-1983 BUI LDING	807	208,676	1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS	0	33,295	1.04
1.05	00105	CAP REL COSTS-UTILITIES	0	31,786	1.05
1.06	00106	CAP REL COSTS-WEGMILLER	-343	10,667	1.06
1.07	00107	CAP REL COSTS-CANCER	0	157,159	1.07
1.08	00108	CAP REL COSTS-PHNA BUI LDING	22,859	72,122	1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT	0	31,549	1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE	0	46,037	1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-3,448	15,988,710	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,926,503	37,625,703	4.00
4.01	00402	CHILD CARE	-2,882	0	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	-20,125,132	55,442,295	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-84,295	11,026,087	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-587,790	377,756	8.00
9.00	00900	HOUSEKEEPING	0	1,939,864	9.00
10.00	01000	DIETARY	-709,976	1,859,063	10.00
11.00	01100	CAFETERIA	-1,504,061	30,012	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-27,910	3,926,772	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	448,152	14.00
15.00	01500	PHARMACY	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-131,805	480,175	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	461,707	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-728,646	20,755,856	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,817,400	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	1,136,315	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-10,386	1,372,621	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	8,068,803	50.00
50.01	05001	CV SURGERY	0	664,375	50.01
51.00	05100	RECOVERY ROOM	0	856,638	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-15,180	2,916,763	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-9,549	3,705,123	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-294,384	3,429,712	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	969,911	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	532,697	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,531,869	59.00
60.00	06000	LABORATORY	-395,158	8,290,511	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	3,613,945	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	37,190	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,812,515	65.00
66.00	06600	PHYSICAL THERAPY	-223,253	7,459,071	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-301,213	874,478	69.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150051

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

Worksheet A  
Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,014,530	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	22,511,953	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,183,005	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-27,444	21,701,064	73.00
74.00	07400	RENAL DIALYSIS	0	925,165	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-842,309	763,093	75.01
76.97	07697	CARDIAC REHABILITATION	0	629,833	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-10,075	985,152	90.00
91.00	09100	EMERGENCY	241,131	4,950,306	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	-183,094	5,026,775	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	-9,755	5,935,722	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	-944,143	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	3,944,742	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-17,521,418	276,275,347	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	PROMPTCARE	0	1,708,233	190.01
190.02	19002	RENTAL PROPERTIES	0	675,663	190.02
190.03	19003	OLCOTT	0	293,494	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	1,140,082	190.04
190.05	19005	FOUNDATION	0	527,649	190.05
190.06	19006	MARKETING	0	603,310	190.06
190.07	19007	HME STORE	0	2,103,958	190.07
190.08	19008	UNUSED SPACE	0	297,710	190.08
190.09	19010	CLINICAL TRIALS	0	366,727	190.09
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	631,579	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	220,683	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	204,295	194.02
194.03	07953	IU HEALTH SIP	0	824,037	194.03
200.00		TOTAL (SUM OF LINES 118-199)	-17,521,418	285,872,767	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - PROPERTY TAX</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	40,203	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
	0		0	40,203	
<b>B - INSURANCE</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	455,706	1.00
	0		0	455,706	
<b>C - LICENSE FEE</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	168,055	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
	0		0	168,055	
<b>D - INTEREST</b>					
1.00	CAP REL COSTS-1965 BUILDING	1.02	0	513,367	1.00
	0		0	513,367	
<b>E - MISC INTEREST</b>					
1.00	INTEREST EXPENSE	113.00	0	2,801	1.00
	0		0	2,801	
<b>F - EQUIPMENT RENT</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,684,558	1.00
2.00	PROMPTCARE	190.01	0	2,194	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
	0		0	2,686,752	
<b>G - EDUCATION</b>					
1.00	CLINIC	90.00	177,881		1.00
	0		177,881	0	
<b>H - MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	25,694,985	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

RECLASSIFICATIONS

Provider CCN: 150051

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

Worksheet A-6  
Date/Time Prepared:  
5/28/2015 12:27 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
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	
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	
0				25,694,985		
<b>I - IV THERAPY SOLUTION</b>						
1.00	INTRAVENOUS THERAPY	64.00	0	37,190	1.00	
2.00		0.00	0	0	2.00	
0				37,190		
<b>J - PHYSICIAN RECRUITING</b>						
1.00	PHYSICIAN RECRUITMENT	190.04	0	1,139,962	1.00	
2.00	PHYSICIAN RECRUITMENT	190.04	0	120	2.00	
0				1,140,082		
<b>K - BONUS AND PTO ACCRUAL</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	31,697	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	291,754	0	2.00	
3.00	OPERATION OF PLANT	7.00	51,388	0	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	9,949	0	4.00	
5.00	HOUSEKEEPING	9.00	30,654	0	5.00	
6.00	DIETARY	10.00	25,681	0	6.00	
7.00	CAFETERIA	11.00	13,949	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	68,020	0	8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	8,819	0	9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	2,725	0	10.00	
11.00	CENTRAL STERILIZATION	18.01	7,725	0	11.00	
12.00	ADULTS & PEDIATRICS	30.00	391,957	0	12.00	
13.00	INTENSIVE CARE UNIT	31.00	49,931	0	13.00	
14.00	SUBPROVIDER - IRF	41.00	20,969	0	14.00	
15.00	NURSERY	43.00	25,470	0	15.00	
16.00	OPERATING ROOM	50.00	108,862	0	16.00	
17.00	CV SURGERY	50.01	9,640	0	17.00	
18.00	RECOVERY ROOM	51.00	16,141	0	18.00	
19.00	DELIVERY ROOM & LABOR ROOM	52.00	52,553	0	19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	59,948	0	20.00	
21.00	RADIOLOGY-THERAPEUTIC	55.00	38,154	0	21.00	
22.00	CT SCAN	57.00	11,026	0	22.00	
23.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	5,951	0	23.00	
24.00	CARDIAC CATHETERIZATION	59.00	20,199	0	24.00	
25.00	LABORATORY	60.00	61,655	0	25.00	
26.00	PHYSICIAN LABORATORY	60.02	25,598	0	26.00	
27.00	RESPIRATORY THERAPY	65.00	33,490	0	27.00	
28.00	PHYSICAL THERAPY	66.00	138,028	0	28.00	
29.00	ELECTROCARDIOLOGY	69.00	15,311	0	29.00	
30.00	ELECTROENCEPHALOGRAPHY	70.00	16,829	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	91,293	0	31.00	
32.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	30,043	0	32.00	
33.00	CARDIAC REHABILITATION	76.97	11,582	0	33.00	
34.00	CLINIC	90.00	17,970	0	34.00	
35.00	EMERGENCY	91.00	81,795	0	35.00	
36.00	AMBULANCE SERVICES	95.00	81,474	0	36.00	
37.00	HOME HEALTH AGENCY	101.00	87,165	0	37.00	
38.00	HOSPICE	116.00	55,341	0	38.00	

RECLASSIFICATIONS

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To 12/31/2014

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
39.00	PROMPTCARE	190.01	21,607	0	39.00
40.00	OLCOTT	190.03	5,008	0	40.00
41.00	FOUNDATION	190.05	8,376	0	41.00
42.00	HME STORE	190.07	4,912	0	42.00
43.00	CLINICAL TRIALS	190.09	3,224	0	43.00
44.00	IU HEALTH PAOLI HOSPITAL	194.00	4,761	0	44.00
45.00	IU HEALTH BEDFORD HOSPITAL	194.01	4,214	0	45.00
46.00	IU HEALTH MORGAN HOSPITAL	194.02	3,901	0	46.00
47.00	IU HEALTH SIP	194.03	10,524	0	47.00
			2,167,263	0	
<b>L - CAFETERIA</b>					
1.00	CAFETERIA	11.00	660,855	689,349	1.00
			660,855	689,349	
<b>M - RENTAL PROPERTY DEPRECIATION</b>					
1.00	RENTAL PROPERTIES	190.02	0	674,951	1.00
2.00		0.00	0	0	2.00
			0	674,951	
<b>N - UTILITIES</b>					
1.00	OPERATION OF PLANT	7.00	0	1,162,361	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
			0	1,162,361	
<b>O - ADVERTISING</b>					
1.00	MARKETING	190.06	0	576,154	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
			0	576,154	
<b>P - BCC DEPRECIATION</b>					
1.00	UNUSED SPACE	190.08	0	43,493	1.00
			0	43,493	
<b>Q - IMPLANTABLE DEVICES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,183,005	1.00
			0	3,183,005	
<b>R - SEVERANCE EXPENSE</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	208,031	1.00
2.00	OPERATION OF PLANT	7.00	0	85,146	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	1,698	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	12,125	4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	32,047	5.00
6.00	CT SCAN	57.00	0	3,468	6.00
7.00	LABORATORY	60.00	0	2,096	7.00
8.00	DRUGS CHARGED TO PATIENTS	73.00	0	31,902	8.00
9.00	EMERGENCY	91.00	0	11,892	9.00
			0	388,405	
<b>S - BILLING EXPENSE</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	112,192	0	1.00
			112,192	0	
<b>T - MOBILE MEDICAL COACH</b>					
1.00	PROMPTCARE	190.01	0	4,583	1.00
			0	4,583	
<b>U - INTERPRETER FEES</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	59,786	1.00
			0	59,786	
<b>V - CTA RENT</b>					
1.00	UNUSED SPACE	190.08	0	171,446	1.00
			0	171,446	

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>W - STD</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	22,492	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	26,307	2.00	
3.00	OPERATION OF PLANT	7.00	0	2,189	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	3,630	4.00	
5.00	HOUSEKEEPING	9.00	0	6,466	5.00	
6.00	DIETARY	10.00	0	7,521	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	15,463	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	516	8.00	
9.00	CENTRAL STERILIZATION	18.01	0	1,576	9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	55,970	10.00	
11.00	INTENSIVE CARE UNIT	31.00	0	4,057	11.00	
12.00	OPERATING ROOM	50.00	0	16,761	12.00	
13.00	CV SURGERY	50.01	0	20,178	13.00	
14.00	RECOVERY ROOM	51.00	0	3,952	14.00	
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,052	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,402	16.00	
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,644	17.00	
18.00	CARDIAC CATHETERIZATION	59.00	0	2,158	18.00	
19.00	LABORATORY	60.00	0	20,992	19.00	
20.00	RESPIRATORY THERAPY	65.00	0	5,039	20.00	
21.00	PHYSICAL THERAPY	66.00	0	21,044	21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	460	22.00	
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	674	23.00	
24.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,295	24.00	
25.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	0	6,479	25.00	
26.00	CARDIAC REHABILITATION	76.97	0	4,012	26.00	
27.00	CLINIC	90.00	0	1,269	27.00	
28.00	EMERGENCY	91.00	0	15,943	28.00	
29.00	AMBULANCE SERVICES	95.00	0	1,701	29.00	
30.00	HOME HEALTH AGENCY	101.00	0	4,399	30.00	
31.00	HOSPICE	116.00	0	9,736	31.00	
32.00	PROMPTCARE	190.01	0	378	32.00	
33.00	OLCOTT	190.03	0	44	33.00	
34.00	HME STORE	190.07	0	11,180	34.00	
	O		0	300,979		
<b>X - ANTI COAGULATION</b>						
1.00	HOME HEALTH AGENCY	101.00	287,915	16,402	1.00	
	O		287,915	16,402		
<b>Y - PHYSICIAN LABORATORY</b>						
1.00	PHYSICIAN LABORATORY	60.02	1,315,100	2,273,247	1.00	
	O		1,315,100	2,273,247		
<b>Z - LIBERTY DRIVE BLDG RECLASS</b>						
1.00	UNUSED SPACE	190.08	0	79,131	1.00	
2.00	UNUSED SPACE	190.08	0	3,640	2.00	
	O		0	82,771		
<b>AA - A&amp;G ALLOCATION</b>						
1.00	IU HEALTH PAOLI HOSPITAL	194.00	244,601	0	1.00	
2.00	IU HEALTH BEDFORD HOSPITAL	194.01	216,469	0	2.00	
3.00	IU HEALTH MORGAN HOSPITAL	194.02	200,394	0	3.00	
4.00	IU HEALTH SIP	194.03	540,658	0	4.00	
	TOTALS		1,202,122	0		
<b>AB - CAPITAL ALLOCATION</b>						
1.00	IU HEALTH PAOLI HOSPITAL	194.00	0	382,217	1.00	
2.00	IU HEALTH SIP	194.03	0	272,855	2.00	
	TOTALS		0	655,072		
<b>AC - MARKETING</b>						
1.00	MARKETING	190.06	0	27,156	1.00	
	TOTALS		0	27,156		
500.00	Grand Total: Increases		5,923,328	41,048,301	500.00	

RECLASSIFICATIONS

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Period:  
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To 12/31/2014

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		
<b>A - PROPERTY TAX</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,135	13		1.00
2.00	OPERATION OF PLANT	7.00	0	16,148	0		2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	330	0		3.00
4.00	LABORATORY	60.00	0	464	0		4.00
5.00	RESPIRATORY THERAPY	65.00	0	348	0		5.00
6.00	PHYSICAL THERAPY	66.00	0	9,904	0		6.00
7.00	RENTAL PROPERTIES	190.02	0	10,874	0		7.00
	O		0	40,203			
<b>B - INSURANCE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	455,706	12		1.00
	O		0	455,706			
<b>C - LICENSE FEE</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,018	14		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	318	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	417	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	545	0		4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	0	1,590	0		5.00
6.00	ADMINISTRATIVE & GENERAL	5.00	0	5,760	0		6.00
7.00	ADMINISTRATIVE & GENERAL	5.00	0	51,165	0		7.00
8.00	ADMINISTRATIVE & GENERAL	5.00	0	75,541	0		8.00
9.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,799	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,353	0		10.00
11.00	AMBULANCE SERVICES	95.00	0	49	0		11.00
12.00	AMBULANCE SERVICES	95.00	0	450	0		12.00
13.00	AMBULANCE SERVICES	95.00	0	2,800	0		13.00
14.00	OLCOTT	190.03	0	11,250	0		14.00
	O		0	168,055			
<b>D - INTEREST</b>							
1.00	INTEREST EXPENSE	113.00	0	513,367	11		1.00
	O		0	513,367			
<b>E - MISC INTEREST</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,801	0		1.00
	O		0	2,801			
<b>F - EQUIPMENT RENT</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	125,719	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	549,138	0		2.00
3.00	OPERATION OF PLANT	7.00	0	547,608	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	6,650	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	93,586	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	23,901	0		6.00
7.00	OPERATING ROOM	50.00	0	13,500	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,323	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,596	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	26	0		10.00
11.00	LABORATORY	60.00	0	75,691	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	14,163	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	571,134	0		13.00
14.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,991	0		14.00
15.00	DRUGS CHARGED TO PATIENTS	73.00	0	42,640	0		15.00
16.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	0	182,380	0		16.00
17.00	CLINIC	90.00	0	34,680	0		17.00
18.00	AMBULANCE SERVICES	95.00	0	64,642	0		18.00
19.00	HOME HEALTH AGENCY	101.00	0	25,091	0		19.00
20.00	HOSPICE	116.00	0	268,990	0		20.00
21.00	FOUNDATION	190.05	0	31,303	0		21.00
	O		0	2,686,752			
<b>G - EDUCATION</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	177,881	0	0		1.00
	O		177,881	0			
<b>H - MEDICAL SUPPLIES</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,872	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	142,464	0		2.00
3.00	OPERATION OF PLANT	7.00	0	39,190	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	32,991	0		4.00
5.00	HOUSEKEEPING	9.00	0	20,379	0		5.00
6.00	DIETARY	10.00	0	21,418	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	106,099	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,603	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	19	0		9.00
10.00	CENTRAL STERILIZATION	18.01	0	194,251	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	1,357,417	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	383,860	0		12.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
13.00	SUBPROVIDER - IRF	41.00	0	65,816	0	13.00	
14.00	NURSERY	43.00	0	109,946	0	14.00	
15.00	OPERATING ROOM	50.00	0	12,569,579	0	15.00	
16.00	CV SURGERY	50.01	0	773,415	0	16.00	
17.00	RECOVERY ROOM	51.00	0	43,770	0	17.00	
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	435,242	0	18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	965,162	0	19.00	
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	18,899	0	20.00	
21.00	CT SCAN	57.00	0	91,080	0	21.00	
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	11,922	0	22.00	
23.00	CARDIAC CATHETERIZATION	59.00	0	6,466,537	0	23.00	
24.00	RESPIRATORY THERAPY	65.00	0	300,501	0	24.00	
25.00	PHYSICAL THERAPY	66.00	0	339,524	0	25.00	
26.00	ELECTROCARDIOLOGY	69.00	0	10,250	0	26.00	
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	25,880	0	27.00	
28.00	DRUGS CHARGED TO PATIENTS	73.00	0	131,086	0	28.00	
29.00	RENAL DIALYSIS	74.00	0	22,882	0	29.00	
30.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	0	132	0	30.00	
31.00	CARDIAC REHABILITATION	76.97	0	12,555	0	31.00	
32.00	CLINIC	90.00	0	6,173	0	32.00	
33.00	EMERGENCY	91.00	0	563,981	0	33.00	
34.00	AMBULANCE SERVICES	95.00	0	124,158	0	34.00	
35.00	HOME HEALTH AGENCY	101.00	0	175,996	0	35.00	
36.00	HOSPICE	116.00	0	126,936	0	36.00	
				25,694,985			
<b>I - IV THERAPY SOLUTION</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	27	0	1.00	
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	37,163	0	2.00	
				37,190			
<b>J - PHYSICIAN RECRUITING</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,139,962	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	120	0	2.00	
				1,140,082			
<b>K - BONUS AND PTO ACCRUAL</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,167,263	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
18.00		0.00	0	0	0	18.00	
19.00		0.00	0	0	0	19.00	
20.00		0.00	0	0	0	20.00	
21.00		0.00	0	0	0	21.00	
22.00		0.00	0	0	0	22.00	
23.00		0.00	0	0	0	23.00	
24.00		0.00	0	0	0	24.00	
25.00		0.00	0	0	0	25.00	
26.00		0.00	0	0	0	26.00	
27.00		0.00	0	0	0	27.00	
28.00		0.00	0	0	0	28.00	
29.00		0.00	0	0	0	29.00	
30.00		0.00	0	0	0	30.00	
31.00		0.00	0	0	0	31.00	
32.00		0.00	0	0	0	32.00	
33.00		0.00	0	0	0	33.00	
34.00		0.00	0	0	0	34.00	
35.00		0.00	0	0	0	35.00	
36.00		0.00	0	0	0	36.00	
37.00		0.00	0	0	0	37.00	



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			
38.00		0.00	0	0	0	0	38.00	
39.00		0.00	0	0	0	0	39.00	
40.00		0.00	0	0	0	0	40.00	
41.00		0.00	0	0	0	0	41.00	
42.00		0.00	0	0	0	0	42.00	
43.00		0.00	0	0	0	0	43.00	
44.00		0.00	0	0	0	0	44.00	
45.00		0.00	0	0	0	0	45.00	
46.00		0.00	0	0	0	0	46.00	
47.00		0.00	0	0	0	0	47.00	
0			0	2,167,263				
<b>L - CAFETERIA</b>								
1.00	DIETARY	10.00	660,855	689,349	0		1.00	
0			660,855	689,349				
<b>M - RENTAL PROPERTY DEPRECIATION</b>								
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	135,687	9		1.00	
2.00	OPERATION OF PLANT	7.00	0	539,264	0		2.00	
0			0	674,951				
<b>N - UTILITIES</b>								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,756	0		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	760,450	0		2.00	
3.00	DIETARY	10.00	0	996	0		3.00	
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	165	0		4.00	
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,039	0		5.00	
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	157,803	0		6.00	
7.00	LABORATORY	60.00	0	5,477	0		7.00	
8.00	PHYSICAL THERAPY	66.00	0	51,330	0		8.00	
9.00	DRUGS CHARGED TO PATIENTS	73.00	0	482	0		9.00	
10.00	CLINIC	90.00	0	894	0		10.00	
11.00	AMBULANCE SERVICES	95.00	0	66,513	0		11.00	
12.00	HOME HEALTH AGENCY	101.00	0	58,524	0		12.00	
13.00	HOSPICE	116.00	0	36,766	0		13.00	
14.00	FOUNDATION	190.05	0	7,641	0		14.00	
15.00	PROMPTCARE	190.01	0	4,525	0		15.00	
0			0	1,162,361				
<b>O - ADVERTISING</b>								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	559,059	0		1.00	
2.00	PHYSICAL THERAPY	66.00	0	3,988	0		2.00	
3.00	HOME HEALTH AGENCY	101.00	0	681	0		3.00	
4.00	OLCOTT	190.03	0	4,047	0		4.00	
5.00	FOUNDATION	190.05	0	7,190	0		5.00	
6.00	AMBULANCE SERVICES	95.00	0	1,189	0		6.00	
0			0	576,154				
<b>P - BCC DEPRECIATION</b>								
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	43,493	9		1.00	
0			0	43,493				
<b>Q - IMPLANTABLE DEVICES</b>								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,183,005	0		1.00	
0			0	3,183,005				
<b>R - SEVERANCE EXPENSE</b>								
1.00	ADMINISTRATIVE & GENERAL	5.00	208,031	0	0		1.00	
2.00	OPERATION OF PLANT	7.00	85,146	0	0		2.00	
3.00	LAUNDRY & LINEN SERVICE	8.00	1,698	0	0		3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	12,125	0	0		4.00	
5.00	RADIOLOGY-THERAPEUTIC	55.00	32,047	0	0		5.00	
6.00	CT SCAN	57.00	3,468	0	0		6.00	
7.00	LABORATORY	60.00	2,096	0	0		7.00	
8.00	DRUGS CHARGED TO PATIENTS	73.00	31,902	0	0		8.00	
9.00	EMERGENCY	91.00	11,892	0	0		9.00	
0			388,405	0				
<b>S - BILLING EXPENSE</b>								
1.00	PROMPTCARE	190.01	112,192	0	0		1.00	
0			112,192	0				
<b>T - MOBILE MEDICAL COACH</b>								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,583	0		1.00	
0			0	4,583				
<b>U - INTERPRETER FEES</b>								
1.00	NURSING ADMINISTRATION	13.00	0	59,786	0		1.00	
0			0	59,786				
<b>V - CTA RENT</b>								
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	171,446	10		1.00	
0			0	171,446				

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		
<b>W - STD</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	22,492	0	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	26,307	0	0	2.00
3.00	OPERATION OF PLANT	7.00	2,189	0	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	3,630	0	0	4.00
5.00	HOUSEKEEPING	9.00	6,466	0	0	5.00
6.00	DIETARY	10.00	7,521	0	0	6.00
7.00	NURSING ADMINISTRATION	13.00	15,463	0	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	516	0	0	8.00
9.00	CENTRAL STERILIZATION	18.01	1,576	0	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	55,970	0	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	4,057	0	0	11.00
12.00	OPERATING ROOM	50.00	16,761	0	0	12.00
13.00	CV SURGERY	50.01	20,178	0	0	13.00
14.00	RECOVERY ROOM	51.00	3,952	0	0	14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	2,052	0	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	1,402	0	0	16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	1,644	0	0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	2,158	0	0	18.00
19.00	LABORATORY	60.00	20,992	0	0	19.00
20.00	RESPIRATORY THERAPY	65.00	5,039	0	0	20.00
21.00	PHYSICAL THERAPY	66.00	21,044	0	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	460	0	0	22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	674	0	0	23.00
24.00	DRUGS CHARGED TO PATIENTS	73.00	3,295	0	0	24.00
25.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	6,479	0	0	25.00
26.00	CARDIAC REHABILITATION	76.97	4,012	0	0	26.00
27.00	CLINIC	90.00	1,269	0	0	27.00
28.00	EMERGENCY	91.00	15,943	0	0	28.00
29.00	AMBULANCE SERVICES	95.00	1,701	0	0	29.00
30.00	HOME HEALTH AGENCY	101.00	4,399	0	0	30.00
31.00	HOSPICE	116.00	9,736	0	0	31.00
32.00	PROMPTCARE	190.01	378	0	0	32.00
33.00	OLCOTT	190.03	44	0	0	33.00
34.00	HME STORE	190.07	11,180	0	0	34.00
	<b>TOTALS</b>		<b>300,979</b>	<b>0</b>	<b>0</b>	
<b>X - ANTI COAGULATION</b>						
1.00	CLINIC	90.00	287,915	16,402	0	1.00
	<b>TOTALS</b>		<b>287,915</b>	<b>16,402</b>	<b>0</b>	
<b>Y - PHYSICIAN LABORATORY</b>						
1.00	LABORATORY	60.00	1,315,100	2,273,247	0	1.00
	<b>TOTALS</b>		<b>1,315,100</b>	<b>2,273,247</b>	<b>0</b>	
<b>Z - LIBERTY DRIVE BLDG RECLASS</b>						
1.00	CAP REL COSTS-1965 BUILDING	1.02	0	79,131	9	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,640	9	2.00
	<b>TOTALS</b>		<b>0</b>	<b>82,771</b>	<b>18</b>	
<b>AA - A&amp;G ALLOCATION</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	1,202,122	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
	<b>TOTALS</b>		<b>1,202,122</b>	<b>0</b>	<b>0</b>	
<b>AB - CAPITAL ALLOCATION</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	382,217	9	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	272,855	9	2.00
	<b>TOTALS</b>		<b>0</b>	<b>655,072</b>	<b>18</b>	
<b>AC - MARKETING</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	27,156	0	1.00
	<b>TOTALS</b>		<b>0</b>	<b>27,156</b>	<b>0</b>	
500.00	<b>Grand Total: Decreases</b>		<b>4,445,449</b>	<b>42,526,180</b>		<b>500.00</b>

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150051

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

Worksheet A-7  
Part I  
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	19,707,248	53,404	0	53,404	0	1.00
2.00	Land Improvements	2,063,565	11,002	0	11,002	0	2.00
3.00	Buildings and Fixtures	247,054,131	0	0	0	20,082,700	3.00
4.00	Building Improvements	2,596,682	5,987,101	0	5,987,101	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	99,006,004	24,086,593	0	24,086,593	0	6.00
7.00	HIT designated Assets	11,798,043	0	0	0	11,798,043	7.00
8.00	Subtotal (sum of lines 1-7)	382,225,673	30,138,100	0	30,138,100	31,880,743	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	382,225,673	30,138,100	0	30,138,100	31,880,743	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	19,760,652	0				1.00
2.00	Land Improvements	2,074,567	0				2.00
3.00	Buildings and Fixtures	226,971,431	0				3.00
4.00	Building Improvements	8,583,783	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	123,092,597	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	380,483,030	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	380,483,030	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150051

Period:  
From 01/01/2014  
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Worksheet A-7  
Part II  
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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-1947 BUILDING	24,740	0	0	0	0	1.01
1.02	CAP REL COSTS-1965 BUILDING	2,742,138	0	0	0	0	1.02
1.03	CAP REL COSTS-1983 BUILDING	207,869	0	0	0	0	1.03
1.04	CAP REL COSTS-MEDICAL ARTS	33,295	0	0	0	0	1.04
1.05	CAP REL COSTS-UTILITIES	31,786	0	0	0	0	1.05
1.06	CAP REL COSTS-WEGMILLER	11,010	0	0	0	0	1.06
1.07	CAP REL COSTS-CANCER	157,159	0	0	0	0	1.07
1.08	CAP REL COSTS-PHNA BUILDING	49,263	0	0	0	0	1.08
1.09	CAP REL COSTS-PAIN MANAGEMENT	31,549	0	0	0	0	1.09
1.10	CAP REL COSTS-WEST PROMPTCARE	46,037	0	0	0	0	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	13,652,974	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	16,987,820	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-1947 BUILDING	0	24,740				1.01
1.02	CAP REL COSTS-1965 BUILDING	0	2,742,138				1.02
1.03	CAP REL COSTS-1983 BUILDING	0	207,869				1.03
1.04	CAP REL COSTS-MEDICAL ARTS	0	33,295				1.04
1.05	CAP REL COSTS-UTILITIES	0	31,786				1.05
1.06	CAP REL COSTS-WEGMILLER	0	11,010				1.06
1.07	CAP REL COSTS-CANCER	0	157,159				1.07
1.08	CAP REL COSTS-PHNA BUILDING	0	49,263				1.08
1.09	CAP REL COSTS-PAIN MANAGEMENT	0	31,549				1.09
1.10	CAP REL COSTS-WEST PROMPTCARE	0	46,037				1.10
2.00	CAP REL COSTS-MVBLE EQUIP	0	13,652,974				2.00
3.00	Total (sum of lines 1-2)	0	16,987,820				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150051

Period:  
From 01/01/2014  
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Part III  
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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	257,390,432	0	257,390,432	0.676483	0	1.00
1.01	CAP REL COSTS-1947 BUI LDING	0	0	0	0.000000	0	1.01
1.02	CAP REL COSTS-1965 BUI LDING	0	0	0	0.000000	0	1.02
1.03	CAP REL COSTS-1983 BUI LDING	0	0	0	0.000000	0	1.03
1.04	CAP REL COSTS-MEDICAL ARTS	0	0	0	0.000000	0	1.04
1.05	CAP REL COSTS-UTILITIES	0	0	0	0.000000	0	1.05
1.06	CAP REL COSTS-WEGMI LLER	0	0	0	0.000000	0	1.06
1.07	CAP REL COSTS-CANCER	0	0	0	0.000000	0	1.07
1.08	CAP REL COSTS-PHNA BUI LDING	0	0	0	0.000000	0	1.08
1.09	CAP REL COSTS-PAIN MANAGEMENT	0	0	0	0.000000	0	1.09
1.10	CAP REL COSTS-WEST PROMPTCARE	0	0	0	0.000000	0	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	123,092,597	0	123,092,597	0.323517	0	2.00
3.00	Total (sum of lines 1-2)	380,483,029	0	380,483,029	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. s. 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	0	0	1.00
1.01	CAP REL COSTS-1947 BUI LDING	0	0	0	24,740	0	1.01
1.02	CAP REL COSTS-1965 BUI LDING	0	0	0	3,635,887	0	1.02
1.03	CAP REL COSTS-1983 BUI LDING	0	0	0	212,644	0	1.03
1.04	CAP REL COSTS-MEDICAL ARTS	0	0	0	33,295	0	1.04
1.05	CAP REL COSTS-UTILITIES	0	0	0	31,786	0	1.05
1.06	CAP REL COSTS-WEGMI LLER	0	0	0	11,010	0	1.06
1.07	CAP REL COSTS-CANCER	0	0	0	157,159	0	1.07
1.08	CAP REL COSTS-PHNA BUI LDING	0	0	0	72,122	0	1.08
1.09	CAP REL COSTS-PAIN MANAGEMENT	0	0	0	31,549	0	1.09
1.10	CAP REL COSTS-WEST PROMPTCARE	0	0	0	46,037	0	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	12,811,634	2,513,112	2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,067,863	2,513,112	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. s. 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	0	0	0	0	0	1.00
1.01	CAP REL COSTS-1947 BUI LDING	0	0	0	0	24,740	1.01
1.02	CAP REL COSTS-1965 BUI LDING	0	0	0	0	3,635,887	1.02
1.03	CAP REL COSTS-1983 BUI LDING	-3,968	0	0	0	208,676	1.03
1.04	CAP REL COSTS-MEDICAL ARTS	0	0	0	0	33,295	1.04
1.05	CAP REL COSTS-UTILITIES	0	0	0	0	31,786	1.05
1.06	CAP REL COSTS-WEGMI LLER	-343	0	0	0	10,667	1.06
1.07	CAP REL COSTS-CANCER	0	0	0	0	157,159	1.07
1.08	CAP REL COSTS-PHNA BUI LDING	0	0	0	0	72,122	1.08
1.09	CAP REL COSTS-PAIN MANAGEMENT	0	0	0	0	31,549	1.09
1.10	CAP REL COSTS-WEST PROMPTCARE	0	0	0	0	46,037	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	0	455,706	40,203	168,055	15,988,710	2.00
3.00	Total (sum of lines 1-2)	-4,311	455,706	40,203	168,055	20,240,628	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.	
			3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01 Investment income - CAP REL COSTS-1947 BUILDING (chapter 2)			OCAP REL COSTS-1947 BUILDING	1.01	0	1.01
1.02 Investment income - CAP REL COSTS-1965 BUILDING (chapter 2)			OCAP REL COSTS-1965 BUILDING	1.02	0	1.02
1.03 Investment income - CAP REL COSTS-1983 BUILDING (chapter 2)			OCAP REL COSTS-1983 BUILDING	1.03	0	1.03
1.04 Investment income - CAP REL COSTS-MEDICAL ARTS (chapter 2)			OCAP REL COSTS-MEDICAL ARTS	1.04	0	1.04
1.05 Investment income - CAP REL COSTS-UTILITIES (chapter 2)			OCAP REL COSTS-UTILITIES	1.05	0	1.05
1.06 Investment income - CAP REL COSTS-WEGMILLER (chapter 2)			OCAP REL COSTS-WEGMILLER	1.06	0	1.06
1.07 Investment income - CAP REL COSTS-CANCER (chapter 2)			OCAP REL COSTS-CANCER	1.07	0	1.07
1.08 Investment income - CAP REL COSTS-PHNA BUILDING (chapter 2)			OCAP REL COSTS-PHNA BUILDING	1.08	0	1.08
1.09 Investment income - CAP REL COSTS-PAIN MANAGEMENT (chapter 2)			OCAP REL COSTS-PAIN MANAGEMENT	1.09	0	1.09
1.10 Investment income - CAP REL COSTS-WEST PROMPTCARE (chapter 2)			OCAP REL COSTS-WEST PROMPTCARE	1.10	0	1.10
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-524,918	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-13,038,021			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-9,549	RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	18,517,856			0	12.00
13.00 Laundry and linen service	A	-587,790	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00 Cafeteria-employees and guests	B	-551,214	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	A	-131,805	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines	A	-311,168	DIETARY	10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	B	-13,051	ADMINISTRATIVE & GENERAL	5.00	0	21.00

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		
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF		114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
26.01 Depreciation - CAP REL COSTS-1947 BUILDING		0	CAP REL COSTS-1947 BUILDING		1.01	0	26.01
26.02 Depreciation - CAP REL COSTS-1965 BUILDING		0	CAP REL COSTS-1965 BUILDING		1.02	0	26.02
26.03 Depreciation - CAP REL COSTS-1983 BUILDING		0	CAP REL COSTS-1983 BUILDING		1.03	0	26.03
26.04 Depreciation - CAP REL COSTS-MEDICAL ARTS		0	CAP REL COSTS-MEDICAL ARTS		1.04	0	26.04
26.05 Depreciation - CAP REL COSTS-UTILITIES		0	CAP REL COSTS-UTILITIES		1.05	0	26.05
26.06 Depreciation - CAP REL COSTS-WEGMILLER		0	CAP REL COSTS-WEGMILLER		1.06	0	26.06
26.07 Depreciation - CAP REL COSTS-CANCER		0	CAP REL COSTS-CANCER		1.07	0	26.07
26.08 Depreciation - CAP REL COSTS-PHNA BUILDING		0	CAP REL COSTS-PHNA BUILDING		1.08	0	26.08
26.09 Depreciation - CAP REL COSTS-PAIN MANAGEMENT		0	CAP REL COSTS-PAIN MANAGEMENT		1.09	0	26.09
26.10 Depreciation - CAP REL COSTS-WEST PROMPTCARE		0	CAP REL COSTS-WEST PROMPTCARE		1.10	0	26.10
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS		19.00		28.00
29.00 Physicians' assistant		0			0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00 AMBULANCE-EVENT SERVICES	B	-201,094	AMBULANCE SERVICES		95.00	0	33.00
33.01 BABY PHOTOGRAPH REVENUE	B	-10,386	NURSERY		43.00	0	33.01
33.02 O/P NUTRITION	B	17	ADMINISTRATIVE & GENERAL		5.00	0	33.02
33.03 CASH SHORT AND OVER	B	10	ADMINISTRATIVE & GENERAL		5.00	0	33.03
33.04 CASH SHORT AND OVER	B	36	DRUGS CHARGED TO PATIENTS		73.00	0	33.04
33.05 CASH SHORT AND OVER	B	1,423	DIETARY		10.00	0	33.05
33.06 CHILD CARE REVENUE	B	-2,882	CHILD CARE		4.01	0	33.06
33.07 COFFEE CART REVENUE	B	-154,855	CAFETERIA		11.00	0	33.07
33.08 E&T REVENUE	B	-4,253	ADMINISTRATIVE & GENERAL		5.00	0	33.08
33.09 E&T REVENUE	B	-1,881	CLINIC		90.00	0	33.09
33.10 E&T REVENUE	B	-2,350	ELECTROCARDIOLOGY		69.00	0	33.10
33.11 ER FORM COMPLETION FEES	B	-15	EMERGENCY		91.00	0	33.11
33.12 FOOD SERVICES-CTR FOR BEH HEALTH	B	-33,254	CAFETERIA		11.00	0	33.12
33.13 I.S. SERVICE AGREEMENT	B	-701,052	ADMINISTRATIVE & GENERAL		5.00	0	33.13
33.16 MEALS ON WHEELS	A	-339,956	DIETARY		10.00	0	33.16
33.17 MEDICAL STAFF APPLICATION FEE	B	-51,925	ADMINISTRATIVE & GENERAL		5.00	0	33.17
33.18 CORPORATE INTEGRATION REIMBURSEMENT	B	-50,353	ADMINISTRATIVE & GENERAL		5.00	0	33.18

ADJUSTMENTS TO EXPENSES

Provider CCN: 150051

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

Worksheet A-8

Date/Time Prepared:  
5/28/2015 12:27 pm

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	
33.19 MISCELLANEOUS SALES	B	-573	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.19
33.20 MISCELLANEOUS SALES	B	-9,291	ADULTS & PEDIATRICS	30.00	0	33.20
33.21 MISCELLANEOUS SALES	B	-2,106	ADMINISTRATIVE & GENERAL	5.00	0	33.21
33.22 MISCELLANEOUS SALES	B	-1,480	DRUGS CHARGED TO PATIENTS	73.00	0	33.22
33.23 OS SERVICE CONTRACTS	B	-3,928	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	0	33.23
33.24 OS SERVICE CONTRACTS	B	-613	PHYSICAL THERAPY	66.00	0	33.24
33.25 OS SERVICE CONTRACTS	B	-945	LABORATORY	60.00	0	33.25
33.26 OS SERVICE CONTRACTS	B	-40,103	RADIOLOGY-THERAPEUTIC	55.00	0	33.26
33.27 OS SERVICE CONTRACTS	B	-1,995	NURSING ADMINISTRATION	13.00	0	33.27
33.28 OS SERVICE CONTRACTS	B	-12,290	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.28
33.29 OS SERVICE CONTRACTS	B	-41,750	ADMINISTRATIVE & GENERAL	5.00	0	33.29
33.30 OS SERVICE CONTRACTS	B	-20,520	OPERATION OF PLANT	7.00	0	33.30
33.31 OS SERVICE CONTRACTS	B	-9,709	HOME HEALTH AGENCY	101.00	0	33.31
33.32 INSURANCE CLAIMS RECOVERY	B	-6,347	OPERATION OF PLANT	7.00	0	33.32
33.33 OUTSIDE CATERING	B	-11,449	CAFETERIA	11.00	0	33.33
33.35 INTEREST INCOME	B	-513,367	CAP REL COSTS-1965 BUILDING	1.02	11	33.35
33.36 PAYROLL	B	-444	ADMINISTRATIVE & GENERAL	5.00	0	33.36
33.37 PHYSICIAN BILLING OFFSET	B	-263,253	ELECTROCARDIOLOGY	69.00	0	33.37
33.38 PRENATAL TRAINING	B	-15,180	DELIVERY ROOM & LABOR ROOM	52.00	0	33.38
33.39 PUMP TRAINING	B	-8,194	CLINIC	90.00	0	33.39
33.40 REHAB SCHOOL CONTRACTS	B	-24,108	PHYSICAL THERAPY	66.00	0	33.40
33.41 RENTAL REIMBURSEMENT	B	-20,450	ADMINISTRATIVE & GENERAL	5.00	0	33.41
33.42 RISK MGMT INSURANCE	B	-224,008	ADMINISTRATIVE & GENERAL	5.00	0	33.42
33.43 MISC INSERVICE TRAINING	B	-25,915	NURSING ADMINISTRATION	13.00	0	33.43
33.44 SAFETY STORE REVENUE	B	-6,973	ADMINISTRATIVE & GENERAL	5.00	0	33.44
33.45 OUTSIDE SALARY REVENUE	B	-46	HOME HEALTH AGENCY	101.00	0	33.45
33.46 SALARY REVENUE-REIMBURSEMENT	B	-46,860	PHYSICAL THERAPY	66.00	0	33.46
33.47 SALARY REVENUE-REIMBURSEMENT	B	-26,000	DRUGS CHARGED TO PATIENTS	73.00	0	33.47
33.48 SALARY REVENUE-REIMBURSEMENT	B	-38,596	ADMINISTRATIVE & GENERAL	5.00	0	33.48
33.49 SALARY REVENUE-REIMBURSEMENT	B	15,693	RADIOLOGY-THERAPEUTIC	55.00	0	33.49
33.50 IUH MORGAN REVENUE - PASTORAL SERVICE	B	-77,927	ADMINISTRATIVE & GENERAL	5.00	0	33.50
33.51 IUH MORGAN REVENUE - SPORTS MEDICINE	B	-54,782	PHYSICAL THERAPY	66.00	0	33.51
33.52 IUH MORGAN REVENUE - RADIOLOGY-THERA	B	-92,424	RADIOLOGY-THERAPEUTIC	55.00	0	33.52
33.53 IUH MORGAN REVENUE - CLINICAL ENGINE	B	-11,457	OPERATION OF PLANT	7.00	0	33.53
33.54 IUH BEDFORD REVENUE - IUH MORGAN	B	-96,890	PHYSICAL THERAPY	66.00	0	33.54
33.55 IUH BEDFORD REVENUE - CLINICAL ENGINE	B	-45,971	OPERATION OF PLANT	7.00	0	33.55
33.56 IUH BEDFORD REVENUE - IUH BEDFORD	B	-42,965	ADMINISTRATIVE & GENERAL	5.00	0	33.56
33.57 SPECIAL PROJECTS	B	-139	ADMINISTRATIVE & GENERAL	5.00	0	33.57
33.58 SUNDRY	B	21,282	ADMINISTRATIVE & GENERAL	5.00	0	33.58
33.59 UNNECESSARY BORROWING	A	-944,143	INTEREST EXPENSE	113.00	0	33.59
33.60 GUEST MEALS	A	-753,289	CAFETERIA	11.00	0	33.60
33.61 PATIENT TELEPHONES	A	-73,592	ADMINISTRATIVE & GENERAL	5.00	0	33.61
33.62 PENSION ADJUSTMENT	A	8,939,366	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.62
33.63 UBI TAX	A	-436,717	LABORATORY	60.00	0	33.63
33.64 PRINT SHOP DEPRECIATION CARRYFORWARD	A	4,775	CAP REL COSTS-1983 BUILDING	1.03	9	33.64
33.65 WEGMI LLER CAPITALIZED INTEREST	A	-343	CAP REL COSTS-WEGMI LLER	1.06	11	33.65
33.66 1983 CAPITALIZED INTEREST	A	-3,968	CAP REL COSTS-1983 BUILDING	1.03	11	33.66
33.67 OTHER CARRYFORWARD ADJUSTMENTS	A	73,599	CAP REL COSTS-1965 BUILDING	1.02	9	33.67
33.68 HHA USEFUL LIFE	A	22,859	CAP REL COSTS-PHNA BUILDING	1.08	9	33.68
33.69 HAF FEES	A	-23,423,953	ADMINISTRATIVE & GENERAL	5.00	0	33.69
33.70 DIETARY REVENUE	B	-9,584	DIETARY	10.00	0	33.70
33.71 DONATIONS	A	-3,000	ADMINISTRATIVE & GENERAL	5.00	0	33.71
33.72 LITIGATION SETTLEMENT	A	-14,000	ADMINISTRATIVE & GENERAL	5.00	0	33.72
33.73 UNALLOCATED REVENUE OFFSET	A	83,685	ADMINISTRATIVE & GENERAL	5.00	0	33.73
33.74 SUPPORT SERVICES	B	48,186	LABORATORY	60.00	0	33.74
33.75 MEDICAL STAFF RECRUITING	A	-31,241	ADMINISTRATIVE & GENERAL	5.00	0	33.75
33.76 ICC PHYSICIAN FEES	A	-948,248	ADMINISTRATIVE & GENERAL	5.00	0	33.76



Provider CCN: 150051  
 Period: From 01/01/2014 To 12/31/2014  
 Worksheet A-8  
 Date/Time Prepared: 5/28/2015 12:27 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
33.77	PHYSICIAN FEES	A	-12,345	ADMINISTRATIVE & GENERAL	5.00	0	33.77
33.78	MISC PATIENT REIMBURSEMENT	A	-2,396	ADMINISTRATIVE & GENERAL	5.00	0	33.78
33.79	MISC PATIENT REIMBURSEMENT	A	-2,625	ADMINISTRATIVE & GENERAL	5.00	0	33.79
33.80	MISC PATIENT REIMBURSEMENT	A	-4,325	ADMINISTRATIVE & GENERAL	5.00	0	33.80
33.81	MISC PATIENT REIMBURSEMENT	A	-13,207	ADMINISTRATIVE & GENERAL	5.00	0	33.81
33.82	DUES - EMPLOYED PHYSICIAN	A	-845	ADULTS & PEDIATRICS	30.00	0	33.82
33.83	SLA EXPENSE - IUH BEDFORD	A	-873	ADMINISTRATIVE & GENERAL	5.00	0	33.83
33.84	SLA EXPENSE - IUH MORGAN	A	-50,691	DIETARY	10.00	0	33.84
33.85			0		0.00	0	33.85
33.86			0		0.00	0	33.86
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-17,521,418				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: 150051

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

Worksheet A-8-1

Date/Time Prepared: 5/28/2015 12:27 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.02	CAP REL COSTS-1965 BUILDING	IU HEALTH HOME OFFICE EXP AL 899,281	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	IU HEALTH HOME OFFICE EXP AL 1,451,261	1,454,709	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	IU HEALTH HOME OFFICE EXP AL 8,658	8,658	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	IU HEALTH HOME OFFICE EXP AL 24,473,316	11,900,707	4.00
4.01	16.00	MEDICAL RECORDS & LIBRARY	IU HEALTH HOME OFFICE EXP AL 140,010	140,010	4.01
4.02	73.00	DRUGS CHARGED TO PATIENTS	RELATED PARTY PHARMACY SERVI 80,560	80,560	4.02
4.03	91.00	EMERGENCY	IU HEALTH SOUTHERN IN PHYSIC 5,031,414	0	4.03
4.04	95.00	AMBULANCE SERVICES	IU HEALTH SOUTHERN IN PHYSIC 18,000	0	4.04
5.00	0	0	32,102,500	13,584,644	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	Name	Percentage of Ownership	Related Organization(s) and/or Home Office
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	C		0.00	IU HEALTH SIP	0.00	6.00
7.00	C		0.00	IU HEALTH PAOLI	0.00	7.00
8.00	B	IU HEALTH	0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 150051

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

Worksheet A-8-1

Date/Time Prepared:  
5/28/2015 12:27 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	899,281	9		1.00
2.00	-3,448	9		2.00
3.00	0	0		3.00
4.00	12,572,609	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	5,031,414	0		4.03
4.04	18,000	0		4.04
5.00	18,517,856			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	PHYSICIAN GROUP		6.00
7.00	HOSPITAL		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: 150051

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

Worksheet A-8-2

Date/Time Prepared:  
5/28/2015 12:27 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	1,457,759	1,457,759	0	171,400	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	548,079	548,079	0	204,100	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	943,772	943,772	0	204,100	0	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	1,939,819	1,939,819	0	171,400	0	4.00
5.00	5.00	ADMINISTRATIVE & GENERAL	745,967	745,967	0	200,300	0	5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	326,790	0	326,790	204,100	1,239	6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	54,219	54,219	0	136,700	0	7.00
8.00	5.00	ADMINISTRATIVE & GENERAL	541,667	541,667	0	231,100	0	8.00
9.00	91.00	EMERGENCY	4,790,268	4,790,268	0	171,400	0	9.00
10.00	5.00	ADMINISTRATIVE & GENERAL	35,525	35,525	0	171,400	0	10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	177,550	177,550	0	231,100	0	11.00
12.00	60.00	LABORATORY	308,568	0	308,568	219,500	3,516	12.00
13.00	30.00	ADULTS & PEDIATRICS	444,643	421,474	23,168	142,500	213	13.00
14.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	611,437	579,577	31,860	142,500	288	14.00
15.00	30.00	ADULTS & PEDIATRICS	288,460	288,460	0	171,400	0	15.00
16.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	220,729	220,729	0	142,500	0	16.00
17.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	164,173	25,946	138,227	142,500	2,944	17.00
18.00	69.00	ELECTROCARDIOLOGY	102,943	35,609	67,333	142,500	1,361	18.00
19.00	60.00	LABORATORY	5,682	5,682	0	219,500	0	19.00
200.00			13,708,050	12,812,102	895,946		9,561	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	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	4.00
5.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	121,577	6,079	0	0	0	6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	7.00
8.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	11.00
12.00	60.00	LABORATORY	371,040	18,552	0	0	0	12.00
13.00	30.00	ADULTS & PEDIATRICS	14,593	730	0	0	0	13.00
14.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	19,731	987	0	0	0	14.00
15.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	15.00
16.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	16.00
17.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	201,692	10,085	0	0	0	17.00
18.00	69.00	ELECTROCARDIOLOGY	93,242	4,662	0	0	0	18.00
19.00	60.00	LABORATORY	0	0	0	0	0	19.00
200.00			821,875	41,095	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	5.00	ADMINISTRATIVE & GENERAL	0	0	0	1,457,759		1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	548,079		2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	943,772		3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	1,939,819		4.00
5.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	745,967		5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	0	121,577	205,213	205,213		6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	54,219		7.00
8.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	541,667		8.00
9.00	91.00	EMERGENCY	0	0	0	4,790,268		9.00
10.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	35,525		10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	177,550		11.00
12.00	60.00	LABORATORY	0	371,040	0	0		12.00
13.00	30.00	ADULTS & PEDIATRICS	0	14,593	8,575	430,050		13.00
14.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	19,731	12,129	591,706		14.00
15.00	30.00	ADULTS & PEDIATRICS	0	0	0	288,460		15.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150051

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

Worksheet A-8-2  
Date/Time Prepared:  
5/28/2015 12:27 pm

	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		
16.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	220,729		16.00
17.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	201,692	0	25,946		17.00
18.00	69.00	ELECTROCARDIOLOGY	0	93,242	0	35,610		18.00
19.00	60.00	LABORATORY	0	0	0	5,682		19.00
200.00			0	821,875	225,917	13,038,021		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	1947 BUILDING	1965 BUILDING	1983 BUILDING	
		0	1.00	1.01	1.02	1.03	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	0	0	1.00
1.01	00101	CAP REL COSTS-1947 BUILDING	24,740	0	24,740	0	1.01
1.02	00102	CAP REL COSTS-1965 BUILDING	3,635,887	0	0	3,635,887	1.02
1.03	00103	CAP REL COSTS-1983 BUILDING	208,676	0	0	0	1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS	33,295	0	0	0	1.04
1.05	00105	CAP REL COSTS-UTILITIES	31,786	0	0	0	1.05
1.06	00106	CAP REL COSTS-WEGMI LLER	10,667	0	0	0	1.06
1.07	00107	CAP REL COSTS-CANCER	157,159	0	0	0	1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING	72,122	0	0	0	1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT	31,549	0	0	0	1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE	46,037	0	0	0	1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP	15,988,710	0	0	0	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	37,625,703	0	0	0	4.00
4.01	00402	CHILD CARE	0	0	0	0	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	55,442,295	0	22,587	421,904	45,774
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	11,026,087	0	350	494,247	46,231
8.00	00800	LAUNDRY & LINEN SERVICE	377,756	0	0	2,088	0
9.00	00900	HOUSEKEEPING	1,939,864	0	713	19,607	188
10.00	01000	DIETARY	1,859,063	0	0	73,754	30
11.00	01100	CAFETERIA	30,012	0	0	47,728	295
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	3,926,772	0	749	60,027	1,434
14.00	01400	CENTRAL SERVICES & SUPPLY	448,152	0	0	0	7,038
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	480,175	0	0	5,138	8,455
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
18.01	01851	CENTRAL STERILIZATION	461,707	0	0	0	5,563
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM- (SPECIFY)	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	20,755,856	0	0	957,976	11,068
31.00	03100	INTENSIVE CARE UNIT	2,817,400	0	0	0	18,380
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	1,136,315	0	0	99,184	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	1,372,621	0	0	48,536	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	8,068,803	0	0	211,392	31,817
50.01	05001	CV SURGERY	664,375	0	0	40,926	0
51.00	05100	RECOVERY ROOM	856,638	0	0	0	6,197
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,916,763	0	0	282,177	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,705,123	0	0	137,598	2,889
55.00	05500	RADIOLOGY-THERAPEUTIC	3,429,712	0	0	85,865	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	969,911	0	0	11,002	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	532,697	0	0	0	3,472
59.00	05900	CARDIAC CATHETERIZATION	1,531,869	0	0	52,834	0
60.00	06000	LABORATORY	8,290,511	0	341	123,855	733
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
60.02	06002	PHYSICIAN LABORATORY	3,613,945	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	37,190	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,812,515	0	0	9,078	370
66.00	06600	PHYSICAL THERAPY	7,459,071	0	0	0	10,538

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
			BLDG & FIXT	1947 BUILDING	1965 BUILDING	1983 BUILDING		
			1.00	1.01	1.02	1.03		
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	874,478	0	20,006	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,014,530	0	27,861	445	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,511,953	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,183,005	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	21,701,064	0	47,475	0	73.00	
74.00	07400	RENAL DIALYSIS	925,165	0	0	1,409	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00	
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	763,093	0	0	0	75.01	
76.97	07697	CARDIAC REHABILITATION	629,833	0	30,658	0	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
90.00	09000	CLINIC	985,152	0	0	0	90.00	
91.00	09100	EMERGENCY	4,950,306	0	215,952	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	5,026,775	0	53,853	6,350	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00	
99.00	09900	CMHC	0	0	0	0	99.00	
99.10	09910	CORF	0	0	0	0	99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00	
101.00	10100	HOME HEALTH AGENCY	5,935,722	0	0	0	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00	
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00	
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00	
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00	
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00	
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00	
116.00	11600	HOSPICE	3,944,742	0	0	0	116.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	276,275,347	0	24,740	3,580,721	208,676	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	7,691	0	190.00	
190.01	19001	PROMPTCARE	1,708,233	0	0	0	190.01	
190.02	19002	RENTAL PROPERTIES	675,663	0	20,618	0	190.02	
190.03	19003	OLCOTT	293,494	0	0	0	190.03	
190.04	19004	PHYSICIAN RECRUITMENT	1,140,082	0	0	0	190.04	
190.05	19005	FOUNDATION	527,649	0	0	0	190.05	
190.06	19006	MARKETING	603,310	0	0	0	190.06	
190.07	19007	HME STORE	2,103,958	0	0	0	190.07	
190.08	19008	UNUSED SPACE	297,710	0	26,857	0	190.08	
190.09	19010	CLINICAL TRIALS	366,727	0	0	0	190.09	
191.00	19100	RESEARCH	0	0	0	0	191.00	
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	IU HEALTH PAOLI HOSPITAL	631,579	0	0	0	194.00	
194.01	07951	IU HEALTH BEDFORD HOSPITAL	220,683	0	0	0	194.01	
194.02	07952	IU HEALTH MORGAN HOSPITAL	204,295	0	0	0	194.02	
194.03	07953	IU HEALTH SIP	824,037	0	0	0	194.03	
200.00		Cross Foot Adjustments	0	0	0	0	200.00	
201.00		Negative Cost Centers	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118-201)	285,872,767	0	24,740	3,635,887	208,676	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description		CAPITAL RELATED COSTS						
		MEDICAL ARTS	UTILITIES	WEGMILLER	CANCER	PHNA BUILDING		
		1.04	1.05	1.06	1.07	1.08		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-1947 BUILDING						1.01
1.02	00102	CAP REL COSTS-1965 BUILDING						1.02
1.03	00103	CAP REL COSTS-1983 BUILDING						1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS	33,295					1.04
1.05	00105	CAP REL COSTS-UTILITIES	0	31,786				1.05
1.06	00106	CAP REL COSTS-WEGMILLER	0	0	10,667			1.06
1.07	00107	CAP REL COSTS-CANCER	0	0	0	157,159		1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING	0	0	0	0	72,122	1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT	0	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE	0	0	0	0	0	1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,071	0	0	0	0	4.00
4.01	00402	CHILD CARE	0	0	0	0	0	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	12,443	14,749	9,460	0	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	1,790	186	31,033	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	15,247	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	726	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	0	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	1,021	0	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,876	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	126,126	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	447	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,162	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	279	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00



COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/28/2015 12:27 pm
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Cost Center Description		CAPITAL RELATED COSTS						
		MEDICAL ARTS	UTILITIES	WEGMILLER	CANCER	PHNA BUILDING		
		1.04	1.05	1.06	1.07	1.08		
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	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	72,122	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	5,357	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	24,361	31,786	10,667	157,159	72,122	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	PROMPTCARE	0	0	0	0	0	190.01
190.02	19002	RENTAL PROPERTIES	2,010	0	0	0	0	190.02
190.03	19003	OLCOTT	3,071	0	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	3,853	0	0	0	0	190.08
190.09	19010	CLINICAL TRIALS	0	0	0	0	0	190.09
191.00	19100	RESEARCH	0	0	0	0	0	191.00
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	IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	33,295	31,786	10,667	157,159	72,122	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

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Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	CHILD CARE	
		PAIN MANAGEMENT	WEST PROMPTCARE	MVBLE EQUIP			
		1.09	1.10	2.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-1947 BUILDING					1.01
1.02	00102	CAP REL COSTS-1965 BUILDING					1.02
1.03	00103	CAP REL COSTS-1983 BUILDING					1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS					1.04
1.05	00105	CAP REL COSTS-UTILITIES					1.05
1.06	00106	CAP REL COSTS-WEGMILLER					1.06
1.07	00107	CAP REL COSTS-CANCER					1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING					1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT	31,549				1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE	0	46,037			1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP			15,988,710		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	256,018	37,883,792	4.00
4.01	00402	CHILD CARE	0	0	0	0	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	3,743,468	5,175,539	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	2,067,706	911,591	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	234,339	176,491	8.00
9.00	00900	HOUSEKEEPING	0	0	62,064	543,788	9.00
10.00	01000	DIETARY	0	0	214,654	455,570	10.00
11.00	01100	CAFETERIA	0	0	107,095	247,453	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	299,429	1,206,643	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	70,038	156,447	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	106,917	48,345	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	0	55,354	137,032	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	0	2,200,752	6,953,138	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	182,901	885,754	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	216,451	371,975	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	105,921	451,817	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	789,021	1,931,142	50.00
50.01	05001	CV SURGERY	0	0	89,314	171,016	50.01
51.00	05100	RECOVERY ROOM	0	0	61,673	286,335	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	615,803	932,267	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	392,571	1,063,446	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	407,148	676,838	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	24,011	195,594	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	34,547	105,570	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	115,301	358,326	59.00
60.00	06000	LABORATORY	0	0	318,136	1,093,721	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0	454,102	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	42,005	594,090	65.00
66.00	06600	PHYSICAL THERAPY	31,549	0	613,347	2,448,534	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	CHILD CARE	
			PAI N MANAGEMENT	WEST PROMPTCARE	MVBLE EQUI P			
			1. 09	1. 10	2. 00			
69.00	06900	ELECTROCARDIOLOGY	0	0	48,110	271,613	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	65,233	298,529	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	124,965	1,619,487	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	14,025	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	135,983	532,945	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	73,990	205,466	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	91,486	318,772	0	90.00
91.00	09100	EMERGENCY	0	0	471,277	1,450,988	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	251,907	1,445,304	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	295,425	1,546,262	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	265,914	981,720	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	31,549	0	15,264,299	36,703,650	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	16,784	0	0	190.00
190.01	19001	PROMPTCARE	0	46,037	255,395	383,304	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	0	0	48,947	88,831	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	114,749	148,577	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	113,912	87,139	0	190.07
190.08	19008	UNUSED SPACE	0	0	174,624	0	0	190.08
190.09	19010	CLINICAL TRIALS	0	0	0	57,198	0	190.09
191.00	19100	RESEARCH	0	0	0	0	0	191.00
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	IU HEALTH PAOLI HOSPITAL	0	0	0	84,461	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	74,747	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	69,196	0	194.02
194.03	07953	IU HEALTH SIP	0	0	0	186,689	0	194.03
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	31,549	46,037	15,988,710	37,883,792	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/28/2015 12:27 pm		
Cost Center Description				Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
				4A.01	5.00	6.00	7.00	8.00
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-1947 BUILDING						1.01
1.02	00102	CAP REL COSTS-1965 BUILDING						1.02
1.03	00103	CAP REL COSTS-1983 BUILDING						1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	00105	CAP REL COSTS-UTILITIES						1.05
1.06	00106	CAP REL COSTS-WEGMILLER						1.06
1.07	00107	CAP REL COSTS-CANCER						1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING						1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00402	CHILD CARE						4.01
5.00	00500	ADMINISTRATIVE & GENERAL	64,888,219	64,888,219				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0			6.00
7.00	00700	OPERATION OF PLANT	14,579,221	4,280,926	0	18,860,147		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	805,921	236,644	0	404,570	1,447,135	8.00
9.00	00900	HOUSEKEEPING	2,566,224	753,525	0	107,150	0	9.00
10.00	01000	DIETARY	2,603,071	764,345	0	370,585	10,284	10.00
11.00	01100	CAFETERIA	432,583	127,020	0	184,893	6,772	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,495,054	1,613,524	0	516,944	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	681,675	200,162	0	120,916	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	649,756	190,789	0	184,586	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	659,656	193,696	0	95,565	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	30,878,790	9,067,084	0	3,799,445	423,442	30.00
31.00	03100	INTENSIVE CARE UNIT	3,904,435	1,146,467	0	315,765	104,338	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,823,925	535,563	0	373,688	40,460	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,978,895	581,067	0	182,865	13,148	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	11,033,196	3,239,699	0	1,362,191	187,490	50.00
50.01	05001	CV SURGERY	965,631	283,540	0	154,195	0	50.01
51.00	05100	RECOVERY ROOM	1,210,843	355,542	0	106,474	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,747,010	1,393,874	0	1,063,142	144,962	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,303,503	1,557,278	0	677,746	71,568	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,725,689	1,387,614	0	702,912	18,727	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,200,518	352,511	0	41,453	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	676,286	198,579	0	59,644	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,058,330	604,392	0	199,059	58,207	59.00
60.00	06000	LABORATORY	9,827,744	2,885,740	0	549,240	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	4,068,047	1,194,509	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	37,190	10,920	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,459,220	722,106	0	72,519	0	65.00
66.00	06600	PHYSICAL THERAPY	10,563,039	3,101,646	0	1,058,901	52,847	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	1,214,486	356,612	0	83,059	28,506	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,406,598	413,022	0	112,620	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,511,953	6,610,230	0	0	0	71.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4A. 01	5. 00	6. 00	7. 00	8. 00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,183,005	934,632	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,492,991	6,898,294	0	215,744	0 73.00
74.00	07400	RENAL DIALYSIS	940,599	276,190	0	24,214	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,432,021	420,487	0	234,765	0 75.01
76.97	07697	CARDIAC REHABILITATION	939,947	275,999	0	127,738	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	1,395,410	409,737	0	157,944	0 90.00
91.00	09100	EMERGENCY	7,088,523	2,081,417	0	813,627	214,966 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00
95.00	09500	AMBULANCE SERVICES	6,784,189	1,992,055	0	434,899	50,737 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0 97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0 98.00
99.00	09900	CMHC	0	0	0	0	0 99.00
99.10	09910	CORF	0	0	0	0	0 99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0 100.00
101.00	10100	HOME HEALTH AGENCY	7,849,531	2,304,873	0	510,030	0 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0 105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0 106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0 107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0 108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0 113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0 114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0 115.00
116.00	11600	HOSPICE	5,197,733	1,526,221	0	459,082	14,562 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	274,260,657	61,478,531	0	15,878,170	1,441,016 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	24,475	7,187	0	28,977	0 190.00
190.01	19001	PROMPTCARE	2,392,969	702,652	0	440,922	6,119 190.01
190.02	19002	RENTAL PROPERTIES	698,291	205,041	0	1,354,631	0 190.02
190.03	19003	OLCOTT	434,343	127,537	0	84,503	0 190.03
190.04	19004	PHYSICIAN RECRUITMENT	1,140,082	334,765	0	0	0 190.04
190.05	19005	FOUNDATION	790,975	232,256	0	198,106	0 190.05
190.06	19006	MARKETING	603,310	177,151	0	0	0 190.06
190.07	19007	HME STORE	2,305,009	676,824	0	196,662	0 190.07
190.08	19008	UNUSED SPACE	503,044	147,710	0	678,176	0 190.08
190.09	19010	CLINICAL TRIALS	423,925	124,478	0	0	0 190.09
191.00	19100	RESEARCH	0	0	0	0	0 191.00
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	IU HEALTH PAOLI HOSPITAL	716,040	210,252	0	0	0 194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	295,430	86,748	0	0	0 194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	273,491	80,306	0	0	0 194.02
194.03	07953	IU HEALTH SIP	1,010,726	296,781	0	0	0 194.03
200.00		Cross Foot Adjustments	0	0	0	0	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	285,872,767	64,888,219	0	18,860,147	1,447,135 202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150051		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/28/2015 12:27 pm	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-1947 BUILDING						1.01
1.02	00102	CAP REL COSTS-1965 BUILDING						1.02
1.03	00103	CAP REL COSTS-1983 BUILDING						1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	00105	CAP REL COSTS-UTILITIES						1.05
1.06	00106	CAP REL COSTS-WEGMILLER						1.06
1.07	00107	CAP REL COSTS-CANCER						1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING						1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00402	CHILD CARE						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	3,426,899					9.00
10.00	01000	DIETARY	13,625	3,761,910				10.00
11.00	01100	CAFETERIA	6,679	0	757,947			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	25,820		7,651,342	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	24,579	0	5,777		0	14.00
15.00	01500	PHARMACY	0	0	0		0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,343	0	1,718		0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0		0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0		0	18.00
18.01	01851	CENTRAL STERILIZATION	3,473	0	5,676		0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		0	19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0		0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0		0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0		0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,365,740	3,179,090	182,860	0	3,360,236	30.00
31.00	03100	INTENSIVE CARE UNIT	237,508	277,717	22,386	0	411,366	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	88,164	305,103	10,336	0	189,936	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	206,517	0	9,612	0	176,638	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	152,283	0	48,391	0	889,243	50.00
50.01	05001	CV SURGERY	17,098	0	3,168	0	58,220	50.01
51.00	05100	RECOVERY ROOM	11,755	0	6,711	0	123,326	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	367,616	0	21,207	0	389,704	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	115,414	0	25,680	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	20,037	0	13,946	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	8,816	0	4,204	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,557	0	2,220	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	77,210	0	8,404	0	0	59.00
60.00	06000	LABORATORY	31,258	0	50,397	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	534	0	12,775	0	0	65.00
66.00	06600	PHYSICAL THERAPY	67,058	0	57,778	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	32,327	0	6,718	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	801	0	7,173	0	0	70.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150051		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/28/2015 12:27 pm	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIVE	
			9.00	10.00	11.00	12.00	13.00	
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	94,041	0	30,492	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,404	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	9,640	0	177,138	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	4,594	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	4,943	0	0	90.00
91.00	09100	EMERGENCY	386,585	0	38,809	0	713,155	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	50,974	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	37,433	0	687,869	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	73,737	0	25,822	0	474,511	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,423,159	3,761,910	735,664	0	7,651,342	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,740	0	0	0	0	190.00
190.01	19001	PROMPTCARE	0	0	17,473	0	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	0	0	1,960	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	2,850	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19010	CLINICAL TRIALS	0	0	0	0	0	190.09
191.00	19100	RESEARCH	0	0	0	0	0	191.00
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	IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,426,899	3,761,910	757,947	0	7,651,342	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	
		14.00	15.00	16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
1.04	00104						1.04
1.05	00105						1.05
1.06	00106						1.06
1.07	00107						1.07
1.08	00108						1.08
1.09	00109						1.09
1.10	00110						1.10
2.00	00200						2.00
4.00	00400						4.00
4.01	00402						4.01
5.00	00500						5.00
6.00	00600						6.00
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
12.00	01200						12.00
13.00	01300						13.00
14.00	01400	1,033,109					14.00
15.00	01500	0	0				15.00
16.00	01600	0	0	1,032,192			16.00
17.00	01700	0	0	0	0		17.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	0	0	0	0	0	18.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	0	109,718	0	0	30.00
31.00	03100	0	0	15,168	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	7,468	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	9,859	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	0	87,435	0	0	50.00
50.01	05001	0	0	9,146	0	0	50.01
51.00	05100	0	0	12,420	0	0	51.00
52.00	05200	0	0	21,406	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	0	37,438	0	0	54.00
55.00	05500	0	0	41,016	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	54,355	0	0	57.00
58.00	05800	0	0	17,487	0	0	58.00
59.00	05900	0	0	46,661	0	0	59.00
60.00	06000	78,014	0	77,127	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
60.02	06002	0	0	10,345	0	0	60.02
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	1,380	0	418	0	0	64.00
65.00	06500	0	0	10,600	0	0	65.00
66.00	06600	0	0	34,197	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

Worksheet B Part I Date/Time Prepared: 5/28/2015 12:27 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	
			14.00	15.00	16.00	17.00	18.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	18,509	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	11,953	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	835,571	0	166,841	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	118,144	0	15,603	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	116,292	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	2,682	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	2,062	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	1,867	0	0	90.00
91.00	09100	EMERGENCY	0	0	75,830	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	18,289	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,033,109	0	1,032,192	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	PROMPTCARE	0	0	0	0	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	0	0	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19010	CLINICAL TRIALS	0	0	0	0	0	190.09
191.00	19100	RESEARCH	0	0	0	0	0	191.00
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	IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,033,109	0	1,032,192	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
	CENTRAL STERILIZATION				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	18.01		19.00	20.00	21.00	22.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101	CAP REL COSTS-1947 BUILDING						1.01
1.02 00102	CAP REL COSTS-1965 BUILDING						1.02
1.03 00103	CAP REL COSTS-1983 BUILDING						1.03
1.04 00104	CAP REL COSTS-MEDICAL ARTS						1.04
1.05 00105	CAP REL COSTS-UTILITIES						1.05
1.06 00106	CAP REL COSTS-WEGMILLER						1.06
1.07 00107	CAP REL COSTS-CANCER						1.07
1.08 00108	CAP REL COSTS-PHNA BUILDING						1.08
1.09 00109	CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10 00110	CAP REL COSTS-WEST PROMPTCARE						1.10
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01 00402	CHILD CARE						4.01
5.00 00500	ADMINISTRATIVE & GENERAL						5.00
6.00 00600	MAINTENANCE & REPAIRS						6.00
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
12.00 01200	MAINTENANCE OF PERSONNEL						12.00
13.00 01300	NURSING ADMINISTRATION						13.00
14.00 01400	CENTRAL SERVICES & SUPPLY						14.00
15.00 01500	PHARMACY						15.00
16.00 01600	MEDICAL RECORDS & LIBRARY						16.00
17.00 01700	SOCIAL SERVICE						17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01 01851	CENTRAL STERILIZATION	958,066					18.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00 02000	NURSING SCHOOL	0	0	0			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	13,031	0	0	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	1,147	0	0	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	1,235	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	1,647	0	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	908,944	0	0	0	0	50.00
50.01 05001	CV SURGERY	16,561	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	265	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,441	0	0	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	3,000	0	0	0	0	59.00
60.00 06000	LABORATORY	0	0	0	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02 06002	PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	6,354	0	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	235	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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
	CENTRAL STERILIZATION				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	18.01		19.00	20.00	21.00	22.00	
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	88		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 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		0	0	0	0	75.01
76.97 07697 CARDIAC REHABILITATION	0		0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00 09000 CLINIC	0		0	0	0	0	90.00
91.00 09100 EMERGENCY	1,677		0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00 09400 HOME PROGRAM DIALYSIS	0		0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0		0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0		0	0	0	0	98.00
99.00 09900 CMHC	0		0	0	0	0	99.00
99.10 09910 CORF	0		0	0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0		0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0		0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00 10500 KIDNEY ACQUISITION	0		0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0		0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0		0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0		0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0		0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0		0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0		0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE							113.00
114.00 11400 UTILIZATION REVIEW-SNF							114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	0	115.00
116.00 11600 HOSPICE	0		0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	955,625		0	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		0	0	0	0	190.00
190.01 19001 PROMPTCARE	2,441		0	0	0	0	190.01
190.02 19002 RENTAL PROPERTIES	0		0	0	0	0	190.02
190.03 19003 OLCOTT	0		0	0	0	0	190.03
190.04 19004 PHYSICIAN RECRUITMENT	0		0	0	0	0	190.04
190.05 19005 FOUNDATION	0		0	0	0	0	190.05
190.06 19006 MARKETING	0		0	0	0	0	190.06
190.07 19007 HME STORE	0		0	0	0	0	190.07
190.08 19008 UNUSED SPACE	0		0	0	0	0	190.08
190.09 19010 CLINICAL TRIALS	0		0	0	0	0	190.09
191.00 19100 RESEARCH	0		0	0	0	0	191.00
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 IU HEALTH PAOLI HOSPITAL	0		0	0	0	0	194.00
194.01 07951 IU HEALTH BEDFORD HOSPITAL	0		0	0	0	0	194.01
194.02 07952 IU HEALTH MORGAN HOSPITAL	0		0	0	0	0	194.02
194.03 07953 IU HEALTH SIP	0		0	0	0	0	194.03
200.00 Cross Foot Adjustments			0	0	0	0	200.00
201.00 Negative Cost Centers	0		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	958,066		0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-1947 BUILDING					1.01
1.02	00102	CAP REL COSTS-1965 BUILDING					1.02
1.03	00103	CAP REL COSTS-1983 BUILDING					1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS					1.04
1.05	00105	CAP REL COSTS-UTILITIES					1.05
1.06	00106	CAP REL COSTS-WEGMI LLER					1.06
1.07	00107	CAP REL COSTS-CANCER					1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING					1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT					1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE					1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00402	CHILD CARE					4.01
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
18.01	01851	CENTRAL STERILIZATION					18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED PRGM- (SPECIFY)	0				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	52,379,436	0	52,379,436	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,436,297	0	6,436,297	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	3,375,878	0	3,375,878	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	3,160,248	0	3,160,248	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	17,908,872	0	17,908,872	50.00
50.01	05001	CV SURGERY	0	1,507,559	0	1,507,559	50.01
51.00	05100	RECOVERY ROOM	0	1,827,071	0	1,827,071	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,149,186	0	8,149,186	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,790,068	0	7,790,068	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,909,941	0	6,909,941	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	1,661,857	0	1,661,857	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	966,773	0	966,773	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,055,263	0	3,055,263	59.00
60.00	06000	LABORATORY	0	13,499,520	0	13,499,520	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	5,272,901	0	5,272,901	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	49,908	0	49,908	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,284,108	0	3,284,108	65.00
66.00	06600	PHYSICAL THERAPY	0	14,935,701	0	14,935,701	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
69.00	06900	ELECTROCARDIOLOGY	0	1,740,217	0	1,740,217	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,952,167	0	1,952,167	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	30,124,595	0	30,124,595	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,251,384	0	4,251,384	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	30,847,942	0	30,847,942	73.00
74.00	07400	RENAL DIALYSIS	0	1,246,089	0	1,246,089	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,274,051	0	2,274,051	75.01
76.97	07697	CARDIAC REHABILITATION	0	1,350,340	0	1,350,340	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	1,969,901	0	1,969,901	90.00
91.00	09100	EMERGENCY	0	11,414,589	0	11,414,589	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	9,331,143	0	9,331,143	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	11,389,736	0	11,389,736	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	7,771,668	0	7,771,668	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	267,834,409	0	267,834,409	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	64,379	0	64,379	190.00
190.01	19001	PROMPTCARE	0	3,562,576	0	3,562,576	190.01
190.02	19002	RENTAL PROPERTIES	0	2,257,963	0	2,257,963	190.02
190.03	19003	OLCOTT	0	648,343	0	648,343	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	1,474,847	0	1,474,847	190.04
190.05	19005	FOUNDATION	0	1,224,187	0	1,224,187	190.05
190.06	19006	MARKETING	0	780,461	0	780,461	190.06
190.07	19007	HME STORE	0	3,178,495	0	3,178,495	190.07
190.08	19008	UNUSED SPACE	0	1,328,930	0	1,328,930	190.08
190.09	19010	CLINICAL TRIALS	0	548,403	0	548,403	190.09
191.00	19100	RESEARCH	0	0	0	0	191.00
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	IU HEALTH PAOLI HOSPITAL	0	926,292	0	926,292	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	382,178	0	382,178	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	353,797	0	353,797	194.02
194.03	07953	IU HEALTH SIP	0	1,307,507	0	1,307,507	194.03
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	285,872,767	0	285,872,767	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150051

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
			BLDG & FIXT	1947 BUILDING	1965 BUILDING	1983 BUILDING		
			0	1.00	1.01	1.02		1.03
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-1947 BUILDING					1.01	
1.02	00102	CAP REL COSTS-1965 BUILDING					1.02	
1.03	00103	CAP REL COSTS-1983 BUILDING					1.03	
1.04	00104	CAP REL COSTS-MEDICAL ARTS					1.04	
1.05	00105	CAP REL COSTS-UTILITIES					1.05	
1.06	00106	CAP REL COSTS-WEGMILLER					1.06	
1.07	00107	CAP REL COSTS-CANCER					1.07	
1.08	00108	CAP REL COSTS-PHNA BUILDING					1.08	
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT					1.09	
1.10	00110	CAP REL COSTS-WEST PROMPTCARE					1.10	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00	
4.01	00402	CHILD CARE	0	0	0	0	4.01	
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	22,587	421,904	45,774	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	350	494,247	46,231	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,088	0	8.00
9.00	00900	HOUSEKEEPING	0	0	713	19,607	188	9.00
10.00	01000	DIETARY	0	0	0	73,754	30	10.00
11.00	01100	CAFETERIA	0	0	0	47,728	295	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	749	60,027	1,434	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	7,038	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	5,138	8,455	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	0	0	0	5,563	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	957,976	11,068	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	18,380	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	99,184	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	48,536	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	211,392	31,817	50.00
50.01	05001	CV SURGERY	0	0	0	40,926	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	6,197	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	282,177	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	137,598	2,889	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	85,865	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	11,002	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	3,472	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	52,834	0	59.00
60.00	06000	LABORATORY	0	0	341	123,855	733	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	9,078	370	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	10,538	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150051

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		BLDG & FIXT	1947 BUILDING	1965 BUILDING	1983 BUILDING	
		1.00	1.01	1.02	1.03	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	20,006	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	27,861	445	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	47,475	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	1,409	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	30,658	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	215,952	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	53,853	6,350	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	24,740	3,580,721	208,676	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	7,691	0	190.00
190.01 19001 PROMPTCARE	0	0	0	0	0	190.01
190.02 19002 RENTAL PROPERTIES	0	0	0	20,618	0	190.02
190.03 19003 OLCOTT	0	0	0	0	0	190.03
190.04 19004 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05 19005 FOUNDATION	0	0	0	0	0	190.05
190.06 19006 MARKETING	0	0	0	0	0	190.06
190.07 19007 HOME STORE	0	0	0	0	0	190.07
190.08 19008 UNUSED SPACE	0	0	0	26,857	0	190.08
190.09 19010 CLINICAL TRIALS	0	0	0	0	0	190.09
191.00 19100 RESEARCH	0	0	0	0	0	191.00
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 IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01 07951 IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02 07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03 07953 IU HEALTH SIP	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	24,740	3,635,887	208,676	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/28/2015 12:27 pm
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Cost Center Description		CAPITAL RELATED COSTS						
		MEDICAL ARTS	UTILITIES	WEGMI LLER	CANCER	PHNA BUILDING		
		1.04	1.05	1.06	1.07	1.08		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-1947 BUILDING						1.01
1.02	00102	CAP REL COSTS-1965 BUILDING						1.02
1.03	00103	CAP REL COSTS-1983 BUILDING						1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	00105	CAP REL COSTS-UTILITIES						1.05
1.06	00106	CAP REL COSTS-WEGMI LLER						1.06
1.07	00107	CAP REL COSTS-CANCER						1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING						1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,071	0	0	0	0	4.00
4.01	00402	CHILD CARE	0	0	0	0	0	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	12,443	14,749	9,460	0	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	1,790	186	31,033	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	15,247	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	726	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	0	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	1,021	0	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,876	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	126,126	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	447	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,162	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	279	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00



ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/28/2015 12:27 pm
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Cost Center Description		CAPITAL RELATED COSTS						
		MEDICAL ARTS	UTILITIES	WEGMILLER	CANCER	PHNA BUILDING		
		1.04	1.05	1.06	1.07	1.08		
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	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	72,122	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	5,357	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	24,361	31,786	10,667	157,159	72,122	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	PROMPTCARE	0	0	0	0	0	190.01
190.02	19002	RENTAL PROPERTIES	2,010	0	0	0	0	190.02
190.03	19003	OLCOTT	3,071	0	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	3,853	0	0	0	0	190.08
190.09	19010	CLINICAL TRIALS	0	0	0	0	0	190.09
191.00	19100	RESEARCH	0	0	0	0	0	191.00
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	IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	33,295	31,786	10,667	157,159	72,122	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150051

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description		CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		PAI N MANAGEMENT	WEST PROMPTCARE	MVBLE EQUI P			
		1. 09	1. 10	2. 00			
<b>GENERAL SERVICE COST CENTERS</b>							
1. 00	00100	CAP REL COSTS-BLDG & FIXT					1. 00
1. 01	00101	CAP REL COSTS-1947 BUI LDI NG					1. 01
1. 02	00102	CAP REL COSTS-1965 BUI LDI NG					1. 02
1. 03	00103	CAP REL COSTS-1983 BUI LDI NG					1. 03
1. 04	00104	CAP REL COSTS-MEDI CAL ARTS					1. 04
1. 05	00105	CAP REL COSTS-UTI LI TIES					1. 05
1. 06	00106	CAP REL COSTS-WEGMI LLER					1. 06
1. 07	00107	CAP REL COSTS-CANCER					1. 07
1. 08	00108	CAP REL COSTS-PHNA BUI LDI NG					1. 08
1. 09	00109	CAP REL COSTS-PAI N MANAGEMENT					1. 09
1. 10	00110	CAP REL COSTS-WEST PROMPTCARE					1. 10
2. 00	00200	CAP REL COSTS-MVBLE EQUI P					2. 00
4. 00	00400	EMPLOYEE BENEFITS DEPARTMENT			256,018	258,089	258,089
4. 01	00402	CHI LD CARE	0	0	0	0	4. 01
5. 00	00500	ADMI NI STRATI VE & GENERAL	0	0	3,743,468	4,270,385	35,252
6. 00	00600	MAI NTENANCE & REPAI RS	0	0	0	0	6. 00
7. 00	00700	OPERATI ON OF PLANT	0	0	2,067,706	2,641,543	6,209
8. 00	00800	LAUNDRY & LI NEN SERVI CE	0	0	234,339	251,674	1,202
9. 00	00900	HOUSEKEEPI NG	0	0	62,064	82,572	3,704
10. 00	01000	DI ETARY	0	0	214,654	288,438	3,103
11. 00	01100	CAFETERI A	0	0	107,095	155,118	1,685
12. 00	01200	MAI NTENANCE OF PERSONNEL	0	0	0	0	12. 00
13. 00	01300	NURSI NG ADMI NI STRATI ON	0	0	299,429	361,639	8,219
14. 00	01400	CENTRAL SERVI CES & SUPPLY	0	0	70,038	77,076	1,066
15. 00	01500	PHARMACY	0	0	0	0	15. 00
16. 00	01600	MEDI CAL RECORDS & LI BRARY	0	0	106,917	121,236	329
17. 00	01700	SOCI AL SERVI CE	0	0	0	0	17. 00
18. 00	01850	OTHER GENERAL SERVI CE (SPECI FY)	0	0	0	0	18. 00
18. 01	01851	CENTRAL STERI LI ZATI ON	0	0	55,354	60,917	933
19. 00	01900	NONPHYSI CI AN ANESTHETI STS	0	0	0	0	19. 00
20. 00	02000	NURSI NG SCHOOL	0	0	0	0	20. 00
21. 00	02100	I & R SERVI CES-SALARY & FRINGES APPRVD	0	0	0	0	21. 00
22. 00	02200	I & R SERVI CES-OTHER PRGM COSTS APPRVD	0	0	0	0	22. 00
23. 00	02300	PARAMED ED PRGM- (SPECI FY)	0	0	0	0	23. 00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30. 00	03000	ADULTS & PEDI ATRI CS	0	0	2,200,752	3,169,796	47,415
31. 00	03100	INTENSIVE CARE UNI T	0	0	182,901	201,281	6,033
32. 00	03200	CORONARY CARE UNI T	0	0	0	0	32. 00
33. 00	03300	BURN INTENSIVE CARE UNI T	0	0	0	0	33. 00
34. 00	03400	SURGI CAL INTENSIVE CARE UNI T	0	0	0	0	34. 00
40. 00	04000	SUBPROVI DER - I PF	0	0	0	0	40. 00
41. 00	04100	SUBPROVI DER - I RF	0	0	216,451	315,635	2,534
42. 00	04200	SUBPROVI DER	0	0	0	0	42. 00
43. 00	04300	NURSERY	0	0	105,921	154,457	3,077
44. 00	04400	SKI LLED NURSI NG FACI LI TY	0	0	0	0	44. 00
45. 00	04500	NURSI NG FACI LI TY	0	0	0	0	45. 00
46. 00	04600	OTHER LONG TERM CARE	0	0	0	0	46. 00
<b>ANCI LLARY SERVI CE COST CENTERS</b>							
50. 00	05000	OPERATI NG ROOM	0	0	789,021	1,033,251	13,153
50. 01	05001	CV SURGERY	0	0	89,314	130,240	1,165
51. 00	05100	RECOVERY ROOM	0	0	61,673	67,870	1,950
52. 00	05200	DELI VERY ROOM & LABOR ROOM	0	0	615,803	897,980	6,350
53. 00	05300	ANESTHESI OLOGY	0	0	0	0	53. 00
54. 00	05400	RADI OLOGY-DI AGNOSTI C	0	0	392,571	534,934	7,243
55. 00	05500	RADI OLOGY-THERAPEUTI C	0	0	407,148	619,139	4,610
56. 00	05600	RADI OI SOTOPE	0	0	0	0	56. 00
57. 00	05700	CT SCAN	0	0	24,011	35,013	1,332
58. 00	05800	MAGNETI C RESONANCE IMAGI NG (MRI )	0	0	34,547	38,019	719
59. 00	05900	CARDI AC CATHETERI ZATI ON	0	0	115,301	168,135	2,441
60. 00	06000	LABORATORY	0	0	318,136	443,512	7,450
60. 01	06001	BLOOD LABORATORY	0	0	0	0	60. 01
60. 02	06002	PHYSI CI AN LABORATORY	0	0	0	0	3,093
61. 00	06100	PBP CLI NI CAL LAB SERVI CES-PRGM ONLY	0	0	0	0	61. 00
62. 00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62. 00
63. 00	06300	BLOOD STORI NG, PROCESSI NG & TRANS.	0	0	0	0	63. 00
64. 00	06400	I NTRAVENOUS THERAPY	0	0	0	0	64. 00
65. 00	06500	RESPI RATORY THERAPY	0	0	42,005	52,615	4,046
66. 00	06600	PHYSI CAL THERAPY	31,549	0	613,347	655,434	16,677
67. 00	06700	OCCUPATI ONAL THERAPY	0	0	0	0	67. 00
68. 00	06800	SPEECH PATHOLOGY	0	0	0	0	68. 00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/28/2015 12:27 pm
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Cost Center Description		CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		PAI N MANAGEMENT	WEST PROMPTCARE	MVBLE EQUI P				
		1. 09	1. 10	2. 00				
69.00	06900	ELECTROCARDIOLOGY	0	0	48,110	68,395	1,850	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	65,233	93,539	2,033	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	124,965	172,440	11,031	73.00
74.00	07400	RENAL DIALYSIS	0	0	14,025	15,434	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	135,983	135,983	3,630	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	73,990	104,648	1,399	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	91,486	91,486	2,171	90.00
91.00	09100	EMERGENCY	0	0	471,277	687,229	9,883	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	251,907	312,110	9,844	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	295,425	367,547	10,532	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	265,914	271,271	6,687	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	31,549	0	15,264,299	19,406,080	250,050	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	16,784	24,475	0	190.00
190.01	19001	PROMPTCARE	0	46,037	255,395	301,432	2,611	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	22,628	0	190.02
190.03	19003	OLCOTT	0	0	48,947	52,018	605	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	114,749	114,749	1,012	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	113,912	113,912	594	190.07
190.08	19008	UNUSED SPACE	0	0	174,624	205,334	0	190.08
190.09	19010	CLINICAL TRIALS	0	0	0	0	390	190.09
191.00	19100	RESEARCH	0	0	0	0	0	191.00
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	IU HEALTH PAOLI HOSPITAL	0	0	0	0	575	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	0	509	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	471	194.02
194.03	07953	IU HEALTH SIP	0	0	0	0	1,272	194.03
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	31,549	46,037	15,988,710	20,240,628	258,089	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150051		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/28/2015 12:27 pm	
Cost Center Description			CHILD CARE	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.01	5.00	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-1947 BUILDING						1.01
1.02	00102	CAP REL COSTS-1965 BUILDING						1.02
1.03	00103	CAP REL COSTS-1983 BUILDING						1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	00105	CAP REL COSTS-UTILITIES						1.05
1.06	00106	CAP REL COSTS-WEGMILLER						1.06
1.07	00107	CAP REL COSTS-CANCER						1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING						1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00402	CHILD CARE	0					4.01
5.00	00500	ADMINISTRATIVE & GENERAL	0	4,305,637				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0			6.00
7.00	00700	OPERATION OF PLANT	0	284,062	0	2,931,814		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	15,703	0	62,891	331,470	8.00
9.00	00900	HOUSEKEEPING	0	50,000	0	16,656	0	9.00
10.00	01000	DIETARY	0	50,718	0	57,607	2,356	10.00
11.00	01100	CAFETERIA	0	8,428	0	28,742	1,551	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	107,066	0	80,359	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	13,282	0	18,796	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	12,660	0	28,694	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	12,853	0	14,856	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	601,615	0	590,626	96,989	30.00
31.00	03100	INTENSIVE CARE UNIT	0	76,074	0	49,086	23,899	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	35,537	0	58,090	9,268	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	38,557	0	28,426	3,012	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	214,971	0	211,753	42,945	50.00
50.01	05001	CV SURGERY	0	18,814	0	23,970	0	50.01
51.00	05100	RECOVERY ROOM	0	23,592	0	16,551	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	92,491	0	165,266	33,204	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	103,333	0	105,356	16,393	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	92,075	0	109,268	4,290	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	23,391	0	6,444	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	13,177	0	9,272	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	40,105	0	30,944	13,332	59.00
60.00	06000	LABORATORY	0	191,484	0	85,379	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	79,262	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	725	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	47,915	0	11,273	0	65.00
66.00	06600	PHYSICAL THERAPY	0	205,810	0	164,606	12,105	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	23,663	0	12,912	6,529	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	27,406	0	17,507	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	438,623	0	0	0	71.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150051

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description		CHILD CARE	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4.01	5.00	6.00	7.00	8.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	62,018	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	457,737	0	33,537	0	73.00
74.00	07400 RENAL DIALYSIS	0	18,327	0	3,764	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	27,901	0	36,494	0	75.01
76.97	07697 CARDIAC REHABILITATION	0	18,314	0	19,857	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	27,188	0	24,552	0	90.00
91.00	09100 EMERGENCY	0	138,113	0	126,478	49,238	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	132,183	0	67,605	11,621	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	152,940	0	79,284	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	101,273	0	71,364	3,336	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	0	4,079,386	0	2,468,265	330,068	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	477	0	4,504	0	190.00
190.01	19001 PROMPTCARE	0	46,625	0	68,541	1,402	190.01
190.02	19002 RENTAL PROPERTIES	0	13,606	0	210,578	0	190.02
190.03	19003 OLCOTT	0	8,463	0	13,136	0	190.03
190.04	19004 PHYSICIAN RECRUITMENT	0	22,213	0	0	0	190.04
190.05	19005 FOUNDATION	0	15,411	0	30,796	0	190.05
190.06	19006 MARKETING	0	11,755	0	0	0	190.06
190.07	19007 HME STORE	0	44,911	0	30,571	0	190.07
190.08	19008 UNUSED SPACE	0	9,801	0	105,423	0	190.08
190.09	19010 CLINICAL TRIALS	0	8,260	0	0	0	190.09
191.00	19100 RESEARCH	0	0	0	0	0	191.00
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 IU HEALTH PAOLI HOSPITAL	0	13,951	0	0	0	194.00
194.01	07951 IU HEALTH BEDFORD HOSPITAL	0	5,756	0	0	0	194.01
194.02	07952 IU HEALTH MORGAN HOSPITAL	0	5,329	0	0	0	194.02
194.03	07953 IU HEALTH SIP	0	19,693	0	0	0	194.03
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)	0	4,305,637	0	2,931,814	331,470	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150051		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/28/2015 12:27 pm	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIVE	
			9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-1947 BUILDING						1.01
1.02	00102	CAP REL COSTS-1965 BUILDING						1.02
1.03	00103	CAP REL COSTS-1983 BUILDING						1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	00105	CAP REL COSTS-UTILITIES						1.05
1.06	00106	CAP REL COSTS-WEGMILLER						1.06
1.07	00107	CAP REL COSTS-CANCER						1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING						1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00402	CHILD CARE						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	152,932					9.00
10.00	01000	DIETARY	608	402,830				10.00
11.00	01100	CAFETERIA	298	0	195,822			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	6,671		563,954	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,097	0	1,493	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	238	0	444	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	155	0	1,466	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	60,948	340,421	47,247	0	247,673	30.00
31.00	03100	INTENSIVE CARE UNIT	10,599	29,738	5,784	0	30,320	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	3,934	32,671	2,670	0	13,999	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	9,216	0	2,483	0	13,019	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	6,796	0	12,502	0	65,543	50.00
50.01	05001	CV SURGERY	763	0	819	0	4,291	50.01
51.00	05100	RECOVERY ROOM	525	0	1,734	0	9,090	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,406	0	5,479	0	28,724	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,151	0	6,635	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	894	0	3,603	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	393	0	1,086	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	560	0	573	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,446	0	2,171	0	0	59.00
60.00	06000	LABORATORY	1,395	0	13,020	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	24	0	3,300	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,993	0	14,927	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	1,443	0	1,736	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	36	0	1,853	0	0	70.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150051		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/28/2015 12:27 pm	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
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	4,197	0	7,878	0	0	73.00
74.00	07400	RENAL DIALYSIS	107	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	2,490	0	13,056	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	1,187	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	1,277	0	0	90.00
91.00	09100	EMERGENCY	17,252	0	10,027	0	52,564	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	13,169	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	9,671	0	50,700	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	3,291	0	6,671	0	34,975	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	152,765	402,830	190,066	0	563,954	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	167	0	0	0	0	190.00
190.01	19001	PROMPTCARE	0	0	4,514	0	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	0	0	506	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	736	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19010	CLINICAL TRIALS	0	0	0	0	0	190.09
191.00	19100	RESEARCH	0	0	0	0	0	191.00
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	IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	152,932	402,830	195,822	0	563,954	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150051

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	
		14.00	15.00	16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-1947 BUILDING					1.01
1.02	00102	CAP REL COSTS-1965 BUILDING					1.02
1.03	00103	CAP REL COSTS-1983 BUILDING					1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS					1.04
1.05	00105	CAP REL COSTS-UTILITIES					1.05
1.06	00106	CAP REL COSTS-WEGMILLER					1.06
1.07	00107	CAP REL COSTS-CANCER					1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING					1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT					1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE					1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00402	CHILD CARE					4.01
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	112,810				14.00
15.00	01500	PHARMACY	0	0			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	163,601		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	0	17,358	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	2,400	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	1,181	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	1,560	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	13,833	0	50.00
50.01	05001	CV SURGERY	0	0	1,447	0	50.01
51.00	05100	RECOVERY ROOM	0	0	1,965	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	3,387	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	5,923	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	6,489	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	8,599	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	2,767	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	7,382	0	59.00
60.00	06000	LABORATORY	8,519	0	12,202	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	1,637	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	151	0	66	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,677	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	5,410	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00



ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150051		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/28/2015 12:27 pm	
Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	
			14.00	15.00	16.00	17.00	18.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	2,928	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,891	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	91,239	0	26,697	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,901	0	2,469	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	18,398	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	424	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	326	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	295	0	0	90.00
91.00	09100	EMERGENCY	0	0	11,997	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	2,893	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	112,810	0	163,601	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	PROMPTCARE	0	0	0	0	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	0	0	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19010	CLINICAL TRIALS	0	0	0	0	0	190.09
191.00	19100	RESEARCH	0	0	0	0	0	191.00
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	IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	112,810	0	163,601	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150051

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	
	CENTRAL STERILIZATION			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS
	18.01			21.00	22.00
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101 CAP REL COSTS-1947 BUILDING					1.01
1.02 00102 CAP REL COSTS-1965 BUILDING					1.02
1.03 00103 CAP REL COSTS-1983 BUILDING					1.03
1.04 00104 CAP REL COSTS-MEDICAL ARTS					1.04
1.05 00105 CAP REL COSTS-UTILITIES					1.05
1.06 00106 CAP REL COSTS-WEGMILLER					1.06
1.07 00107 CAP REL COSTS-CANCER					1.07
1.08 00108 CAP REL COSTS-PHNA BUILDING					1.08
1.09 00109 CAP REL COSTS-PAIN MANAGEMENT					1.09
1.10 00110 CAP REL COSTS-WEST PROMPTCARE					1.10
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01 00402 CHILD CARE					4.01
5.00 00500 ADMINSTRATIVE & GENERAL					5.00
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)					18.00
18.01 01851 CENTRAL STERILIZATION	91,180				18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0			19.00
20.00 02000 NURSING SCHOOL	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	1,240				30.00
31.00 03100 INTENSIVE CARE UNIT	109				31.00
32.00 03200 CORONARY CARE UNIT	0				32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0				33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0				34.00
40.00 04000 SUBPROVIDER - IPF	0				40.00
41.00 04100 SUBPROVIDER - IRF	118				41.00
42.00 04200 SUBPROVIDER	0				42.00
43.00 04300 NURSERY	157				43.00
44.00 04400 SKILLED NURSING FACILITY	0				44.00
45.00 04500 NURSING FACILITY	0				45.00
46.00 04600 OTHER LONG TERM CARE	0				46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	86,505				50.00
50.01 05001 CV SURGERY	1,576				50.01
51.00 05100 RECOVERY ROOM	0				51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	25				52.00
53.00 05300 ANESTHESIOLOGY	0				53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	137				54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0				55.00
56.00 05600 RADIOISOTOPE	0				56.00
57.00 05700 CT SCAN	0				57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0				58.00
59.00 05900 CARDIAC CATHETERIZATION	286				59.00
60.00 06000 LABORATORY	0				60.00
60.01 06001 BLOOD LABORATORY	0				60.01
60.02 06002 PHYSICIAN LABORATORY	0				60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0				61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0				62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0				63.00
64.00 06400 INTRAVENOUS THERAPY	0				64.00
65.00 06500 RESPIRATORY THERAPY	605				65.00
66.00 06600 PHYSICAL THERAPY	22				66.00
67.00 06700 OCCUPATIONAL THERAPY	0				67.00
68.00 06800 SPEECH PATHOLOGY	0				68.00
69.00 06900 ELECTROCARDIOLOGY	0				69.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150051

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
	CENTRAL STERILIZATION				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	18.01		19.00	20.00	21.00	22.00	
70.00 07000 ELECTROENCEPHALOGRAPHY		0					70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0					71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS		0					72.00
73.00 07300 DRUGS CHARGED TO PATIENTS		8					73.00
74.00 07400 RENAL DIALYSIS		0					74.00
75.00 07500 ASC (NON-DISTINCT PART)		0					75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0					75.01
76.97 07697 CARDIAC REHABILITATION		0					76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC		0					88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER		0					89.00
90.00 09000 CLINIC		0					90.00
91.00 09100 EMERGENCY		160					91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00 09400 HOME PROGRAM DIALYSIS		0					94.00
95.00 09500 AMBULANCE SERVICES		0					95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED		0					96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD		0					97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS		0					98.00
99.00 09900 CMHC		0					99.00
99.10 09910 CORF		0					99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM		0					100.00
101.00 10100 HOME HEALTH AGENCY		0					101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00 10500 KIDNEY ACQUISITION		0					105.00
106.00 10600 HEART ACQUISITION		0					106.00
107.00 10700 LIVER ACQUISITION		0					107.00
108.00 10800 LUNG ACQUISITION		0					108.00
109.00 10900 PANCREAS ACQUISITION		0					109.00
110.00 11000 INTESTINAL ACQUISITION		0					110.00
111.00 11100 ISLET ACQUISITION		0					111.00
113.00 11300 INTEREST EXPENSE							113.00
114.00 11400 UTILIZATION REVIEW-SNF							114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)		0					115.00
116.00 11600 HOSPICE		0					116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)		90,948	0	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN		0					190.00
190.01 19001 PROMPTCARE		232					190.01
190.02 19002 RENTAL PROPERTIES		0					190.02
190.03 19003 OLCOTT		0					190.03
190.04 19004 PHYSICIAN RECRUITMENT		0					190.04
190.05 19005 FOUNDATION		0					190.05
190.06 19006 MARKETING		0					190.06
190.07 19007 HME STORE		0					190.07
190.08 19008 UNUSED SPACE		0					190.08
190.09 19010 CLINICAL TRIALS		0					190.09
191.00 19100 RESEARCH		0					191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES		0					192.00
193.00 19300 NONPAID WORKERS		0					193.00
194.00 07950 IU HEALTH PAOLI HOSPITAL		0					194.00
194.01 07951 IU HEALTH BEDFORD HOSPITAL		0					194.01
194.02 07952 IU HEALTH MORGAN HOSPITAL		0					194.02
194.03 07953 IU HEALTH SIP		0					194.03
200.00 Cross Foot Adjustments			0	0	0		200.00
201.00 Negative Cost Centers		0	0	0	0		201.00
202.00 TOTAL (sum lines 118-201)		91,180	0	0	0		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/28/2015 12:27 pm
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Cost Center Description		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-1947 BUILDING				1.01
1.02	00102	CAP REL COSTS-1965 BUILDING				1.02
1.03	00103	CAP REL COSTS-1983 BUILDING				1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS				1.04
1.05	00105	CAP REL COSTS-UTILITIES				1.05
1.06	00106	CAP REL COSTS-WEGMI LLER				1.06
1.07	00107	CAP REL COSTS-CANCER				1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING				1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT				1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE				1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
4.01	00402	CHILD CARE				4.01
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)				18.00
18.01	01851	CENTRAL STERILIZATION				18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED PRGM- (SPECIFY)	0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	5,221,328	0	5,221,328	30.00
31.00	03100	INTENSIVE CARE UNIT	435,323	0	435,323	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	475,637	0	475,637	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	253,964	0	253,964	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	1,701,252	0	1,701,252	50.00
50.01	05001	CV SURGERY	183,085	0	183,085	50.01
51.00	05100	RECOVERY ROOM	123,277	0	123,277	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,249,312	0	1,249,312	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	785,105	0	785,105	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	840,368	0	840,368	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	76,258	0	76,258	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	65,087	0	65,087	58.00
59.00	05900	CARDIAC CATHETERIZATION	268,242	0	268,242	59.00
60.00	06000	LABORATORY	762,961	0	762,961	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	83,992	0	83,992	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	942	0	942	64.00
65.00	06500	RESPIRATORY THERAPY	121,455	0	121,455	65.00
66.00	06600	PHYSICAL THERAPY	1,077,984	0	1,077,984	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/28/2015 12:27 pm		
Cost Center	Description	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.00	24.00	25.00	26.00		
69.00	06900	ELECTROCARDIOLOGY	119,456	0	119,456	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	144,265	0	144,265	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	556,559	0	556,559	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	77,388	0	77,388	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	705,226	0	705,226	73.00	
74.00	07400	RENAL DIALYSIS	38,056	0	38,056	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00	
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	219,554	0	219,554	75.01	
76.97	07697	CARDIAC REHABILITATION	145,731	0	145,731	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00	
90.00	09000	CLINIC	146,969	0	146,969	90.00	
91.00	09100	EMERGENCY	1,102,941	0	1,102,941	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	549,425	0	549,425	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00	
99.00	09900	CMHC	0	0	0	99.00	
99.10	09910	CORF	0	0	0	99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00	
101.00	10100	HOME HEALTH AGENCY	670,674	0	670,674	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	0	0	0	105.00	
106.00	10600	HEART ACQUISITION	0	0	0	106.00	
107.00	10700	LIVER ACQUISITION	0	0	0	107.00	
108.00	10800	LUNG ACQUISITION	0	0	0	108.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	111.00	
113.00	11300	INTEREST EXPENSE	0	0	0	113.00	
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00	
116.00	11600	HOSPICE	498,868	0	498,868	116.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	18,700,684	0	18,700,684	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,623	0	29,623	190.00	
190.01	19001	PROMPTCARE	425,357	0	425,357	190.01	
190.02	19002	RENTAL PROPERTIES	246,812	0	246,812	190.02	
190.03	19003	OLCOTT	74,728	0	74,728	190.03	
190.04	19004	PHYSICIAN RECRUITMENT	22,213	0	22,213	190.04	
190.05	19005	FOUNDATION	162,704	0	162,704	190.05	
190.06	19006	MARKETING	11,755	0	11,755	190.06	
190.07	19007	HME STORE	189,988	0	189,988	190.07	
190.08	19008	UNUSED SPACE	320,558	0	320,558	190.08	
190.09	19010	CLINICAL TRIALS	8,650	0	8,650	190.09	
191.00	19100	RESEARCH	0	0	0	191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00	
193.00	19300	NONPAID WORKERS	0	0	0	193.00	
194.00	07950	IU HEALTH PAOLI HOSPITAL	14,526	0	14,526	194.00	
194.01	07951	IU HEALTH BEDFORD HOSPITAL	6,265	0	6,265	194.01	
194.02	07952	IU HEALTH MORGAN HOSPITAL	5,800	0	5,800	194.02	
194.03	07953	IU HEALTH SIP	20,965	0	20,965	194.03	
200.00		Cross Foot Adjustments	0	0	0	200.00	
201.00		Negative Cost Centers	0	0	0	201.00	
202.00		TOTAL (sum lines 118-201)	0	20,240,628	0	20,240,628	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1

Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	1947 BUILDING (SQUARE FEET)	1965 BUILDING (SQUARE FEET)	1983 BUILDING (SQUARE FEET)	MEDICAL ARTS (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0				1.00
1.01	00101	CAP REL COSTS-1947 BUILDING	0	21,795			1.01
1.02	00102	CAP REL COSTS-1965 BUILDING	0	0	445,799		1.02
1.03	00103	CAP REL COSTS-1983 BUILDING	0	0	0	116,670	1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS	0	0	0	0	29,810
1.05	00105	CAP REL COSTS-UTILITIES	0	0	0	0	0
1.06	00106	CAP REL COSTS-WEGMILLER	0	0	0	0	0
1.07	00107	CAP REL COSTS-CANCER	0	0	0	0	0
1.08	00108	CAP REL COSTS-PHNA BUILDING	0	0	0	0	0
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT	0	0	0	0	0
1.10	00110	CAP REL COSTS-WEST PROMPTCARE	0	0	0	0	0
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	1,854
4.01	00402	CHILD CARE	0	0	0	0	0
5.00	00500	ADMINISTRATIVE & GENERAL	0	19,899	51,730	25,592	11,140
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	0	308	60,600	25,847	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	256	0	0
9.00	00900	HOUSEKEEPING	0	628	2,404	105	0
10.00	01000	DIETARY	0	0	9,043	17	0
11.00	01100	CAFETERIA	0	0	5,852	165	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	660	7,360	802	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	3,935	0
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	630	4,727	650
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
18.01	01851	CENTRAL STERILIZATION	0	0	0	3,110	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	0	117,458	6,188	0
31.00	03100	INTENSIVE CARE UNIT	0	0	0	10,276	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	12,161	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	5,951	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	25,919	17,789	0
50.01	05001	CV SURGERY	0	0	5,018	0	0
51.00	05100	RECOVERY ROOM	0	0	0	3,465	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	34,598	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	16,871	1,615	1,680
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	10,528	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	0	1,349	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,941	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	6,478	0	0
60.00	06000	LABORATORY	0	300	15,186	410	400
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	1,113	207	1,040
66.00	06600	PHYSICAL THERAPY	0	0	0	5,892	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	2,453	0	250

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1

Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	1947 BUILDING (SQUARE FEET)	1965 BUILDING (SQUARE FEET)	1983 BUILDING (SQUARE FEET)	MEDICAL ARTS (SQUARE FEET)		
		1.00	1.01	1.02	1.03	1.04		
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	3,416	249	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	5,821	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	788	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	3,759	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	26,478	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	6,603	3,550	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	4,796	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	21,795	439,035	116,670	21,810	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	943	0	0	190.00
190.01	19001	PROMPTCARE	0	0	0	0	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	2,528	0	1,800	190.02
190.03	19003	OLCOTT	0	0	0	0	2,750	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	3,293	0	3,450	190.08
190.09	19010	CLINICAL TRIALS	0	0	0	0	0	190.09
191.00	19100	RESEARCH	0	0	0	0	0	191.00
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	IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	24,740	3,635,887	208,676	33,295	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	1.135123	8.155889	1.788600	1.116907	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1  
Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description		CAPITAL RELATED COSTS						
		UTILITIES (SQUARE FEET)	WEGMI LLER (SQUARE FEET)	CANCER (SQUARE FEET)	PHNA BUILDING (SQUARE FEET)	PAIN MANAGEMENT (SQUARE FEET)		
		1.05	1.06	1.07	1.08	1.09		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-1947 BUILDING						1.01
1.02	00102	CAP REL COSTS-1965 BUILDING						1.02
1.03	00103	CAP REL COSTS-1983 BUILDING						1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	00105	CAP REL COSTS-UTILITIES	26,914					1.05
1.06	00106	CAP REL COSTS-WEGMI LLER	0	6,497				1.06
1.07	00107	CAP REL COSTS-CANCER	0	0	15,385			1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING	0	0	0	15,158		1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT	0	0	0	0	3,000	1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE	0	0	0	0	0	1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
4.01	00402	CHILD CARE	0	0	0	0	0	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	12,488	5,762	0	0	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,516	113	3,038	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	12,910	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	0	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	622	0	0	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	12,347	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	3,000	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



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1

Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description		CAPITAL RELATED COSTS							
		UTILITIES (SQUARE FEET)	WEGMILLER (SQUARE FEET)	CANCER (SQUARE FEET)	PHNA BUILDING (SQUARE FEET)	PAIN MANAGEMENT (SQUARE FEET)			
		1.05	1.06	1.07	1.08	1.09			
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	15,158	0	0	101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	26,914	6,497	15,385	15,158	3,000	0	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
190.01	19001	PROMPTCARE	0	0	0	0	0	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	0	190.02
190.03	19003	OLCOTT	0	0	0	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	0	190.08
190.09	19010	CLINICAL TRIALS	0	0	0	0	0	0	190.09
191.00	19100	RESEARCH	0	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	0	0	0	0	0	0	194.03
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)	31,786	10,667	157,159	72,122	31,549	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.181021	1.641835	10.215080	4.758016	10.516333	0	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)							204.00
205.00		Unit cost multiplier (Wkst. B, Part II)							205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1

Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CHILD CARE (NUMBER OF CHILDREN)	Reconciliation	
	WEST PROMPTCARE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.10	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-1947 BUILDING					1.01
1.02 00102	CAP REL COSTS-1965 BUILDING					1.02
1.03 00103	CAP REL COSTS-1983 BUILDING					1.03
1.04 00104	CAP REL COSTS-MEDICAL ARTS					1.04
1.05 00105	CAP REL COSTS-UTILITIES					1.05
1.06 00106	CAP REL COSTS-WEGMILLER					1.06
1.07 00107	CAP REL COSTS-CANCER					1.07
1.08 00108	CAP REL COSTS-PHNA BUILDING					1.08
1.09 00109	CAP REL COSTS-PAIN MANAGEMENT					1.09
1.10 00110	CAP REL COSTS-WEST PROMPTCARE	8,568				1.10
2.00 00200	CAP REL COSTS-MVBLE EQUIP		898,302			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	14,384	111,848,468		4.00
4.01 00402	CHILD CARE	0	0	0	0	4.01
5.00 00500	ADMINISTRATIVE & GENERAL	0	210,321	15,280,330	-64,888,219	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	116,171	2,691,392	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	13,166	521,073	0	8.00
9.00 00900	HOUSEKEEPING	0	3,487	1,605,488	0	9.00
10.00 01000	DIETARY	0	12,060	1,345,030	0	10.00
11.00 01100	CAFETERIA	0	6,017	730,582	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	16,823	3,562,508	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	3,935	461,895	0	14.00
15.00 01500	PHARMACY	0	0	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	6,007	142,735	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
18.01 01851	CENTRAL STERILIZATION	0	3,110	404,575	0	18.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	123,646	20,528,411	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	10,276	2,615,113	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I/RF	0	12,161	1,098,225	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	5,951	1,333,951	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	44,330	5,701,528	0	50.00
50.01 05001	CV SURGERY	0	5,018	504,910	0	50.01
51.00 05100	RECOVERY ROOM	0	3,465	845,380	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	34,598	2,752,437	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	22,056	3,139,731	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	22,875	1,998,305	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	1,349	577,473	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,941	311,686	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	6,478	1,057,926	0	59.00
60.00 06000	LABORATORY	0	17,874	3,229,115	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
60.02 06002	PHYSICIAN LABORATORY	0	0	1,340,698	0	60.02
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	2,360	1,753,998	0	65.00
66.00 06600	PHYSICAL THERAPY	0	34,460	7,229,083	0	66.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1

Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CHILD CARE (NUMBER OF CHILDREN)	Reconciliation	
	WEST PROMPTCARE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.10	2.00				
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	2,703	801,913	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	3,665	881,382	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	7,021	4,781,394	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	788	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	7,640	1,573,475	0	0	75.01
76.97 07697 CARDIAC REHABILITATION	0	4,157	606,620	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	5,140	941,148	0	0	90.00
91.00 09100 EMERGENCY	0	26,478	4,283,917	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	14,153	4,267,133	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	16,598	4,565,204	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	14,940	2,898,442	0	0	116.00
118.00		857,602	108,364,206	0	-64,888,219	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	943	0	0	0	190.00
190.01 19001 PROMPTCARE	8,568	14,349	1,131,672	0	0	190.01
190.02 19002 RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03 19003 OLCOTT	0	2,750	262,265	0	0	190.03
190.04 19004 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05 19005 FOUNDATION	0	6,447	438,661	0	0	190.05
190.06 19006 MARKETING	0	0	0	0	0	190.06
190.07 19007 HME STORE	0	6,400	257,270	0	0	190.07
190.08 19008 UNUSED SPACE	0	9,811	0	0	0	190.08
190.09 19010 CLINICAL TRIALS	0	0	168,872	0	0	190.09
191.00 19100 RESEARCH	0	0	0	0	0	191.00
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 IU HEALTH PAOLI HOSPITAL	0	0	249,363	0	0	194.00
194.01 07951 IU HEALTH BEDFORD HOSPITAL	0	0	220,683	0	0	194.01
194.02 07952 IU HEALTH MORGAN HOSPITAL	0	0	204,294	0	0	194.02
194.03 07953 IU HEALTH SIP	0	0	551,182	0	0	194.03
200.00						200.00
201.00						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	46,037	15,988,710	37,883,792	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	5.373133	17.798814	0.338706	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			258,089	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.002307	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1

Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-1947 BUILDING					1.01
1.02	00102	CAP REL COSTS-1965 BUILDING					1.02
1.03	00103	CAP REL COSTS-1983 BUILDING					1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS					1.04
1.05	00105	CAP REL COSTS-UTILITIES					1.05
1.06	00106	CAP REL COSTS-WEGMILLER					1.06
1.07	00107	CAP REL COSTS-CANCER					1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING					1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT					1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE					1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00402	CHILD CARE					4.01
5.00	00500	ADMINISTRATIVE & GENERAL	220,984,548				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	14,579,221	0	613,769		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	805,921	0	13,166	1,845,386	8.00
9.00	00900	HOUSEKEEPING	2,566,224	0	3,487	0	12,827
10.00	01000	DIETARY	2,603,071	0	12,060	13,114	51
11.00	01100	CAFETERIA	432,583	0	6,017	8,636	25
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	5,495,054	0	16,823	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	681,675	0	3,935	0	92
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	649,756	0	6,007	0	20
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
18.01	01851	CENTRAL STERILIZATION	659,656	0	3,110	0	13
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	30,878,790	0	123,646	539,973	5,112
31.00	03100	INTENSIVE CARE UNIT	3,904,435	0	10,276	133,052	889
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	1,823,925	0	12,161	51,595	330
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	1,978,895	0	5,951	16,766	773
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	11,033,196	0	44,330	239,087	570
50.01	05001	CV SURGERY	965,631	0	5,018	0	64
51.00	05100	RECOVERY ROOM	1,210,843	0	3,465	0	44
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,747,010	0	34,598	184,855	1,376
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,303,503	0	22,056	91,263	432
55.00	05500	RADIOLOGY-THERAPEUTIC	4,725,689	0	22,875	23,881	75
56.00	05600	RADIO SOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	1,200,518	0	1,349	0	33
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	676,286	0	1,941	0	47
59.00	05900	CARDIAC CATHETERIZATION	2,058,330	0	6,478	74,225	289
60.00	06000	LABORATORY	9,827,744	0	17,874	0	117
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
60.02	06002	PHYSICIAN LABORATORY	4,068,047	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	37,190	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,459,220	0	2,360	0	2
66.00	06600	PHYSICAL THERAPY	10,563,039	0	34,460	67,391	251
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	1,214,486	0	2,703	36,351	121

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1

Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5.00	6.00	7.00	8.00	9.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	1,406,598	0	3,665	0	3	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	22,511,953	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,183,005	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	23,492,991	0	7,021	0	352	73.00
74.00	07400 RENAL DIALYSIS	940,599	0	788	0	9	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,432,021	0	7,640	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	939,947	0	4,157	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	1,395,410	0	5,140	0	0	90.00
91.00	09100 EMERGENCY	7,088,523	0	26,478	274,124	1,447	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	6,784,189	0	14,153	64,700	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	7,849,531	0	16,598	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	5,197,733	0	14,940	18,570	276	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	209,372,438	0	516,726	1,837,583	12,813	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	24,475	0	943	0	14	190.00
190.01	19001 PROMPTCARE	2,392,969	0	14,349	7,803	0	190.01
190.02	19002 RENTAL PROPERTIES	698,291	0	44,084	0	0	190.02
190.03	19003 OLCOTT	434,343	0	2,750	0	0	190.03
190.04	19004 PHYSICIAN RECRUITMENT	1,140,082	0	0	0	0	190.04
190.05	19005 FOUNDATION	790,975	0	6,447	0	0	190.05
190.06	19006 MARKETING	603,310	0	0	0	0	190.06
190.07	19007 HOME STORE	2,305,009	0	6,400	0	0	190.07
190.08	19008 UNUSED SPACE	503,044	0	22,070	0	0	190.08
190.09	19010 CLINICAL TRIALS	423,925	0	0	0	0	190.09
191.00	19100 RESEARCH	0	0	0	0	0	191.00
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 IU HEALTH PAOLI HOSPITAL	716,040	0	0	0	0	194.00
194.01	07951 IU HEALTH BEDFORD HOSPITAL	295,430	0	0	0	0	194.01
194.02	07952 IU HEALTH MORGAN HOSPITAL	273,491	0	0	0	0	194.02
194.03	07953 IU HEALTH SIP	1,010,726	0	0	0	0	194.03
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)	64,888,219	0	18,860,147	1,447,135	3,426,899	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.293632	0.000000	30.728412	0.784191	267.162938	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4,305,637	0	2,931,814	331,470	152,932	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.019484	0.000000	4.776738	0.179621	11.922663	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1

Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (TIME SPENT)	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
1.04	00104						1.04
1.05	00105						1.05
1.06	00106						1.06
1.07	00107						1.07
1.08	00108						1.08
1.09	00109						1.09
1.10	00110						1.10
2.00	00200						2.00
4.00	00400						4.00
4.01	00402						4.01
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	231,458					10.00
11.00	01100	0	3,288,945				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	112,042	0	1,806,772		13.00
14.00	01400	0	25,070	0	0	27,834,014	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	0	7,454	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	0	24,629	0	0	0	18.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	195,599	793,479	0	793,479	0	30.00
31.00	03100	17,087	97,139	0	97,139	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	18,772	44,851	0	44,851	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	41,711	0	41,711	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	209,984	0	209,984	0	50.00
50.01	05001	0	13,748	0	13,748	0	50.01
51.00	05100	0	29,122	0	29,122	0	51.00
52.00	05200	0	92,024	0	92,024	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	111,434	0	0	0	54.00
55.00	05500	0	60,514	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	18,244	0	0	0	57.00
58.00	05800	0	9,632	0	0	0	58.00
59.00	05900	0	36,467	0	0	0	59.00
60.00	06000	0	218,685	0	0	2,101,838	60.00
60.01	06001	0	0	0	0	0	60.01
60.02	06002	0	0	0	0	0	60.02
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	37,190	64.00
65.00	06500	0	55,434	0	0	0	65.00
66.00	06600	0	250,713	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1

Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATIO N (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (TIME SPENT)	
			10.00	11.00	12.00	13.00	14.00	
69.00	06900	ELECTROCARDIOLOGY	0	29,152	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	31,126	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	22,511,981	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,183,005	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	132,312	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	03550	PSYCHIATRICAL/PSYCHOLOGICAL SERVICES	0	41,829	0	41,829	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	19,935	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	21,447	0	0	0	90.00
91.00	09100	EMERGENCY	0	168,403	0	168,403	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	221,190	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	162,432	0	162,432	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	112,050	0	112,050	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	231,458	3,192,252	0	1,806,772	27,834,014	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	PROMPTCARE	0	75,822	0	0	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	0	8,505	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	12,366	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19010	CLINICAL TRIALS	0	0	0	0	0	190.09
191.00	19100	RESEARCH	0	0	0	0	0	191.00
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	IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,761,910	757,947	0	7,651,342	1,033,109	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.253100	0.230453	0.000000	4.234813	0.037117	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	402,830	195,822	0	563,954	112,810	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.740402	0.059539	0.000000	0.312133	0.004053	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1  
Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		
				(SPECIFY) (TIME SPENT)	CENTRAL STERILIZATION (TIME SPENT)	
				15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-1947 BUILDING					1.01
1.02 00102	CAP REL COSTS-1965 BUILDING					1.02
1.03 00103	CAP REL COSTS-1983 BUILDING					1.03
1.04 00104	CAP REL COSTS-MEDICAL ARTS					1.04
1.05 00105	CAP REL COSTS-UTILITIES					1.05
1.06 00106	CAP REL COSTS-WEGMILLER					1.06
1.07 00107	CAP REL COSTS-CANCER					1.07
1.08 00108	CAP REL COSTS-PHNA BUILDING					1.08
1.09 00109	CAP REL COSTS-PAIN MANAGEMENT					1.09
1.10 00110	CAP REL COSTS-WEST PROMPTCARE					1.10
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01 00402	CHILD CARE					4.01
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY	0				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	873,039,454			16.00
17.00 01700	SOCIAL SERVICE	0	0	0		17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
18.01 01851	CENTRAL STERILIZATION	0	0	0	0	18.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	92,824,156	0	0	443 30.00
31.00 03100	INTENSIVE CARE UNIT	0	12,832,579	0	0	39 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	6,318,062	0	0	42 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	8,340,846	0	0	56 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	73,972,146	0	0	30,900 50.00
50.01 05001	CV SURGERY	0	7,738,006	0	0	563 50.01
51.00 05100	RECOVERY ROOM	0	10,507,261	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	18,109,801	0	0	9 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	31,673,598	0	0	49 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	34,700,309	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00 05700	CT SCAN	0	45,985,674	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	14,794,586	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	39,476,671	0	0	102 59.00
60.00 06000	LABORATORY	0	65,251,334	0	0	0 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
60.02 06002	PHYSICIAN LABORATORY	0	8,752,352	0	0	0 60.02
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	353,289	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	8,967,551	0	0	216 65.00
66.00 06600	PHYSICAL THERAPY	0	28,931,327	0	0	8 66.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1

Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		
				(SPECIFY) (TIME SPENT)	CENTRAL STERILIZATION (TIME SPENT)	
				15.00	16.00	
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	15,658,661	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	10,112,180	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	140,932,380	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	13,200,755	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	98,385,604	0	0	3	73.00
74.00 07400 RENAL DIALYSIS	0	2,269,239	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97 07697 CARDIAC REHABILITATION	0	1,744,081	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	1,579,880	0	0	0	90.00
91.00 09100 EMERGENCY	0	64,154,042	0	0	57	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	15,473,084	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	873,039,454	0	0	32,487	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 PROMPTCARE	0	0	0	0	83	190.01
190.02 19002 RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03 19003 OLCOTT	0	0	0	0	0	190.03
190.04 19004 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05 19005 FOUNDATION	0	0	0	0	0	190.05
190.06 19006 MARKETING	0	0	0	0	0	190.06
190.07 19007 HME STORE	0	0	0	0	0	190.07
190.08 19008 UNUSED SPACE	0	0	0	0	0	190.08
190.09 19010 CLINICAL TRIALS	0	0	0	0	0	190.09
191.00 19100 RESEARCH	0	0	0	0	0	191.00
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 IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01 07951 IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02 07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03 07953 IU HEALTH SIP	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	1,032,192	0	0	958,066	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.001182	0.000000	0.000000	29.415597	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	163,601	0	0	91,180	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000187	0.000000	0.000000	2.799509	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1

Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			19.00	20.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-1947 BUILDING					1.01
1.02 00102	CAP REL COSTS-1965 BUILDING					1.02
1.03 00103	CAP REL COSTS-1983 BUILDING					1.03
1.04 00104	CAP REL COSTS-MEDICAL ARTS					1.04
1.05 00105	CAP REL COSTS-UTILITIES					1.05
1.06 00106	CAP REL COSTS-WEGMILLER					1.06
1.07 00107	CAP REL COSTS-CANCER					1.07
1.08 00108	CAP REL COSTS-PHNA BUILDING					1.08
1.09 00109	CAP REL COSTS-PAIN MANAGEMENT					1.09
1.10 00110	CAP REL COSTS-WEST PROMPTCARE					1.10
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01 00402	CHILD CARE					4.01
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
18.01 01851	CENTRAL STERILIZATION					18.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0				19.00
20.00 02000	NURSING SCHOOL		0			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD			0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				0	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)					0 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS			0	0	0 30.00
31.00 03100	INTENSIVE CARE UNIT			0	0	0 31.00
32.00 03200	CORONARY CARE UNIT			0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT			0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT			0	0	0 34.00
40.00 04000	SUBPROVIDER - IPF			0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF			0	0	0 41.00
42.00 04200	SUBPROVIDER			0	0	0 42.00
43.00 04300	NURSERY			0	0	0 43.00
44.00 04400	SKILLED NURSING FACILITY			0	0	0 44.00
45.00 04500	NURSING FACILITY			0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE			0	0	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	0	0	0 50.00
50.01 05001	CV SURGERY	0	0	0	0	0 50.01
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	0	0	0	0 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
60.02 06002	PHYSICIAN LABORATORY	0	0	0	0	0 60.02
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1

Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			19.00	20.00		
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 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 PROMPTCARE	0	0	0	0	0	190.01
190.02 19002 RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03 19003 OLCOTT	0	0	0	0	0	190.03
190.04 19004 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05 19005 FOUNDATION	0	0	0	0	0	190.05
190.06 19006 MARKETING	0	0	0	0	0	190.06
190.07 19007 HOME STORE	0	0	0	0	0	190.07
190.08 19008 UNUSED SPACE	0	0	0	0	0	190.08
190.09 19010 CLINICAL TRIALS	0	0	0	0	0	190.09
191.00 19100 RESEARCH	0	0	0	0	0	191.00
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 IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01 07951 IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02 07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03 07953 IU HEALTH SIP	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150051

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2015 12:27 pm

		Title XVII		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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	52,379,436		52,379,436	8,575	52,388,011	30.00
31.00	03100	INTENSIVE CARE UNIT	6,436,297		6,436,297	0	6,436,297	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,375,878		3,375,878	0	3,375,878	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	3,160,248		3,160,248	0	3,160,248	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	17,908,872		17,908,872	0	17,908,872	50.00
50.01	05001	CV SURGERY	1,507,559		1,507,559	0	1,507,559	50.01
51.00	05100	RECOVERY ROOM	1,827,071		1,827,071	0	1,827,071	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,149,186		8,149,186	0	8,149,186	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,790,068		7,790,068	0	7,790,068	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,909,941		6,909,941	0	6,909,941	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,661,857		1,661,857	0	1,661,857	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	966,773		966,773	0	966,773	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,055,263		3,055,263	0	3,055,263	59.00
60.00	06000	LABORATORY	13,499,520		13,499,520	0	13,499,520	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	5,272,901		5,272,901	0	5,272,901	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	49,908		49,908	0	49,908	64.00
65.00	06500	RESPIRATORY THERAPY	3,284,108	0	3,284,108	0	3,284,108	65.00
66.00	06600	PHYSICAL THERAPY	14,935,701	0	14,935,701	0	14,935,701	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	1,740,217		1,740,217	0	1,740,217	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,952,167		1,952,167	0	1,952,167	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,124,595		30,124,595	0	30,124,595	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,251,384		4,251,384	0	4,251,384	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,847,942		30,847,942	0	30,847,942	73.00
74.00	07400	RENAL DIALYSIS	1,246,089		1,246,089	0	1,246,089	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,274,051		2,274,051	12,129	2,286,180	75.01
76.97	07697	CARDIAC REHABILITATION	1,350,340		1,350,340	0	1,350,340	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	1,969,901		1,969,901	0	1,969,901	90.00
91.00	09100	EMERGENCY	11,414,589		11,414,589	0	11,414,589	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,746,789		3,746,789	0	3,746,789	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	9,331,143		9,331,143	0	9,331,143	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	11,389,736		11,389,736	0	11,389,736	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150051

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

Worksheet C  
Part I  
Date/Time Prepared:  
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			Title XVIII		Hospital		PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			0	115.00
116.00	11600	HOSPICE	7,771,668		7,771,668			7,771,668	116.00
200.00		Subtotal (see instructions)	271,581,198	0	271,581,198	20,704		271,601,902	200.00
201.00		Less Observation Beds	3,746,789		3,746,789			3,746,789	201.00
202.00		Total (see instructions)	267,834,409	0	267,834,409	20,704		267,855,113	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150051		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/28/2015 12:27 pm	
			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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	87,991,220		87,991,220			30.00
31.00	03100	INTENSIVE CARE UNIT	12,832,579		12,832,579			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I PF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	6,318,062		6,318,062			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	8,340,846		8,340,846			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	28,992,353	44,979,793	73,972,146	0.242103	0.000000	50.00
50.01	05001	CV SURGERY	7,577,171	160,835	7,738,006	0.194825	0.000000	50.01
51.00	05100	RECOVERY ROOM	3,183,378	7,323,883	10,507,261	0.173887	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,388,069	1,721,732	18,109,801	0.449988	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,206,080	23,467,518	31,673,598	0.245948	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,707,983	32,992,326	34,700,309	0.199132	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	8,921,201	37,064,473	45,985,674	0.036139	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,413,813	11,380,773	14,794,586	0.065346	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,686,229	24,790,442	39,476,671	0.077394	0.000000	59.00
60.00	06000	LABORATORY	34,274,760	30,976,574	65,251,334	0.206885	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
60.02	06002	PHYSICIAN LABORATORY	0	8,752,352	8,752,352	0.602455	0.000000	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	222,123	131,166	353,289	0.141267	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	7,811,472	1,156,079	8,967,551	0.366221	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	9,420,834	19,510,493	28,931,327	0.516247	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,376,061	10,282,600	15,658,661	0.111134	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,843,034	8,269,146	10,112,180	0.193051	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	79,164,575	61,767,805	140,932,380	0.213752	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,984,926	11,215,829	13,200,755	0.322056	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,807,531	55,578,073	98,385,604	0.313541	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,269,239	0	2,269,239	0.549122	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,834,626	1,834,626	1.239517	0.000000	75.01
76.97	07697	CARDIAC REHABILITATION	272,929	1,471,152	1,744,081	0.774242	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	147,033	1,432,847	1,579,880	1.246867	0.000000	90.00
91.00	09100	EMERGENCY	11,507,118	52,646,924	64,154,042	0.177925	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,832,936	4,832,936	0.775261	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	14,347	15,458,737	15,473,084	0.603056	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	6,484,493	6,484,493			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE	0	0	0			113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0			114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150051

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

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Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	5,388,319	5,388,319			116.00
200.00		Subtotal (see instructions)	405,674,966	481,071,926	886,746,892			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	405,674,966	481,071,926	886,746,892			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/28/2015 12:27 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.242103		50.00
50.01	05001 CV SURGERY	0.194825		50.01
51.00	05100 RECOVERY ROOM	0.173887		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.449988		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.245948		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.199132		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.036139		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.065346		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.077394		59.00
60.00	06000 LABORATORY	0.206885		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
60.02	06002 PHYSICIAN LABORATORY	0.602455		60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.141267		64.00
65.00	06500 RESPIRATORY THERAPY	0.366221		65.00
66.00	06600 PHYSICAL THERAPY	0.516247		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.111134		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.193051		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.213752		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.322056		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.313541		73.00
74.00	07400 RENAL DIALYSIS	0.549122		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.246129		75.01
76.97	07697 CARDIAC REHABILITATION	0.774242		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	1.246867		90.00
91.00	09100 EMERGENCY	0.177925		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.775261		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.603056		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600 HOSPICE			116.00



COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/28/2015 12:27 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII	Hospital
200.00	Subtotal (see instructions)	11.00		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: 150051

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

Worksheet C  
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		Title XIX		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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	52,379,436		52,379,436	8,575	52,388,011	30.00
31.00	03100	INTENSIVE CARE UNIT	6,436,297		6,436,297	0	6,436,297	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,375,878		3,375,878	0	3,375,878	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	3,160,248		3,160,248	0	3,160,248	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	17,908,872		17,908,872	0	17,908,872	50.00
50.01	05001	CV SURGERY	1,507,559		1,507,559	0	1,507,559	50.01
51.00	05100	RECOVERY ROOM	1,827,071		1,827,071	0	1,827,071	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,149,186		8,149,186	0	8,149,186	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,790,068		7,790,068	0	7,790,068	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,909,941		6,909,941	0	6,909,941	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,661,857		1,661,857	0	1,661,857	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	966,773		966,773	0	966,773	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,055,263		3,055,263	0	3,055,263	59.00
60.00	06000	LABORATORY	13,499,520		13,499,520	0	13,499,520	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	5,272,901		5,272,901	0	5,272,901	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	49,908		49,908	0	49,908	64.00
65.00	06500	RESPIRATORY THERAPY	3,284,108	0	3,284,108	0	3,284,108	65.00
66.00	06600	PHYSICAL THERAPY	14,935,701	0	14,935,701	0	14,935,701	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	1,740,217		1,740,217	0	1,740,217	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,952,167		1,952,167	0	1,952,167	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,124,595		30,124,595	0	30,124,595	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,251,384		4,251,384	0	4,251,384	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,847,942		30,847,942	0	30,847,942	73.00
74.00	07400	RENAL DIALYSIS	1,246,089		1,246,089	0	1,246,089	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,274,051		2,274,051	12,129	2,286,180	75.01
76.97	07697	CARDIAC REHABILITATION	1,350,340		1,350,340	0	1,350,340	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	1,969,901		1,969,901	0	1,969,901	90.00
91.00	09100	EMERGENCY	11,414,589		11,414,589	0	11,414,589	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,746,789		3,746,789	0	3,746,789	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	9,331,143		9,331,143	0	9,331,143	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	11,389,736		11,389,736	0	11,389,736	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150051

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2015 12:27 pm

			Title XIX		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	
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	7,771,668		7,771,668		7,771,668	116.00
200.00		Subtotal (see instructions)	271,581,198	0	271,581,198	20,704	271,601,902	200.00
201.00		Less Observation Beds	3,746,789		3,746,789		3,746,789	201.00
202.00		Total (see instructions)	267,834,409	0	267,834,409	20,704	267,855,113	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150051		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/28/2015 12:27 pm	
			Title XIX		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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	87,991,220		87,991,220			30.00
31.00	03100	INTENSIVE CARE UNIT	12,832,579		12,832,579			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I/PF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	6,318,062		6,318,062			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	8,340,846		8,340,846			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	28,992,353	44,979,793	73,972,146	0.242103	0.000000	50.00
50.01	05001	CV SURGERY	7,577,171	160,835	7,738,006	0.194825	0.000000	50.01
51.00	05100	RECOVERY ROOM	3,183,378	7,323,883	10,507,261	0.173887	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,388,069	1,721,732	18,109,801	0.449988	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,206,080	23,467,518	31,673,598	0.245948	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,707,983	32,992,326	34,700,309	0.199132	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	8,921,201	37,064,473	45,985,674	0.036139	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,413,813	11,380,773	14,794,586	0.065346	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,686,229	24,790,442	39,476,671	0.077394	0.000000	59.00
60.00	06000	LABORATORY	34,274,760	30,976,574	65,251,334	0.206885	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
60.02	06002	PHYSICIAN LABORATORY	0	8,752,352	8,752,352	0.602455	0.000000	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	222,123	131,166	353,289	0.141267	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	7,811,472	1,156,079	8,967,551	0.366221	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	9,420,834	19,510,493	28,931,327	0.516247	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,376,061	10,282,600	15,658,661	0.111134	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,843,034	8,269,146	10,112,180	0.193051	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	79,164,575	61,767,805	140,932,380	0.213752	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,984,926	11,215,829	13,200,755	0.322056	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,807,531	55,578,073	98,385,604	0.313541	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,269,239	0	2,269,239	0.549122	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,834,626	1,834,626	1.239517	0.000000	75.01
76.97	07697	CARDIAC REHABILITATION	272,929	1,471,152	1,744,081	0.774242	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	147,033	1,432,847	1,579,880	1.246867	0.000000	90.00
91.00	09100	EMERGENCY	11,507,118	52,646,924	64,154,042	0.177925	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,832,936	4,832,936	0.775261	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	14,347	15,458,737	15,473,084	0.603056	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0	0	0.000000	0.000000	99.00
99.10	09910	CORF	0	0	0	0.000000	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	6,484,493	6,484,493			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE	0	0	0			113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0			114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150051

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

Worksheet C  
Part I  
Date/Time Prepared:  
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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				
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	5,388,319	5,388,319			116.00
200.00		Subtotal (see instructions)	405,674,966	481,071,926	886,746,892			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	405,674,966	481,071,926	886,746,892			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/28/2015 12:27 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.242103		50.00
50.01	05001 CV SURGERY	0.194825		50.01
51.00	05100 RECOVERY ROOM	0.173887		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.449988		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.245948		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.199132		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.036139		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.065346		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.077394		59.00
60.00	06000 LABORATORY	0.206885		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
60.02	06002 PHYSICIAN LABORATORY	0.602455		60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.141267		64.00
65.00	06500 RESPIRATORY THERAPY	0.366221		65.00
66.00	06600 PHYSICAL THERAPY	0.516247		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.111134		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.193051		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.213752		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.322056		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.313541		73.00
74.00	07400 RENAL DIALYSIS	0.549122		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.246129		75.01
76.97	07697 CARDIAC REHABILITATION	0.774242		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	1.246867		90.00
91.00	09100 EMERGENCY	0.177925		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.775261		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.603056		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600 HOSPICE			116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/28/2015 12:27 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
200.00	Subtotal (see instructions)	11.00		200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part II Date/Time Prepared: 5/28/2015 12:27 pm
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Cost Center Description	Title XIX			Hospital		PPS
	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	17,908,872	1,701,252	16,207,620	0	0 50.00
50.01	05001 CV SURGERY	1,507,559	183,085	1,324,474	0	0 50.01
51.00	05100 RECOVERY ROOM	1,827,071	123,277	1,703,794	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	8,149,186	1,249,312	6,899,874	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,790,068	785,105	7,004,963	0	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	6,909,941	840,368	6,069,573	0	0 55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700 CT SCAN	1,661,857	76,258	1,585,599	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	966,773	65,087	901,686	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	3,055,263	268,242	2,787,021	0	0 59.00
60.00	06000 LABORATORY	13,499,520	762,961	12,736,559	0	0 60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0 60.01
60.02	06002 PHYSICIAN LABORATORY	5,272,901	83,992	5,188,909	0	0 60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	49,908	942	48,966	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	3,284,108	121,455	3,162,653	0	0 65.00
66.00	06600 PHYSICAL THERAPY	14,935,701	1,077,984	13,857,717	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	1,740,217	119,456	1,620,761	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,952,167	144,265	1,807,902	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	30,124,595	556,559	29,568,036	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	4,251,384	77,388	4,173,996	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	30,847,942	705,226	30,142,716	0	0 73.00
74.00	07400 RENAL DIALYSIS	1,246,089	38,056	1,208,033	0	0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,274,051	219,554	2,054,497	0	0 75.01
76.97	07697 CARDIAC REHABILITATION	1,350,340	145,731	1,204,609	0	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000 CLINIC	1,969,901	146,969	1,822,932	0	0 90.00
91.00	09100 EMERGENCY	11,414,589	1,102,941	10,311,648	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,746,789	373,427	3,373,362	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00
95.00	09500 AMBULANCE SERVICES	9,331,143	549,425	8,781,718	0	0 95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0 97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0 98.00
99.00	09900 CMHC	0	0	0	0	0 99.00
99.10	09910 CORF	0	0	0	0	0 99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0 100.00
101.00	10100 HOME HEALTH AGENCY	11,389,736	670,674	10,719,062	0	0 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0 105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0 106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0 107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0 108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0 113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0 114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0 115.00
116.00	11600 HOSPICE	7,771,668	498,868	7,272,800	0	0 116.00
200.00	Subtotal (sum of lines 50 thru 199)	206,229,339	12,687,859	193,541,480	0	0 200.00
201.00	Less Observation Beds	3,746,789	373,427	3,373,362	0	0 201.00
202.00	Total (line 200 minus line 201)	202,482,550	12,314,432	190,168,118	0	0 202.00



CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part II Date/Time Prepared: 5/28/2015 12:27 pm
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	17,908,872	73,972,146	0.242103		50.00
50.01	05001 CV SURGERY	1,507,559	7,738,006	0.194825		50.01
51.00	05100 RECOVERY ROOM	1,827,071	10,507,261	0.173887		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	8,149,186	18,109,801	0.449988		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,790,068	31,673,598	0.245948		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	6,909,941	34,700,309	0.199132		55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000		56.00
57.00	05700 CT SCAN	1,661,857	45,985,674	0.036139		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	966,773	14,794,586	0.065346		58.00
59.00	05900 CARDIAC CATHETERIZATION	3,055,263	39,476,671	0.077394		59.00
60.00	06000 LABORATORY	13,499,520	65,251,334	0.206885		60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000		60.01
60.02	06002 PHYSICIAN LABORATORY	5,272,901	8,752,352	0.602455		60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	49,908	353,289	0.141267		64.00
65.00	06500 RESPIRATORY THERAPY	3,284,108	8,967,551	0.366221		65.00
66.00	06600 PHYSICAL THERAPY	14,935,701	28,931,327	0.516247		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	1,740,217	15,658,661	0.111134		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,952,167	10,112,180	0.193051		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	30,124,595	140,932,380	0.213752		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	4,251,384	13,200,755	0.322056		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	30,847,942	98,385,604	0.313541		73.00
74.00	07400 RENAL DIALYSIS	1,246,089	2,269,239	0.549122		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,274,051	1,834,626	1.239517		75.01
76.97	07697 CARDIAC REHABILITATION	1,350,340	1,744,081	0.774242		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	09000 CLINIC	1,969,901	1,579,880	1.246867		90.00
91.00	09100 EMERGENCY	11,414,589	64,154,042	0.177925		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,746,789	4,832,936	0.775261		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	9,331,143	15,473,084	0.603056		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000		98.00
99.00	09900 CMHC	0	0	0.000000		99.00
99.10	09910 CORF	0	0	0.000000		99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000		100.00
101.00	10100 HOME HEALTH AGENCY	11,389,736	6,484,493	1.756457		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500 KIDNEY ACQUISITION	0	0	0.000000		105.00
106.00	10600 HEART ACQUISITION	0	0	0.000000		106.00
107.00	10700 LIVER ACQUISITION	0	0	0.000000		107.00
108.00	10800 LUNG ACQUISITION	0	0	0.000000		108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0.000000		109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0.000000		110.00
111.00	11100 ISLET ACQUISITION	0	0	0.000000		111.00
113.00	11300 INTEREST EXPENSE	0	0	0.000000		113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0.000000		114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000		115.00
116.00	11600 HOSPICE	7,771,668	5,388,319	1.442318		116.00
200.00	Subtotal (sum of lines 50 thru 199)	206,229,339	771,264,185			200.00
201.00	Less Observation Beds	3,746,789	0			201.00
202.00	Total (line 200 minus line 201)	202,482,550	771,264,185			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/28/2015 12:27 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,221,328	0	5,221,328	47,651	109.57	30.00
31.00	INTENSIVE CARE UNIT	435,323		435,323	3,865	112.63	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	475,637	0	475,637	4,246	112.02	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	253,964		253,964	5,546	45.79	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	6,386,252		6,386,252	61,308		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	19,482	2,134,643				
31.00	INTENSIVE CARE UNIT	2,346	264,230				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	2,710	303,574				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	24,538	2,702,447				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/28/2015 12:27 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,701,252	73,972,146	0.022999	12,937,634	297,553	50.00
50.01	05001 CV SURGERY	183,085	7,738,006	0.023660	3,302,548	78,138	50.01
51.00	05100 RECOVERY ROOM	123,277	10,507,261	0.011733	1,526,519	17,911	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,249,312	18,109,801	0.068985	98,758	6,813	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	785,105	31,673,598	0.024787	6,157,682	152,630	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	840,368	34,700,309	0.024218	1,074,802	26,030	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	76,258	45,985,674	0.001658	6,159,087	10,212	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	65,087	14,794,586	0.004399	1,815,455	7,986	58.00
59.00	05900 CARDIAC CATHETERIZATION	268,242	39,476,671	0.006795	7,189,071	48,850	59.00
60.00	06000 LABORATORY	762,961	65,251,334	0.011693	16,220,763	189,669	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
60.02	06002 PHYSICIAN LABORATORY	83,992	8,752,352	0.009597	0	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	942	353,289	0.002666	54,831	146	64.00
65.00	06500 RESPIRATORY THERAPY	121,455	8,967,551	0.013544	4,403,627	59,643	65.00
66.00	06600 PHYSICAL THERAPY	1,077,984	28,931,327	0.037260	2,390,639	89,075	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	119,456	15,658,661	0.007629	3,332,988	25,427	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	144,265	10,112,180	0.014266	1,109,782	15,832	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	556,559	140,932,380	0.003949	39,465,404	155,849	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	77,388	13,200,755	0.005862	1,344,915	7,884	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	705,226	98,385,604	0.007168	20,693,125	148,328	73.00
74.00	07400 RENAL DIALYSIS	38,056	2,269,239	0.016770	1,240,127	20,797	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	219,554	1,834,626	0.119672	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	145,731	1,744,081	0.083557	150,560	12,580	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	146,969	1,579,880	0.093025	72,443	6,739	90.00
91.00	09100 EMERGENCY	1,102,941	64,154,042	0.017192	5,514,036	94,797	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	373,427	4,832,936	0.077267	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	10,968,892	743,918,289		136,254,796	1,472,889	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/28/2015 12:27 pm
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Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	0	0	0	0	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
200.00		Total (lines 30-199)	0	0	0	0	0 200.00

Cost Center Description			Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
			6.00	7.00	8.00	9.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	47,651	0.00	19,482	0 30.00	
31.00	03100	INTENSIVE CARE UNIT	3,865	0.00	2,346	0 31.00	
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0 32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0 33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0 34.00	
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0 40.00	
41.00	04100	SUBPROVIDER - IRF	4,246	0.00	2,710	0 41.00	
42.00	04200	SUBPROVIDER	0	0.00	0	0 42.00	
43.00	04300	NURSERY	5,546	0.00	0	0 43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0 44.00	
45.00	04500	NURSING FACILITY	0	0.00	0	0 45.00	
200.00		Total (lines 30-199)	61,308		24,538	0 200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 12:27 pm
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Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col 4)
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 12:27 pm
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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)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	73,972,146	0.000000	0.000000	12,937,634	50.00
50.01	05001 CV SURGERY	0	7,738,006	0.000000	0.000000	3,302,548	50.01
51.00	05100 RECOVERY ROOM	0	10,507,261	0.000000	0.000000	1,526,519	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	18,109,801	0.000000	0.000000	98,758	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	31,673,598	0.000000	0.000000	6,157,682	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	34,700,309	0.000000	0.000000	1,074,802	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	45,985,674	0.000000	0.000000	6,159,087	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	14,794,586	0.000000	0.000000	1,815,455	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	39,476,671	0.000000	0.000000	7,189,071	59.00
60.00	06000 LABORATORY	0	65,251,334	0.000000	0.000000	16,220,763	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
60.02	06002 PHYSICIAN LABORATORY	0	8,752,352	0.000000	0.000000	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	353,289	0.000000	0.000000	54,831	64.00
65.00	06500 RESPIRATORY THERAPY	0	8,967,551	0.000000	0.000000	4,403,627	65.00
66.00	06600 PHYSICAL THERAPY	0	28,931,327	0.000000	0.000000	2,390,639	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	15,658,661	0.000000	0.000000	3,332,988	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	10,112,180	0.000000	0.000000	1,109,782	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	140,932,380	0.000000	0.000000	39,465,404	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	13,200,755	0.000000	0.000000	1,344,915	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	98,385,604	0.000000	0.000000	20,693,125	73.00
74.00	07400 RENAL DIALYSIS	0	2,269,239	0.000000	0.000000	1,240,127	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,834,626	0.000000	0.000000	0	75.01
76.97	07697 CARDIAC REHABILITATION	0	1,744,081	0.000000	0.000000	150,560	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	1,579,880	0.000000	0.000000	72,443	90.00
91.00	09100 EMERGENCY	0	64,154,042	0.000000	0.000000	5,514,036	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,832,936	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	743,918,289			136,254,796	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 12:27 pm
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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)		
		11.00	12.00	13.00		
Title XVIII Hospital PPS						
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	11,482,455	0		50.00
50.01	05001 CV SURGERY	0	63,066	0		50.01
51.00	05100 RECOVERY ROOM	0	1,066,056	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	37,455	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	8,002,568	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	14,948,437	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	10,085,901	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	2,935,401	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	12,393,894	0		59.00
60.00	06000 LABORATORY	0	6,007,598	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
60.02	06002 PHYSICIAN LABORATORY	0	1,697,414	0		60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	26,594	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	406,682	0		65.00
66.00	06600 PHYSICAL THERAPY	0	2,607,233	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	3,323,645	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,413,499	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,149,892	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	6,703,621	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	20,067,298	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	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	370,463	0		75.01
76.97	07697 CARDIAC REHABILITATION	0	576,263	0		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	686,763	0		90.00
91.00	09100 EMERGENCY	0	10,736,522	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,109,429	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Total (lines 50-199)	0	137,898,149	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/28/2015 12:27 pm				
		Title XVII	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			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.242103	11,482,455	0	0	2,779,937	50.00
50.01	05001	CV SURGERY	0.194825	63,066	0	0	12,287	50.01
51.00	05100	RECOVERY ROOM	0.173887	1,066,056	0	0	185,373	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.449988	37,455	0	0	16,854	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.245948	8,002,568	0	0	1,968,216	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.199132	14,948,437	0	0	2,976,712	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.036139	10,085,901	0	0	364,494	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.065346	2,935,401	0	0	191,817	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.077394	12,393,894	0	0	959,213	59.00
60.00	06000	LABORATORY	0.206885	6,007,598	0	0	1,242,882	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0.602455	1,697,414	0	0	1,022,616	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.141267	26,594	0	0	3,757	64.00
65.00	06500	RESPIRATORY THERAPY	0.366221	406,682	0	0	148,935	65.00
66.00	06600	PHYSICAL THERAPY	0.516247	2,607,233	0	0	1,345,976	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.111134	3,323,645	0	0	369,370	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.193051	2,413,499	0	0	465,928	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.213752	19,149,892	0	0	4,093,328	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.322056	6,703,621	0	0	2,158,941	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.313541	20,067,298	0	373,635	6,291,921	73.00
74.00	07400	RENAL DIALYSIS	0.549122	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.239517	370,463	4,785	0	459,195	75.01
76.97	07697	CARDIAC REHABILITATION	0.774242	576,263	0	0	446,167	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	1.246867	686,763	0	0	856,302	90.00
91.00	09100	EMERGENCY	0.177925	10,736,522	0	0	1,910,296	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.775261	2,109,429	0	0	1,635,358	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.603056	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		137,898,149	4,785	373,635	31,905,875	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		137,898,149	4,785	373,635	31,905,875	202.00



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150051		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part V Date/Time Prepared: 5/28/2015 12:27 pm	
		Title XVII		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.)				
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0			50.00
50.01	05001	CV SURGERY	0	0			50.01
51.00	05100	RECOVERY ROOM	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300	ANESTHESIOLOGY	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00	05600	RADIOISOTOPE	0	0			56.00
57.00	05700	CT SCAN	0	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000	LABORATORY	0	0			60.00
60.01	06001	BLOOD LABORATORY	0	0			60.01
60.02	06002	PHYSICIAN LABORATORY	0	0			60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
64.00	06400	INTRAVENOUS THERAPY	0	0			64.00
65.00	06500	RESPIRATORY THERAPY	0	0			65.00
66.00	06600	PHYSICAL THERAPY	0	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	117,150			73.00
74.00	07400	RENAL DIALYSIS	0	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0			75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,931	0			75.01
76.97	07697	CARDIAC REHABILITATION	0	0			76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	09000	CLINIC	0	0			90.00
91.00	09100	EMERGENCY	0	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0			94.00
95.00	09500	AMBULANCE SERVICES	0	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0			97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0			98.00
200.00		Subtotal (see instructions)	5,931	117,150			200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0				201.00
202.00		Net Charges (line 200 +/- line 201)	5,931	117,150			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150051 Component CCN: 15T051		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/28/2015 12:27 pm		
		Title XVII		Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,701,252	73,972,146	0.022999	46,366	1,066	50.00
50.01	05001	CV SURGERY	183,085	7,738,006	0.023660	9,683	229	50.01
51.00	05100	RECOVERY ROOM	123,277	10,507,261	0.011733	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,249,312	18,109,801	0.068985	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	785,105	31,673,598	0.024787	141,631	3,511	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	840,368	34,700,309	0.024218	28,098	680	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	76,258	45,985,674	0.001658	122,321	203	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	65,087	14,794,586	0.004399	37,195	164	58.00
59.00	05900	CARDIAC CATHETERIZATION	268,242	39,476,671	0.006795	0	0	59.00
60.00	06000	LABORATORY	762,961	65,251,334	0.011693	911,813	10,662	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	83,992	8,752,352	0.009597	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	942	353,289	0.002666	529	1	64.00
65.00	06500	RESPIRATORY THERAPY	121,455	8,967,551	0.013544	125,259	1,697	65.00
66.00	06600	PHYSICAL THERAPY	1,077,984	28,931,327	0.037260	3,407,925	126,979	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	119,456	15,658,661	0.007629	44,984	343	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	144,265	10,112,180	0.014266	54,701	780	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	556,559	140,932,380	0.003949	278,679	1,101	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	77,388	13,200,755	0.005862	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	705,226	98,385,604	0.007168	827,995	5,935	73.00
74.00	07400	RENAL DIALYSIS	38,056	2,269,239	0.016770	93,787	1,573	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	219,554	1,834,626	0.119672	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	145,731	1,744,081	0.083557	13,612	1,137	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	146,969	1,579,880	0.093025	0	0	90.00
91.00	09100	EMERGENCY	1,102,941	64,154,042	0.017192	9,879	170	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,832,936	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (Lines 50-199)	10,595,465	743,918,289		6,154,457	156,231	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 12:27 pm
	Component CCN: 15T051	Title XVIIII	Subprovider - IRF PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 CV SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
60.02 06002 PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051 Component CCN: 15T051	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 12:27 pm
Title XVII		Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 ÷ col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	73,972,146	0.000000	0.000000	46,366	50.00
50.01 05001 CV SURGERY	0	7,738,006	0.000000	0.000000	9,683	50.01
51.00 05100 RECOVERY ROOM	0	10,507,261	0.000000	0.000000	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	18,109,801	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	31,673,598	0.000000	0.000000	141,631	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	34,700,309	0.000000	0.000000	28,098	55.00
56.00 05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00 05700 CT SCAN	0	45,985,674	0.000000	0.000000	122,321	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	14,794,586	0.000000	0.000000	37,195	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	39,476,671	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	65,251,334	0.000000	0.000000	911,813	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
60.02 06002 PHYSICIAN LABORATORY	0	8,752,352	0.000000	0.000000	0	60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	353,289	0.000000	0.000000	529	64.00
65.00 06500 RESPIRATORY THERAPY	0	8,967,551	0.000000	0.000000	125,259	65.00
66.00 06600 PHYSICAL THERAPY	0	28,931,327	0.000000	0.000000	3,407,925	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	15,658,661	0.000000	0.000000	44,984	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	10,112,180	0.000000	0.000000	54,701	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	140,932,380	0.000000	0.000000	278,679	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	13,200,755	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	98,385,604	0.000000	0.000000	827,995	73.00
74.00 07400 RENAL DIALYSIS	0	2,269,239	0.000000	0.000000	93,787	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,834,626	0.000000	0.000000	0	75.01
76.97 07697 CARDIAC REHABILITATION	0	1,744,081	0.000000	0.000000	13,612	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 09000 CLINIC	0	1,579,880	0.000000	0.000000	0	90.00
91.00 09100 EMERGENCY	0	64,154,042	0.000000	0.000000	9,879	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,832,936	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00 Total (Lines 50-199)	0	743,918,289			6,154,457	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051 Component CCN: 15T051	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 12:27 pm
Title XVII		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0	0	50.00
50.01 05001 CV SURGERY	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
60.02 06002 PHYSICIAN LABORATORY	0	0	0	60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	75.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00 Total (Lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/28/2015 12:27 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,221,328	0	5,221,328	47,651	109.57	30.00
31.00	INTENSIVE CARE UNIT	435,323		435,323	3,865	112.63	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	475,637	0	475,637	4,246	112.02	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	253,964		253,964	5,546	45.79	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	6,386,252		6,386,252	61,308		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,246	355,664				30.00
31.00	INTENSIVE CARE UNIT	400	45,052				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	208	23,300				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	580	26,558				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30-199)	4,434	450,574				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/28/2015 12:27 pm
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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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	1,701,252	73,972,146	0.022999	1,755,437	40,373	50.00
50.01	05001 CV SURGERY	183,085	7,738,006	0.023660	486,282	11,505	50.01
51.00	05100 RECOVERY ROOM	123,277	10,507,261	0.011733	223,208	2,619	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,249,312	18,109,801	0.068985	6,771,372	467,123	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	785,105	31,673,598	0.024787	767,603	19,027	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	840,368	34,700,309	0.024218	244,377	5,918	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	76,258	45,985,674	0.001658	1,051,092	1,743	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	65,087	14,794,586	0.004399	361,687	1,591	58.00
59.00	05900 CARDIAC CATHETERIZATION	268,242	39,476,671	0.006795	770,243	5,234	59.00
60.00	06000 LABORATORY	762,961	65,251,334	0.011693	4,317,632	50,486	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
60.02	06002 PHYSICIAN LABORATORY	83,992	8,752,352	0.009597	0	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	942	353,289	0.002666	52,488	140	64.00
65.00	06500 RESPIRATORY THERAPY	121,455	8,967,551	0.013544	791,246	10,717	65.00
66.00	06600 PHYSICAL THERAPY	1,077,984	28,931,327	0.037260	253,135	9,432	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	119,456	15,658,661	0.007629	408,981	3,120	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	144,265	10,112,180	0.014266	161,307	2,301	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	556,559	140,932,380	0.003949	4,863,842	19,207	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	77,388	13,200,755	0.005862	50,329	295	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	705,226	98,385,604	0.007168	4,873,968	34,937	73.00
74.00	07400 RENAL DIALYSIS	38,056	2,269,239	0.016770	79,281	1,330	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	219,554	1,834,626	0.119672	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	145,731	1,744,081	0.083557	20,075	1,677	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	146,969	1,579,880	0.093025	12,822	1,193	90.00
91.00	09100 EMERGENCY	1,102,941	64,154,042	0.017192	1,153,151	19,825	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	373,427	4,832,936	0.077267	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	10,968,892	743,918,289		29,469,558	709,793	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/28/2015 12:27 pm
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Cost Center Description			Title XIX				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	PPS	
			1.00	2.00	3.00	4.00	Total Costs (sum of cols. 1 through 3, minus col. 4)	5.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00

Cost Center Description			Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	47,651	0.00	3,246	0		30.00
31.00	03100	INTENSIVE CARE UNIT	3,865	0.00	400	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	4,246	0.00	208	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	5,546	0.00	580	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
200.00		Total (lines 30-199)	61,308		4,434	0		200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 12:27 pm
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Cost Center Description	Title XIX				Hospital	PPS	Total Cost (sum of col 1 through col 4)
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
50.01 05001 CV SURGERY	0	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	0	60.01
60.02 06002 PHYSICIAN LABORATORY	0	0	0	0	0	0	60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	75.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 12:27 pm
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Cost Center Description		Title XIX			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	73,972,146	0.000000	0.000000	1,755,437	50.00
50.01	05001	CV SURGERY	0	7,738,006	0.000000	0.000000	486,282	50.01
51.00	05100	RECOVERY ROOM	0	10,507,261	0.000000	0.000000	223,208	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18,109,801	0.000000	0.000000	6,771,372	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	31,673,598	0.000000	0.000000	767,603	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	34,700,309	0.000000	0.000000	244,377	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	45,985,674	0.000000	0.000000	1,051,092	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	14,794,586	0.000000	0.000000	361,687	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	39,476,671	0.000000	0.000000	770,243	59.00
60.00	06000	LABORATORY	0	65,251,334	0.000000	0.000000	4,317,632	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	8,752,352	0.000000	0.000000	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	353,289	0.000000	0.000000	52,488	64.00
65.00	06500	RESPIRATORY THERAPY	0	8,967,551	0.000000	0.000000	791,246	65.00
66.00	06600	PHYSICAL THERAPY	0	28,931,327	0.000000	0.000000	253,135	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15,658,661	0.000000	0.000000	408,981	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,112,180	0.000000	0.000000	161,307	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	140,932,380	0.000000	0.000000	4,863,842	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,200,755	0.000000	0.000000	50,329	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	98,385,604	0.000000	0.000000	4,873,968	73.00
74.00	07400	RENAL DIALYSIS	0	2,269,239	0.000000	0.000000	79,281	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,834,626	0.000000	0.000000	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	1,744,081	0.000000	0.000000	20,075	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	1,579,880	0.000000	0.000000	12,822	90.00
91.00	09100	EMERGENCY	0	64,154,042	0.000000	0.000000	1,153,151	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,832,936	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	0	743,918,289			29,469,558	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 12:27 pm
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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		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	0	0		50.00
50.01	05001 CV SURGERY	0	0	0		50.01
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
60.02	06002 PHYSICIAN LABORATORY	0	0	0		60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		75.01
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/28/2015 12:27 pm
		Title XIX	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
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.242103	0	4,690,435	0	0
50.01 05001 CV SURGERY	0.194825	0	0	0	0
51.00 05100 RECOVERY ROOM	0.173887	0	811,048	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.449988	0	873,130	0	0
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.245948	0	3,339,634	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.199132	0	3,161,117	0	0
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0
57.00 05700 CT SCAN	0.036139	0	3,930,337	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.065346	0	1,456,550	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.077394	0	802,265	0	0
60.00 06000 LABORATORY	0.206885	0	3,826,464	0	0
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
60.02 06002 PHYSICIAN LABORATORY	0.602455	0	1,081,146	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	0.141267	0	23,390	0	0
65.00 06500 RESPIRATORY THERAPY	0.366221	0	180,781	0	0
66.00 06600 PHYSICAL THERAPY	0.516247	0	2,976,236	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.111134	0	841,267	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.193051	0	738,931	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.213752	0	4,390,862	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.322056	0	892,099	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.313541	0	6,685,671	0	0
74.00 07400 RENAL DIALYSIS	0.549122	0	0	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.239517	0	299,543	0	0
76.97 07697 CARDIAC REHABILITATION	0.774242	0	37,824	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00 09000 CLINIC	1.246867	0	103,396	0	0
91.00 09100 EMERGENCY	0.177925	0	9,494,733	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.775261	0	1,582,903	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00 09400 HOME PROGRAM DIALYSIS	0.000000		0		0
95.00 09500 AMBULANCE SERVICES	0.603056	0	2,154,363		0
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0
200.00 Subtotal (see instructions)		0	54,374,125	0	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00 Net Charges (line 200 +/- line 201)		0	54,374,125	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150051		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part V Date/Time Prepared: 5/28/2015 12:27 pm	
		Title XIX		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.)				
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,135,568	0			50.00
50.01	05001	CV SURGERY	0	0			50.01
51.00	05100	RECOVERY ROOM	141,031	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	392,898	0			52.00
53.00	05300	ANESTHESIOLOGY	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	821,376	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	629,480	0			55.00
56.00	05600	RADIOISOTOPE	0	0			56.00
57.00	05700	CT SCAN	142,038	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	95,180	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	62,090	0			59.00
60.00	06000	LABORATORY	791,638	0			60.00
60.01	06001	BLOOD LABORATORY	0	0			60.01
60.02	06002	PHYSICIAN LABORATORY	651,342	0			60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
64.00	06400	INTRAVENOUS THERAPY	3,304	0			64.00
65.00	06500	RESPIRATORY THERAPY	66,206	0			65.00
66.00	06600	PHYSICAL THERAPY	1,536,473	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	93,493	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	142,651	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	938,556	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	287,306	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,096,232	0			73.00
74.00	07400	RENAL DIALYSIS	0	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0			75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	371,289	0			75.01
76.97	07697	CARDIAC REHABILITATION	29,285	0			76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	09000	CLINIC	128,921	0			90.00
91.00	09100	EMERGENCY	1,689,350	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,227,163	0			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0			94.00
95.00	09500	AMBULANCE SERVICES	1,299,202	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0			97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0			98.00
200.00		Subtotal (see instructions)	14,772,072	0			200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0			201.00
202.00		Net Charges (line 200 +/- line 201)	14,772,072	0			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150051 Component CCN: 15T051		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/28/2015 12:27 pm	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	1,701,252	73,972,146	0.022999	0	0	50.00
50.01	05001 CV SURGERY	183,085	7,738,006	0.023660	0	0	50.01
51.00	05100 RECOVERY ROOM	123,277	10,507,261	0.011733	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,249,312	18,109,801	0.068985	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	785,105	31,673,598	0.024787	1,760	44	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	840,368	34,700,309	0.024218	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	76,258	45,985,674	0.001658	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	65,087	14,794,586	0.004399	3,074	14	58.00
59.00	05900 CARDIAC CATHETERIZATION	268,242	39,476,671	0.006795	0	0	59.00
60.00	06000 LABORATORY	762,961	65,251,334	0.011693	25,719	301	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
60.02	06002 PHYSICIAN LABORATORY	83,992	8,752,352	0.009597	0	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	942	353,289	0.002666	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	121,455	8,967,551	0.013544	5,680	77	65.00
66.00	06600 PHYSICAL THERAPY	1,077,984	28,931,327	0.037260	239,850	8,937	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	119,456	15,658,661	0.007629	2,077	16	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	144,265	10,112,180	0.014266	901	13	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	556,559	140,932,380	0.003949	3,394	13	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	77,388	13,200,755	0.005862	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	705,226	98,385,604	0.007168	33,080	237	73.00
74.00	07400 RENAL DIALYSIS	38,056	2,269,239	0.016770	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	219,554	1,834,626	0.119672	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	145,731	1,744,081	0.083557	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	146,969	1,579,880	0.093025	553	51	90.00
91.00	09100 EMERGENCY	1,102,941	64,154,042	0.017192	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,832,936	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (Lines 50-199)	10,595,465	743,918,289		316,088	9,703	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 12:27 pm
	Component CCN: 15T051	Title XIX	Subprovider - IRF PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 CV SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
60.02 06002 PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051 Component CCN: 15T051	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 12:27 pm
Title XIX		Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 ÷ col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	73,972,146	0.000000	0.000000	0	50.00
50.01 05001 CV SURGERY	0	7,738,006	0.000000	0.000000	0	50.01
51.00 05100 RECOVERY ROOM	0	10,507,261	0.000000	0.000000	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	18,109,801	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	31,673,598	0.000000	0.000000	1,760	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	34,700,309	0.000000	0.000000	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00 05700 CT SCAN	0	45,985,674	0.000000	0.000000	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	14,794,586	0.000000	0.000000	3,074	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	39,476,671	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	65,251,334	0.000000	0.000000	25,719	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
60.02 06002 PHYSICIAN LABORATORY	0	8,752,352	0.000000	0.000000	0	60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	353,289	0.000000	0.000000	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	8,967,551	0.000000	0.000000	5,680	65.00
66.00 06600 PHYSICAL THERAPY	0	28,931,327	0.000000	0.000000	239,850	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	15,658,661	0.000000	0.000000	2,077	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	10,112,180	0.000000	0.000000	901	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	140,932,380	0.000000	0.000000	3,394	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	13,200,755	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	98,385,604	0.000000	0.000000	33,080	73.00
74.00 07400 RENAL DIALYSIS	0	2,269,239	0.000000	0.000000	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,834,626	0.000000	0.000000	0	75.01
76.97 07697 CARDIAC REHABILITATION	0	1,744,081	0.000000	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 09000 CLINIC	0	1,579,880	0.000000	0.000000	553	90.00
91.00 09100 EMERGENCY	0	64,154,042	0.000000	0.000000	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,832,936	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00 Total (Lines 50-199)	0	743,918,289			316,088	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051 Component CCN: 15T051	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 12:27 pm
Title XIX		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0	0	50.00
50.01 05001 CV SURGERY	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
60.02 06002 PHYSICIAN LABORATORY	0	0	0	60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	75.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00 Total (Lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2015 12:27 pm
Cost Center Description		PPS		
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		47,651	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		47,651	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)		44,243	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)		19,482	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		52,388,011	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)		52,388,011	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		52,388,011	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,099.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		21,418,706	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)		21,418,706	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/28/2015 12:27 pm		
Cost Center Description			Title XVIII	Hospital	PPS		
	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	6,436,297	3,865	1,665.28	2,346	3,906,747	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				30,732,791		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				56,058,244		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)				2,398,873		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				1,472,889		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				3,871,762		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)				52,186,482		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)				3,408		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,099.41		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				3,746,789		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150051		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/28/2015 12:27 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,221,328	52,388,011	0.099666	3,746,789	373,427	90.00
91.00	Nursing School cost	0	52,388,011	0.000000	3,746,789	0	91.00
92.00	Allied health cost	0	52,388,011	0.000000	3,746,789	0	92.00
93.00	All other Medical Education	0	52,388,011	0.000000	3,746,789	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 15T051		Date/Time Prepared: 5/28/2015 12:27 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,246	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,246	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)		4,246	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)		2,710	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,375,878	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)		3,375,878	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		3,375,878	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		795.07	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,154,640	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,154,640	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150051		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 15T051				Date/Time Prepared: 5/28/2015 12:27 pm	
		Title XVIII		Subprovider - IRF		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	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,452,845		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,607,485		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					303,574		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					156,231		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					459,805		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					4,147,680		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150051 Component CCN: 15T051		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/28/2015 12:27 pm	
		Title XVIII		Subprovider - IRF		PPS	
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	475,637	3,375,878	0.140893	0	0	90.00
91.00	Nursing School cost	0	3,375,878	0.000000	0	0	91.00
92.00	Allied health cost	0	3,375,878	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,375,878	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/28/2015 12:27 pm
Cost Center Description		PPS		
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		47,651	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		47,651	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)		44,243	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,246	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)		5,546	15.00
16.00	Nursery days (title V or XIX only)		580	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		52,388,011	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)		52,388,011	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		52,388,011	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,099.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,568,685	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)		3,568,685	41.00



COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/28/2015 12:27 pm		
Cost Center Description			Title XIX	Hospital	PPS		
	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)	3,160,248	5,546	569.82	580	330,496	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,436,297	3,865	1,665.28	400	666,112	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					8,226,275	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					12,791,568	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)					427,274	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					709,793	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,137,067	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,654,501	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)					3,408	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,099.41	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,746,789	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150051		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/28/2015 12:27 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,221,328	52,388,011	0.099666	3,746,789	373,427	90.00
91.00	Nursing School cost	0	52,388,011	0.000000	3,746,789	0	91.00
92.00	Allied health cost	0	52,388,011	0.000000	3,746,789	0	92.00
93.00	All other Medical Education	0	52,388,011	0.000000	3,746,789	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 15T051		Date/Time Prepared: 5/28/2015 12:27 pm
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,246	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,246	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)		4,246	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)		208	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)		5,546	15.00
16.00	Nursery days (title V or XIX only)		580	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,375,878	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)		3,375,878	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		3,375,878	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		795.07	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		165,375	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)		165,375	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150051		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 15T051				Date/Time Prepared: 5/28/2015 12:27 pm	
		Title XIX		Subprovider - IRF		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	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					144,049		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					309,424		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					23,300		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					9,703		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					33,003		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					276,421		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150051 Component CCN: 15T051		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/28/2015 12:27 pm	
		Title XIX		Subprovider - IRF		PPS	
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	475,637	3,375,878	0.140893	0	0	90.00
91.00	Nursing School cost	0	3,375,878	0.000000	0	0	91.00
92.00	Allied health cost	0	3,375,878	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,375,878	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/28/2015 12:27 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		37,861,117	30.00
31.00	03100	INTENSIVE CARE UNIT		6,367,684	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.242103	12,937,634	50.00
50.01	05001	CV SURGERY	0.194825	3,302,548	50.01
51.00	05100	RECOVERY ROOM	0.173887	1,526,519	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.449988	98,758	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.245948	6,157,682	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.199132	1,074,802	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.036139	6,159,087	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.065346	1,815,455	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.077394	7,189,071	59.00
60.00	06000	LABORATORY	0.206885	16,220,763	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0.602455	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.141267	54,831	64.00
65.00	06500	RESPIRATORY THERAPY	0.366221	4,403,627	65.00
66.00	06600	PHYSICAL THERAPY	0.516247	2,390,639	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.111134	3,332,988	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.193051	1,109,782	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.213752	39,465,404	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.322056	1,344,915	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.313541	20,693,125	73.00
74.00	07400	RENAL DIALYSIS	0.549122	1,240,127	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.246129	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.774242	150,560	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	1.246867	72,443	90.00
91.00	09100	EMERGENCY	0.177925	5,514,036	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.775261	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		136,254,796	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)		136,254,796	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150051 Component CCN: 15T051	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/28/2015 12:27 pm
		Title XVIIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
32.00	03200 CORONARY CARE UNIT		0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000 SUBPROVIDER - IPF		0	40.00
41.00	04100 SUBPROVIDER - IRF		3,770,923	41.00
42.00	04200 SUBPROVIDER		0	42.00
43.00	04300 NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.242103	46,366	50.00
50.01	05001 CV SURGERY	0.194825	9,683	50.01
51.00	05100 RECOVERY ROOM	0.173887	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.449988	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.245948	141,631	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.199132	28,098	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	56.00
57.00	05700 CT SCAN	0.036139	122,321	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.065346	37,195	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.077394	0	59.00
60.00	06000 LABORATORY	0.206885	911,813	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	60.01
60.02	06002 PHYSICIAN LABORATORY	0.602455	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.141267	529	64.00
65.00	06500 RESPIRATORY THERAPY	0.366221	125,259	65.00
66.00	06600 PHYSICAL THERAPY	0.516247	3,407,925	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.111134	44,984	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.193051	54,701	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.213752	278,679	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.322056	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.313541	827,995	73.00
74.00	07400 RENAL DIALYSIS	0.549122	93,787	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.246129	0	75.01
76.97	07697 CARDIAC REHABILITATION	0.774242	13,612	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000 CLINIC	1.246867	0	90.00
91.00	09100 EMERGENCY	0.177925	9,879	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.775261	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES		0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		6,154,457	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)		6,154,457	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/28/2015 12:27 pm	
Cost Center Description		Title XIX	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		11,060,879	30.00
31.00	03100	INTENSIVE CARE UNIT		1,498,577	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
41.00	04100	SUBPROVIDER - I/RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		4,304,152	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.242103	1,755,437	50.00
50.01	05001	CV SURGERY	0.194825	486,282	50.01
51.00	05100	RECOVERY ROOM	0.173887	223,208	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.449988	6,771,372	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.245948	767,603	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.199132	244,377	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.036139	1,051,092	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.065346	361,687	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.077394	770,243	59.00
60.00	06000	LABORATORY	0.206885	4,317,632	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0.602455	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.141267	52,488	64.00
65.00	06500	RESPIRATORY THERAPY	0.366221	791,246	65.00
66.00	06600	PHYSICAL THERAPY	0.516247	253,135	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.111134	408,981	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.193051	161,307	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.213752	4,863,842	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.322056	50,329	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.313541	4,873,968	73.00
74.00	07400	RENAL DIALYSIS	0.549122	79,281	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.246129	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.774242	20,075	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	1.246867	12,822	90.00
91.00	09100	EMERGENCY	0.177925	1,153,151	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.775261	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		29,469,558	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)		29,469,558	202.00



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150051 Component CCN: 15T051	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/28/2015 12:27 pm
		Title XIX	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
32.00	03200 CORONARY CARE UNIT		0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000 SUBPROVIDER - IPF		0	40.00
41.00	04100 SUBPROVIDER - IRF		283,532	41.00
42.00	04200 SUBPROVIDER		0	42.00
43.00	04300 NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.242103	0	50.00
50.01	05001 CV SURGERY	0.194825	0	50.01
51.00	05100 RECOVERY ROOM	0.173887	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.449988	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.245948	1,760	433 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.199132	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	56.00
57.00	05700 CT SCAN	0.036139	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.065346	3,074	201 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.077394	0	59.00
60.00	06000 LABORATORY	0.206885	25,719	5,321 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	60.01
60.02	06002 PHYSICIAN LABORATORY	0.602455	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.141267	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.366221	5,680	2,080 65.00
66.00	06600 PHYSICAL THERAPY	0.516247	239,850	123,822 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.111134	2,077	231 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.193051	901	174 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.213752	3,394	725 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.322056	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.313541	33,080	10,372 73.00
74.00	07400 RENAL DIALYSIS	0.549122	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.246129	0	75.01
76.97	07697 CARDIAC REHABILITATION	0.774242	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000 CLINIC	1.246867	553	690 90.00
91.00	09100 EMERGENCY	0.177925	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.775261	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		316,088	144,049 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net Charges (line 200 minus line 201)		316,088	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/28/2015 12:27 pm
		Title XVII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
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)		30,146,921	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,744,728	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)		3,066,054	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		7,676,381	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		253.66	4.00
<b>Indirect Medical Education Adjustment</b>				
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
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
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
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.77	30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.94	31.00
32.00	Sum of lines 30 and 31		27.71	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.08	33.00
34.00	Disproportionate share adjustment (see instructions)		1,204,728	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/28/2015 12:27 pm	
		Title XVII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.000349083	0.000334280	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,157,936	2,559,373	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,361,962	645,103	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,007,065		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
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)		47,169,496		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)		47,169,496		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,595,449		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		23,412		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).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		50,788,357		59.00
60.00	Primary payer payments		10,647		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		50,777,710		61.00
62.00	Deductibles billed to program beneficiaries		4,166,944		62.00
63.00	Coinurance billed to program beneficiaries		40,352		63.00
64.00	Allowable bad debts (see instructions)		164,372		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		106,842		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		-123,038		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		46,677,256		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)		-100,526		70.93
70.94	HRR adjustment amount (see instructions)		-3,902		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/28/2015 12:27 pm	
		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)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		46,572,828		71.00
71.01	Sequestration adjustment (see instructions)		931,457		71.01
72.00	Interim payments		45,311,014		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)		330,357		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)		430,931		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 1.00	On/After 10/1 2.00	
100.00	HSP Bonus Payment Amount HSP bonus amount (see instructions)		0		100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0		101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		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		104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/28/2015 12:27 pm
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		123,081	1.00
2.00	Medical and other services reimbursed under OPPI (see instructions)		31,905,875	2.00
3.00	PPS payments		28,317,321	3.00
4.00	Outlier payment (see instructions)		260,538	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		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		123,081	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		378,420	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)		378,420	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		378,420	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		255,339	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)		123,081	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)		28,577,859	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		957	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,446,100	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)		23,253,883	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)		23,253,883	30.00
31.00	Primary payer payments		2,250	31.00
32.00	Subtotal (line 30 minus line 31)		23,251,633	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		729,736	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		474,328	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		439,135	36.00
37.00	Subtotal (see instructions)		23,725,961	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-76	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)		23,726,037	40.00
40.01	Sequestration adjustment (see instructions)		474,521	40.01
41.00	Interim payments		23,239,337	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		12,179	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 150051		Period: From 01/01/2014 To 12/31/2014		Worksheet E-1 Part I Date/Time Prepared: 5/28/2015 12:27 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		45,193,114		23,062,737	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	08/06/2014	117,900	08/06/2014	176,600	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		117,900		176,600	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		45,311,014		23,239,337	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		330,357		12,179	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		45,641,371		23,251,516	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 150051 Component CCN: 15T051		Period: From 01/01/2014 To 12/31/2014		Worksheet E-1 Part I Date/Time Prepared: 5/28/2015 12:27 pm	
		Title XVII		Subprovider - IRF		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					0	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		4,396,968			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		0			0	3.01
3.02			0			0	3.02
3.03			0			0	3.03
3.04			0			0	3.04
3.05			0			0	3.05
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)		0			0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,396,968			0	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		18,416			0	6.01
6.02	SETTLEMENT TO PROGRAM		0			0	6.02
7.00	Total Medicare program liability (see instructions)		4,415,384			0	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: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part II Date/Time Prepared: 5/28/2015 12:27 pm
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			11,961 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			21,828 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			4,212 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			48,108 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			886,746,892 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			33,837,454 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)			0 8.00
9.00	Sequestration adjustment amount (see instructions)			0 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			0 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 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)			0 32.00



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150051 Component CCN: 15T051	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part III Date/Time Prepared: 5/28/2015 12:27 pm
		Title XVII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			3,554,884 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0347 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			111,623 3.00
4.00	Outlier Payments			869,522 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			11.632877 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			4,536,029 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,536,029 17.00
18.00	Primary payer payments			743 18.00
19.00	Subtotal (line 17 less line 18).			4,535,286 19.00
20.00	Deductibles			15,808 20.00
21.00	Subtotal (line 19 minus line 20)			4,519,478 21.00
22.00	Coinsurance			13,984 22.00
23.00	Subtotal (line 21 minus line 22)			4,505,494 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,505,494 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,505,494 32.00
32.01	Sequestration adjustment (see instructions)			90,110 32.01
33.00	Interim payments			4,396,968 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34			18,416 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			869,522 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)      Provider CCN: 150051      Period: From 01/01/2014 To 12/31/2014      Worksheet G      Date/Time Prepared: 5/28/2015 12:27 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	117,574,807	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	129,875,345	0	0	0	4.00
5.00	Other receivable	-86,223,456	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	4,248,774	0	0	0	7.00
8.00	Prepaid expenses	5,061,374	0	0	0	8.00
9.00	Other current assets	1,327,228	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	171,864,072	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	0	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	382,347,372	0	0	0	15.00
16.00	Accumulated depreciation	-277,468,186	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	0	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	104,879,186	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	184,665,045	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	8,854,640	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	193,519,685	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	470,262,943	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	12,227,925	0	0	0	37.00
38.00	Salaries, wages, and fees payable	15,676,217	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,749,259	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,573,593	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	34,226,994	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	30,953,641	0	0	0	47.00
48.00	Unsecured loans	-941,578	0	0	0	48.00
49.00	Other long term liabilities	3,717,139	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	33,729,202	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	67,956,196	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	402,306,747				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)	402,306,747	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	470,262,943	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150051

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

Worksheet G-1

Date/Time Prepared:  
5/28/2015 12:27 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		338,198,952			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		92,169,997				2.00
3.00	Total (sum of line 1 and line 2)		430,368,949			0	3.00
4.00	CAPITAL CALL - BROWN COUNTY MED COOP	-107,000		0		0	4.00
5.00	IUHB & IUHP SUBSIDY	-27,032,480		0		0	5.00
6.00	PENSION FUNDING	-1,037,750		0		0	6.00
7.00	FOUNDATION FUNDED CAPITAL	115,030		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		-28,062,200			0	10.00
11.00	Subtotal (line 3 plus line 10)		402,306,749			0	11.00
12.00	VARIANCE	2		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		2			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		402,306,747			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	CAPITAL CALL - BROWN COUNTY MED COOP		0				4.00
5.00	IUHB & IUHP SUBSIDY		0				5.00
6.00	PENSION FUNDING		0				6.00
7.00	FOUNDATION FUNDED CAPITAL		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	VARIANCE		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: 150051

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	96,332,066		96,332,066	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	6,318,062		6,318,062	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	102,650,128		102,650,128	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	12,832,579		12,832,579	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	12,832,579		12,832,579	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	115,482,707		115,482,707	17.00
18.00	Ancillary services	278,523,761	394,827,670	673,351,431	18.00
19.00	Outpatient services	11,654,151	58,912,707	70,566,858	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		6,484,493	6,484,493	22.00
23.00	AMBULANCE SERVICES	14,347	15,458,737	15,473,084	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	5,388,319	5,388,319	26.00
27.00	URGENT CARE CHARGES	0	2,583,630	2,583,630	27.00
27.01	HME STORE CHARGES	0	2,956,496	2,956,496	27.01
27.02	DIETARY REVENUE - OFFSET VIA A-8	408	9,176	9,584	27.02
27.03	UNALLOCATED REVENUE - OFFSET VIA A-8	0	83,685	83,685	27.03
27.04	A&P AND PARTIAL PHYSICIAN CHARGES	0	5,155,919	5,155,919	27.04
27.05	CLINICAL TRIAL	0	53,355	53,355	27.05
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	405,675,374	491,914,187	897,589,561	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		303,394,185		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	ADD (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)		303,394,185		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150051

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

Worksheet G-3

Date/Time Prepared:  
5/28/2015 12:27 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	897,589,561	1.00
2.00	Less contractual allowances and discounts on patients' accounts	515,259,506	2.00
3.00	Net patient revenues (line 1 minus line 2)	382,330,055	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	303,394,185	4.00
5.00	Net income from service to patients (line 3 minus line 4)	78,935,870	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	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	MISCELLANEOUS INCOME	13,234,127	24.00
25.00	Total other income (sum of lines 6-24)	13,234,127	25.00
26.00	Total (line 5 plus line 25)	92,169,997	26.00
27.00	NON-OPERATING EXPENSE	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)	92,169,997	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150051

Period: From 01/01/2014

Worksheet H

HHA CCN: 157011

To 12/31/2014

Date/Time Prepared: 5/28/2015 12:27 pm

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	495,091	0	112,707	0	1,507,058	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	1,329,171	0	0	0	1,329,171	6.00
7.00	Physical Therapy	701,785	0	0	0	701,785	7.00
8.00	Occupational Therapy	210,520	0	0	0	210,520	8.00
9.00	Speech Pathology	12,303	0	0	0	12,303	9.00
10.00	Medical Social Services	39,672	0	0	0	39,672	10.00
11.00	Home Health Aide	77,418	0	0	0	77,418	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	1,328,562	0	0	0	1,328,562	23.00
24.00	Total (sum of lines 1-23)	4,194,522	0	112,707	0	5,814,287	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	58,161	2,173,017	-9,755	2,163,262		5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	24,543	1,353,714	0	1,353,714		6.00
7.00	Physical Therapy	12,958	714,743	0	714,743		7.00
8.00	Occupational Therapy	3,887	214,407	0	214,407		8.00
9.00	Speech Pathology	227	12,530	0	12,530		9.00
10.00	Medical Social Services	136	39,808	0	39,808		10.00
11.00	Home Health Aide	1,429	78,847	0	78,847		11.00
12.00	Supplies (see instructions)	0	0	0	0		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	29,849	1,358,411	0	1,358,411		23.00
24.00	Total (sum of lines 1-23)	131,190	5,945,477	-9,755	5,935,722		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet H-1 Part I Date/Time Prepared: 5/28/2015 12:27 pm
		HHA CCN: 157011	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
	0	1.00	2.00	3.00	4.00	4A.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0		0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	2,163,262	0	0	0	2,163,262	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	1,353,714	0	0	0	1,353,714	6.00
7.00	Physical Therapy	714,743	0	0	0	714,743	7.00
8.00	Occupational Therapy	214,407	0	0	0	214,407	8.00
9.00	Speech Pathology	12,530	0	0	0	12,530	9.00
10.00	Medical Social Services	39,808	0	0	0	39,808	10.00
11.00	Home Health Aide	78,847	0	0	0	78,847	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	1,358,411	0	0	0	1,358,411	23.00
24.00	Total (sum of lines 1-23)	5,935,722	0	0	0	5,935,722	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	2,163,262					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	776,267	2,129,981				6.00
7.00	Physical Therapy	409,859	1,124,602				7.00
8.00	Occupational Therapy	122,948	337,355				8.00
9.00	Speech Pathology	7,185	19,715				9.00
10.00	Medical Social Services	22,827	62,635				10.00
11.00	Home Health Aide	45,214	124,061				11.00
12.00	Supplies (see instructions)	0	0				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	778,962	2,137,373				23.00
24.00	Total (sum of lines 1-23)		5,935,722				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 150051 HHA CCN: 157011	Period: From 01/01/2014 To 12/31/2014	Worksheet H-1 Part II Date/Time Prepared: 5/28/2015 12:27 pm PPS
			Home Health Agency I	

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-2,163,262	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	1,353,714	6.00
7.00	Physical Therapy	0	0	0	0	714,743	7.00
8.00	Occupational Therapy	0	0	0	0	214,407	8.00
9.00	Speech Pathology	0	0	0	0	12,530	9.00
10.00	Medical Social Services	0	0	0	0	39,808	10.00
11.00	Home Health Aide	0	0	0	0	78,847	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	1,358,411	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-2,163,262	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	2,163,262	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.573435	26.00



ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150051  
HHA CCN: 157011

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

Worksheet H-2  
Part I  
Date/Time Prepared:  
5/28/2015 12:27 pm  
PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS				MEDICAL ARTS	
			BLDG & FIXT					
			1947 BUILDING	1965 BUILDING	1983 BUILDING			
		0	1.00	1.01	1.02	1.03	1.04	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	2,129,981	0	0	0	0	0	2.00
3.00	Physical Therapy	1,124,602	0	0	0	0	0	3.00
4.00	Occupational Therapy	337,355	0	0	0	0	0	4.00
5.00	Speech Pathology	19,715	0	0	0	0	0	5.00
6.00	Medical Social Services	62,635	0	0	0	0	0	6.00
7.00	Home Health Aide	124,061	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	2,137,373	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	5,935,722	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

  

Cost Center Description		CAPITAL RELATED COSTS					WEST PROMPTCARE	
		UTILITIES						
		WEGMI LLER	CANCER	PHNA BUILDING	PAIN MANAGEMENT			
		1.05	1.06	1.07	1.08	1.09	1.10	
1.00	Administrative and General	0	0	0	34,586	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	5,757	0	0	2.00
3.00	Physical Therapy	0	0	0	285	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	1,047	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	30,447	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	72,122	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet H-2 Part I Date/Time Prepared: 5/28/2015 12:27 pm
		HHA CCN: 157011	Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	CHILD CARE	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
	MVBLE	EQUIP						
	2.00		4.00	4.01	4A.01	5.00	6.00	
1.00 Administrative and General	129,380		181,928	0	345,894	101,566		0 1.00
2.00 Skilled Nursing Care	21,537		458,511	0	2,615,786	768,078		0 2.00
3.00 Physical Therapy	1,068		242,088	0	1,368,043	401,701		0 3.00
4.00 Occupational Therapy	0		72,621	0	409,976	120,382		0 4.00
5.00 Speech Pathology	0		4,244	0	23,959	7,035		0 5.00
6.00 Medical Social Services	0		2,544	0	65,179	19,139		0 6.00
7.00 Home Health Aide	3,916		26,706	0	155,730	45,727		0 7.00
8.00 Supplies (see instructions)	0		0	0	0	0		0 8.00
9.00 Drugs	0		0	0	0	0		0 9.00
10.00 DME	0		0	0	0	0		0 10.00
11.00 Home Dialysis Aide Services	0		0	0	0	0		0 11.00
12.00 Respiratory Therapy	0		0	0	0	0		0 12.00
13.00 Private Duty Nursing	0		0	0	0	0		0 13.00
14.00 Clinic	0		0	0	0	0		0 14.00
15.00 Health Promotion Activities	0		0	0	0	0		0 15.00
16.00 Day Care Program	0		0	0	0	0		0 16.00
17.00 Home Delivered Meals Program	0		0	0	0	0		0 17.00
18.00 Homemaker Service	0		0	0	0	0		0 18.00
19.00 All Others (specify)	139,524		557,620	0	2,864,964	841,245		0 19.00
20.00 Total (sum of lines 1-19) (2)	295,425		1,546,262	0	7,849,531	2,304,873		0 20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000			21.00
Cost Center Description	OPERATION OF PLANT		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
	7.00		8.00	9.00	10.00	11.00	12.00	
1.00 Administrative and General	223,365		0	0	0	4,582		0 1.00
2.00 Skilled Nursing Care	37,181		0	0	0	11,165		0 2.00
3.00 Physical Therapy	1,844		0	0	0	3,914		0 3.00
4.00 Occupational Therapy	0		0	0	0	1,280		0 4.00
5.00 Speech Pathology	0		0	0	0	89		0 5.00
6.00 Medical Social Services	0		0	0	0	93		0 6.00
7.00 Home Health Aide	6,760		0	0	0	1,222		0 7.00
8.00 Supplies (see instructions)	0		0	0	0	0		0 8.00
9.00 Drugs	0		0	0	0	0		0 9.00
10.00 DME	0		0	0	0	0		0 10.00
11.00 Home Dialysis Aide Services	0		0	0	0	0		0 11.00
12.00 Respiratory Therapy	0		0	0	0	0		0 12.00
13.00 Private Duty Nursing	0		0	0	0	0		0 13.00
14.00 Clinic	0		0	0	0	0		0 14.00
15.00 Health Promotion Activities	0		0	0	0	0		0 15.00
16.00 Day Care Program	0		0	0	0	0		0 16.00
17.00 Home Delivered Meals Program	0		0	0	0	0		0 17.00
18.00 Homemaker Service	0		0	0	0	0		0 18.00
19.00 All Others (specify)	240,880		0	0	0	15,088		0 19.00
20.00 Total (sum of lines 1-19) (2)	510,030		0	0	0	37,433		0 20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150051  
HHA CCN: 157011

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

Worksheet H-2 Part I  
Date/Time Prepared: 5/28/2015 12:27 pm  
PPS

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	
		13.00	14.00	15.00	16.00	17.00	18.00	
1.00	Administrative and General	84,197	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	205,168	0	0	0	0	0	2.00
3.00	Physical Therapy	71,924	0	0	0	0	0	3.00
4.00	Occupational Therapy	23,520	0	0	0	0	0	4.00
5.00	Speech Pathology	1,635	0	0	0	0	0	5.00
6.00	Medical Social Services	1,711	0	0	0	0	0	6.00
7.00	Home Health Aide	22,449	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	277,265	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	687,869	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

  

Cost Center Description		OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMEDICAL PRGM	
		CENTRAL STERILIZATION			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		23.00
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150051

Period:

Worksheet H-2

HHA CCN: 157011

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

Part I  
Date/Time Prepared:  
5/28/2015 12:27 pm

Home Health  
Agency I

PPS

Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	759,604	0	759,604				1.00
2.00 Skilled Nursing Care	3,637,378	0	3,637,378	259,920	3,897,298		2.00
3.00 Physical Therapy	1,847,426	0	1,847,426	132,013	1,979,439		3.00
4.00 Occupational Therapy	555,158	0	555,158	39,670	594,828		4.00
5.00 Speech Pathology	32,718	0	32,718	2,338	35,056		5.00
6.00 Medical Social Services	86,122	0	86,122	6,154	92,276		6.00
7.00 Home Health Aide	231,888	0	231,888	16,570	248,458		7.00
8.00 Supplies (see instructions)	0	0	0	0	0		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	4,239,442	0	4,239,442	302,939	4,542,381		19.00
20.00 Total (sum of lines 1-19) (2)	11,389,736	0	11,389,736	759,604	11,389,736		20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.071458			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150051  
HHA CCN: 157011

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

Worksheet H-2  
Part II  
Date/Time Prepared:  
5/28/2015 12:27 pm  
PPS

Cost Center Description		CAPITAL RELATED COSTS							
		BLDG & FIXT (SQUARE FEET)	1947 BUILDING (SQUARE FEET)	1965 BUILDING (SQUARE FEET)	1983 BUILDING (SQUARE FEET)	MEDICAL ARTS (SQUARE FEET)	UTILITIES (SQUARE FEET)		
		1.00	1.01	1.02	1.03	1.04	1.05		
1.00	Administrative and General	0	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

  

Cost Center Description		CAPITAL RELATED COSTS						
		WEGMI LLER (SQUARE FEET)	CANCER (SQUARE FEET)	PHNA BUILDING (SQUARE FEET)	PAI N MANAGEMENT (SQUARE FEET)	WEST PROMPTCARE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	
		1.06	1.07	1.08	1.09	1.10	2.00	
1.00	Administrative and General	0	0	7,269	0	0	7,269	1.00
2.00	Skilled Nursing Care	0	0	1,210	0	0	1,210	2.00
3.00	Physical Therapy	0	0	60	0	0	60	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	220	0	0	220	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	6,399	0	0	7,839	19.00
20.00	Total (sum of lines 1-19)	0	0	15,158	0	0	16,598	20.00
21.00	Total cost to be allocated	0	0	72,122	0	0	295,425	21.00
22.00	Unit cost multiplier	0.000000	0.000000	4.758016	0.000000	0.000000	17.798831	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS			Provider CCN: 150051 HHA CCN: 157011		Period: From 01/01/2014 To 12/31/2014		Worksheet H-2 Part II Date/Time Prepared: 5/28/2015 12:27 pm	
					Home Health Agency I		PPS	
Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CHILD CARE (NUMBER OF CHILDREN)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		4.00	4.01	5A	5.00	6.00	7.00	
1.00	Administrative and General	537,128	0	0	345,894	0	7,269	1.00
2.00	Skilled Nursing Care	1,353,714	0	0	2,615,786	0	1,210	2.00
3.00	Physical Therapy	714,743	0	0	1,368,043	0	60	3.00
4.00	Occupational Therapy	214,407	0	0	409,976	0	0	4.00
5.00	Speech Pathology	12,530	0	0	23,959	0	0	5.00
6.00	Medical Social Services	7,511	0	0	65,179	0	0	6.00
7.00	Home Health Aide	78,847	0	0	155,730	0	220	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	1,646,324	0	0	2,864,964	0	7,839	19.00
20.00	Total (sum of lines 1-19)	4,565,204	0	0	7,849,531	0	16,598	20.00
21.00	Total cost to be allocated	1,546,262	0	0	2,304,873	0	510,030	21.00
22.00	Unit cost multiplier	0.338706	0.000000	0	0.293632	0.000000	30.728401	22.00
Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		8.00	9.00	10.00	11.00	12.00	13.00	
1.00	Administrative and General	0	0	0	19,882	0	19,882	1.00
2.00	Skilled Nursing Care	0	0	0	48,448	0	48,448	2.00
3.00	Physical Therapy	0	0	0	16,984	0	16,984	3.00
4.00	Occupational Therapy	0	0	0	5,554	0	5,554	4.00
5.00	Speech Pathology	0	0	0	386	0	386	5.00
6.00	Medical Social Services	0	0	0	404	0	404	6.00
7.00	Home Health Aide	0	0	0	5,301	0	5,301	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	65,473	0	65,473	19.00
20.00	Total (sum of lines 1-19)	0	0	0	162,432	0	162,432	20.00
21.00	Total cost to be allocated	0	0	0	37,433	0	687,869	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.230453	0.000000	4.234812	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS  
 Provider CCN: 150051  
 HHA CCN: 157011  
 Period: From 01/01/2014 To 12/31/2014  
 Worksheet H-2 Part II  
 Date/Time Prepared: 5/28/2015 12:27 pm

						Home Health Agency I	PPS
Cost Center Description	CENTRAL SERVICES & SUPPLY (TIME SPENT)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	CENTRAL STERILIZATION (TIME SPENT)	
	14.00	15.00	16.00	17.00	18.00	18.01	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM (ASSIGNED TIME)		
	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	19.00	20.00	21.00	22.00	23.00		
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part I Date/Time Prepared: 5/28/2015 12:27 pm		
				HHA CCN: 157011	Title XVIII		Home Health Agency I	
						PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	3,897,298		3,897,298	13,786	282.70	1.00
2.00	Physical Therapy	3.00	1,979,439	0	1,979,439	6,704	295.26	2.00
3.00	Occupational Therapy	4.00	594,828	0	594,828	2,204	269.89	3.00
4.00	Speech Pathology	5.00	35,056	0	35,056	85	412.42	4.00
5.00	Medical Social Services	6.00	92,276		92,276	350	263.65	5.00
6.00	Home Health Aide	7.00	248,458		248,458	2,011	123.55	6.00
7.00	Total (sum of lines 1-6)		6,847,355	0	6,847,355	25,140		7.00
Program Visits								
Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Part B				
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles			
		0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care		14020	0	5,234			8.00
8.01	Skilled Nursing Care		99915	0	2,255			8.01
8.02	Skilled Nursing Care		26900	0	283			8.02
9.00	Physical Therapy		14020	0	2,624			9.00
9.01	Physical Therapy		99915	0	1,347			9.01
9.02	Physical Therapy		26900	0	214			9.02
10.00	Occupational Therapy		14020	0	805			10.00
10.01	Occupational Therapy		99915	0	479			10.01
10.02	Occupational Therapy		26900	0	68			10.02
11.00	Speech Pathology		14020	0	15			11.00
11.01	Speech Pathology		99915	0	5			11.01
11.02	Speech Pathology		26900	0	1			11.02
12.00	Medical Social Services		14020	0	130			12.00
12.01	Medical Social Services		99915	0	36			12.01
12.02	Medical Social Services		26900	0	2			12.02
13.00	Home Health Aide		14020	0	470			13.00
13.01	Home Health Aide		99915	0	373			13.01
13.02	Home Health Aide		26900	0	14			13.02
14.00	Total (sum of lines 8-13)			0	14,355			14.00
Cost Center Description								
		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	2,651	2,651	21,720	0.122053	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Program Visits								
Cost Center Description	Part A	Part B		Part A	Part B			
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance					
		6.00	7.00	8.00	9.00	10.00	11.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	7,772		0	2,197,144		1.00
2.00	Physical Therapy	0	4,185		0	1,235,663		2.00
3.00	Occupational Therapy	0	1,352		0	364,891		3.00
4.00	Speech Pathology	0	21		0	8,661		4.00
5.00	Medical Social Services	0	168		0	44,293		5.00
6.00	Home Health Aide	0	857		0	105,882		6.00
7.00	Total (sum of lines 1-6)	0	14,355		0	3,956,534		7.00



APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150051	Period: From 01/01/2014	Worksheet H-3
				HHA CCN: 157011	To 12/31/2014	Part I Date/Time Prepared: 5/28/2015 12:27 pm
				Title XVII I	Home Health Agency I	PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00
<b>Limitation Cost Computation</b>							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
14.00	Total (sum of lines 8-13)						14.00
		Program Covered Charges			Cost of Services		
Cost Center Description		Part A	Part B		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00
<b>Supplies and Drugs Cost Computations</b>							
15.00	Cost of Medical Supplies	0	0	0			15.00
16.00	Cost of Drugs		0	0		0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)					
		12.00					
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
<b>Cost Per Visit Computation</b>							
1.00	Skilled Nursing Care	2,197,144					1.00
2.00	Physical Therapy	1,235,663					2.00
3.00	Occupational Therapy	364,891					3.00
4.00	Speech Pathology	8,661					4.00
5.00	Medical Social Services	44,293					5.00
6.00	Home Health Aide	105,882					6.00
7.00	Total (sum of lines 1-6)	3,956,534					7.00
Cost Center Description							
		12.00					
<b>Limitation Cost Computation</b>							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150051 HHA CCN: 157011	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part II Date/Time Prepared: 5/28/2015 12:27 pm
Title XVIII			Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>						
1.00	Physical Therapy	66.00	0.516247	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.000000	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.000000	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.213752	12,402	2,651	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.313541	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150051 HHA CCN: 157011	Period: From 01/01/2014 To 12/31/2014	Worksheet H-4 Part I-II Date/Time Prepared: 5/28/2015 12:27 pm
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
<b>Customary Charges</b>				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount 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(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	2,059,059	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	46,764	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	31,662	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	17,706	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	12,259	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	2,167,450	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	2,167,450	24.00
25.00	Coinurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	2,167,450	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	2,167,450	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
31.00	Subtotal (see instructions)	0	2,167,450	31.00
31.01	Sequestration adjustment (see instructions)	0	0	31.01
32.00	Interim payments (see instructions)	0	2,167,450	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 150051 HHA CCN: 157011	Period: From 01/01/2014 To 12/31/2014	Worksheet H-5 Date/Time Prepared: 5/28/2015 12:27 pm PPS
		Home Health Agency I	

		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		0		2,167,450	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			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			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)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		2,167,450	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		2,167,450	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150051

Period: From 01/01/2014

Worksheet K

Hospice CCN: 151509

To 12/31/2014

Date/Time Prepared: 5/28/2015 12:27 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	186,916	0	71,067	643,839	760,577	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	684,320	0	0	0	0	7.00
8.00	Inpatient - Respite Care	148,611	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	1,167,645	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	2,586	0	0	0	0	12.00
13.00	Occupational Therapy	425	0	0	0	0	13.00
14.00	Speech/ Language Pathology	50	0	0	0	0	14.00
15.00	Medical Social Services	381,471	0	0	0	0	15.00
16.00	Spiritual Counseling	99,315	0	0	0	0	16.00
17.00	Dietary Counseling	1,157	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	174,114	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,846,610	0	71,067	643,839	760,577	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150051

Period: From 01/01/2014

Worksheet K

Hospice CCN: 151509

To 12/31/2014

Date/Time Prepared: 5/28/2015 12:27 pm

		Hospice I					
	Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)		
	6.00	7.00	8.00	9.00	10.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	1.00	
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	2.00	
3.00	Plant Operation and Maintenance	0	0	0	0	3.00	
4.00	Transportation - Staff	0	0	0	0	4.00	
5.00	Volunteer Service Coordination	0	0	0	0	5.00	
6.00	Administrative and General	1,662,399	-419,963	1,242,436	0	1,242,436	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	684,320	10,964	695,284	0	695,284	7.00
8.00	Inpatient - Respite Care	148,611	2,381	150,992	0	150,992	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	1,167,645	18,707	1,186,352	0	1,186,352	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	2,586	41	2,627	0	2,627	12.00
13.00	Occupational Therapy	425	7	432	0	432	13.00
14.00	Speech/ Language Pathology	50	1	51	0	51	14.00
15.00	Medical Social Services	381,471	6,112	387,583	0	387,583	15.00
16.00	Spiritual Counseling	99,315	1,591	100,906	0	100,906	16.00
17.00	Dietary Counseling	1,157	19	1,176	0	1,176	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	174,114	2,789	176,903	0	176,903	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	4,322,093	-377,351	3,944,742	0	3,944,742	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150051  
 Hospice CCN: 151509

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

Worksheet K-1  
 Date/Time Prepared:  
 5/28/2015 12:27 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	92,436	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	684,320	7.00
8.00	Inpatient - Respite Care	0	0	0	0	148,611	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	45,556	1,122,089	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	99,315	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	191,751	0	45,556	1,955,020	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150051

Period: From 01/01/2014

Worksheet K-1

Hospice CCN: 151509

To 12/31/2014

Date/Time Prepared: 5/28/2015 12:27 pm

		Hospice I			
		Total Therapists	Aides	All-Other	Total (1)
		6.00	7.00	8.00	9.00
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance		0	0	3.00
4.00	Transportation - Staff		0	0	4.00
5.00	Volunteer Service Coordination		0	0	5.00
6.00	Administrative and General		0	94,480	186,916
<b>INPATIENT CARE SERVICE</b>					
7.00	Inpatient - General Care		0	0	684,320
8.00	Inpatient - Respite Care		0	0	148,611
<b>VISITING SERVICES</b>					
9.00	Physician Services		0	0	0
10.00	Nursing Care		0	0	1,167,645
11.00	Nursing Care-Continuous Home Care		0	0	0
12.00	Physical Therapy	2,586	0	0	2,586
13.00	Occupational Therapy	425	0	0	425
14.00	Speech/ Language Pathology	50	0	0	50
15.00	Medical Social Services		0	381,471	381,471
16.00	Spiritual Counseling		0	0	99,315
17.00	Dietary Counseling		0	1,157	1,157
18.00	Counseling - Other		0	0	0
19.00	Home Health Aide and Homemaker		174,114	0	174,114
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0
21.00	Other		0	0	0
<b>OTHER HOSPICE SERVICE COSTS</b>					
22.00	Drugs, Biological and Infusion Therapy				22.00
23.00	Analgesics				23.00
24.00	Sedatives / Hypnotics				24.00
25.00	Other - Specify				25.00
26.00	Durable Medical Equipment/Oxygen				26.00
27.00	Patient Transportation		0	0	0
28.00	Imaging Services		0	0	0
29.00	Labs and Diagnostics		0	0	0
30.00	Medical Supplies		0	0	0
31.00	Outpatient Services (including E/R Dept.)		0	0	0
32.00	Radiation Therapy		0	0	0
33.00	Chemotherapy		0	0	0
34.00	Other		0	0	0
<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35.00	Bereavement Program Costs		0	0	0
36.00	Volunteer Program Costs		0	0	0
37.00	Fundraising		0	0	0
38.00	Other Program Costs		0	0	0
39.00	Total (sum of lines 1 thru 38)	3,061	174,114	477,108	2,846,610



HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet K-3
		Hospice CCN: 151509		Date/Time Prepared: 5/28/2015 12:27 pm

		Hospice I				
		Administrator	Director	Social Services	Nurses	
		1.00	2.00	3.00	4.00	5.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES	Provider CCN: 150051 Hospice CCN: 151509	Period: From 01/01/2014 To 12/31/2014	Worksheet K-3 Date/Time Prepared: 5/28/2015 12:27 pm
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		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	643,839	643,839	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	643,839	643,839	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150051

Period: From 01/01/2014

Worksheet K-4

Hospice CCN: 151509

To 12/31/2014

Part I  
Date/Time Prepared:  
5/28/2015 12:27 pm

		CAPITAL RELATED COST					
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	1,242,436	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	695,284	0	0	0	0	7.00
8.00	Inpatient - Respite Care	150,992	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	1,186,352	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	2,627	0	0	0	0	12.00
13.00	Occupational Therapy	432	0	0	0	0	13.00
14.00	Speech/ Language Pathology	51	0	0	0	0	14.00
15.00	Medical Social Services	387,583	0	0	0	0	15.00
16.00	Spiritual Counseling	100,906	0	0	0	0	16.00
17.00	Dietary Counseling	1,176	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	176,903	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	3,944,742	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150051

Period: From 01/01/2014

Worksheet K-4

Hospice CCN: 151509

To 12/31/2014

Part I  
Date/Time Prepared:  
5/28/2015 12:27 pm

		Hospice I				
		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col . 5A ± col . 6)	
		5.00	5A	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4.00
5.00	Volunteer Service Coordination	0				5.00
6.00	Administrative and General	0	1,242,436	1,242,436		6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care	0	695,284	319,670	1,014,954	7.00
8.00	Inpatient - Respite Care	0	150,992	69,421	220,413	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	1,186,352	545,447	1,731,799	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	2,627	1,208	3,835	12.00
13.00	Occupational Therapy	0	432	199	631	13.00
14.00	Speech/ Language Pathology	0	51	23	74	14.00
15.00	Medical Social Services	0	387,583	178,199	565,782	15.00
16.00	Spiritual Counseling	0	100,906	46,393	147,299	16.00
17.00	Dietary Counseling	0	1,176	541	1,717	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	176,903	81,335	258,238	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	3,944,742		3,944,742	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

Period: From 01/01/2014

Worksheet K-4

Hospice CCN: 151509

To 12/31/2014

Part II  
Date/Time Prepared:  
5/28/2015 12:27 pm

		CAPITAL RELATED COST		Hospice I		
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)	PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)
		1.00	2.00	3.00	4.00	5.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.	0				1.00
2.00	Capital Related Costs-Movable Equip.	0	0			2.00
3.00	Plant Operation and Maintenance	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000 40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051  
Hospice CCN: 151509

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

Worksheet K-4  
Part II  
Date/Time Prepared:  
5/28/2015 12:27 pm

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		6A	6.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-1,242,436	2,702,306	6.00
<b>INPATIENT CARE SERVICE</b>				
7.00	Inpatient - General Care	0	695,284	7.00
8.00	Inpatient - Respite Care	0	150,992	8.00
<b>VISITING SERVICES</b>				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	1,186,352	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	2,627	12.00
13.00	Occupational Therapy	0	432	13.00
14.00	Speech/ Language Pathology	0	51	14.00
15.00	Medical Social Services	0	387,583	15.00
16.00	Spiritual Counseling	0	100,906	16.00
17.00	Dietary Counseling	0	1,176	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	176,903	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		1,242,436	39.00
40.00	Unit Cost Multiplier		0.459769	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 150051	Period: From 01/01/2014	Worksheet K-5 Part I Date/Time Prepared: 5/28/2015 12:27 pm
		Hospice CCN: 151509	To 12/31/2014	

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS				
		BLDG & FIXT	1947 BUI LDING	1965 BUI LDING	1983 BUI LDING	
		1.00	1.01	1.02	1.03	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	1,014,954	0	0	0	0	2.00
3.00 Inpatient - Respite Care	220,413	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	1,731,799	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	3,835	0	0	0	0	7.00
8.00 Occupational Therapy	631	0	0	0	0	8.00
9.00 Speech/ Language Pathology	74	0	0	0	0	9.00
10.00 Medical Social Services	565,782	0	0	0	0	10.00
11.00 Spiritual Counseling	147,299	0	0	0	0	11.00
12.00 Dietary Counseling	1,717	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	258,238	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	3,944,742	0	0	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 150051	Period: From 01/01/2014	Worksheet K-5
		Hospice CCN: 151509	To 12/31/2014	Part I
		Hospice I		Date/Time Prepared: 5/28/2015 12:27 pm

Cost Center Description	CAPITAL RELATED COSTS					
	MEDICAL ARTS	UTILITIES	WEGMI LLER	CANCER	PHNA BUI LDING	
	1.04	1.05	1.06	1.07	1.08	
1.00 Administrative and General	5,357	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	5,357	0	0	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00



ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet K-5 Part I Date/Time Prepared: 5/28/2015 12:27 pm
		Hospice CCN: 151509	Hospice I	

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	CHILD CARE	
	PAIN MANAGEMENT	WEST PROMPTCARE	MVBLE EQUIP			
	1.09	1.10	2.00			
1.00 Administrative and General	0	0	265,914	64,462	0	1.00
2.00 Inpatient - General Care	0	0	0	236,004	0	2.00
3.00 Inpatient - Respite Care	0	0	0	51,252	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	402,690	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	892	0	7.00
8.00 Occupational Therapy	0	0	0	147	0	8.00
9.00 Speech/ Language Pathology	0	0	0	17	0	9.00
10.00 Medical Social Services	0	0	0	131,559	0	10.00
11.00 Spiritual Counseling	0	0	0	34,251	0	11.00
12.00 Dietary Counseling	0	0	0	399	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	60,047	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	265,914	981,720	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet K-5 Part I Date/Time Prepared: 5/28/2015 12:27 pm
		Hospice CCN: 151509	Hospice I	

Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4A.01	5.00	6.00	7.00	8.00	
1.00	Administrative and General	335,733	98,582	0	459,082	14,562	1.00
2.00	Inpatient - General Care	1,250,958	367,321	0	0	0	2.00
3.00	Inpatient - Respite Care	271,665	79,770	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	2,134,489	626,754	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	4,727	1,388	0	0	0	7.00
8.00	Occupational Therapy	778	228	0	0	0	8.00
9.00	Speech/ Language Pathology	91	27	0	0	0	9.00
10.00	Medical Social Services	697,341	204,762	0	0	0	10.00
11.00	Spiritual Counseling	181,550	53,309	0	0	0	11.00
12.00	Dietary Counseling	2,116	621	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	318,285	93,459	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	5,197,733	1,526,221	0	459,082	14,562	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet K-5 Part I Date/Time Prepared: 5/28/2015 12:27 pm
		Hospice CCN: 151509		

Cost Center Description	Hospice I					
	HOUSEKEEPING 9.00	DIETARY 10.00	CAFETERIA 11.00	MAINTENANCE OF PERSONNEL 12.00	NURSING ADMINISTRATIVE 13.00	
1.00 Administrative and General	73,737	0	1,987	0	36,519	1.00
2.00 Inpatient - General Care	0	0	6,573	0	120,789	2.00
3.00 Inpatient - Respite Care	0	0	1,428	0	26,233	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	8,810	0	161,903	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	14	0	255	7.00
8.00 Occupational Therapy	0	0	3	0	47	8.00
9.00 Speech/ Language Pathology	0	0	0	0	8	9.00
10.00 Medical Social Services	0	0	3,401	0	62,497	10.00
11.00 Spiritual Counseling	0	0	815	0	14,979	11.00
12.00 Dietary Counseling	0	0	11	0	199	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	2,780	0	51,082	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	73,737	0	25,822	0	474,511	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet K-5 Part I Date/Time Prepared: 5/28/2015 12:27 pm
		Hospice CCN: 151509	Hospice I	

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	
	14.00	15.00	16.00	17.00	18.00	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 150051	Period: From 01/01/2014	Worksheet K-5
		Hospice CCN: 151509	To 12/31/2014	Part I
		Hospice I		Date/Time Prepared: 5/28/2015 12:27 pm

Cost Center Description	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
	CENTRAL STERILIZATION				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	18.01		19.00	20.00	21.00	22.00	
1.00 Administrative and General	0		0	0	0	0	1.00
2.00 Inpatient - General Care	0		0	0	0	0	2.00
3.00 Inpatient - Respite Care	0		0	0	0	0	3.00
4.00 Physician Services	0		0	0	0	0	4.00
5.00 Nursing Care	0		0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0		0	0	0	0	6.00
7.00 Physical Therapy	0		0	0	0	0	7.00
8.00 Occupational Therapy	0		0	0	0	0	8.00
9.00 Speech/ Language Pathology	0		0	0	0	0	9.00
10.00 Medical Social Services	0		0	0	0	0	10.00
11.00 Spiritual Counseling	0		0	0	0	0	11.00
12.00 Dietary Counseling	0		0	0	0	0	12.00
13.00 Counseling - Other	0		0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0		0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0		0	0	0	0	15.00
16.00 Other	0		0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0		0	0	0	0	17.00
18.00 Analgesics	0		0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0		0	0	0	0	19.00
20.00 Other - Specify	0		0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0		0	0	0	0	21.00
22.00 Patient Transportation	0		0	0	0	0	22.00
23.00 Imaging Services	0		0	0	0	0	23.00
24.00 Labs and Diagnostics	0		0	0	0	0	24.00
25.00 Medical Supplies	0		0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0		0	0	0	0	26.00
27.00 Radiation Therapy	0		0	0	0	0	27.00
28.00 Chemotherapy	0		0	0	0	0	28.00
29.00 Other	0		0	0	0	0	29.00
30.00 Bereavement Program Costs	0		0	0	0	0	30.00
31.00 Volunteer Program Costs	0		0	0	0	0	31.00
32.00 Fundraising	0		0	0	0	0	32.00
33.00 Other Program Costs	0		0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0		0	0	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)							35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet K-5 Part I Date/Time Prepared: 5/28/2015 12:27 pm
		Hospice CCN: 151509	Hospice I	

Cost Center Description	PARAMED ED PRGM	Subtotal (col s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col s. 24 ± 25)	Allocated Hospice A&G (See Part II)	
	23.00	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	1,020,202			1.00
2.00	Inpatient - General Care	0	1,745,641	0	1,745,641	2.00
3.00	Inpatient - Respite Care	0	379,096	0	379,096	3.00
4.00	Physician Services	0	0	0	0	4.00
5.00	Nursing Care	0	2,931,956	0	2,931,956	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	6.00
7.00	Physical Therapy	0	6,384	0	6,384	7.00
8.00	Occupational Therapy	0	1,056	0	1,056	8.00
9.00	Speech/ Language Pathology	0	126	0	126	9.00
10.00	Medical Social Services	0	968,001	0	968,001	10.00
11.00	Spiritual Counseling	0	250,653	0	250,653	11.00
12.00	Dietary Counseling	0	2,947	0	2,947	12.00
13.00	Counseling - Other	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	465,606	0	465,606	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	15.00
16.00	Other	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	28.00
29.00	Other	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	7,771,668	0	7,771,668	34.00
35.00	Unit Cost Multiplier (see instructions)					0.151108 35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 150051	Period: From 01/01/2014	Worksheet K-5
		Hospice CCN: 151509	To 12/31/2014	Part I
				Date/Time Prepared: 5/28/2015 12:27 pm

Cost Center Description		Total Hospice Costs (col. 26 ± 27)	Hospice I
		28.00	
1.00	Administrative and General		1.00
2.00	Inpatient - General Care	2,009,421	2.00
3.00	Inpatient - Respite Care	436,380	3.00
4.00	Physician Services	0	4.00
5.00	Nursing Care	3,374,999	5.00
6.00	Nursing Care-Continuous Home Care	0	6.00
7.00	Physical Therapy	7,349	7.00
8.00	Occupational Therapy	1,216	8.00
9.00	Speech/ Language Pathology	145	9.00
10.00	Medical Social Services	1,114,274	10.00
11.00	Spiritual Counseling	288,529	11.00
12.00	Dietary Counseling	3,392	12.00
13.00	Counseling - Other	0	13.00
14.00	Home Health Aide and Homemaker	535,963	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	15.00
16.00	Other	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	17.00
18.00	Analgesics	0	18.00
19.00	Sedatives / Hypnotics	0	19.00
20.00	Other - Specify	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	21.00
22.00	Patient Transportation	0	22.00
23.00	Imaging Services	0	23.00
24.00	Labs and Diagnostics	0	24.00
25.00	Medical Supplies	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	26.00
27.00	Radiation Therapy	0	27.00
28.00	Chemotherapy	0	28.00
29.00	Other	0	29.00
30.00	Bereavement Program Costs	0	30.00
31.00	Volunteer Program Costs	0	31.00
32.00	Fundraising	0	32.00
33.00	Other Program Costs	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	7,771,668	34.00
35.00	Unit Cost Multiplier (see instructions)		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150051  
Hospice CCN: 151509

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	1947 BUILDING (SQUARE FEET)	1965 BUILDING (SQUARE FEET)	1983 BUILDING (SQUARE FEET)	MEDICAL ARTS (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	
1.00	Administrative and General	0	0	0	0	4,796	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	4,796	34.00
35.00	Total cost to be allocated	0	0	0	0	5,357	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	1.116972	36.00



ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150051  
Hospice CCN: 151509

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description	CAPITAL RELATED COSTS					
	UTILITIES (SQUARE FEET)	WEGMI LLER (SQUARE FEET)	CANCER (SQUARE FEET)	PHNA BUI LDING (SQUARE FEET)	PAIN MANAGEMENT (SQUARE FEET)	
	1.05	1.06	1.07	1.08	1.09	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00 Total cost to be allocated	0	0	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150051  
Hospice CCN: 151509

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CHILD CARE (NUMBER OF CHILDREN)	Reconciliation	
	WEST PROMPTCARE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1. 10	2. 00	4. 00				
1.00 Administrative and General	0	14,940	189,911	0	0	0	1.00
2.00 Inpatient - General Care	0	0	695,284	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	150,991	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	1,186,352	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	2,627	0	0	0	7.00
8.00 Occupational Therapy	0	0	432	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	51	0	0	0	9.00
10.00 Medical Social Services	0	0	387,582	0	0	0	10.00
11.00 Spiritual Counseling	0	0	100,906	0	0	0	11.00
12.00 Dietary Counseling	0	0	1,176	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	176,903	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	14,940	2,892,215	0	0	0	34.00
35.00 Total cost to be allocated	0	265,914	981,720	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	17.798795	0.339435	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150051  
Hospice CCN: 151509

Period:  
From 01/01/2014  
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Worksheet K-5  
Part II  
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Cost Center Description		Hospice I					
		ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5.00	6.00	7.00	8.00	9.00	
1.00	Administrative and General	335,733	0	14,940	18,570	276	1.00
2.00	Inpatient - General Care	1,250,958	0	0	0	0	2.00
3.00	Inpatient - Respite Care	271,665	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	2,134,489	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	4,727	0	0	0	0	7.00
8.00	Occupational Therapy	778	0	0	0	0	8.00
9.00	Speech/ Language Pathology	91	0	0	0	0	9.00
10.00	Medical Social Services	697,341	0	0	0	0	10.00
11.00	Spiritual Counseling	181,550	0	0	0	0	11.00
12.00	Dietary Counseling	2,116	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	318,285	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	5,197,733	0	14,940	18,570	276	34.00
35.00	Total cost to be allocated	1,526,221	0	459,082	14,562	73,737	35.00
36.00	Unit Cost Multiplier (see instructions)	0.293632	0.000000	30.728380	0.784168	267.163043	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description	Hospice I					
	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATIVE (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (TIME SPENT)	
	10.00	11.00	12.00	13.00	14.00	
1.00 Administrative and General	0	8,606	0	8,606	0	1.00
2.00 Inpatient - General Care	0	28,465	0	28,465	0	2.00
3.00 Inpatient - Respite Care	0	6,182	0	6,182	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	38,154	0	38,154	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	60	0	60	0	7.00
8.00 Occupational Therapy	0	11	0	11	0	8.00
9.00 Speech/ Language Pathology	0	2	0	2	0	9.00
10.00 Medical Social Services	0	14,728	0	14,728	0	10.00
11.00 Spiritual Counseling	0	3,530	0	3,530	0	11.00
12.00 Dietary Counseling	0	47	0	47	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	12,038	0	12,038	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	111,823	0	111,823	0	34.00
35.00 Total cost to be allocated	0	25,822	0	474,511	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.230919	0.000000	4.243411	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150051  
Hospice CCN: 151509

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		
				(SPECIFY) (TIME SPENT)	CENTRAL STERILIZATION (TIME SPENT)	
				15.00	16.00	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00 Total cost to be allocated	0	0	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150051  
Hospice CCN: 151509

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/28/2015 12:27 pm

Cost Center Description	Hospice I					
	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	
			SERVICES-SALA RY & FRINGES (ASSIGNED TIME)	SERVICES-OTHE R PRGM COSTS (ASSIGNED TIME)		
19.00	20.00	21.00	22.00	23.00		
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00 Total cost to be allocated	0	0	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 150051 Hospice CCN: 151509		Period: From 01/01/2014 To 12/31/2014		Worksheet K-5 Part III Date/Time Prepared: 5/28/2015 12:27 pm	
Cost Center Description		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)		
		0	1.00	2.00	3.00		
ANCI LLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.516247	0	0	1.00	
2.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	2.00	
3.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	3.00	
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.313541	0	0	4.00	
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0.000000	0	0	5.00	
6.00	LABORATORY	60.00	0.206885	0	0	6.00	
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	6.01	
6.02	PHYSICIAN LABORATORY	60.02	0.602455	0	0	6.02	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.213752	0	0	7.00	
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00	
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.199132	0	0	9.00	
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00				10.00	
10.97	CARDIAC REHABILITATION	76.97	0.774242	0	0	10.97	
11.00	Totals (sum of lines 1-10)					11.00	

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150051

Period:

Worksheet K-6

Hospice CCN: 151509

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

Date/Time Prepared:  
5/28/2015 12:27 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				7,771,668	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				28,359	2.00
3.00	Average cost per diem (line 1 divided by line 2)				274.05	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	26,353				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	7,222,040				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		698			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		191,287			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	7,111				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	1,948,770				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		157			10.00
11.00	Aggregate NF cost (line 3 times line 10)		43,026			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			1,308		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			358,457		13.00



CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150051	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/28/2015 12:27 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		3,188,456	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		223,019	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)		134.39	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)		6.77	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		20.94	8.00
9.00	Sum of lines 7 and 8		27.71	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.77	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		183,974	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		3,595,449	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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