

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/27/2015 10:48 am
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/27/2015 Time: 10:48 am	
	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.		
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 ARNETT HOSPITAL ( 150173 ) 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)  
 \_\_\_\_\_  
 CHIEF FINANCIAL OFFICER  
 Title \_\_\_\_\_  
 Date \_\_\_\_\_

Cost Center Description	Title V 1.00	Title XVIII		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	-147,695	-154,107	324,501	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	-147,695	-154,107	324,501	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: 150173		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 12:24 pm						
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 6165 MCCARTY LANE		PO Box:									
2.00	City: LAFAYETTE		State: IN		Zip Code: 47905		County: TIPPECANOE					
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)					
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		IU HEALTH ARNETT HOSPITAL	150173	29140	1	11/10/2008	N	P	P	3.00	
4.00	Subprovider - IPF										4.00	
5.00	Subprovider - IRF										5.00	
6.00	Subprovider - (Other)										6.00	
7.00	Swing Beds - SNF										7.00	
8.00	Swing Beds - NF										8.00	
9.00	Hospital-Based SNF										9.00	
10.00	Hospital-Based NF										10.00	
11.00	Hospital-Based OLTC										11.00	
12.00	Hospital-Based HHA										12.00	
13.00	Separately Certified ASC										13.00	
14.00	Hospital-Based Hospice										14.00	
15.00	Hospital-Based Health Clinic - RHC										15.00	
16.00	Hospital-Based Health Clinic - FQHC										16.00	
17.00	Hospital-Based (CMHC) I										17.00	
18.00	Renal Dialysis										18.00	
19.00	Other										19.00	
						From:	To:					
						1.00	2.00					
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2014	12/31/2014				20.00	
21.00	Type of Control (see instructions)					4						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.		2,441	857	0	28	3,426		155		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.		0	0	0	0	0				25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 12:24 pm		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00
		V	XVII	XIX		
		1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for 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
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
				Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have 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
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)				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

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		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 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				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.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	780,146	0		118.01
				1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 12:24 pm	
		1.00	2.00		
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
<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		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: INDIANA UNIVERSITY HEALTH	Contractor's Name: WPS		Contractor's Number: 08101	
142.00	Street: 340 WEST 10TH STREET	PO Box:			
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202		
		1.00	2.00	3.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y			144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y			145.00
		1.00	2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N			147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N			148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N			149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
		1.00	2.00	3.00	4.00
<b>Multi campus</b>					
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
		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
		1.00			
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>					
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y			167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0
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)				0.50

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 12:24 pm	
			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)		07/01/2014	09/30/2014	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)			Y	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/26/2015 12:24 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	R		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		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	04/20/2015	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

	Description	Part A		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			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			Y	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<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.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<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.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
<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.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
<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.	RHONDA		UTTER	41.00
42.00	Enter the employer/company name of the cost report preparer.	IU HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093		RUTTER@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)	04/20/2015	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 COST REPORTING	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: 150173

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/26/2015 12:24 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	154	56,210	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)		154	56,210	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	12	4,380	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		180	65,700	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		180				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: 150173

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/26/2015 12:24 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	15,846	1,762	31,622			1.00
2.00 HMO and other (see instructions)	5,295	4,327				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	15,846	1,762	31,622			7.00
8.00 INTENSIVE CARE UNIT	1,448	24	2,777			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 NEONATAL INTENSIVE CARE UNIT	0	391	2,468			12.00
13.00 NURSERY		248	2,521			13.00
14.00 Total (see instructions)	17,294	2,425	39,388	0.00	1,625.40	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	89			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	1,625.40	27.00
28.00 Observation Bed Days		388	5,517			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	155	548			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: 150173

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/26/2015 12:24 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,930	1,335	10,273	1.00
2.00 HMO and other (see instructions)			1,148	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 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,930	1,335	10,273	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150173		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part II Date/Time Prepared: 5/26/2015 12:24 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	144,891,899	-475,373	144,416,526	3,380,823.00	42.72	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		1,651,041	0	1,651,041	23,827.00	69.29	3.00
4.00	Physician-Part A - Administrative		670,748	0	670,748	4,872.00	137.67	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		12,287,636	0	12,287,636	62,776.00	195.74	5.00
6.00	Non-physician-Part B		484,860	0	484,860	10,700.00	45.31	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		69,253,770	-129,806	69,123,964	1,058,576.00	65.30	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		2,265,381	0	2,265,381	21,527.00	105.23	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		826,379	0	826,379	16,035.00	51.54	13.00
14.00	Home office salaries & wage-related costs		17,638,374	0	17,638,374	436,111.00	40.44	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		18,303,629	0	18,303,629			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		12,191,392	0	12,191,392			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		321,308	0	321,308			21.00
22.00	Physician Part A - Administrative		86,236	0	86,236			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		1,466,524	0	1,466,524			23.00
24.00	Wage-related costs (RHC/FQHC)		97,738	0	97,738			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	1,191,054	0	1,191,054	21,978.00	54.19	26.00
27.00	Administrative & General	5.00	8,720,434	-41,612	8,678,822	298,901.00	29.04	27.00
28.00	Administrative & General under contract (see inst.)		467,222	0	467,222	2,936.00	159.14	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,287,200	-896	1,286,304	44,411.00	28.96	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,035,755	-14,319	2,021,436	150,512.00	13.43	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	808,516	-431,476	377,040	30,077.00	12.54	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	430,777	430,777	34,300.00	12.56	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,309,053	-9,902	3,299,151	88,348.00	37.34	38.00
39.00	Central Services and Supply	14.00	897,791	-2,559	895,232	51,502.00	17.38	39.00
40.00	Pharmacy	15.00	2,515,825	-12,441	2,503,384	67,534.00	37.07	40.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150173		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part II Date/Time Prepared: 5/26/2015 12:24 pm	
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on 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	
41.00	Medical Records & Medical Records Library	16.00	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	275,199	0	275,199	10,966.00	42.00
43.00	Other General Service	18.00	350,162	-4,491	345,671	29,229.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150173

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/26/2015 12:24 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on 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 III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	130,935,584	-475,373	130,460,211	3,286,456.00	39.70	1.00
2.00	Excluded area salaries (see instructions)	69,253,770	-129,806	69,123,964	1,058,576.00	65.30	2.00
3.00	Subtotal salaries (line 1 minus line 2)	61,681,814	-345,567	61,336,247	2,227,880.00	27.53	3.00
4.00	Subtotal other wages & related costs (see inst.)	20,730,134	0	20,730,134	473,673.00	43.76	4.00
5.00	Subtotal wage-related costs (see inst.)	18,389,865	0	18,389,865	0.00	29.98	5.00
6.00	Total (sum of lines 3 thru 5)	100,801,813	-345,567	100,456,246	2,701,553.00	37.18	6.00
7.00	Total overhead cost (see instructions)	21,858,211	-86,919	21,771,292	830,694.00	26.21	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/26/2015 12:24 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			9,266,843 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			0 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)			13,912,145 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			425,320 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			131,381 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)			717,142 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			0 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			7,707,923 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			306,073 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			0 22.00
23.00	Tuition Reimbursement			0 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			32,466,827 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: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/26/2015 12:24 pm
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10	Date/Time Prepared: 5/26/2015 12:24 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)			0.211565	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			9,998,743	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			87,995,841	6.00
7.00	Medicaid cost (line 1 times line 6)			18,616,840	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)			8,618,097	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP			0	9.00
10.00	Stand-alone SCHIP charges			0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			781,955	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			6,127,583	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			1,296,382	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)			514,427	16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			9,132,524	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	61,638,537	9,139,737	70,778,274	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	13,040,557	1,933,648	14,974,205	21.00
22.00	Partial payment by patients approved for charity care	16,277	51,702	67,979	22.00
23.00	Cost of charity care (line 21 minus line 22)	13,024,280	1,881,946	14,906,226	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)			20,252,939	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			177,905	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			20,075,034	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			4,247,175	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			19,153,401	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			28,285,925	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150173		Period: From 01/01/2014 To 12/31/2014		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	5,531,491	5,531,491	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP		0	0	3,218,274	3,218,274	1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE		0	0	12,593,029	12,593,029	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	6,707,024	6,707,024	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP		0	0	1,627,386	1,627,386	2.01
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,191,054	25,083,562	26,274,616	0	26,274,616	4.00
5.01	00570	ADMINISTRATION	3,601,155	2,433,316	6,034,471	-10,466	6,024,005	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	5,119,279	46,900,835	52,020,114	-14,821,768	37,198,346	5.06
7.00	00700	OPERATION OF PLANT	975,837	12,033,050	13,008,887	-5,604,479	7,404,408	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	311,363	6,956,482	7,267,845	-3,003,790	4,264,055	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	434,487	434,487	0	434,487	8.00
9.00	00900	HOUSEKEEPING	2,035,755	1,157,867	3,193,622	-76,621	3,117,001	9.00
10.00	01000	DIETARY	808,516	1,388,764	2,197,280	-1,171,298	1,025,982	10.00
11.00	01100	CAFETERIA	0	0	0	1,170,042	1,170,042	11.00
13.00	01300	NURSING ADMINISTRATION	3,309,053	927,800	4,236,853	-284,860	3,951,993	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	897,791	684,661	1,582,452	8,726,948	10,309,400	14.00
15.00	01500	PHARMACY	2,515,825	6,800,970	9,316,795	-6,396,758	2,920,037	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	275,199	24,717	299,916	-95	299,821	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	350,162	202,545	552,707	-1,382	551,325	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	20,595,035	3,800,991	24,396,026	-2,507,001	21,889,025	30.00
31.00	03100	INTENSIVE CARE UNIT	2,218,298	1,033,498	3,251,796	-433,641	2,818,155	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,505,261	401,783	2,907,044	-175,901	2,731,143	35.00
43.00	04300	NURSERY	0	0	0	605,931	605,931	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,036,303	13,298,775	16,335,078	-10,762,429	5,572,649	50.00
51.00	05100	RECOVERY ROOM	491,255	69,192	560,447	-26,066	534,381	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,080,644	604,880	2,685,524	-249,903	2,435,621	52.00
53.00	05300	ANESTHESIOLOGY	6,953,043	2,056,439	9,009,482	-358,638	8,650,844	53.00
53.01	05301	ASC ANESTHESIOLOGY	22,839	67,110	89,949	-87,286	2,663	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,143,675	1,998,579	4,142,254	-1,338,584	2,803,670	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	207,581	490,941	698,522	-37,164	661,358	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,977,113	6,057,733	8,034,846	-5,613,770	2,421,076	59.00
60.00	06000	LABORATORY	931	7,647,020	7,647,951	-446	7,647,505	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,151,675	1,151,675	0	1,151,675	63.00
65.00	06500	RESPIRATORY THERAPY	1,326,896	545,446	1,872,342	-290,485	1,581,857	65.00
66.00	06600	PHYSICAL THERAPY	770,290	87,924	858,214	-4,836	853,378	66.00
69.00	06900	ELECTROCARDIOLOGY	964,096	298,282	1,262,378	-133,120	1,129,258	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	74,029	60,025	134,054	-18,108	115,946	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,464,145	3,464,145	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,621,462	9,621,462	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	20,461,923	20,461,923	73.00
74.00	07400	RENAL DIALYSIS	268,001	375,902	643,903	-7,975	635,928	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	2,235,194	3,756,816	5,992,010	-2,302,587	3,689,423	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	247,022	29,238	276,260	-8,455	267,805	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	374,239	101,562	475,801	-50,865	424,936	90.01
91.00	09100	EMERGENCY	3,387,820	2,624,401	6,012,221	-677,119	5,335,102	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04952	HORIZON CANCER CENTER	190,149	325,994	516,143	49,957	566,100	93.01
93.02	04954	ARNETT CANCER CARE CENTER	2,000,305	10,526,426	12,526,731	-9,998,058	2,528,673	93.02
93.03	04953	OUTPATIENT INFUSION CENTER	177,121	34,715	211,836	-14,219	197,617	93.03
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	75,638,129	162,474,403	238,112,532	7,309,439	245,421,971	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	52,298	114,355	166,653	-337	166,316	190.00
191.00	19100	RESEARCH	0	87	87	0	87	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	68,329,564	27,333,379	95,662,943	-7,262,423	88,400,520	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	530,598	3,303,606	3,834,204	-33,080	3,801,124	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	0	0	193.02
194.00	07950	MARKETING/PUBLIC RELATIONS	341,310	459,325	800,635	-13,599	787,036	194.00
200.00		TOTAL (SUM OF LINES 118-199)	144,891,899	193,685,155	338,577,054	0	338,577,054	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150173

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

Worksheet A  
Date/Time Prepared:  
5/26/2015 12:24 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	2,642,956	8,174,447	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	-31,868	3,186,406	1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	0	12,593,029	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,506,187	8,213,211	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	1,627,386	2.01
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	897,116	27,171,732	4.00
5.01	00570	ADMINITTING	4,777,090	10,801,095	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-6,721,625	30,476,721	5.06
7.00	00700	OPERATION OF PLANT	-138,390	7,266,018	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	-132,697	4,131,358	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	434,487	8.00
9.00	00900	HOUSEKEEPING	0	3,117,001	9.00
10.00	01000	DIETARY	0	1,025,982	10.00
11.00	01100	CAFETERIA	-793,831	376,211	11.00
13.00	01300	NURSING ADMINISTRATION	12,370	3,964,363	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-283	10,309,117	14.00
15.00	01500	PHARMACY	0	2,920,037	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,387,800	1,387,800	16.00
17.00	01700	SOCIAL SERVICE	0	299,821	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	0	551,325	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-5,764,289	16,124,736	30.00
31.00	03100	INTENSIVE CARE UNIT	6,063	2,824,218	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-1,090,455	1,640,688	35.00
43.00	04300	NURSERY	0	605,931	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-425	5,572,224	50.00
51.00	05100	RECOVERY ROOM	0	534,381	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-8,675	2,426,946	52.00
53.00	05300	ANESTHESIOLOGY	-7,899,136	751,708	53.00
53.01	05301	ASC ANESTHESIOLOGY	-19,200	-16,537	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,803,670	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	661,358	56.00
59.00	05900	CARDIAC CATHETERIZATION	-2,500	2,418,576	59.00
60.00	06000	LABORATORY	-55,000	7,592,505	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,151,675	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,581,857	65.00
66.00	06600	PHYSICAL THERAPY	0	853,378	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,129,258	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	115,946	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,464,145	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,621,462	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,461,923	73.00
74.00	07400	RENAL DIALYSIS	0	635,928	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	-590	3,688,833	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	267,805	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	0	90.00
90.01	04950	SLEEP CLINIC	0	424,936	90.01
91.00	09100	EMERGENCY	-1,110,691	4,224,411	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	93.00
93.01	04952	HORIZON CANCER CENTER	-229,754	336,346	93.01
93.02	04954	ARNETT CANCER CARE CENTER	-418,015	2,110,658	93.02
93.03	04953	OUTPATIENT INFUSION CENTER	0	197,617	93.03
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-13,187,842	232,234,129	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	166,316	190.00
191.00	19100	RESEARCH	0	87	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	88,400,520	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	3,801,124	193.01
193.02	19302	WHITE HOSPITAL	23,731,660	23,731,660	193.02
194.00	07950	MARKETING/PUBLIC RELATIONS	0	787,036	194.00
200.00		TOTAL (SUM OF LINES 118-199)	10,543,818	349,120,872	200.00

RECLASSIFICATIONS

Provider CCN: 150173

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

Worksheet A-6

Date/Time Prepared:  
5/26/2015 12:24 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - BILLABLE SUPPLIES</b>					
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	1,776	1.00
2.00	OPERATION OF PLANT	7.00	0	1,155	2.00
3.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	180	3.00
4.00	HOUSEKEEPING	9.00	0	618	4.00
5.00	DIETARY	10.00	0	16	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,679	6.00
7.00	PHARMACY	15.00	0	4,764	7.00
8.00	RECOVERY ROOM	51.00	0	3	8.00
9.00	ASC ANESTHESIOLOGY	53.01	0	649	9.00
10.00	RADIOISOTOPE	56.00	0	3,423	10.00
11.00	RESPIRATORY THERAPY	65.00	0	1,462	11.00
12.00	PHYSICAL THERAPY	66.00	0	11	12.00
13.00	ELECTROCARDIOLOGY	69.00	0	129	13.00
14.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,464,145	14.00
15.00	CARDIAC REHABILITATION	76.97	0	29	15.00
16.00	SLEEP CLINIC	90.01	0	75	16.00
17.00	HORIZON CANCER CENTER	93.01	0	1,143	17.00
TOTALS			0	3,485,257	
<b>B - PTO USED AS SHORT TERM DISABILITY</b>					
1.00	ADMINISTRATIVE	5.01	0	35,646	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	5,966	2.00
3.00	OPERATION OF PLANT	7.00	0	896	3.00
4.00	HOUSEKEEPING	9.00	0	14,319	4.00
5.00	DIETARY	10.00	0	699	5.00
6.00	NURSING ADMINISTRATION	13.00	0	9,902	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,559	7.00
8.00	PHARMACY	15.00	0	12,441	8.00
9.00	PATIENT TRANSPORT SERVICES	18.00	0	4,491	9.00
10.00	ADULTS & PEDIATRICS	30.00	0	104,744	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	17,071	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	851	12.00
13.00	OPERATING ROOM	50.00	0	17,463	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	15,222	14.00
15.00	ANESTHESIOLOGY	53.00	0	7,111	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	17,046	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	650	17.00
18.00	RESPIRATORY THERAPY	65.00	0	18,138	18.00
19.00	PHYSICAL THERAPY	66.00	0	7,139	19.00
20.00	ELECTROCARDIOLOGY	69.00	0	3,314	20.00
21.00	RENAL DIALYSIS	74.00	0	3,030	21.00
22.00	ASC (NON-DISTINCT PART)	75.01	0	11,310	22.00
23.00	SLEEP CLINIC	90.01	0	570	23.00
24.00	EMERGENCY	91.00	0	25,996	24.00
25.00	HORIZON CANCER CENTER	93.01	0	728	25.00
26.00	ARNETT CANCER CARE CENTER	93.02	0	6,731	26.00
27.00	OUTPATIENT INFUSION CENTER	93.03	0	1,534	27.00
28.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	120,461	28.00
29.00	RETAIL PHARMACY	193.01	0	5,282	29.00
30.00	MARKETING/PUBLIC RELATIONS	194.00	0	4,063	30.00
TOTALS			0	475,373	
<b>C - IMPLANTABLE DEVICES</b>					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,267	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	9,621,462	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
TOTALS			0	9,622,729	
<b>D - NON-BILLABLE MEDICAL SUPPLIES</b>					
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	16,517	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,986,040	2.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
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
	TOTALS		0	9,002,557		
<b>F - CAFETERIA</b>						
1.00	CAFETERIA	11.00	430,777	739,265		1.00
	TOTALS		430,777	739,265		
<b>G - ALLOWABLE ADVERTISING</b>						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	13,109		1.00
	TOTALS		0	13,109		
<b>H - DRUGS</b>						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	63,575		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	20,461,923		2.00
3.00	HORIZON CANCER CENTER	93.01	0	66,635		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
	TOTALS		0	20,592,133		

RECLASSIFICATIONS

Provider CCN: 150173

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

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Date/Time Prepared:  
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>I - DEPRECIATION</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,931,348	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	946,950	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,142,665	3.00
4.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	1,474,099	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
<b>TOTALS</b>			0	13,495,062	
<b>J - PROPERTY INSURANCE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	249,261	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	38,938	2.00
<b>TOTALS</b>			0	288,199	
<b>K - INTEREST ON CAPITAL LEASES</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	58,889	1.00
2.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	25,543	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
<b>TOTALS</b>			0	84,432	
<b>L - CAPTIAL RELATED INTEREST</b>					
1.00	CAP REL COSTS INTEREST EXPENSE	1.02	0	12,593,029	1.00
<b>TOTALS</b>			0	12,593,029	
<b>M - PROPERTY TAXES</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	88,739	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	574,323	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

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
TOTALS			0	663,062	
N - LEASE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	262,143	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	1,658,063	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	505,470	3.00
4.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	127,744	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
TOTALS			0	2,553,420	
O - MOTHER BABY - NURSERY					
1.00	NURSERY	43.00	535,623	52,487	1.00
TOTALS			535,623	52,487	
P - L&D NURSERY					
1.00	NURSERY	43.00	15,102	2,719	1.00
TOTALS			15,102	2,719	
500.00	Grand Total: Increases		981,502	73,662,833	500.00

RECLASSIFICATIONS

Provider CCN: 150173

Period:  
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - BILLABLE SUPPLIES</b>						
1.00	ADMINISTRATIVE	5.01	0	28	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	216	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	35,796	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	34,490	0	4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	1,281	0	5.00
6.00	OPERATING ROOM	50.00	0	1,131,989	0	6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	16,325	0	7.00
8.00	ANESTHESIOLOGY	53.00	0	67,230	0	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	49,246	0	9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	1,565,923	0	10.00
11.00	RENAL DIALYSIS	74.00	0	811	0	11.00
12.00	ASC (NON-DISTINCT PART)	75.01	0	182,621	0	12.00
13.00	EMERGENCY	91.00	0	17,584	0	13.00
14.00	ARNETT CANCER CARE CENTER	93.02	0	1,437	0	14.00
15.00	OUTPATIENT INFUSION CENTER	93.03	0	254	0	15.00
16.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	380,026	0	16.00
17.00		0.00	0	0	0	17.00
TOTALS			0	3,485,257		
<b>B - PTO USED AS SHORT TERM DISABILITY</b>						
1.00	ADMINISTRATIVE	5.01	35,646	0	0	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	5,966	0	0	2.00
3.00	OPERATION OF PLANT	7.00	896	0	0	3.00
4.00	HOUSEKEEPING	9.00	14,319	0	0	4.00
5.00	DIETARY	10.00	699	0	0	5.00
6.00	NURSING ADMINISTRATION	13.00	9,902	0	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	2,559	0	0	7.00
8.00	PHARMACY	15.00	12,441	0	0	8.00
9.00	PATIENT TRANSPORT SERVICES	18.00	4,491	0	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	104,744	0	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	17,071	0	0	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	851	0	0	12.00
13.00	OPERATING ROOM	50.00	17,463	0	0	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	15,222	0	0	14.00
15.00	ANESTHESIOLOGY	53.00	7,111	0	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	17,046	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	650	0	0	17.00
18.00	RESPIRATORY THERAPY	65.00	18,138	0	0	18.00
19.00	PHYSICAL THERAPY	66.00	7,139	0	0	19.00
20.00	ELECTROCARDIOLOGY	69.00	3,314	0	0	20.00
21.00	RENAL DIALYSIS	74.00	3,030	0	0	21.00
22.00	ASC (NON-DISTINCT PART)	75.01	11,310	0	0	22.00
23.00	SLEEP CLINIC	90.01	570	0	0	23.00
24.00	EMERGENCY	91.00	25,996	0	0	24.00
25.00	HORIZON CANCER CENTER	93.01	728	0	0	25.00
26.00	ARNETT CANCER CARE CENTER	93.02	6,731	0	0	26.00
27.00	OUTPATIENT INFUSION CENTER	93.03	1,534	0	0	27.00
28.00	PHYSICIANS' PRIVATE OFFICES	192.00	120,461	0	0	28.00
29.00	RETAIL PHARMACY	193.01	5,282	0	0	29.00
30.00	MARKETING/PUBLIC RELATIONS	194.00	4,063	0	0	30.00
TOTALS			475,373	0		
<b>C - IMPLANTABLE DEVICES</b>						
1.00	NURSING ADMINISTRATION	13.00	0	876	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,200	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	33,702	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	11,933	0	4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	172	0	5.00
6.00	OPERATING ROOM	50.00	0	6,433,316	0	6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	9,716	0	7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	2,134,241	0	8.00
9.00	RENAL DIALYSIS	74.00	0	375	0	9.00
10.00	ASC (NON-DISTINCT PART)	75.01	0	961,239	0	10.00
11.00	EMERGENCY	91.00	0	5,632	0	11.00
12.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	28,327	0	12.00
TOTALS			0	9,622,729		
<b>D - NON-BILLABLE MEDICAL SUPPLIES</b>						
1.00	ADMINISTRATIVE	5.01	0	5,904	0	1.00
2.00	OPERATION OF PLANT	7.00	0	416	0	2.00
3.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	246	0	3.00
4.00	HOUSEKEEPING	9.00	0	77,166	0	4.00
5.00	DIETARY	10.00	0	700	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	1,703	0	6.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
7.00	PHARMACY	15.00	0	336,453	0		7.00
8.00	PATIENT TRANSPORT SERVICES	18.00	0	121	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	1,562,626	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	336,833	0		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	146,245	0		11.00
12.00	OPERATING ROOM	50.00	0	2,356,518	0		12.00
13.00	RECOVERY ROOM	51.00	0	13,806	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	161,781	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	168,212	0		15.00
16.00	ASC ANESTHESIOLOGY	53.01	0	40,117	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	160,133	0		17.00
18.00	RADIOISOTOPE	56.00	0	12,191	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	719,676	0		19.00
20.00	LABORATORY	60.00	0	446	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	220,003	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	4,847	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	17,751	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,130	0		24.00
25.00	RENAL DIALYSIS	74.00	0	4,256	0		25.00
26.00	ASC (NON-DISTINCT PART)	75.01	0	921,069	0		26.00
27.00	CARDIAC REHABILITATION	76.97	0	8,164	0		27.00
28.00	SLEEP CLINIC	90.01	0	26,597	0		28.00
29.00	EMERGENCY	91.00	0	612,350	0		29.00
30.00	HORIZON CANCER CENTER	93.01	0	591	0		30.00
31.00	ARNETT CANCER CARE CENTER	93.02	0	89,962	0		31.00
32.00	OUTPATIENT INFUSION CENTER	93.03	0	11,162	0		32.00
33.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	981,608	0		33.00
34.00	RETAIL PHARMACY	193.01	0	1,704	0		34.00
35.00	MARKETING/PUBLIC RELATIONS	194.00	0	70	0		35.00
TOTALS			0	9,002,557			
<b>F - CAFETERIA</b>							
1.00	DIETARY	10.00	430,777	739,265	0		1.00
TOTALS			430,777	739,265			
<b>G - ALLOWABLE ADVERTISING</b>							
1.00	MARKETING/PUBLIC RELATIONS	194.00	0	13,109	0		1.00
TOTALS			0	13,109			
<b>H - DRUGS</b>							
1.00	HOUSEKEEPING	9.00	0	39	0		1.00
2.00	DIETARY	10.00	0	56	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	105	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,046	0		4.00
5.00	PHARMACY	15.00	0	5,622,665	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	89,285	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	21,749	0		7.00
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	9,207	0		8.00
9.00	OPERATING ROOM	50.00	0	129,184	0		9.00
10.00	RECOVERY ROOM	51.00	0	1,433	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,749	0		11.00
12.00	ANESTHESIOLOGY	53.00	0	123,196	0		12.00
13.00	ASC ANESTHESIOLOGY	53.01	0	44,158	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	78,788	0		14.00
15.00	RADIOISOTOPE	56.00	0	10,518	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	87,526	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	7,033	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	26,079	0		18.00
19.00	RENAL DIALYSIS	74.00	0	2,398	0		19.00
20.00	ASC (NON-DISTINCT PART)	75.01	0	77,780	0		20.00
21.00	CARDIAC REHABILITATION	76.97	0	286	0		21.00
22.00	SLEEP CLINIC	90.01	0	153	0		22.00
23.00	EMERGENCY	91.00	0	22,254	0		23.00
24.00	ARNETT CANCER CARE CENTER	93.02	0	9,851,782	0		24.00
25.00	OUTPATIENT INFUSION CENTER	93.03	0	2,803	0		25.00
26.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	4,359,204	0		26.00
27.00	RETAIL PHARMACY	193.01	0	20,657	0		27.00
TOTALS			0	20,592,133			
<b>I - DEPRECIATION</b>							
1.00	ADMINISTRATIVE	5.01	0	2,509	9		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	1,873,625	9		2.00
3.00	OPERATION OF PLANT	7.00	0	5,343,049	9		3.00
4.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	855,978	9		4.00
5.00	DIETARY	10.00	0	516	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	262,403	0		6.00

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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	49,815	0	7.00	
8.00	PHARMACY	15.00	0	415,093	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	190,908	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	26,270	0	10.00	
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	18,996	0	11.00	
12.00	OPERATING ROOM	50.00	0	549,514	0	12.00	
13.00	RECOVERY ROOM	51.00	0	10,830	0	13.00	
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	41,510	0	14.00	
15.00	ASC ANESTHESIOLOGY	53.01	0	3,660	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,030,890	0	16.00	
17.00	RADIOISOTOPE	56.00	0	17,878	0	17.00	
18.00	CARDIAC CATHETERIZATION	59.00	0	1,076,094	0	18.00	
19.00	RESPIRATORY THERAPY	65.00	0	49,216	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	89,309	0	20.00	
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	16,978	0	21.00	
22.00	RENAL DIALYSIS	74.00	0	135	0	22.00	
23.00	ASC (NON-DISTINCT PART)	75.01	0	55,270	0	23.00	
24.00	SLEEP CLINIC	90.01	0	21,563	0	24.00	
25.00	EMERGENCY	91.00	0	19,225	0	25.00	
26.00	HORIZON CANCER CENTER	93.01	0	16,285	0	26.00	
27.00	ARNETT CANCER CARE CENTER	93.02	0	54,596	0	27.00	
28.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	325	0	28.00	
29.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,391,483	0	29.00	
30.00	RETAIL PHARMACY	193.01	0	10,719	0	30.00	
31.00	MARKETING/PUBLIC RELATIONS	194.00	0	420	0	31.00	
TOTALS			0	13,495,062			
<b>J - PROPERTY INSURANCE</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	288,199	12	1.00	
2.00		0.00	0	0	12	2.00	
TOTALS			0	288,199			
<b>K - INTEREST ON CAPITAL LEASES</b>							
1.00	ADMINISTRATIVE	5.01	0	353	10	1.00	
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	3,580	10	2.00	
3.00	OPERATION OF PLANT	7.00	0	26	0	3.00	
4.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	18,393	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	62	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	508	0	6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	292	0	7.00	
8.00	OPERATING ROOM	50.00	0	3,224	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	20,484	0	9.00	
10.00	CARDIAC CATHETERIZATION	59.00	0	30,308	0	10.00	
11.00	ELECTROCARDIOLOGY	69.00	0	110	0	11.00	
12.00	EMERGENCY	91.00	0	74	0	12.00	
13.00	HORIZON CANCER CENTER	93.01	0	153	0	13.00	
14.00	ARNETT CANCER CARE CENTER	93.02	0	281	0	14.00	
15.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	12	0	15.00	
16.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	6,572	0	16.00	
TOTALS			0	84,432			
<b>L - CAPITAL RELATED INTEREST</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	12,593,029	11	1.00	
TOTALS			0	12,593,029			
<b>M - PROPERTY TAXES</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	32,684	13	1.00	
2.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	561,716	13	2.00	
3.00	NURSING ADMINISTRATION	13.00	0	19,298	0	3.00	
4.00	PHARMACY	15.00	0	26,265	0	4.00	
5.00	OPERATING ROOM	50.00	0	5,749	0	5.00	
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,001	0	6.00	
7.00	RESPIRATORY THERAPY	65.00	0	4,749	0	7.00	
8.00	ASC (NON-DISTINCT PART)	75.01	0	5,749	0	8.00	
9.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	5,851	0	9.00	
TOTALS			0	663,062			
<b>N - LEASE</b>							
1.00	ADMINISTRATIVE	5.01	0	1,672	10	1.00	
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	125,628	10	2.00	

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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
3.00	OPERATION OF PLANT	7.00	0	262,143	10	3.00	
4.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	1,567,637	10	4.00	
5.00	HOUSEKEEPING	9.00	0	34	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	197	0	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	209,202	0	7.00	
8.00	PHARMACY	15.00	0	1,046	0	8.00	
9.00	SOCIAL SERVICE	17.00	0	95	0	9.00	
10.00	PATIENT TRANSPORT SERVICES	18.00	0	1,261	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	6,282	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	2,366	0	12.00	
13.00	OPERATING ROOM	50.00	0	152,935	0	13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	310	0	14.00	
15.00	CARDIAC CATHETERIZATION	59.00	0	2	0	15.00	
16.00	RESPIRATORY THERAPY	65.00	0	10,946	0	16.00	
17.00	ASC (NON-DISTINCT PART)	75.01	0	98,859	0	17.00	
18.00	CARDIAC REHABILITATION	76.97	0	34	0	18.00	
19.00	SLEEP CLINIC	90.01	0	2,627	0	19.00	
20.00	HORIZON CANCER CENTER	93.01	0	792	0	20.00	
21.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	109,352	0	21.00	
	TOTALS		0	2,553,420			
O - MOTHER BABY - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	535,623	52,487	0	1.00	
	TOTALS		535,623	52,487			
P - L&D NURSERY							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	15,102	2,719	0	1.00	
	TOTALS		15,102	2,719			
500.00	Grand Total: Decreases		1,456,875	73,187,460		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150173

Period:  
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Part I  
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	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
	1.00	2.00	3.00	4.00	5.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	4,121,457	0	0	0	1.00	
2.00	Land Improvements	107,468	0	0	0	2.00	
3.00	Buildings and Fixtures	176,135,121	0	0	0	3.00	
4.00	Building Improvements	12,810,103	0	0	7,478	4.00	
5.00	Fixed Equipment	5,313,100	46,570	0	46,570	5.00	
6.00	Movable Equipment	71,261,179	0	0	0	901,642	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	269,748,428	46,570	0	46,570	909,120	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	269,748,428	46,570	0	46,570	909,120	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	4,121,457	0			1.00	
2.00	Land Improvements	107,468	0			2.00	
3.00	Buildings and Fixtures	176,135,121	0			3.00	
4.00	Building Improvements	12,802,625	0			4.00	
5.00	Fixed Equipment	5,359,670	0			5.00	
6.00	Movable Equipment	70,359,537	0			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	268,885,878	0			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	268,885,878	0			10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

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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-BLDG & FIXT - NONHOSP	0	0	0	0	0	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	0	0	2.01
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0				1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0				1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0				2.01
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

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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	268,885,878	0	268,885,878	1.000000	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	0.000000	0	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0.000000	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	0.000000	0	2.01
3.00	Total (sum of lines 1-2)	268,885,878	0	268,885,878	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	7,574,304	262,143	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	946,950	1,658,063	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,142,665	2,070,546	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	1,474,099	153,287	2.01
3.00	Total (sum of lines 1-2)	0	0	0	16,138,018	4,144,039	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	249,261	88,739	0	8,174,447	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	-31,868	38,938	574,323	0	3,186,406	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	12,593,029	0	0	0	12,593,029	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	8,213,211	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	0	1,627,386	2.01
3.00	Total (sum of lines 1-2)	12,561,161	288,199	663,062	0	33,794,479	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150173

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

Worksheet A-8

Date/Time Prepared:  
5/26/2015 12:24 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst.	A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01 Investment income - CAP REL COSTS-BLDG & FIXT - NONHOSP (chapter 2)			0	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	1.01
1.02 Investment income - CAP REL COSTS INTEREST EXPENSE (chapter 2)			0	CAP REL COSTS INTEREST EXPENSE	1.02	0	1.02
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
2.01 Investment income - CAP REL COSTS-MVBLE EQUIP - NONHOSP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	2.01
3.00 Investment income - other (chapter 2)		0	0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0	0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0	0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0	0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-26,387	0	OTHER ADMINISTRATIVE & GENERAL	5.06	0	7.00
8.00 Television and radio service (chapter 21)		0	0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0	0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-17,123,510	0		0.00	0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0	0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	45,442,039	0		0.00	0	12.00
13.00 Laundry and linen service		0	0		0.00	0	13.00
14.00 Cafeteria-employees and guests		0	0		0.00	0	14.00
15.00 Rental of quarters to employee and others		0	0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0	0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0	0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0	0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0	0		0.00	0	19.00
20.00 Vending machines		0	0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0	0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0	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	*** Cost Center Deleted ***	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-BLDG & FIXT - NONHOSP			0	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	26.01
26.02 Depreciation - CAP REL COSTS INTEREST EXPENSE			0	CAP REL COSTS INTEREST EXPENSE	1.02	0	26.02
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150173

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

Worksheet A-8

Date/Time Prepared:  
5/26/2015 12:24 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		4.00
27.01 Depreciation - CAP REL COSTS-MVBLE EQUIP - NONHOSP			0	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	27.01
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	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	*** Cost Center Deleted ***	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	*** Cost Center Deleted ***	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 HOSPITAL ASSESSMENT FEES	A	-15,150,658		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.00
33.01 WHITE HOSPITAL OPERATING EXPENSES	A	23,731,660		WHITE HOSPITAL	193.02	0	33.01
33.02 RECRUITING EXP ADVERTISING	A	-34,977		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.02
33.03 RECRUITING EXP RELOCATION	A	-143,255		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.03
33.04 RECRUITING EXP ADVERTISING	A	-10		OPERATION OF PLANT - NONHOSPITAL	7.01	0	33.04
33.05 MISCELLANEOUS INCOME	B	-11,370		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.05
33.06 MISCELLANEOUS INCOME	B	-240,726		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.06
33.07 MISCELLANEOUS INCOME	B	-7,567		OPERATION OF PLANT	7.00	0	33.07
33.08 MISCELLANEOUS INCOME	B	-132,687		OPERATION OF PLANT - NONHOSPITAL	7.01	0	33.08
33.09 MISCELLANEOUS INCOME	B	-793,831		CAFETERIA	11.00	0	33.09
33.10 EMPLOYEE BENEFITS EXPENSE	A	-23,948,289		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.10
33.11 MISCELLANEOUS INCOME	B	-283		CENTRAL SERVICES & SUPPLY	14.00	0	33.11
33.12 MISCELLANEOUS INCOME	B	-8,675		DELIVERY ROOM & LABOR ROOM	52.00	0	33.12
33.13 MISCELLANEOUS INCOME	B	-800		EMERGENCY	91.00	0	33.13
33.14 MISCELLANEOUS INCOME	B	-15,302		HORIZON CANCER CENTER	93.01	0	33.14
33.15 MISCELLANEOUS INCOME	B	-14,138		ARNETT CANCER CARE CENTER	93.02	0	33.15
33.16 ACCRUED PTO	A	-543,744		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.16
33.17 CONTRIBUTION EXPENSE	A	-429,251		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.17
33.18 CONTRIBUTION EXPENSE	A	-2,500		CARDIAC CATHETERIZATION	59.00	0	33.18
33.19 NON-ALLOWABLE PATIENT REIMBURSEMENT	A	-78		NURSING ADMINISTRATION	13.00	0	33.19
33.20 NON-ALLOWABLE PATIENT REIMBURSEMENT	A	-6,891		ADULTS & PEDIATRICS	30.00	0	33.20
33.21 NON-ALLOWABLE PATIENT REIMBURSEMENT	A	6,063		INTENSIVE CARE UNIT	31.00	0	33.21
33.22 NON-ALLOWABLE PATIENT REIMBURSEMENT	A	-425		OPERATING ROOM	50.00	0	33.22
33.23 NON-ALLOWABLE PATIENT REIMBURSEMENT	A	-590		ASC (NON-DISTINCT PART)	75.01	0	33.23
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		10,543,818					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: 150173

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

Worksheet A-8-1

Date/Time Prepared: 5/26/2015 12:24 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	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE ALLOCATION	2,905,099	262,143 1.00
2.00	1.01	CAP REL COSTS-BLDG & FIXT -	HOME OFFICE ALLOCATION	178,284	210,152 2.00
3.00	1.02	CAP REL COSTS INTEREST EXPEN	HOME OFFICE ALLOCATION	12,702,957	12,702,957 3.00
4.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE ALLOCATION	1,506,187	0 4.00
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE ALLOCATION	25,666,182	211,806 4.01
4.02	5.01	ADMITTING	HOME OFFICE ALLOCATION	6,313,015	1,535,925 4.02
4.03	5.06	OTHER ADMINISTRATIVE & GENER	HOME OFFICE ALLOCATION	21,841,049	12,180,858 4.03
4.04	7.00	OPERATION OF PLANT	HOME OFFICE ALLOCATION	0	130,823 4.04
4.05	7.01	OPERATION OF PLANT - NONHOSP	HOME OFFICE ALLOCATION	36,583	36,583 4.05
4.06	13.00	NURSING ADMINISTRATION	HOME OFFICE ALLOCATION	276,380	100,250 4.06
4.07	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE ALLOCATION	1,387,800	0 4.07
4.08	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE ALLOCATION	258,317	258,317 4.08
4.09	59.00	CARDIAC CATHETERIZATION	HOME OFFICE ALLOCATION	7,590,736	7,590,736 4.09
4.10	70.00	ELECTROENCEPHALOGRAPHY	HOME OFFICE ALLOCATION	36,000	36,000 4.10
4.11	75.01	ASC (NON-DISTINCT PART)	HOME OFFICE ALLOCATION	411,105	411,105 4.11
4.12	91.00	EMERGENCY	HOME OFFICE ALLOCATION	36,000	36,000 4.12
4.13	93.01	HORIZON CANCER CENTER	HOME OFFICE ALLOCATION	218,531	218,531 4.13
4.14	93.02	ARNETT CANCER CARE CENTER	HOME OFFICE ALLOCATION	305,944	305,944 4.14
5.00	0		0	81,670,169	36,228,130 5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
<b>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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

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

6.00	B	IU HEALTH	100.00	IU HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					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: 150173

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

Worksheet A-8-1

Date/Time Prepared:  
5/26/2015 12:24 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	2,642,956	9		1.00
2.00	-31,868	11		2.00
3.00	0	9		3.00
4.00	1,506,187	10		4.00
4.01	25,454,376	0		4.01
4.02	4,777,090	0		4.02
4.03	9,660,191	0		4.03
4.04	-130,823	0		4.04
4.05	0	0		4.05
4.06	176,130	0		4.06
4.07	1,387,800	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
5.00	45,442,039			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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	HEALTHCARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150173

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

Worksheet A-8-2

Date/Time Prepared:  
5/26/2015 12:24 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	18,880	18,880	0	0	0	1.00
2.00	5.06	OTHER ADMINISTRATIVE & GENERAL	541,739	255,781	285,958	150,200	2,080	2.00
3.00	13.00	NURSING ADMINISTRATION	163,682	163,682	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	5,916,263	5,632,849	283,414	150,200	2,200	4.00
5.00	31.00	INTENSIVE CARE UNIT	405,195	0	405,195	150,200	6,606	5.00
6.00	35.00	NEONATAL INTENSIVE CARE UNIT	1,107,690	1,078,252	29,438	182,900	196	6.00
7.00	53.00	ANESTHESIOLOGY	7,931,025	7,859,087	71,938	167,500	396	7.00
8.00	53.01	ASC ANESTHESIOLOGY	19,200	19,200	0	0	0	8.00
9.00	60.00	LABORATORY	55,000	55,000	0	0	0	9.00
10.00	91.00	EMERGENCY	1,531,075	1,109,891	421,184	150,200	9,429	10.00
11.00	93.01	HORIZON CANCER CENTER	214,452	214,452	0	0	0	11.00
12.00	93.02	ARNETT CANCER CARE CENTER	403,877	403,877	0	0	0	12.00
200.00			18,308,078	16,810,951	1,497,127		20,907	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.06	OTHER ADMINISTRATIVE & GENERAL	150,200	7,510	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	158,865	7,943	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	477,029	23,851	0	0	0	5.00
6.00	35.00	NEONATAL INTENSIVE CARE UNIT	17,235	862	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	31,889	1,594	0	0	0	7.00
8.00	53.01	ASC ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	680,883	34,044	0	0	0	10.00
11.00	93.01	HORIZON CANCER CENTER	0	0	0	0	0	11.00
12.00	93.02	ARNETT CANCER CARE CENTER	0	0	0	0	0	12.00
200.00			1,516,101	75,804	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	18,880	1.00
2.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	150,200	135,758	391,539	2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	163,682	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	158,865	124,549	5,757,398	4.00
5.00	31.00	INTENSIVE CARE UNIT	0	477,029	0	0	5.00
6.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	17,235	12,203	1,090,455	6.00
7.00	53.00	ANESTHESIOLOGY	0	31,889	40,049	7,899,136	7.00
8.00	53.01	ASC ANESTHESIOLOGY	0	0	0	19,200	8.00
9.00	60.00	LABORATORY	0	0	0	55,000	9.00
10.00	91.00	EMERGENCY	0	680,883	0	1,109,891	10.00
11.00	93.01	HORIZON CANCER CENTER	0	0	0	214,452	11.00
12.00	93.02	ARNETT CANCER CARE CENTER	0	0	0	403,877	12.00
200.00			0	1,516,101	312,559	17,123,510	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150173

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2015 12:24 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP	
		1.00	1.01	1.02	2.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	8,174,447	8,174,447			1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	3,186,406	0	3,186,406		1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE	12,593,029	0	0	12,593,029	1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP	8,213,211				8,213,211
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	1,627,386				0
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	27,171,732	0	0	0	0
5.01 00570	ADMINISTRATIVE	10,801,095	71,137	27,141	109,589	71,474
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	30,476,721	219,041	1,767	337,440	220,079
7.00 00700	OPERATION OF PLANT	7,266,018	1,550,173	0	2,388,097	1,557,524
7.01 00701	OPERATION OF PLANT - NONHOSPITAL	4,131,358	0	25,607	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	434,487	0	0	0	0
9.00 00900	HOUSEKEEPING	3,117,001	64,070	1,308	98,702	64,374
10.00 01000	DIETARY	1,025,982	137,920	0	212,471	138,575
11.00 01100	CAFETERIA	376,211	123,887	0	190,853	124,475
13.00 01300	NURSING ADMINISTRATION	3,964,363	205,919	0	317,225	206,895
14.00 01400	CENTRAL SERVICES & SUPPLY	10,309,117	374,173	667	576,428	375,948
15.00 01500	PHARMACY	2,920,037	92,541	0	142,563	92,980
16.00 01600	MEDICAL RECORDS & LIBRARY	1,387,800	0	0	0	0
17.00 01700	SOCIAL SERVICE	299,821	4,273	0	6,582	4,293
18.00 01850	PATIENT TRANSPORT SERVICES	551,325	26,669	0	41,084	26,795
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	16,124,736	2,360,202	0	3,635,974	2,371,391
31.00 03100	INTENSIVE CARE UNIT	2,824,218	228,092	0	351,384	229,174
35.00 02060	NEONATAL INTENSIVE CARE UNIT	1,640,688	192,554	0	296,636	193,467
43.00 04300	NURSERY	605,931	83,469	0	128,587	83,865
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	5,572,224	628,043	6,177	967,524	631,022
51.00 05100	RECOVERY ROOM	534,381	82,517	0	127,121	82,909
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,426,946	295,787	0	455,670	297,190
53.00 05300	ANESTHESIOLOGY	751,708	12,595	0	19,404	12,655
53.01 05301	ASC ANESTHESIOLOGY	-16,537	0	1,014	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,803,670	227,546	0	350,542	228,625
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	661,358	36,105	0	55,621	36,276
59.00 05900	CARDIAC CATHETERIZATION	2,418,576	242,166	0	373,065	243,314
60.00 06000	LABORATORY	7,592,505	171,292	9,009	263,881	172,104
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,151,675	12,535	0	19,310	12,594
65.00 06500	RESPIRATORY THERAPY	1,581,857	20,837	15,810	32,100	20,936
66.00 06600	PHYSICAL THERAPY	853,378	29,970	0	46,169	30,112
69.00 06900	ELECTROCARDIOLOGY	1,129,258	45,602	0	70,252	45,819
70.00 07000	ELECTROENCEPHALOGRAPHY	115,946	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,464,145	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	9,621,462	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	20,461,923	0	0	0	0
74.00 07400	RENAL DIALYSIS	635,928	31,994	13,583	49,289	32,146
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01 07501	ASC (NON-DISTINCT PART)	3,688,833	0	294,735	0	0
76.00 03950	CARDIAC CATHETERIZATION	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	267,805	0	15,810	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	0
90.01 04950	SLEEP CLINIC	424,936	0	53,571	0	0
91.00 09100	EMERGENCY	4,224,411	460,963	0	710,131	463,149
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
93.01 04952	HORIZON CANCER CENTER	336,346	0	8,827	0	0
93.02 04954	ARNETT CANCER CARE CENTER	2,110,658	0	103,832	0	0
93.03 04953	OUTPATIENT INFUSION CENTER	197,617	75,936	0	116,983	76,296
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	232,234,129	8,108,008	578,858	12,490,677	8,146,456
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	166,316	44,144	0	68,006	44,354
191.00 19100	RESEARCH	87	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	88,400,520	22,295	2,595,446	34,346	22,401
193.00 19300	NONPAID WORKERS	0	0	0	0	0
193.01 19301	RETAIL PHARMACY	3,801,124	0	12,102	0	0
193.02 19302	WHITE HOSPITAL	23,731,660	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150173

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2015 12:24 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP	
	0	1.00	1.01	1.02	2.00	
194.00 07950 MARKETING/PUBLIC RELATIONS	787,036	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	349,120,872	8,174,447	3,186,406	12,593,029	8,213,211	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150173

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2015 12:24 pm

Cost Center Description	CAPITAL	EMPLOYEE	ADMITTING	Subtotal	OTHER				
	RELATED COSTS						BENEFITS		ADMINISTRATIVE
	MVBLE EQUIP - NONHOSP						DEPARTMENT		& GENERAL
	2.01	4.00	5.01	5A.01	5.06				
<b>GENERAL SERVICE COST CENTERS</b>									
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00			
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01			
1.02 00102	CAP REL COSTS INTEREST EXPENSE					1.02			
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00			
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	1,627,386				2.01			
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	27,171,732			4.00			
5.01 00570	ADMITTING	13,861	676,423	11,770,720		5.01			
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	903	970,062	0	32,226,013	32,226,013 5.06			
7.00 00700	OPERATION OF PLANT	0	184,959	0	12,946,771	1,316,596 7.00			
7.01 00701	OPERATION OF PLANT - NONHOSPITAL	13,078	59,070	0	4,229,113	430,071 7.01			
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	434,487	44,184 8.00			
9.00 00900	HOUSEKEEPING	668	383,493	0	3,729,616	379,276 9.00			
10.00 01000	DIETARY	0	71,529	0	1,586,477	161,334 10.00			
11.00 01100	CAFETERIA	0	81,724	0	897,150	91,234 11.00			
13.00 01300	NURSING ADMINISTRATION	0	625,892	0	5,320,294	541,037 13.00			
14.00 01400	CENTRAL SERVICES & SUPPLY	341	169,837	0	11,806,511	1,200,640 14.00			
15.00 01500	PHARMACY	0	474,924	0	3,723,045	378,608 15.00			
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,387,800	141,130 16.00			
17.00 01700	SOCIAL SERVICE	0	52,209	0	367,178	37,339 17.00			
18.00 01850	PATIENT TRANSPORT SERVICES	0	65,578	0	711,451	72,350 18.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00 03000	ADULTS & PEDIATRICS	0	3,785,660	746,035	29,023,998	2,951,537 30.00			
31.00 03100	INTENSIVE CARE UNIT	0	417,601	100,497	4,150,966	422,124 31.00			
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	475,119	119,257	2,917,721	296,712 35.00			
43.00 04300	NURSERY	0	104,480	31,625	1,037,957	105,553 43.00			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00 05000	OPERATING ROOM	3,155	572,713	985,377	9,366,235	952,481 50.00			
51.00 05100	RECOVERY ROOM	0	93,197	107,549	1,027,674	104,507 51.00			
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	388,972	169,410	4,033,975	410,227 52.00			
53.00 05300	ANESTHESIOLOGY	0	1,317,734	217,438	2,331,534	237,101 53.00			
53.01 05301	ASC ANESTHESIOLOGY	518	4,333	27,978	17,306	1,760 53.01			
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	403,449	749,974	4,763,806	484,446 54.00			
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00			
56.00 05600	RADIOISOTOPE	0	39,381	121,454	950,195	96,628 56.00			
59.00 05900	CARDIAC CATHETERIZATION	0	374,961	558,753	4,210,835	428,212 59.00			
60.00 06000	LABORATORY	4,601	177	838,560	9,052,129	920,538 60.00			
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	53,302	1,249,416	127,057 63.00			
65.00 06500	RESPIRATORY THERAPY	8,074	248,288	124,159	2,052,061	208,680 65.00			
66.00 06600	PHYSICAL THERAPY	0	144,780	61,204	1,165,613	118,535 66.00			
69.00 06900	ELECTROCARDIOLOGY	0	182,273	235,349	1,708,553	173,748 69.00			
70.00 07000	ELECTROENCEPHALOGRAPHY	0	14,044	10,133	140,123	14,250 70.00			
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	215,176	3,679,321	374,161 71.00			
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	591,906	10,213,368	1,038,628 72.00			
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	1,096,210	21,558,133	2,192,311 73.00			
74.00 07400	RENAL DIALYSIS	6,937	50,268	12,566	832,711	84,681 74.00			
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00			
75.01 07501	ASC (NON-DISTINCT PART)	150,529	421,900	813,772	5,369,769	546,068 75.01			
76.00 03950	CARDIAC CATHETERIZATION	0	0	0	0	0 76.00			
76.97 07697	CARDIAC REHABILITATION	8,074	46,863	896	339,448	34,519 76.97			
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00 09000	CLINIC	0	0	0	0	0 90.00			
90.01 04950	SLEEP CLINIC	27,360	70,890	63,930	640,687	65,153 90.01			
91.00 09100	EMERGENCY	0	637,782	1,179,378	7,675,814	780,577 91.00			
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00			
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01			
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0 93.00			
93.01 04952	HORIZON CANCER CENTER	4,508	35,936	3,263	388,880	39,546 93.01			
93.02 04954	ARNETT CANCER CARE CENTER	53,030	378,207	120,152	2,765,879	281,271 93.02			
93.03 04953	OUTPATIENT INFUSION CENTER	0	33,311	18,981	519,124	52,791 93.03			
<b>SPECIAL PURPOSE COST CENTERS</b>									
118.00	SUBTOTALS (SUM OF LINES 1-117)	295,637	14,058,019	9,374,284	212,549,137	18,337,601 118.00			
<b>NONREIMBURSABLE COST CENTERS</b>									
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,922	0	332,742	33,838 190.00			
191.00 19100	RESEARCH	0	0	0	87	9 191.00			
192.00 19200	PHYSICIANS' PRIVATE OFFICES	1,325,568	12,940,152	2,396,436	107,737,164	10,956,137 192.00			
193.00 19300	NONPAID WORKERS	0	0	0	0	0 193.00			
193.01 19301	RETAIL PHARMACY	6,181	99,659	0	3,919,066	398,542 193.01			
193.02 19302	WHITE HOSPITAL	0	0	0	23,731,660	2,413,344 193.02			
194.00 07950	MARKETING/PUBLIC RELATIONS	0	63,980	0	851,016	86,542 194.00			
200.00	Cross Foot Adjustments				0	200.00			

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150173

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

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Cost Center Description		CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	ADMI TTING	Subtotal	OTHER ADMI NI STRATI VE & GENERAL	
		MVBLE EQUI P - NONHOSP					
		2.01	4.00	5.01	5A.01	5.06	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,627,386	27,171,732	11,770,720	349,120,872	32,226,013	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150173		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/26/2015 12:24 pm	
Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			7.00	7.01	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
7.00	00700	OPERATION OF PLANT	14,263,367					7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	4,659,184				7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	478,671			8.00
9.00	00900	HOUSEKEEPING	144,275	1,946	0	4,255,113		9.00
10.00	01000	DIETARY	310,575	0	0	43,190	2,101,576	10.00
11.00	01100	CAFETERIA	278,975	0	0	38,796	0	11.00
13.00	01300	NURSING ADMINISTRATION	463,696	0	0	64,484	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	842,578	992	0	117,662	0	14.00
15.00	01500	PHARMACY	208,387	0	0	28,980	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	9,621	0	0	1,338	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	60,054	0	0	8,351	0	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	5,314,792	0	379,241	739,106	1,902,131	30.00
31.00	03100	INTENSIVE CARE UNIT	513,627	0	33,211	71,428	166,574	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	433,601	0	29,516	60,299	0	35.00
43.00	04300	NURSERY	187,959	0	30,149	26,139	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,414,253	9,189	0	201,196	0	50.00
51.00	05100	RECOVERY ROOM	185,816	0	0	25,841	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	666,065	0	6,554	92,627	32,871	52.00
53.00	05300	ANESTHESIOLOGY	28,363	0	0	3,944	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	1,508	0	742	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	512,396	0	0	71,257	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	81,303	0	0	11,306	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	545,318	0	0	75,835	0	59.00
60.00	06000	LABORATORY	385,722	13,403	0	60,236	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	28,226	0	0	3,925	0	63.00
65.00	06500	RESPIRATORY THERAPY	46,921	23,519	0	18,104	0	65.00
66.00	06600	PHYSICAL THERAPY	67,487	0	0	9,385	0	66.00
69.00	06900	ELECTROCARDIOLOGY	102,689	0	0	14,281	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	72,046	20,207	0	19,962	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	438,465	0	215,749	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	23,519	0	11,573	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	79,695	0	39,214	0	90.01
91.00	09100	EMERGENCY	1,038,016	0	0	144,352	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04952	HORIZON CANCER CENTER	0	13,132	0	6,462	0	93.01
93.02	04954	ARNETT CANCER CARE CENTER	0	154,467	0	76,006	0	93.02
93.03	04953	OUTPATIENT INFUSION CENTER	170,996	0	0	23,780	0	93.03
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	14,113,757	780,042	478,671	2,325,550	2,101,576	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	99,406	0	0	13,824	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	50,204	3,861,138	0	1,906,880	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	18,004	0	8,859	0	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	0	0	193.02
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	14,263,367	4,659,184	478,671	4,255,113	2,101,576	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150173		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/26/2015 12:24 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
2.01	00201						2.01
4.00	00400						4.00
5.01	00570						5.01
5.06	00590						5.06
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,306,155					11.00
13.00	01300	72,139	6,461,650				13.00
14.00	01400	42,047	0	14,010,430			14.00
15.00	01500	55,140	0	214,246	4,608,406		15.00
16.00	01600	0	0	0	0	1,528,930	16.00
17.00	01700	8,949	0	0	0	0	17.00
18.00	01850	23,859	0	77	0	0	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	463,095	3,118,428	995,047	0	96,879	30.00
31.00	03100	57,314	530,667	214,488	0	13,050	31.00
35.00	02060	44,900	408,759	93,126	0	15,487	35.00
43.00	04300	15,436	167,900	0	0	4,107	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	84,824	489,477	1,500,581	0	127,960	50.00
51.00	05100	11,140	121,169	8,792	0	13,966	51.00
52.00	05200	55,700	398,970	103,018	0	21,999	52.00
53.00	05300	43,507	216,663	107,114	0	28,236	53.00
53.01	05301	0	0	25,546	0	3,633	53.01
54.00	05400	56,957	9,051	101,969	0	97,391	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	5,621	0	7,763	0	15,772	56.00
59.00	05900	45,715	260,439	458,276	0	72,559	59.00
60.00	06000	509	0	284	0	108,894	60.00
63.00	06300	0	0	0	0	6,922	63.00
65.00	06500	42,064	18,471	140,093	0	16,123	65.00
66.00	06600	18,052	0	3,086	0	7,948	66.00
69.00	06900	31,348	69,081	11,304	0	30,562	69.00
70.00	07000	1,851	0	720	0	1,316	70.00
71.00	07100	0	0	2,205,895	0	27,942	71.00
72.00	07200	0	0	6,126,744	0	76,864	72.00
73.00	07300	0	0	0	4,608,406	142,352	73.00
74.00	07400	8,100	0	2,710	0	1,632	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	0	586,517	0	105,675	75.01
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	0	5,199	0	116	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	16,936	0	8,302	90.01
91.00	09100	100,906	615,633	389,932	0	153,152	91.00
92.00	09200						92.00
92.01	09201	0	0	0	0	0	92.01
93.00	04951	0	0	0	0	0	93.00
93.01	04952	0	0	376	0	424	93.01
93.02	04954	0	0	57,286	0	15,603	93.02
93.03	04953	5,061	36,942	7,108	0	2,465	93.03
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		1,294,234	6,461,650	13,384,233	4,608,406	1,217,331	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	1,987	0	0	0	0	190.00
191.00	19100	509	0	0	0	0	191.00
192.00	19200	0	0	625,067	0	311,599	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	0	1,085	0	0	193.01
193.02	19302	0	0	0	0	0	193.02
194.00	07950	9,425	0	45	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		1,306,155	6,461,650	14,010,430	4,608,406	1,528,930	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150173

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2015 12:24 pm

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		PATIENT TRANSPORT SERVICES				
	17.00	18.00	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-BLDG & FIXT - NONHOSP					1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00570	ADMINITTING					5.01
5.06 00590	OTHER ADMINISTRATIVE & GENERAL					5.06
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	OPERATION OF PLANT - NONHOSPITAL					7.01
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
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	424,425				17.00
18.00 01850	PATIENT TRANSPORT SERVICES	0	876,142			18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	384,147	694,150	46,062,551	0	46,062,551
31.00 03100	INTENSIVE CARE UNIT	33,640	60,788	6,267,877	0	6,267,877
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	54,024	4,354,145	0	4,354,145
43.00 04300	NURSERY	0	55,184	1,630,384	0	1,630,384
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	14,146,196	0	14,146,196
51.00 05100	RECOVERY ROOM	0	0	1,498,905	0	1,498,905
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,638	11,996	5,840,640	0	5,840,640
53.00 05300	ANESTHESIOLOGY	0	0	2,996,462	0	2,996,462
53.01 05301	ASC ANESTHESIOLOGY	0	0	50,495	0	50,495
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	6,097,273	0	6,097,273
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	0	1,168,588	0	1,168,588
59.00 05900	CARDIAC CATHETERIZATION	0	0	6,097,189	0	6,097,189
60.00 06000	LABORATORY	0	0	10,541,715	0	10,541,715
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,415,546	0	1,415,546
65.00 06500	RESPIRATORY THERAPY	0	0	2,566,036	0	2,566,036
66.00 06600	PHYSICAL THERAPY	0	0	1,390,106	0	1,390,106
69.00 06900	ELECTROCARDIOLOGY	0	0	2,141,566	0	2,141,566
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	158,260	0	158,260
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	6,287,319	0	6,287,319
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	17,455,604	0	17,455,604
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	28,501,202	0	28,501,202
74.00 07400	RENAL DIALYSIS	0	0	1,042,049	0	1,042,049
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01 07501	ASC (NON-DISTINCT PART)	0	0	7,262,243	0	7,262,243
76.00 03950	CARDIAC CATHETERIZATION	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	0	414,374	0	414,374
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	0
90.01 04950	SLEEP CLINIC	0	0	849,987	0	849,987
91.00 09100	EMERGENCY	0	0	10,898,382	0	10,898,382
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
93.01 04952	HORIZON CANCER CENTER	0	0	448,820	0	448,820
93.02 04954	ARNETT CANCER CARE CENTER	0	0	3,350,512	0	3,350,512
93.03 04953	OUTPATIENT INFUSION CENTER	0	0	818,267	0	818,267
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	424,425	876,142	191,752,693	0	191,752,693
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	481,797	0	481,797
191.00 19100	RESEARCH	0	0	605	0	605
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	125,448,189	0	125,448,189
193.00 19300	NONPAID WORKERS	0	0	0	0	0
193.01 19301	RETAIL PHARMACY	0	0	4,345,556	0	4,345,556
193.02 19302	WHITE HOSPITAL	0	0	26,145,004	0	26,145,004

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150173

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2015 12:24 pm

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		PATIENT TRANSPORT SERVICES				
	17.00	18.00	24.00	25.00	26.00	
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0	947,028	0	947,028	194.00
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	424,425	876,142	349,120,872	0	349,120,872	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150173

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/26/2015 12:24 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP	
			1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS		0					
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
2.01	00201						2.01
4.00	00400	0	0	0	0	0	4.00
5.01	00570	0	71,137	27,141	109,589	71,474	5.01
5.06	00590	0	219,041	1,767	337,440	220,079	5.06
7.00	00700	0	1,550,173	0	2,388,097	1,557,524	7.00
7.01	00701	0	0	25,607	0	0	7.01
8.00	00800	0	0	0	0	0	8.00
9.00	00900	0	64,070	1,308	98,702	64,374	9.00
10.00	01000	0	137,920	0	212,471	138,575	10.00
11.00	01100	0	123,887	0	190,853	124,475	11.00
13.00	01300	0	205,919	0	317,225	206,895	13.00
14.00	01400	0	374,173	667	576,428	375,948	14.00
15.00	01500	0	92,541	0	142,563	92,980	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	4,273	0	6,582	4,293	17.00
18.00	01850	0	26,669	0	41,084	26,795	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	2,360,202	0	3,635,974	2,371,391	30.00
31.00	03100	0	228,092	0	351,384	229,174	31.00
35.00	02060	0	192,554	0	296,636	193,467	35.00
43.00	04300	0	83,469	0	128,587	83,865	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	628,043	6,177	967,524	631,022	50.00
51.00	05100	0	82,517	0	127,121	82,909	51.00
52.00	05200	0	295,787	0	455,670	297,190	52.00
53.00	05300	0	12,595	0	19,404	12,655	53.00
53.01	05301	0	0	1,014	0	0	53.01
54.00	05400	0	227,546	0	350,542	228,625	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	36,105	0	55,621	36,276	56.00
59.00	05900	0	242,166	0	373,065	243,314	59.00
60.00	06000	0	171,292	9,009	263,881	172,104	60.00
63.00	06300	0	12,535	0	19,310	12,594	63.00
65.00	06500	0	20,837	15,810	32,100	20,936	65.00
66.00	06600	0	29,970	0	46,169	30,112	66.00
69.00	06900	0	45,602	0	70,252	45,819	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	31,994	13,583	49,289	32,146	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	0	294,735	0	0	75.01
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	0	15,810	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	53,571	0	0	90.01
91.00	09100	0	460,963	0	710,131	463,149	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
93.00	04951	0	0	0	0	0	93.00
93.01	04952	0	0	8,827	0	0	93.01
93.02	04954	0	0	103,832	0	0	93.02
93.03	04953	0	75,936	0	116,983	76,296	93.03
SPECIAL PURPOSE COST CENTERS							
118.00		0	8,108,008	578,858	12,490,677	8,146,456	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	44,144	0	68,006	44,354	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	22,295	2,595,446	34,346	22,401	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	0	12,102	0	0	193.01
193.02	19302	0	0	0	0	0	193.02
194.00	07950	0	0	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/26/2015 12:24 pm		
Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			
			BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP
		0	1.00	1.01	1.02	2.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	0	8,174,447	3,186,406	12,593,029	8,213,211

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150173

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

Worksheet B Part II Date/Time Prepared: 5/26/2015 12:24 pm

Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	OTHER ADMINISTRATIVE & GENERAL	
	MVBLE EQUIP - NONHOSP						
	2.01	2A					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0			4.00
5.01 00570	ADMITTING	13,861	293,202	0	293,202		5.01
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	903	779,230	0	0	779,230	5.06
7.00 00700	OPERATION OF PLANT	0	5,495,794	0	0	31,836	7.00
7.01 00701	OPERATION OF PLANT - NONHOSPITAL	13,078	38,685	0	0	10,399	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,068	8.00
9.00 00900	HOUSEKEEPING	668	229,122	0	0	9,171	9.00
10.00 01000	DIETARY	0	488,966	0	0	3,901	10.00
11.00 01100	CAFETERIA	0	439,215	0	0	2,206	11.00
13.00 01300	NURSING ADMINISTRATION	0	730,039	0	0	13,083	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	341	1,327,557	0	0	29,032	14.00
15.00 01500	PHARMACY	0	328,084	0	0	9,155	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	3,413	16.00
17.00 01700	SOCIAL SERVICE	0	15,148	0	0	903	17.00
18.00 01850	PATIENT TRANSPORT SERVICES	0	94,548	0	0	1,749	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	0	8,367,567	0	18,594	71,370	30.00
31.00 03100	INTENSIVE CARE UNIT	0	808,650	0	2,505	10,207	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	682,657	0	2,972	7,175	35.00
43.00 04300	NURSERY	0	295,921	0	788	2,552	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	3,155	2,235,921	0	24,559	23,032	50.00
51.00 05100	RECOVERY ROOM	0	292,547	0	2,680	2,527	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	1,048,647	0	4,222	9,920	52.00
53.00 05300	ANESTHESIOLOGY	0	44,654	0	5,419	5,733	53.00
53.01 05301	ASC ANESTHESIOLOGY	518	1,532	0	697	43	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	806,713	0	18,692	11,714	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	128,002	0	3,027	2,337	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	858,545	0	13,926	10,354	59.00
60.00 06000	LABORATORY	4,601	620,887	0	20,900	22,259	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	44,439	0	1,328	3,072	63.00
65.00 06500	RESPIRATORY THERAPY	8,074	97,757	0	3,094	5,046	65.00
66.00 06600	PHYSICAL THERAPY	0	106,251	0	1,525	2,866	66.00
69.00 06900	ELECTROCARDIOLOGY	0	161,673	0	5,866	4,201	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	253	345	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,363	9,047	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,752	25,115	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	27,321	53,011	73.00
74.00 07400	RENAL DIALYSIS	6,937	133,949	0	313	2,048	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501	ASC (NON-DISTINCT PART)	150,529	445,264	0	20,282	13,204	75.01
76.00 03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	8,074	23,884	0	22	835	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 04950	SLEEP CLINIC	27,360	80,931	0	1,593	1,575	90.01
91.00 09100	EMERGENCY	0	1,634,243	0	29,394	18,875	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01 04952	HORIZON CANCER CENTER	4,508	13,335	0	81	956	93.01
93.02 04954	ARNETT CANCER CARE CENTER	53,030	156,862	0	2,995	6,801	93.02
93.03 04953	OUTPATIENT INFUSION CENTER	0	269,215	0	473	1,277	93.03
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	295,637	29,619,636	0	233,636	443,413	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	156,504	0	0	818	190.00
191.00 19100	RESEARCH	0	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	1,325,568	4,000,056	0	59,566	264,913	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301	RETAIL PHARMACY	6,181	18,283	0	0	9,637	193.01
193.02 19302	WHITE HOSPITAL	0	0	0	0	58,356	193.02
194.00 07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	2,093	194.00
200.00	Cross Foot Adjustments		0				200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150173

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/26/2015 12:24 pm

Cost Center Description		CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADM I TTING	OTHER ADM I STRATI VE & GENERAL	
		MVBLE EQUIP - NONHOSP					
		2.01	2A	4.00	5.01	5.06	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,627,386	33,794,479	0	293,202	779,230	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150173		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/26/2015 12:24 pm	
Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			7.00	7.01	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
7.00	00700	OPERATION OF PLANT	5,527,630					7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	49,084				7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,068			8.00
9.00	00900	HOUSEKEEPING	55,912	21	0	294,226		9.00
10.00	01000	DIETARY	120,360	0	0	2,986	616,213	10.00
11.00	01100	CAFETERIA	108,114	0	0	2,683	0	11.00
13.00	01300	NURSING ADMINISTRATION	179,701	0	0	4,459	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	326,533	10	0	8,136	0	14.00
15.00	01500	PHARMACY	80,759	0	0	2,004	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	3,729	0	0	93	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	23,273	0	0	577	0	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,059,695	0	846	51,107	557,733	30.00
31.00	03100	INTENSIVE CARE UNIT	199,051	0	74	4,939	48,842	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	168,038	0	66	4,169	0	35.00
43.00	04300	NURSERY	72,842	0	67	1,807	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	548,080	97	0	13,912	0	50.00
51.00	05100	RECOVERY ROOM	72,011	0	0	1,787	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	258,127	0	15	6,405	9,638	52.00
53.00	05300	ANESTHESIOLOGY	10,992	0	0	273	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	16	0	51	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	198,574	0	0	4,927	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	31,508	0	0	782	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	211,333	0	0	5,244	0	59.00
60.00	06000	LABORATORY	149,483	141	0	4,165	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,939	0	0	271	0	63.00
65.00	06500	RESPIRATORY THERAPY	18,184	248	0	1,252	0	65.00
66.00	06600	PHYSICAL THERAPY	26,154	0	0	649	0	66.00
69.00	06900	ELECTROCARDIOLOGY	39,796	0	0	987	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	27,921	213	0	1,380	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	4,619	0	14,918	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	248	0	800	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	840	0	2,712	0	90.01
91.00	09100	EMERGENCY	402,273	0	0	9,981	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04952	HORIZON CANCER CENTER	0	138	0	447	0	93.01
93.02	04954	ARNETT CANCER CARE CENTER	0	1,627	0	5,256	0	93.02
93.03	04953	OUTPATIENT INFUSION CENTER	66,268	0	0	1,644	0	93.03
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,469,650	8,218	1,068	160,803	616,213	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	38,524	0	0	956	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	19,456	40,676	0	131,854	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	190	0	613	0	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	0	0	193.02
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,527,630	49,084	1,068	294,226	616,213	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150173		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/26/2015 12:24 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
2.01	00201						2.01
4.00	00400						4.00
5.01	00570						5.01
5.06	00590						5.06
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	552,218					11.00
13.00	01300	30,499	957,781				13.00
14.00	01400	17,777	0	1,709,045			14.00
15.00	01500	23,312	0	26,135	469,449		15.00
16.00	01600	0	0	0	0	3,413	16.00
17.00	01700	3,784	0	0	0	0	17.00
18.00	01850	10,087	0	9	0	0	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	195,787	462,230	121,380	0	221	30.00
31.00	03100	24,231	78,658	26,164	0	30	31.00
35.00	02060	18,983	60,589	11,360	0	35	35.00
43.00	04300	6,526	24,887	0	0	9	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	35,862	72,553	183,047	0	292	50.00
51.00	05100	4,710	17,960	1,072	0	32	51.00
52.00	05200	23,549	59,137	12,567	0	50	52.00
53.00	05300	18,394	32,115	13,066	0	65	53.00
53.01	05301	0	0	3,116	0	8	53.01
54.00	05400	24,080	1,342	12,439	0	223	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	2,376	0	947	0	36	56.00
59.00	05900	19,327	38,604	55,903	0	166	59.00
60.00	06000	215	0	35	0	249	60.00
63.00	06300	0	0	0	0	16	63.00
65.00	06500	17,784	2,738	17,089	0	37	65.00
66.00	06600	7,632	0	377	0	18	66.00
69.00	06900	13,254	10,240	1,379	0	70	69.00
70.00	07000	783	0	88	0	3	70.00
71.00	07100	0	0	269,084	0	64	71.00
72.00	07200	0	0	747,359	0	176	72.00
73.00	07300	0	0	0	469,449	325	73.00
74.00	07400	3,425	0	331	0	4	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	0	71,546	0	241	75.01
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	0	634	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	2,066	0	19	90.01
91.00	09100	42,661	91,252	47,566	0	350	91.00
92.00	09200						92.00
92.01	09201	0	0	0	0	0	92.01
93.00	04951	0	0	0	0	0	93.00
93.01	04952	0	0	46	0	1	93.01
93.02	04954	0	0	6,988	0	36	93.02
93.03	04953	2,140	5,476	867	0	6	93.03
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		547,178	957,781	1,632,660	469,449	2,782	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	840	0	0	0	0	190.00
191.00	19100	215	0	0	0	0	191.00
192.00	19200	0	0	76,248	0	631	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	0	132	0	0	193.01
193.02	19302	0	0	0	0	0	193.02
194.00	07950	3,985	0	5	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		552,218	957,781	1,709,045	469,449	3,413	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/26/2015 12:24 pm
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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		PATIENT TRANSPORT SERVICES				
	17.00	18.00	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-BLDG & FIXT - NONHOSP					1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00570	ADMITTING					5.01
5.06 00590	OTHER ADMINISTRATIVE & GENERAL					5.06
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	OPERATION OF PLANT - NONHOSPITAL					7.01
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
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	23,657				17.00
18.00 01850	PATIENT TRANSPORT SERVICES	0	130,243			18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	21,412	103,190	12,031,132	0	12,031,132
31.00 03100	INTENSIVE CARE UNIT	1,875	9,036	1,214,262	0	1,214,262
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	8,031	964,075	0	964,075
43.00 04300	NURSERY	0	8,203	413,602	0	413,602
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	3,137,355	0	3,137,355
51.00 05100	RECOVERY ROOM	0	0	395,326	0	395,326
52.00 05200	DELIVERY ROOM & LABOR ROOM	370	1,783	1,434,430	0	1,434,430
53.00 05300	ANESTHESIOLOGY	0	0	130,711	0	130,711
53.01 05301	ASC ANESTHESIOLOGY	0	0	5,463	0	5,463
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	1,078,704	0	1,078,704
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	0	169,015	0	169,015
59.00 05900	CARDIAC CATHETERIZATION	0	0	1,213,402	0	1,213,402
60.00 06000	LABORATORY	0	0	818,334	0	818,334
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	60,065	0	60,065
65.00 06500	RESPIRATORY THERAPY	0	0	163,229	0	163,229
66.00 06600	PHYSICAL THERAPY	0	0	145,472	0	145,472
69.00 06900	ELECTROCARDIOLOGY	0	0	237,466	0	237,466
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	1,472	0	1,472
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	283,558	0	283,558
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	787,402	0	787,402
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	550,106	0	550,106
74.00 07400	RENAL DIALYSIS	0	0	169,584	0	169,584
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01 07501	ASC (NON-DISTINCT PART)	0	0	570,074	0	570,074
76.00 03950	CARDIAC CATHETERIZATION	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	0	26,423	0	26,423
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	0
90.01 04950	SLEEP CLINIC	0	0	89,736	0	89,736
91.00 09100	EMERGENCY	0	0	2,276,595	0	2,276,595
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
93.01 04952	HORIZON CANCER CENTER	0	0	15,004	0	15,004
93.02 04954	ARNETT CANCER CARE CENTER	0	0	180,565	0	180,565
93.03 04953	OUTPATIENT INFUSION CENTER	0	0	347,366	0	347,366
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	23,657	130,243	28,909,928	0	28,909,928
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	197,642	0	197,642
191.00 19100	RESEARCH	0	0	215	0	215
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	4,593,400	0	4,593,400
193.00 19300	NONPAID WORKERS	0	0	0	0	0
193.01 19301	RETAIL PHARMACY	0	0	28,855	0	28,855
193.02 19302	WHITE HOSPITAL	0	0	58,356	0	58,356

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150173

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/26/2015 12:24 pm

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		PATIENT TRANSPORT SERVICES				
	17.00	18.00	24.00	25.00	26.00	
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0	6,083	0	6,083	194.00
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	23,657	130,243	33,794,479	0	33,794,479	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1

Date/Time Prepared:  
5/26/2015 12:24 pm

Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - NONHOSP (SQUARE FEET)	CAP REL COSTS INTEREST EXPENSE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP - NONHOSP (SQUARE FEET)		
		1.00	1.01	1.02	2.00	2.01		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT	403,683					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	367,826				1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	0	0	403,683			1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP				403,683		2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP				0	367,826	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00570	ADMITTING	3,513	3,133	3,513	3,513	3,133	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	10,817	204	10,817	10,817	204	5.06
7.00	00700	OPERATION OF PLANT	76,553	0	76,553	76,553	0	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	2,956	0	0	2,956	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3,164	151	3,164	3,164	151	9.00
10.00	01000	DIETARY	6,811	0	6,811	6,811	0	10.00
11.00	01100	CAFETERIA	6,118	0	6,118	6,118	0	11.00
13.00	01300	NURSING ADMINISTRATION	10,169	0	10,169	10,169	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	18,478	77	18,478	18,478	77	14.00
15.00	01500	PHARMACY	4,570	0	4,570	4,570	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	211	0	211	211	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	1,317	0	1,317	1,317	0	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	116,555	0	116,555	116,555	0	30.00
31.00	03100	INTENSIVE CARE UNIT	11,264	0	11,264	11,264	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	9,509	0	9,509	9,509	0	35.00
43.00	04300	NURSERY	4,122	0	4,122	4,122	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	31,015	713	31,015	31,015	713	50.00
51.00	05100	RECOVERY ROOM	4,075	0	4,075	4,075	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,607	0	14,607	14,607	0	52.00
53.00	05300	ANESTHESIOLOGY	622	0	622	622	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	117	0	0	117	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,237	0	11,237	11,237	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,783	0	1,783	1,783	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	11,959	0	11,959	11,959	0	59.00
60.00	06000	LABORATORY	8,459	1,040	8,459	8,459	1,040	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	619	0	619	619	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,029	1,825	1,029	1,029	1,825	65.00
66.00	06600	PHYSICAL THERAPY	1,480	0	1,480	1,480	0	66.00
69.00	06900	ELECTROCARDIOLOGY	2,252	0	2,252	2,252	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	1,580	1,568	1,580	1,580	1,568	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	34,023	0	0	34,023	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,825	0	0	1,825	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	6,184	0	0	6,184	90.01
91.00	09100	EMERGENCY	22,764	0	22,764	22,764	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04952	HORIZON CANCER CENTER	0	1,019	0	0	1,019	93.01
93.02	04954	ARNETT CANCER CARE CENTER	0	11,986	0	0	11,986	93.02
93.03	04953	OUTPATIENT INFUSION CENTER	3,750	0	3,750	3,750	0	93.03
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	400,402	66,821	400,402	400,402	66,821	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,180	0	2,180	2,180	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,101	299,608	1,101	1,101	299,608	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	1,397	0	0	1,397	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	0	0	193.02
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1

Date/Time Prepared:  
5/26/2015 12:24 pm

Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - NONHOSP (SQUARE FEET)	CAP REL COSTS INTEREST EXPENSE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP - NONHOSP (SQUARE FEET)	
		1.00	1.01	1.02	2.00	2.01	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	8,174,447	3,186,406	12,593,029	8,213,211	1,627,386	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	20.249669	8.662808	31.195341	20.345695	4.424337	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: 150173

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

Worksheet B-1

Date/Time Prepared:  
5/26/2015 12:24 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (PATIENT CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			4.00	5.01	5A.06	5.06	7.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	143,225,472					4.00
5.01	00570	ADMITTING	3,565,509	1,164,123,571				5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	5,113,313	0	-32,226,013	316,894,859		5.06
7.00	00700	OPERATION OF PLANT	974,941	0	0	12,946,771	312,800	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	311,363	0	0	4,229,113	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	434,487	0	8.00
9.00	00900	HOUSEKEEPING	2,021,436	0	0	3,729,616	3,164	9.00
10.00	01000	DIETARY	377,040	0	0	1,586,477	6,811	10.00
11.00	01100	CAFETERIA	430,777	0	0	897,150	6,118	11.00
13.00	01300	NURSING ADMINISTRATION	3,299,151	0	0	5,320,294	10,169	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	895,232	0	0	11,806,511	18,478	14.00
15.00	01500	PHARMACY	2,503,384	0	0	3,723,045	4,570	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,387,800	0	16.00
17.00	01700	SOCIAL SERVICE	275,199	0	0	367,178	211	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	345,671	0	0	711,451	1,317	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	19,954,668	73,784,523	0	29,023,998	116,555	30.00
31.00	03100	INTENSIVE CARE UNIT	2,201,227	9,939,408	0	4,150,966	11,264	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,504,410	11,794,754	0	2,917,721	9,509	35.00
43.00	04300	NURSERY	550,725	3,127,794	0	1,037,957	4,122	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,018,840	97,455,906	0	9,366,235	31,015	50.00
51.00	05100	RECOVERY ROOM	491,255	10,636,783	0	1,027,674	4,075	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,050,320	16,755,063	0	4,033,975	14,607	52.00
53.00	05300	ANESTHESIOLOGY	6,945,932	21,505,129	0	2,331,534	622	53.00
53.01	05301	ASC ANESTHESIOLOGY	22,839	2,767,039	0	17,306	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,126,629	74,174,071	0	4,763,806	11,237	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	207,581	12,012,108	0	950,195	1,783	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,976,463	55,261,871	0	4,210,835	11,959	59.00
60.00	06000	LABORATORY	931	82,935,434	0	9,052,129	8,459	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,271,729	0	1,249,416	619	63.00
65.00	06500	RESPIRATORY THERAPY	1,308,758	12,279,571	0	2,052,061	1,029	65.00
66.00	06600	PHYSICAL THERAPY	763,151	6,053,186	0	1,165,613	1,480	66.00
69.00	06900	ELECTROCARDIOLOGY	960,782	23,276,522	0	1,708,553	2,252	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	74,029	1,002,178	0	140,123	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	21,281,398	0	3,679,321	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	58,540,833	0	10,213,368	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	108,417,577	0	21,558,133	0	73.00
74.00	07400	RENAL DIALYSIS	264,971	1,242,824	0	832,711	1,580	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	2,223,884	80,483,873	0	5,369,769	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	247,022	88,647	0	339,448	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	373,669	6,322,801	0	640,687	0	90.01
91.00	09100	EMERGENCY	3,361,824	116,643,060	0	7,675,814	22,764	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04952	HORIZON CANCER CENTER	189,421	322,678	0	388,880	0	93.01
93.02	04954	ARNETT CANCER CARE CENTER	1,993,574	11,883,284	0	2,765,879	0	93.02
93.03	04953	OUTPATIENT INFUSION CENTER	175,587	1,877,278	0	519,124	3,750	93.03
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	74,101,508	927,137,322	-32,226,013	180,323,124	309,519	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	52,298	0	0	332,742	2,180	190.00
191.00	19100	RESEARCH	0	0	0	87	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	68,209,103	236,986,249	0	107,737,164	1,101	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	525,316	0	0	3,919,066	0	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	23,731,660	0	193.02
194.00	07950	MARKETING/PUBLIC RELATIONS	337,247	0	0	851,016	0	194.00
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1

Date/Time Prepared:  
5/26/2015 12:24 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (PATIENT CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		4.00	5.01	5A.06	5.06	7.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	27,171,732	11,770,720		32,226,013	14,263,367	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.189713	0.010111		0.101693	45.598999	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	293,202		779,230	5,527,630	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000252		0.002459	17.671451	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1

Date/Time Prepared:  
5/26/2015 12:24 pm

Cost Center Description		OPERATION OF PLANT - NONHOSPITAL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)		
		7.01	8.00	9.00	10.00	11.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01	
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00570	ADMITTING					5.01	
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06	
7.00	00700	OPERATION OF PLANT					7.00	
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	361,533				7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	0	40,025			8.00	
9.00	00900	HOUSEKEEPING	151	0	671,020		9.00	
10.00	01000	DIETARY	0	0	6,811	35,036	10.00	
11.00	01100	CAFETERIA	0	0	6,118	0	11.00	
13.00	01300	NURSING ADMINISTRATION	0	0	10,169	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	77	0	18,555	0	14.00	
15.00	01500	PHARMACY	0	0	4,570	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	211	0	17.00	
18.00	01850	PATIENT TRANSPORT SERVICES	0	0	1,317	0	18.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	31,711	116,555	31,711	27,270	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,777	11,264	2,777	3,375	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	2,468	9,509	0	2,644	35.00
43.00	04300	NURSERY	0	2,521	4,122	0	909	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	713	0	31,728	0	4,995	50.00
51.00	05100	RECOVERY ROOM	0	0	4,075	0	656	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	548	14,607	548	3,280	52.00
53.00	05300	ANESTHESIOLOGY	0	0	622	0	2,562	53.00
53.01	05301	ASC ANESTHESIOLOGY	117	0	117	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	11,237	0	3,354	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	1,783	0	331	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	11,959	0	2,692	59.00
60.00	06000	LABORATORY	1,040	0	9,499	0	30	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	619	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,825	0	2,855	0	2,477	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,480	0	1,063	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,252	0	1,846	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	109	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	1,568	0	3,148	0	477	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	34,023	0	34,023	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,825	0	1,825	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	6,184	0	6,184	0	0	90.01
91.00	09100	EMERGENCY	0	0	22,764	0	5,942	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04952	HORIZON CANCER CENTER	1,019	0	1,019	0	0	93.01
93.02	04954	ARNETT CANCER CARE CENTER	11,986	0	11,986	0	0	93.02
93.03	04953	OUTPATIENT INFUSION CENTER	0	0	3,750	0	298	93.03
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	60,528	40,025	366,733	35,036	76,213	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,180	0	117	190.00
191.00	19100	RESEARCH	0	0	0	0	30	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	299,608	0	300,710	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	1,397	0	1,397	0	0	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	0	0	193.02
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	555	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1

Date/Time Prepared:  
5/26/2015 12:24 pm

Cost Center Description		OPERATION OF PLANT - NONHOSPITAL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	
		7.01	8.00	9.00	10.00	11.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	4,659,184	478,671	4,255,113	2,101,576	1,306,155	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	12.887299	11.959300	6.341261	59.983331	16.981798	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	49,084	1,068	294,226	616,213	552,218	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.135766	0.026683	0.438476	17.587995	7.179588	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1  
Date/Time Prepared:  
5/26/2015 12:24 pm

Cost Center Description		NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
2.01	00201						2.01
4.00	00400						4.00
5.01	00570						5.01
5.06	00590						5.06
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	34,983					13.00
14.00	01400	0	22,002,029				14.00
15.00	01500	0	336,453	20,461,923			15.00
16.00	01600	0	0	0	1,164,123,571		16.00
17.00	01700	0	0	0	0	35,036	17.00
18.00	01850	0	121	0	0	0	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	16,883	1,562,626	0	73,784,523	31,711	30.00
31.00	03100	2,873	336,832	0	9,939,408	2,777	31.00
35.00	02060	2,213	146,245	0	11,794,754	0	35.00
43.00	04300	909	0	0	3,127,794	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	2,650	2,356,518	0	97,455,906	0	50.00
51.00	05100	656	13,807	0	10,636,783	0	51.00
52.00	05200	2,160	161,780	0	16,755,063	548	52.00
53.00	05300	1,173	168,212	0	21,505,129	0	53.00
53.01	05301	0	40,117	0	2,767,039	0	53.01
54.00	05400	49	160,132	0	74,174,071	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	12,191	0	12,012,108	0	56.00
59.00	05900	1,410	719,679	0	55,261,871	0	59.00
60.00	06000	0	446	0	82,935,434	0	60.00
63.00	06300	0	0	0	5,271,729	0	63.00
65.00	06500	100	220,003	0	12,279,571	0	65.00
66.00	06600	0	4,847	0	6,053,186	0	66.00
69.00	06900	374	17,752	0	23,276,522	0	69.00
70.00	07000	0	1,130	0	1,002,178	0	70.00
71.00	07100	0	3,464,145	0	21,281,398	0	71.00
72.00	07200	0	9,621,462	0	58,540,833	0	72.00
73.00	07300	0	0	20,461,923	108,417,577	0	73.00
74.00	07400	0	4,256	0	1,242,824	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	921,068	0	80,483,873	0	75.01
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	8,164	0	88,647	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	26,597	0	6,322,801	0	90.01
91.00	09100	3,333	612,350	0	116,643,060	0	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
93.00	04951	0	0	0	0	0	93.00
93.01	04952	0	591	0	322,678	0	93.01
93.02	04954	0	89,962	0	11,883,284	0	93.02
93.03	04953	200	11,162	0	1,877,278	0	93.03
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		34,983	21,018,648	20,461,923	927,137,322	35,036	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	981,607	0	236,986,249	0	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	1,704	0	0	0	193.01
193.02	19302	0	0	0	0	0	193.02
194.00	07950	0	70	0	0	0	194.00
200.00							200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	6,461,650	14,010,430	4,608,406	1,528,930	424,425	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	184.708287	0.636779	0.225219	0.001313	12.113968	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	957,781	1,709,045	469,449	3,413	23,657	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	27.378470	0.077677	0.022943	0.000003	0.675220	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1  
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Cost Center Description		OTHER GENERAL SERVICE PATIENT TRANSPORT SERVICES (PATIENT DAYS)	18.00
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00570	ADMITTING	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	5.06
7.00	00700	OPERATION OF PLANT	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
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	PATIENT TRANSPORT SERVICES	40,025
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	31,711
31.00	03100	INTENSIVE CARE UNIT	2,777
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,468
43.00	04300	NURSERY	2,521
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	0
51.00	05100	RECOVERY ROOM	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	548
53.00	05300	ANESTHESIOLOGY	0
53.01	05301	ASC ANESTHESIOLOGY	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0
56.00	05600	RADIOISOTOPE	0
59.00	05900	CARDIAC CATHETERIZATION	0
60.00	06000	LABORATORY	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0
65.00	06500	RESPIRATORY THERAPY	0
66.00	06600	PHYSICAL THERAPY	0
69.00	06900	ELECTROCARDIOLOGY	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0
74.00	07400	RENAL DIALYSIS	0
75.00	07500	ASC (NON-DISTINCT PART)	0
75.01	07501	ASC (NON-DISTINCT PART)	0
76.00	03950	CARDIAC CATHETERIZATION	0
76.97	07697	CARDIAC REHABILITATION	0
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000	CLINIC	0
90.01	04950	SLEEP CLINIC	0
91.00	09100	EMERGENCY	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0
93.00	04951	OTHER OUTPATIENT SERVICES	0
93.01	04952	HORIZON CANCER CENTER	0
93.02	04954	ARNETT CANCER CARE CENTER	0
93.03	04953	OUTPATIENT INFUSION CENTER	0
<b>SPECIAL PURPOSE COST CENTERS</b>			
118.00		SUBTOTALS (SUM OF LINES 1-117)	40,025
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0
191.00	19100	RESEARCH	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0
193.00	19300	NONPAID WORKERS	0
193.01	19301	RETAIL PHARMACY	0
193.02	19302	WHITE HOSPITAL	0
194.00	07950	MARKETING/PUBLIC RELATIONS	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1  
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Cost Center Description		OTHER GENERAL SERVICE		
		PATIENT TRANSPORT SERVICES (PATIENT DAYS)		
		18.00		
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	876,142		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	21.889869		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	130,243		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	3.254041		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150173		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/26/2015 12:24 pm	
		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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		46,062,551		124,549	46,187,100	30.00
31.00	03100 INTENSIVE CARE UNIT		6,267,877		0	6,267,877	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		4,354,145		12,203	4,366,348	35.00
43.00	04300 NURSERY		1,630,384		0	1,630,384	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		14,146,196		0	14,146,196	50.00
51.00	05100 RECOVERY ROOM		1,498,905		0	1,498,905	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		5,840,640		0	5,840,640	52.00
53.00	05300 ANESTHESIOLOGY		2,996,462		40,049	3,036,511	53.00
53.01	05301 ASC ANESTHESIOLOGY		50,495		0	50,495	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,097,273		0	6,097,273	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		0		0	0	55.00
56.00	05600 RADIO SOTOPE		1,168,588		0	1,168,588	56.00
59.00	05900 CARDIAC CATHETERIZATION		6,097,189		0	6,097,189	59.00
60.00	06000 LABORATORY		10,541,715		0	10,541,715	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		1,415,546		0	1,415,546	63.00
65.00	06500 RESPIRATORY THERAPY	0	2,566,036		0	2,566,036	65.00
66.00	06600 PHYSICAL THERAPY	0	1,390,106		0	1,390,106	66.00
69.00	06900 ELECTROCARDIOLOGY		2,141,566		0	2,141,566	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		158,260		0	158,260	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		6,287,319		0	6,287,319	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		17,455,604		0	17,455,604	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		28,501,202		0	28,501,202	73.00
74.00	07400 RENAL DIALYSIS		1,042,049		0	1,042,049	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0		0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)		7,262,243		0	7,262,243	75.01
76.00	03950 CARDIAC CATHETERIZATION		0		0	0	76.00
76.97	07697 CARDIAC REHABILITATION		414,374		0	414,374	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC		0		0	0	90.00
90.01	04950 SLEEP CLINIC		849,987		0	849,987	90.01
91.00	09100 EMERGENCY		10,898,382		0	10,898,382	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		6,861,107		0	6,861,107	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		0		0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES		0		0	0	93.00
93.01	04952 HORIZON CANCER CENTER		448,820		0	448,820	93.01
93.02	04954 ARNETT CANCER CARE CENTER		3,350,512		0	3,350,512	93.02
93.03	04953 OUTPATIENT INFUSION CENTER		818,267		0	818,267	93.03
200.00	Subtotal (see instructions)		198,613,800	0	176,801	198,790,601	200.00
201.00	Less Observation Beds		6,861,107			6,861,107	201.00
202.00	Total (see instructions)		191,752,693	0	176,801	191,929,494	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150173

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

Worksheet C  
Part I  
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		Title XVIII			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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	65,490,719		65,490,719		30.00
31.00	03100	INTENSIVE CARE UNIT	9,939,408		9,939,408		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	9,927,134		9,927,134		35.00
43.00	04300	NURSERY	3,127,794		3,127,794		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	41,080,892	56,375,014	97,455,906	0.145155	50.00
51.00	05100	RECOVERY ROOM	3,535,244	7,101,539	10,636,783	0.140917	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,377,370	1,377,693	16,755,063	0.348590	52.00
53.00	05300	ANESTHESIOLOGY	2,535,802	2,923,414	5,459,216	0.548881	53.00
53.01	05301	ASC ANESTHESIOLOGY	5,319	2,761,720	2,767,039	0.018249	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,130,530	46,941,571	72,072,101	0.084600	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,439,180	10,572,928	12,012,108	0.097284	56.00
59.00	05900	CARDIAC CATHETERIZATION	26,572,212	28,689,659	55,261,871	0.110333	59.00
60.00	06000	LABORATORY	36,752,562	45,905,438	82,658,000	0.127534	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,369,331	902,398	5,271,729	0.268516	63.00
65.00	06500	RESPIRATORY THERAPY	10,504,732	1,774,839	12,279,571	0.208968	65.00
66.00	06600	PHYSICAL THERAPY	5,567,150	486,036	6,053,186	0.229649	66.00
69.00	06900	ELECTROCARDIOLOGY	13,557,700	9,718,822	23,276,522	0.092005	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	683,758	318,420	1,002,178	0.157916	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,543,035	11,738,363	21,281,398	0.295437	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	35,065,174	23,475,659	58,540,833	0.298178	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,837,874	61,579,703	108,417,577	0.262884	73.00
74.00	07400	RENAL DIALYSIS	1,073,472	103,550	1,177,022	0.885327	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	ASC (NON-DISTINCT PART)	136,580	78,506,868	78,643,448	0.092344	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	66,619	21,389	88,008	4.708367	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	04950	SLEEP CLINIC	9,096	6,313,705	6,322,801	0.134432	90.01
91.00	09100	EMERGENCY	25,436,956	91,205,384	116,642,340	0.093434	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,511,143	8,479,703	10,990,846	0.624256	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	93.00
93.01	04952	HORIZON CANCER CENTER	2,324	182,282	184,606	2.431232	93.01
93.02	04954	ARNETT CANCER CARE CENTER	63,047	10,676,351	10,739,398	0.311983	93.02
93.03	04953	OUTPATIENT INFUSION CENTER	18,408	1,858,870	1,877,278	0.435880	93.03
200.00		Subtotal (see instructions)	396,360,565	509,991,318	906,351,883		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	396,360,565	509,991,318	906,351,883		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/26/2015 12:24 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.145155		50.00
51.00	05100 RECOVERY ROOM	0.140917		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.348590		52.00
53.00	05300 ANESTHESIOLOGY	0.556217		53.00
53.01	05301 ASC ANESTHESIOLOGY	0.018249		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.084600		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.097284		56.00
59.00	05900 CARDIAC CATHETERIZATION	0.110333		59.00
60.00	06000 LABORATORY	0.127534		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.268516		63.00
65.00	06500 RESPIRATORY THERAPY	0.208968		65.00
66.00	06600 PHYSICAL THERAPY	0.229649		66.00
69.00	06900 ELECTROCARDIOLOGY	0.092005		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.157916		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.295437		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.298178		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.262884		73.00
74.00	07400 RENAL DIALYSIS	0.885327		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501 ASC (NON-DISTINCT PART)	0.092344		75.01
76.00	03950 CARDIAC CATHETERIZATION	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	4.708367		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 SLEEP CLINIC	0.134432		90.01
91.00	09100 EMERGENCY	0.093434		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.624256		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0.000000		93.00
93.01	04952 HORIZON CANCER CENTER	2.431232		93.01
93.02	04954 ARNETT CANCER CARE CENTER	0.311983		93.02
93.03	04953 OUTPATIENT INFUSION CENTER	0.435880		93.03
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/26/2015 12:24 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		46,062,551	124,549	46,187,100	30.00
31.00	03100 INTENSIVE CARE UNIT		6,267,877	0	6,267,877	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		4,354,145	12,203	4,366,348	35.00
43.00	04300 NURSERY		1,630,384	0	1,630,384	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		14,146,196	0	14,146,196	50.00
51.00	05100 RECOVERY ROOM		1,498,905	0	1,498,905	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		5,840,640	0	5,840,640	52.00
53.00	05300 ANESTHESIOLOGY		2,996,462	40,049	3,036,511	53.00
53.01	05301 ASC ANESTHESIOLOGY		50,495	0	50,495	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,097,273	0	6,097,273	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00
56.00	05600 RADIO SOTOPE		1,168,588	0	1,168,588	56.00
59.00	05900 CARDIAC CATHETERIZATION		6,097,189	0	6,097,189	59.00
60.00	06000 LABORATORY		10,541,715	0	10,541,715	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		1,415,546	0	1,415,546	63.00
65.00	06500 RESPIRATORY THERAPY	0	2,566,036	0	2,566,036	65.00
66.00	06600 PHYSICAL THERAPY	0	1,390,106	0	1,390,106	66.00
69.00	06900 ELECTROCARDIOLOGY		2,141,566	0	2,141,566	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		158,260	0	158,260	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		6,287,319	0	6,287,319	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		17,455,604	0	17,455,604	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		28,501,202	0	28,501,202	73.00
74.00	07400 RENAL DIALYSIS		1,042,049	0	1,042,049	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)		7,262,243	0	7,262,243	75.01
76.00	03950 CARDIAC CATHETERIZATION		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION		414,374	0	414,374	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		0	0	0	90.00
90.01	04950 SLEEP CLINIC		849,987	0	849,987	90.01
91.00	09100 EMERGENCY		10,898,382	0	10,898,382	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		6,861,107	0	6,861,107	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		0	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES		0	0	0	93.00
93.01	04952 HORIZON CANCER CENTER		448,820	0	448,820	93.01
93.02	04954 ARNETT CANCER CARE CENTER		3,350,512	0	3,350,512	93.02
93.03	04953 OUTPATIENT INFUSION CENTER		818,267	0	818,267	93.03
200.00	Subtotal (see instructions)	0	198,613,800	176,801	198,790,601	200.00
201.00	Less Observation Beds		6,861,107		6,861,107	201.00
202.00	Total (see instructions)	0	191,752,693	176,801	191,929,494	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150173		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/26/2015 12:24 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	65,490,719		65,490,719			30.00
31.00	03100	INTENSIVE CARE UNIT	9,939,408		9,939,408			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	9,927,134		9,927,134			35.00
43.00	04300	NURSERY	3,127,794		3,127,794			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	41,080,892	56,375,014	97,455,906	0.145155	0.000000	50.00
51.00	05100	RECOVERY ROOM	3,535,244	7,101,539	10,636,783	0.140917	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,377,370	1,377,693	16,755,063	0.348590	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,535,802	2,923,414	5,459,216	0.548881	0.000000	53.00
53.01	05301	ASC ANESTHESIOLOGY	5,319	2,761,720	2,767,039	0.018249	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,130,530	46,941,571	72,072,101	0.084600	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,439,180	10,572,928	12,012,108	0.097284	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	26,572,212	28,689,659	55,261,871	0.110333	0.000000	59.00
60.00	06000	LABORATORY	36,752,562	45,905,438	82,658,000	0.127534	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,369,331	902,398	5,271,729	0.268516	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	10,504,732	1,774,839	12,279,571	0.208968	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,567,150	486,036	6,053,186	0.229649	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	13,557,700	9,718,822	23,276,522	0.092005	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	683,758	318,420	1,002,178	0.157916	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,543,035	11,738,363	21,281,398	0.295437	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	35,065,174	23,475,659	58,540,833	0.298178	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,837,874	61,579,703	108,417,577	0.262884	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,073,472	103,550	1,177,022	0.885327	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	07501	ASC (NON-DISTINCT PART)	136,580	78,506,868	78,643,448	0.092344	0.000000	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	66,619	21,389	88,008	4.708367	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	04950	SLEEP CLINIC	9,096	6,313,705	6,322,801	0.134432	0.000000	90.01
91.00	09100	EMERGENCY	25,436,956	91,205,384	116,642,340	0.093434	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,511,143	8,479,703	10,990,846	0.624256	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	0.000000	93.00
93.01	04952	HORIZON CANCER CENTER	2,324	182,282	184,606	2.431232	0.000000	93.01
93.02	04954	ARNETT CANCER CARE CENTER	63,047	10,676,351	10,739,398	0.311983	0.000000	93.02
93.03	04953	OUTPATIENT INFUSION CENTER	18,408	1,858,870	1,877,278	0.435880	0.000000	93.03
200.00		Subtotal (see instructions)	396,360,565	509,991,318	906,351,883			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	396,360,565	509,991,318	906,351,883			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/26/2015 12:24 pm
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.145155		50.00
51.00	05100 RECOVERY ROOM	0.140917		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.348590		52.00
53.00	05300 ANESTHESIOLOGY	0.556217		53.00
53.01	05301 ASC ANESTHESIOLOGY	0.018249		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.084600		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.097284		56.00
59.00	05900 CARDIAC CATHETERIZATION	0.110333		59.00
60.00	06000 LABORATORY	0.127534		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.268516		63.00
65.00	06500 RESPIRATORY THERAPY	0.208968		65.00
66.00	06600 PHYSICAL THERAPY	0.229649		66.00
69.00	06900 ELECTROCARDIOLOGY	0.092005		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.157916		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.295437		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.298178		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.262884		73.00
74.00	07400 RENAL DIALYSIS	0.885327		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501 ASC (NON-DISTINCT PART)	0.092344		75.01
76.00	03950 CARDIAC CATHETERIZATION	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	4.708367		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 SLEEP CLINIC	0.134432		90.01
91.00	09100 EMERGENCY	0.093434		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.624256		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0.000000		93.00
93.01	04952 HORIZON CANCER CENTER	2.431232		93.01
93.02	04954 ARNETT CANCER CARE CENTER	0.311983		93.02
93.03	04953 OUTPATIENT INFUSION CENTER	0.435880		93.03
200.00	Subtotal (see instructions)			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: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part II Date/Time Prepared: 5/26/2015 12:24 pm
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Cost Center Description		Title XIX					Hospital	
		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	PPS	
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	14,146,196	3,137,355	11,008,841	0	0	50.00
51.00	05100	RECOVERY ROOM	1,498,905	395,326	1,103,579	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,840,640	1,434,430	4,406,210	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,996,462	130,711	2,865,751	0	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	50,495	5,463	45,032	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,097,273	1,078,704	5,018,569	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,168,588	169,015	999,573	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	6,097,189	1,213,402	4,883,787	0	0	59.00
60.00	06000	LABORATORY	10,541,715	818,334	9,723,381	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,415,546	60,065	1,355,481	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,566,036	163,229	2,402,807	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,390,106	145,472	1,244,634	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	2,141,566	237,466	1,904,100	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	158,260	1,472	156,788	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,287,319	283,558	6,003,761	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,455,604	787,402	16,668,202	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,501,202	550,106	27,951,096	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,042,049	169,584	872,465	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	7,262,243	570,074	6,692,169	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	414,374	26,423	387,951	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	849,987	89,736	760,251	0	0	90.01
91.00	09100	EMERGENCY	10,898,382	2,276,595	8,621,787	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,861,107	1,787,229	5,073,878	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04952	HORIZON CANCER CENTER	448,820	15,004	433,816	0	0	93.01
93.02	04954	ARNETT CANCER CARE CENTER	3,350,512	180,565	3,169,947	0	0	93.02
93.03	04953	OUTPATIENT INFUSION CENTER	818,267	347,366	470,901	0	0	93.03
200.00		Subtotal (sum of lines 50 thru 199)	140,298,843	16,074,086	124,224,757	0	0	200.00
201.00		Less Observation Beds	6,861,107	1,787,229	5,073,878	0	0	201.00
202.00		Total (line 200 minus line 201)	133,437,736	14,286,857	119,150,879	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part II Date/Time Prepared: 5/26/2015 12:24 pm
		Title XIX	Hospital	PPS

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)	
		6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	14,146,196	97,455,906	0.145155	50.00
51.00	05100 RECOVERY ROOM	1,498,905	10,636,783	0.140917	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,840,640	16,755,063	0.348590	52.00
53.00	05300 ANESTHESIOLOGY	2,996,462	5,459,216	0.548881	53.00
53.01	05301 ASC ANESTHESIOLOGY	50,495	2,767,039	0.018249	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,097,273	72,072,101	0.084600	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	55.00
56.00	05600 RADIOISOTOPE	1,168,588	12,012,108	0.097284	56.00
59.00	05900 CARDIAC CATHETERIZATION	6,097,189	55,261,871	0.110333	59.00
60.00	06000 LABORATORY	10,541,715	82,658,000	0.127534	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,415,546	5,271,729	0.268516	63.00
65.00	06500 RESPIRATORY THERAPY	2,566,036	12,279,571	0.208968	65.00
66.00	06600 PHYSICAL THERAPY	1,390,106	6,053,186	0.229649	66.00
69.00	06900 ELECTROCARDIOLOGY	2,141,566	23,276,522	0.092005	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	158,260	1,002,178	0.157916	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,287,319	21,281,398	0.295437	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	17,455,604	58,540,833	0.298178	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	28,501,202	108,417,577	0.262884	73.00
74.00	07400 RENAL DIALYSIS	1,042,049	1,177,022	0.885327	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	75.00
75.01	07501 ASC (NON-DISTINCT PART)	7,262,243	78,643,448	0.092344	75.01
76.00	03950 CARDIAC CATHETERIZATION	0	0	0.000000	76.00
76.97	07697 CARDIAC REHABILITATION	414,374	88,008	4.708367	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	0	0.000000	90.00
90.01	04950 SLEEP CLINIC	849,987	6,322,801	0.134432	90.01
91.00	09100 EMERGENCY	10,898,382	116,642,340	0.093434	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,861,107	10,990,846	0.624256	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	0.000000	93.00
93.01	04952 HORIZON CANCER CENTER	448,820	184,606	2.431232	93.01
93.02	04954 ARNETT CANCER CARE CENTER	3,350,512	10,739,398	0.311983	93.02
93.03	04953 OUTPATIENT INFUSION CENTER	818,267	1,877,278	0.435880	93.03
200.00	Subtotal (sum of lines 50 thru 199)	140,298,843	817,866,828		200.00
201.00	Less Observation Beds	6,861,107	0		201.00
202.00	Total (line 200 minus line 201)	133,437,736	817,866,828		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150173		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part I Date/Time Prepared: 5/26/2015 12:24 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	12,031,132	0	12,031,132	37,139	323.95	30.00
31.00	INTENSIVE CARE UNIT	1,214,262		1,214,262	2,777	437.26	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	964,075		964,075	2,468	390.63	35.00
43.00	NURSERY	413,602		413,602	2,521	164.06	43.00
200.00	Total (Lines 30-199)	14,623,071		14,623,071	44,905		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	15,846	5,133,312				
31.00	INTENSIVE CARE UNIT	1,448	633,152				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	17,294	5,766,464				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/26/2015 12:24 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,137,355	97,455,906	0.032193	18,177,875	585,200	50.00
51.00	05100	RECOVERY ROOM	395,326	10,636,783	0.037166	1,565,791	58,194	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,434,430	16,755,063	0.085612	183,435	15,704	52.00
53.00	05300	ANESTHESIOLOGY	130,711	5,459,216	0.023943	1,076,478	25,774	53.00
53.01	05301	ASC ANESTHESIOLOGY	5,463	2,767,039	0.001974	3,314	7	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,078,704	72,072,101	0.014967	12,889,215	192,913	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	169,015	12,012,108	0.014070	843,457	11,867	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,213,402	55,261,871	0.021957	13,686,284	300,510	59.00
60.00	06000	LABORATORY	818,334	82,658,000	0.009900	17,963,924	177,843	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	60,065	5,271,729	0.011394	2,635,941	30,034	63.00
65.00	06500	RESPIRATORY THERAPY	163,229	12,279,571	0.013293	5,351,597	71,139	65.00
66.00	06600	PHYSICAL THERAPY	145,472	6,053,186	0.024032	3,295,891	79,207	66.00
69.00	06900	ELECTROCARDIOLOGY	237,466	23,276,522	0.010202	7,989,031	81,504	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,472	1,002,178	0.001469	345,744	508	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	283,558	21,281,398	0.013324	4,897,641	65,256	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	787,402	58,540,833	0.013450	15,781,898	212,267	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	550,106	108,417,577	0.005074	22,324,781	113,276	73.00
74.00	07400	RENAL DIALYSIS	169,584	1,177,022	0.144079	742,907	107,037	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	570,074	78,643,448	0.007249	91,549	664	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	26,423	88,008	0.300234	32,204	9,669	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	SLEEP CLINIC	89,736	6,322,801	0.014192	8,741	124	90.01
91.00	09100	EMERGENCY	2,276,595	116,642,340	0.019518	13,398,802	261,518	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,787,229	10,990,846	0.162611	1,245,211	202,485	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
93.01	04952	HORIZON CANCER CENTER	15,004	184,606	0.081276	1,412	115	93.01
93.02	04954	ARNETT CANCER CARE CENTER	180,565	10,739,398	0.016813	59,264	996	93.02
93.03	04953	OUTPATIENT INFUSION CENTER	347,366	1,877,278	0.185037	11,819	2,187	93.03
200.00		Total (Lines 50-199)	16,074,086	817,866,828		144,604,206	2,605,998	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150173		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/26/2015 12:24 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
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	37,139	0.00	15,846	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,777	0.00	1,448	0		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,468	0.00	0	0		35.00
43.00	04300	NURSERY	2,521	0.00	0	0		43.00
200.00		Total (lines 30-199)	44,905		17,294	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 12:24 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00	
53.01	05301	ASC ANESTHESIOLOGY	0	0	0	0	0 53.01	
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	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00	
60.00	06000	LABORATORY	0	0	0	0	0 60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00	
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	07501	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.01	
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0 76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0 90.00	
90.01	04950	SLEEP CLINIC	0	0	0	0	0 90.01	
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	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01	
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0 93.00	
93.01	04952	HORIZON CANCER CENTER	0	0	0	0	0 93.01	
93.02	04954	ARNETT CANCER CARE CENTER	0	0	0	0	0 93.02	
93.03	04953	OUTPATIENT INFUSION CENTER	0	0	0	0	0 93.03	
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: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 12:24 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		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	97,455,906	0.000000	0.000000	18,177,875	50.00
51.00	05100	RECOVERY ROOM	0	10,636,783	0.000000	0.000000	1,565,791	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,755,063	0.000000	0.000000	183,435	52.00
53.00	05300	ANESTHESIOLOGY	0	5,459,216	0.000000	0.000000	1,076,478	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	2,767,039	0.000000	0.000000	3,314	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	72,072,101	0.000000	0.000000	12,889,215	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	12,012,108	0.000000	0.000000	843,457	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	55,261,871	0.000000	0.000000	13,686,284	59.00
60.00	06000	LABORATORY	0	82,658,000	0.000000	0.000000	17,963,924	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,271,729	0.000000	0.000000	2,635,941	63.00
65.00	06500	RESPIRATORY THERAPY	0	12,279,571	0.000000	0.000000	5,351,597	65.00
66.00	06600	PHYSICAL THERAPY	0	6,053,186	0.000000	0.000000	3,295,891	66.00
69.00	06900	ELECTROCARDIOLOGY	0	23,276,522	0.000000	0.000000	7,989,031	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,002,178	0.000000	0.000000	345,744	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	21,281,398	0.000000	0.000000	4,897,641	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	58,540,833	0.000000	0.000000	15,781,898	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	108,417,577	0.000000	0.000000	22,324,781	73.00
74.00	07400	RENAL DIALYSIS	0	1,177,022	0.000000	0.000000	742,907	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	78,643,448	0.000000	0.000000	91,549	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	88,008	0.000000	0.000000	32,204	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	04950	SLEEP CLINIC	0	6,322,801	0.000000	0.000000	8,741	90.01
91.00	09100	EMERGENCY	0	116,642,340	0.000000	0.000000	13,398,802	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	10,990,846	0.000000	0.000000	1,245,211	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0.000000	0.000000	0	93.00
93.01	04952	HORIZON CANCER CENTER	0	184,606	0.000000	0.000000	1,412	93.01
93.02	04954	ARNETT CANCER CARE CENTER	0	10,739,398	0.000000	0.000000	59,264	93.02
93.03	04953	OUTPATIENT INFUSION CENTER	0	1,877,278	0.000000	0.000000	11,819	93.03
200.00		Total (Lines 50-199)	0	817,866,828			144,604,206	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 12:24 pm
	Title XVIII	Hospital	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	18,009,598	0	50.00
51.00	05100 RECOVERY ROOM	0	2,072,006	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	15,300	0	52.00
53.00	05300 ANESTHESIOLOGY	0	820,859	0	53.00
53.01	05301 ASC ANESTHESIOLOGY	0	602,500	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	12,038,604	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	3,943,777	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	10,415,610	0	59.00
60.00	06000 LABORATORY	0	6,604,708	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	516,003	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	634,078	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	5,177,402	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	90,135	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,180,731	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	8,154,352	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	25,132,963	0	73.00
74.00	07400 RENAL DIALYSIS	0	77,826	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	0	15,401,606	0	75.01
76.00	03950 CARDIAC CATHETERIZATION	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	0	0	90.00
90.01	04950 SLEEP CLINIC	0	1,739,205	0	90.01
91.00	09100 EMERGENCY	0	17,958,529	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,072,127	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	0	93.00
93.01	04952 HORIZON CANCER CENTER	0	89,663	0	93.01
93.02	04954 ARNETT CANCER CARE CENTER	0	2,474,530	0	93.02
93.03	04953 OUTPATIENT INFUSION CENTER	0	363,376	0	93.03
200.00	Total (Lines 50-199)	0	140,585,488	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 12:24 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.145155	18,009,598	0	0	2,614,183	
51.00 05100 RECOVERY ROOM	0.140917	2,072,006	0	0	291,981	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.348590	15,300	0	0	5,333	
53.00 05300 ANESTHESIOLOGY	0.548881	820,859	0	0	450,554	
53.01 05301 ASC ANESTHESIOLOGY	0.018249	602,500	0	0	10,995	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.084600	12,038,604	0	0	1,018,466	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	
56.00 05600 RADIOISOTOPE	0.097284	3,943,777	0	0	383,666	
59.00 05900 CARDIAC CATHETERIZATION	0.110333	10,415,610	0	0	1,149,185	
60.00 06000 LABORATORY	0.127534	6,604,708	29,849	0	842,325	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.268516	516,003	0	0	138,555	
65.00 06500 RESPIRATORY THERAPY	0.208968	634,078	0	0	132,502	
66.00 06600 PHYSICAL THERAPY	0.229649	0	0	0	0	
69.00 06900 ELECTROCARDIOLOGY	0.092005	5,177,402	0	0	476,347	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.157916	90,135	0	0	14,234	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.295437	4,180,731	0	0	1,235,143	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.298178	8,154,352	0	0	2,431,448	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.262884	25,132,963	0	141,519	6,607,054	
74.00 07400 RENAL DIALYSIS	0.885327	77,826	0	0	68,901	
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	
75.01 07501 ASC (NON-DISTINCT PART)	0.092344	15,401,606	0	0	1,422,246	
76.00 03950 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	
76.97 07697 CARDIAC REHABILITATION	4.708367	0	0	0	0	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0.000000	0	0	0	0	
90.01 04950 SLEEP CLINIC	0.134432	1,739,205	0	0	233,805	
91.00 09100 EMERGENCY	0.093434	17,958,529	0	0	1,677,937	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.624256	4,072,127	0	0	2,542,050	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	
93.00 04951 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	
93.01 04952 HORIZON CANCER CENTER	2.431232	89,663	0	0	217,992	
93.02 04954 ARNETT CANCER CARE CENTER	0.311983	2,474,530	0	0	772,011	
93.03 04953 OUTPATIENT INFUSION CENTER	0.435880	363,376	0	0	158,388	
200.00	Subtotal (see instructions)		140,585,488	29,849	141,519	24,895,301
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	
202.00	Net Charges (line 200 +/- line 201)		140,585,488	29,849	141,519	24,895,301

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 12:24 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
53.01 05301 ASC ANESTHESIOLOGY	0	0		53.01
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
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	3,807	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
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	37,203		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	0		75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 04950 SLEEP CLINIC	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0		93.00
93.01 04952 HORIZON CANCER CENTER	0	0		93.01
93.02 04954 ARNETT CANCER CARE CENTER	0	0		93.02
93.03 04953 OUTPATIENT INFUSION CENTER	0	0		93.03
200.00 Subtotal (see instructions)	3,807	37,203		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	3,807	37,203		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150173		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part I Date/Time Prepared: 5/26/2015 12:24 pm		
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	12,031,132	0	12,031,132	37,139	323.95	30.00	
31.00	INTENSIVE CARE UNIT	1,214,262		1,214,262	2,777	437.26	31.00	
35.00	NEONATAL INTENSIVE CARE UNIT	964,075		964,075	2,468	390.63	35.00	
43.00	NURSERY	413,602		413,602	2,521	164.06	43.00	
200.00	Total (Lines 30-199)	14,623,071		14,623,071	44,905		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	1,762	570,800					30.00
31.00	INTENSIVE CARE UNIT	24	10,494					31.00
35.00	NEONATAL INTENSIVE CARE UNIT	391	152,736					35.00
43.00	NURSERY	248	40,687					43.00
200.00	Total (Lines 30-199)	2,425	774,717					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/26/2015 12:24 pm
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Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	3,137,355	97,455,906	0.032193	1,632,442	52,553	50.00
51.00	05100 RECOVERY ROOM	395,326	10,636,783	0.037166	139,285	5,177	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,434,430	16,755,063	0.085612	930,804	79,688	52.00
53.00	05300 ANESTHESIOLOGY	130,711	5,459,216	0.023943	90,867	2,176	53.00
53.01	05301 ASC ANESTHESIOLOGY	5,463	2,767,039	0.001974	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,078,704	72,072,101	0.014967	1,402,440	20,990	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	169,015	12,012,108	0.014070	77,731	1,094	56.00
59.00	05900 CARDIAC CATHETERIZATION	1,213,402	55,261,871	0.021957	710,206	15,594	59.00
60.00	06000 LABORATORY	818,334	82,658,000	0.009900	2,134,531	21,132	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	60,065	5,271,729	0.011394	143,076	1,630	63.00
65.00	06500 RESPIRATORY THERAPY	163,229	12,279,571	0.013293	680,856	9,051	65.00
66.00	06600 PHYSICAL THERAPY	145,472	6,053,186	0.024032	244,595	5,878	66.00
69.00	06900 ELECTROCARDIOLOGY	237,466	23,276,522	0.010202	598,959	6,111	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,472	1,002,178	0.001469	40,182	59	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	283,558	21,281,398	0.013324	360,334	4,801	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	787,402	58,540,833	0.013450	957,414	12,877	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	550,106	108,417,577	0.005074	2,768,834	14,049	73.00
74.00	07400 RENAL DIALYSIS	169,584	1,177,022	0.144079	55,530	8,001	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	570,074	78,643,448	0.007249	0	0	75.01
76.00	03950 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	26,423	88,008	0.300234	728	219	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	04950 SLEEP CLINIC	89,736	6,322,801	0.014192	0	0	90.01
91.00	09100 EMERGENCY	2,276,595	116,642,340	0.019518	1,161,262	22,666	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,787,229	10,990,846	0.162611	136,455	22,189	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
93.01	04952 HORIZON CANCER CENTER	15,004	184,606	0.081276	0	0	93.01
93.02	04954 ARNETT CANCER CARE CENTER	180,565	10,739,398	0.016813	0	0	93.02
93.03	04953 OUTPATIENT INFUSION CENTER	347,366	1,877,278	0.185037	0	0	93.03
200.00	Total (Lines 50-199)	16,074,086	817,866,828		14,266,531	305,935	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150173		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/26/2015 12:24 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	PPS	
			1.00	2.00	3.00	Swing-Bed Adjustment Amount (see instructions) 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
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
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	37,139	0.00	1,762	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,777	0.00	24	0		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,468	0.00	391	0		35.00
43.00	04300	NURSERY	2,521	0.00	248	0		43.00
200.00		Total (lines 30-199)	44,905		2,425	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 12:24 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	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	0	0	0	53.01
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
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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	07501	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	0	0	0	0	90.01
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
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04952	HORIZON CANCER CENTER	0	0	0	0	0	93.01
93.02	04954	ARNETT CANCER CARE CENTER	0	0	0	0	0	93.02
93.03	04953	OUTPATIENT INFUSION CENTER	0	0	0	0	0	93.03
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: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 12:24 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	97,455,906	0.000000	0.000000	1,632,442	50.00
51.00	05100	RECOVERY ROOM	0	10,636,783	0.000000	0.000000	139,285	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,755,063	0.000000	0.000000	930,804	52.00
53.00	05300	ANESTHESIOLOGY	0	5,459,216	0.000000	0.000000	90,867	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	2,767,039	0.000000	0.000000	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	72,072,101	0.000000	0.000000	1,402,440	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	12,012,108	0.000000	0.000000	77,731	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	55,261,871	0.000000	0.000000	710,206	59.00
60.00	06000	LABORATORY	0	82,658,000	0.000000	0.000000	2,134,531	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,271,729	0.000000	0.000000	143,076	63.00
65.00	06500	RESPIRATORY THERAPY	0	12,279,571	0.000000	0.000000	680,856	65.00
66.00	06600	PHYSICAL THERAPY	0	6,053,186	0.000000	0.000000	244,595	66.00
69.00	06900	ELECTROCARDIOLOGY	0	23,276,522	0.000000	0.000000	598,959	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,002,178	0.000000	0.000000	40,182	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	21,281,398	0.000000	0.000000	360,334	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	58,540,833	0.000000	0.000000	957,414	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	108,417,577	0.000000	0.000000	2,768,834	73.00
74.00	07400	RENAL DIALYSIS	0	1,177,022	0.000000	0.000000	55,530	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	78,643,448	0.000000	0.000000	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	88,008	0.000000	0.000000	728	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	04950	SLEEP CLINIC	0	6,322,801	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	0	116,642,340	0.000000	0.000000	1,161,262	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	10,990,846	0.000000	0.000000	136,455	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0.000000	0.000000	0	93.00
93.01	04952	HORIZON CANCER CENTER	0	184,606	0.000000	0.000000	0	93.01
93.02	04954	ARNETT CANCER CARE CENTER	0	10,739,398	0.000000	0.000000	0	93.02
93.03	04953	OUTPATIENT INFUSION CENTER	0	1,877,278	0.000000	0.000000	0	93.03
200.00		Total (Lines 50-199)	0	817,866,828			14,266,531	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 12:24 pm
	Title XIX		Hospital
			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
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
53.01	05301 ASC ANESTHESIOLOGY	0	0	0		53.01
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
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
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	07501 ASC (NON-DISTINCT PART)	0	0	0		75.01
76.00	03950 CARDIAC CATHETERIZATION	0	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0	0	0		90.00
90.01	04950 SLEEP CLINIC	0	0	0		90.01
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0		92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	0		93.00
93.01	04952 HORIZON CANCER CENTER	0	0	0		93.01
93.02	04954 ARNETT CANCER CARE CENTER	0	0	0		93.02
93.03	04953 OUTPATIENT INFUSION CENTER	0	0	0		93.03
200.00	Total (Lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 12:24 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	0.145155	0	1,951,410	0	0	50.00
51.00	05100 RECOVERY ROOM	0.140917	0	247,631	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.348590	0	87,113	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.548881	0	99,562	0	0	53.00
53.01	05301 ASC ANESTHESIOLOGY	0.018249	0	82,269	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.084600	0	2,608,399	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.097284	0	417,521	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.110333	0	1,026,048	0	0	59.00
60.00	06000 LABORATORY	0.127534	0	2,570,122	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.268516	0	23,726	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.208968	0	105,629	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.229649	0	20,106	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.092005	0	384,646	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.157916	0	25,141	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.295437	0	354,314	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.298178	0	1,069,499	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.262884	0	3,426,222	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.885327	0	10,738	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	0.092344	0	2,318,439	0	0	75.01
76.00	03950 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	4.708367	0	243	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	04950 SLEEP CLINIC	0.134432	0	226,889	0	0	90.01
91.00	09100 EMERGENCY	0.093434	0	6,582,271	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.624256	0	405,315	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
93.01	04952 HORIZON CANCER CENTER	2.431232	0	9,275	0	0	93.01
93.02	04954 ARNETT CANCER CARE CENTER	0.311983	0	271,884	0	0	93.02
93.03	04953 OUTPATIENT INFUSION CENTER	0.435880	0	13,822	0	0	93.03
200.00	Subtotal (see instructions)		0	24,338,234	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	24,338,234	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 12:24 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.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000	OPERATING ROOM	283,257	0	50.00
51.00 05100	RECOVERY ROOM	34,895	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	30,367	0	52.00
53.00 05300	ANESTHESIOLOGY	54,648	0	53.00
53.01 05301	ASC ANESTHESIOLOGY	1,501	0	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	220,671	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600	RADIOISOTOPE	40,618	0	56.00
59.00 05900	CARDIAC CATHETERIZATION	113,207	0	59.00
60.00 06000	LABORATORY	327,778	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	6,371	0	63.00
65.00 06500	RESPIRATORY THERAPY	22,073	0	65.00
66.00 06600	PHYSICAL THERAPY	4,617	0	66.00
69.00 06900	ELECTROCARDIOLOGY	35,389	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	3,970	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	104,677	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	318,901	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	900,699	0	73.00
74.00 07400	RENAL DIALYSIS	9,507	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01 07501	ASC (NON-DISTINCT PART)	214,094	0	75.01
76.00 03950	CARDIAC CATHETERIZATION	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	1,144	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000	CLINIC	0	0	90.00
90.01 04950	SLEEP CLINIC	30,501	0	90.01
91.00 09100	EMERGENCY	615,008	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	253,020	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	93.00
93.01 04952	HORIZON CANCER CENTER	22,550	0	93.01
93.02 04954	ARNETT CANCER CARE CENTER	84,823	0	93.02
93.03 04953	OUTPATIENT INFUSION CENTER	6,025	0	93.03
200.00	Subtotal (see instructions)	3,740,311	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	3,740,311	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/26/2015 12:24 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)		37,139	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		37,139	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)		31,622	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)		15,846	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)		46,187,100	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)		46,187,100	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)		46,187,100	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)		1,243.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		19,706,561	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)		19,706,561	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150173		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,267,877	2,777	2,257.07	1,448	3,268,237	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	4,366,348	2,468	1,769.18	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					26,765,059	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					49,739,857	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)					5,766,464	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,605,998	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,372,462	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					41,367,395	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)					5,517	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,243.63	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,861,107	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150173		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/26/2015 12:24 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	12,031,132	46,187,100	0.260487	6,861,107	1,787,229	90.00
91.00	Nursing School cost	0	46,187,100	0.000000	6,861,107	0	91.00
92.00	Allied health cost	0	46,187,100	0.000000	6,861,107	0	92.00
93.00	All other Medical Education	0	46,187,100	0.000000	6,861,107	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/26/2015 12:24 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)		37,139	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		37,139	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)		31,622	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,762	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)		2,521	15.00
16.00	Nursery days (title V or XIX only)		248	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)		46,187,100	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)		46,187,100	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)		46,187,100	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)		1,243.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,191,276	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)		2,191,276	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/26/2015 12: 24 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)	1,630,384	2,521	646.72	248	160,387	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,267,877	2,777	2,257.07	24	54,170	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	4,366,348	2,468	1,769.18	391	691,749	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,772,798	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,870,380	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)					774,717	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					305,935	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,080,652	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,789,728	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)					5,517	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,243.63	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,861,107	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150173		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/26/2015 12:24 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	12,031,132	46,187,100	0.260487	6,861,107	1,787,229	90.00
91.00	Nursing School cost	0	46,187,100	0.000000	6,861,107	0	91.00
92.00	Allied health cost	0	46,187,100	0.000000	6,861,107	0	92.00
93.00	All other Medical Education	0	46,187,100	0.000000	6,861,107	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/26/2015 12:24 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		32,874,366	30.00
31.00	03100	INTENSIVE CARE UNIT		4,817,817	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.145155	18,177,875	50.00
51.00	05100	RECOVERY ROOM	0.140917	1,565,791	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.348590	183,435	52.00
53.00	05300	ANESTHESIOLOGY	0.556217	1,076,478	53.00
53.01	05301	ASC ANESTHESIOLOGY	0.018249	3,314	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.084600	12,889,215	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.097284	843,457	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.110333	13,686,284	59.00
60.00	06000	LABORATORY	0.127534	17,963,924	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.268516	2,635,941	63.00
65.00	06500	RESPIRATORY THERAPY	0.208968	5,351,597	65.00
66.00	06600	PHYSICAL THERAPY	0.229649	3,295,891	66.00
69.00	06900	ELECTROCARDIOLOGY	0.092005	7,989,031	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.157916	345,744	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.295437	4,897,641	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.298178	15,781,898	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.262884	22,324,781	73.00
74.00	07400	RENAL DIALYSIS	0.885327	742,907	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.092344	91,549	75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	4.708367	32,204	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	SLEEP CLINIC	0.134432	8,741	90.01
91.00	09100	EMERGENCY	0.093434	13,398,802	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.624256	1,245,211	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000	0	93.00
93.01	04952	HORIZON CANCER CENTER	2.431232	1,412	93.01
93.02	04954	ARNETT CANCER CARE CENTER	0.311983	59,264	93.02
93.03	04953	OUTPATIENT INFUSION CENTER	0.435880	11,819	93.03
200.00		Total (sum of lines 50-94 and 96-98)		144,604,206	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)		144,604,206	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/26/2015 12:24 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		3,455,379	30.00
31.00	03100	INTENSIVE CARE UNIT		571,031	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		1,595,500	35.00
43.00	04300	NURSERY		261,165	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.145155	1,632,442	50.00
51.00	05100	RECOVERY ROOM	0.140917	139,285	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.348590	930,804	52.00
53.00	05300	ANESTHESIOLOGY	0.556217	90,867	53.00
53.01	05301	ASC ANESTHESIOLOGY	0.018249	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.084600	1,402,440	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.097284	77,731	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.110333	710,206	59.00
60.00	06000	LABORATORY	0.127534	2,134,531	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.268516	143,076	63.00
65.00	06500	RESPIRATORY THERAPY	0.208968	680,856	65.00
66.00	06600	PHYSICAL THERAPY	0.229649	244,595	66.00
69.00	06900	ELECTROCARDIOLOGY	0.092005	598,959	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.157916	40,182	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.295437	360,334	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.298178	957,414	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.262884	2,768,834	73.00
74.00	07400	RENAL DIALYSIS	0.885327	55,530	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.092344	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	4.708367	728	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	SLEEP CLINIC	0.134432	0	90.01
91.00	09100	EMERGENCY	0.093434	1,161,262	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.624256	136,455	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000	0	93.00
93.01	04952	HORIZON CANCER CENTER	2.431232	0	93.01
93.02	04954	ARNETT CANCER CARE CENTER	0.311983	0	93.02
93.03	04953	OUTPATIENT INFUSION CENTER	0.435880	0	93.03
200.00		Total (sum of lines 50-94 and 96-98)		14,266,531	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)		14,266,531	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 12:24 pm
		Title XVIII	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)		24,150,307	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,631,458	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)		2,385,071	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		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		164.64	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)		3.28	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.30	31.00
32.00	Sum of lines 30 and 31		20.58	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.19	33.00
34.00	Disproportionate share adjustment (see instructions)		507,298	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 12:24 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
<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)		0.000178645	0.000191697	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,616,091	1,466,032	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,208,747	369,521	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,578,268		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)		37,252,402		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)		37,252,402		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,698,049		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		4,211		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)		40,954,662		59.00
60.00	Primary payer payments		41,907		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		40,912,755		61.00
62.00	Deductibles billed to program beneficiaries		3,313,856		62.00
63.00	Coinurance billed to program beneficiaries		100,296		63.00
64.00	Allowable bad debts (see instructions)		-39,425		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		-25,626		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		-106,199		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		37,472,977		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)		-103,995		70.93
70.94	HRR adjustment amount (see instructions)		-2,589		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 12:24 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)		37,366,393		71.00
71.01	Sequestration adjustment (see instructions)		747,328		71.01
72.00	Interim payments		36,766,760		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)		-147,695		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)		2,213,082		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 150173		Period: From 01/01/2014 To 12/31/2014		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/26/2015 12:24 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	24,150,307	24,150,307		24,150,307	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,631,458		8,631,458	8,631,458	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	2,385,071	2,001,591	383,480	2,385,071	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0619	0.0619	0.0619		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	507,298	373,726	133,572	507,298	11.00
11.01	Uncompensated care payments	36.00	1,578,268	1,208,747	369,521	1,578,268	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	37,252,402	27,734,371	9,518,031	37,252,402	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	37,252,402	27,734,371	9,518,031	37,252,402	15.00
16.00	Payment for inpatient program capital	50.00	3,698,049	2,842,363	855,686	3,698,049	16.00
17.00	Special add-on payments for new technologies	54.00	4,211	4,211	0	4,211	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	<b>SUBTOTAL</b>			30,580,945	10,373,717	40,954,662	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/26/2015 12:24 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,616,360	1,928,368	687,992	2,616,360	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	970,232	831,846	138,386	970,232	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0426	0.0426	0.0426		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	111,457	82,149	29,308	111,457	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,698,049	2,842,363	855,686	3,698,049	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-103,995	-57,155	-46,840	-103,995	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-2,589	0	-2,589	-2,589	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/26/2015 12:24 pm
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		41,010	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		24,895,301	2.00
3.00	PPS payments		22,686,991	3.00
4.00	Outlier payment (see instructions)		362,484	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)		41,010	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		171,368	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)		171,368	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)		171,368	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		130,358	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)		41,010	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)		23,049,475	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,598,663	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)		18,491,822	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)		18,491,822	30.00
31.00	Primary payer payments		3,826	31.00
32.00	Subtotal (line 30 minus line 31)		18,487,996	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)		313,125	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		203,531	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		243,133	36.00
37.00	Subtotal (see instructions)		18,691,527	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-140	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)		18,691,667	40.00
40.01	Sequestration adjustment (see instructions)		373,833	40.01
41.00	Interim payments		18,471,941	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-154,107	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: 150173

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/26/2015 12:24 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		36,661,560		18,360,841	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	08/05/2014	105,200	08/05/2014	111,100	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)		105,200		111,100	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)		36,766,760		18,471,941	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		147,695		154,107	6.02
7.00	Total Medicare program liability (see instructions)		36,619,065		18,317,834	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: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part II Date/Time Prepared: 5/26/2015 12:24 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			10,273 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			17,294 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			5,295 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			36,867 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			906,351,883 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			70,778,274 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,270,981 8.00
9.00	Sequestration adjustment amount (see instructions)			25,420 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,245,561 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			921,060 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)			324,501 32.00

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

Provider CCN: 150173

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

Worksheet G

Date/Time Prepared:  
5/26/2015 12:24 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	93,429,857	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	413,633	0	0	0	3.00
4.00	Accounts receivable	42,396,166	0	0	0	4.00
5.00	Other receivable	-2,335,582	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,890,928	0	0	0	7.00
8.00	Prepaid expenses	2,839,813	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	140,634,815	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	4,121,457	0	0	0	12.00
13.00	Land improvements	107,468	0	0	0	13.00
14.00	Accumulated depreciation	-16,179	0	0	0	14.00
15.00	Buildings	186,208,127	0	0	0	15.00
16.00	Accumulated depreciation	-25,647,067	0	0	0	16.00
17.00	Leasehold improvements	2,729,619	0	0	0	17.00
18.00	Accumulated depreciation	-854,902	0	0	0	18.00
19.00	Fixed equipment	5,359,670	0	0	0	19.00
20.00	Accumulated depreciation	-2,792,575	0	0	0	20.00
21.00	Automobiles and trucks	103,274	0	0	0	21.00
22.00	Accumulated depreciation	-81,274	0	0	0	22.00
23.00	Major movable equipment	70,256,262	0	0	0	23.00
24.00	Accumulated depreciation	-53,916,133	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)	185,577,747	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	1,034,899	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	6,776,702	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	7,811,601	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	334,024,163	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	17,615,078	0	0	0	37.00
38.00	Salaries, wages, and fees payable	22,911,307	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	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	37,265,172	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	77,791,557	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	533,311	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	219,276,355	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	219,809,666	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	297,601,223	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	36,422,940				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)	36,422,940	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	334,024,163	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150173

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

Worksheet G-1

Date/Time Prepared:  
5/26/2015 12:24 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		-11,358,356		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		47,781,295			2.00
3.00	Total (sum of line 1 and line 2)		36,422,939		0	3.00
4.00	ROUNDING	1		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		1		0	10.00
11.00	Subtotal (line 3 plus line 10)		36,422,940		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		36,422,940		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	ROUNDING		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150173

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/26/2015 12:24 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	68,618,513		68,618,513	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	68,618,513		68,618,513	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	9,939,408		9,939,408	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	9,927,134		9,927,134	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	19,866,542		19,866,542	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	88,485,055		88,485,055	17.00
18.00	Ancillary services	305,280,588	488,794,112	794,074,700	18.00
19.00	Outpatient services	2,564,922	21,227,206	23,792,128	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER NON-REIMBURSABLE	134,208	272,423,882	272,558,090	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	396,464,773	782,445,200	1,178,909,973	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		338,577,054		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		338,577,054		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150173

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

Worksheet G-3

Date/Time Prepared:  
5/26/2015 12:24 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,178,909,973	1.00
2.00	Less contractual allowances and discounts on patients' accounts	799,424,779	2.00
3.00	Net patient revenues (line 1 minus line 2)	379,485,194	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	338,577,054	4.00
5.00	Net income from service to patients (line 3 minus line 4)	40,908,140	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	6,873,155	24.00
25.00	Total other income (sum of lines 6-24)	6,873,155	25.00
26.00	Total (line 5 plus line 25)	47,781,295	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	47,781,295	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150173	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/26/2015 12:24 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		2,616,360	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		970,232	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)		102.51	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)		3.28	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.30	8.00
9.00	Sum of lines 7 and 8		20.58	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.26	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		111,457	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		3,698,049	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