

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: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/27/2015 12:02 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/27/2015	Time: 12:02 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by BALL MEMORIAL HOSPITAL (150089) 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			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-1,186,945	-138,715	147,682	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	-47,615	-21	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
200.00 Total	0	-1,234,560	-138,736	147,682	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: 150089		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 1:44 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 2401 UNIVERSITY AVENUE			PO Box:						1.00	
2.00	City: MUNCIE			State: IN		Zip Code: 47303-3428		County: DELAWARE		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
		V		XVIII		XIX					
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		BALL MEMORIAL HOSPITAL	150089	11300	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		BMH PHYSICAL REHAB	15T089	11300	5	07/01/1986	N	P	O	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2014	12/31/2014		20.00	
21.00	Type of Control (see instructions)						2		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		N	23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	7,190	1,326	2	87	9,226	444		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	219	45	0	0	27			25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 1:44 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		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	Y		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	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)	Y			12.00	12.00
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)		40.80	41.14		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)		47.72	49.51		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)		38.67	40.20		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).		47.72	49.51		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)		9.05	9.31		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		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				Y	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	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all 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)			2.75	15.74	0.148729	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)	FAMILY MEDICINE	1350	3.29	20.96	0.135670	65.00
65.01		INTERNAL MEDICINE	1400	4.10	13.40	0.234286	65.01

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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)	1.66	7.85	0.174553	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)	FAMILY MEDICINE	1350	4.75	22.57	0.173865
67.01		INT MEDICINE	1400	9.51	12.70	0.428186
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)			N	0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		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)			Y	N	0
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00

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		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	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
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
					1.00 2.00 3.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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:	679,132	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
DO NOT USE THIS LINE					
119.00	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		119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 1:44 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	
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	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 INC	Contractor's Name: WPS		Contractor's Number: 08101	
142.00	Street: 340 W. 10TH STREET	PO Box:			
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202	
		1.00	2.00		
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
161.10	CORF		N	N	N
				1.00	
Multi campus					
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N			165.00
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
				CBSA	FTE/Campus
				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	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y			167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0			168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.50			169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 1:44 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		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: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/26/2015 1:44 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/31/2015	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.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
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.			Y	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		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	04/21/2015	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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/26/2015 1:44 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	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
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			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		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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	
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)		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)	04/21/2015	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	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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: 150089

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2015 1:44 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	237	86,505	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)		237	86,505	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,140	0.00	0	8.00
9.00 NEONATAL INTENSIVE CARE UNIT	32.00	23	8,395	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		296	108,040	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		314				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)		8	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: 150089

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2015 1:44 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)	27,019	6,560	58,913			1.00
2.00 HMO and other (see instructions)	6,035	10,588				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	128	72				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	27,019	6,560	58,913			7.00
8.00 INTENSIVE CARE UNIT	7,860	183	10,107			8.00
9.00 NEONATAL INTENSIVE CARE UNIT	0	0	3,812			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		500	2,755			13.00
14.00 Total (see instructions)	34,879	7,243	75,587	59.03	1,734.91	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	3,035	219	4,115	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	309			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				59.03	1,734.91	27.00
28.00 Observation Bed Days		0	5,718			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	444	1,142			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: 150089

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2015 1:44 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	7,059	1,700	17,485	1.00
2.00 HMO and other (see instructions)			1,054	1,872		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 NEONATAL INTENSIVE CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	7,059	1,700	17,485	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	237	23	353	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
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: 150089

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

Worksheet S-3
Part II
Date/Time Prepared:
5/26/2015 1:44 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	96,188,634	-544,435	95,644,199	3,608,620.00	26.50
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		547,880	0	547,880	6,093.00	89.92
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	3,368,680	3,368,680	122,862.00	27.42
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		4,417,349	74,593	4,491,942	154,772.00	29.02
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,232,224	0	2,232,224	38,001.00	58.74
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		3,639,646	0	3,639,646	46,185.00	78.81
14.00	Home office salaries & wage-related costs		24,224,421	0	24,224,421	643,630.00	37.64
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		41,586,639	0	41,586,639		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,069,913	0	2,069,913		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		183,509	0	183,509		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		770,559	0	770,559		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	242,404	0	242,404	1,944.00	124.69
27.00	Administrative & General	5.00	7,936,297	-35,793	7,900,504	193,314.25	40.87
28.00	Administrative & General under contract (see inst.)		378,406	0	378,406	1,957.98	193.26
29.00	Maintenance & Repairs	6.00	2,715,033	-1,342	2,713,691	130,917.76	20.73
30.00	Operation of Plant	7.00	781,391	0	781,391	44,797.43	17.44
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	2,258,983	-22,232	2,236,751	197,063.80	11.35
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	2,006,259	-1,073,746	932,513	71,053.98	13.12
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	1,060,315	1,060,315	79,644.93	13.31
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	4,938,930	-55,521	4,883,409	157,198.22	31.07
39.00	Central Services and Supply	14.00	625,755	0	625,755	44,156.38	14.17
40.00	Pharmacy	15.00	4,434,382	-26,065	4,408,317	134,304.08	32.82

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150089

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

Worksheet S-3
Part II
Date/Time Prepared:
5/26/2015 1:44 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150089

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

Worksheet S-3
Part III
Date/Time Prepared:
5/26/2015 1:44 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	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	96,019,160	-3,913,115	92,106,045	3,481,622.98	26.45	1.00
2.00	Excluded area salaries (see instructions)	4,417,349	74,593	4,491,942	154,772.00	29.02	2.00
3.00	Subtotal salaries (line 1 minus line 2)	91,601,811	-3,987,708	87,614,103	3,326,850.98	26.34	3.00
4.00	Subtotal other wages & related costs (see inst.)	30,096,291	0	30,096,291	727,816.00	41.35	4.00
5.00	Subtotal wage-related costs (see inst.)	41,586,639	0	41,586,639	0.00	47.47	5.00
6.00	Total (sum of lines 3 thru 5)	163,284,741	-3,987,708	159,297,033	4,054,666.98	39.29	6.00
7.00	Total overhead cost (see instructions)	26,317,840	-154,384	26,163,456	1,056,352.81	24.77	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/26/2015 1:44 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		22,207,170	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		15,843	6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		14,795,262	8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan		439,600	10.00
11.00	Life Insurance (If employee is owner or beneficiary)			0 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)		141,323	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance		13,436	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only		6,694,130	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			5 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement		303,851	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		44,610,620	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/26/2015 1:44 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC		0	0 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
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/26/2015 1:44 pm
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.177227		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		39,303,513		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		230,957,205		6.00	
7.00	Medicaid cost (line 1 times line 6)		40,931,853		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)		1,628,340		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)		3,588,543		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		25,337,243		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		4,490,444		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)		901,901		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)		2,530,241		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		120,897,898	16,512,425	137,410,323	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		21,426,372	2,926,448	24,352,820	21.00
22.00	Partial payment by patients approved for charity care		13,763	17,604	31,367	22.00
23.00	Cost of charity care (line 21 minus line 22)		21,412,609	2,908,844	24,321,453	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?					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)				18,977,126	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				165,136	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)				18,811,990	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)				3,333,993	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)				27,655,446	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				30,185,687	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150089		Period: From 01/01/2014 To 12/31/2014		Worksheet A		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		20,893,565	20,893,565	2,095,270	22,988,835	1.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	242,404	20,088,739	20,331,143	205,573	20,536,716	4.00
5.01	01160	COMMUNICATIONS	435,258	101,347	536,605	-1,521	535,084	5.01
5.02	00550	DATA PROCESSING	0	734,001	734,001	-11,020	722,981	5.02
5.04	00570	ADMITTING	958,729	98,025	1,056,754	-6,911	1,049,843	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	6,542,310	43,156,487	49,698,797	288,244	49,987,041	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,715,033	4,493,380	7,208,413	-460,249	6,748,164	6.00
7.00	00700	OPERATION OF PLANT	781,391	5,611,659	6,393,050	-720,979	5,672,071	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,017,664	1,017,664	8.00
9.00	00900	HOUSEKEEPING	2,258,983	683,834	2,942,817	-384,858	2,557,959	9.00
10.00	01000	DIETARY	2,006,259	1,436,752	3,443,011	-1,848,858	1,594,153	10.00
11.00	01100	CAFETERIA	0	0	0	1,819,644	1,819,644	11.00
13.00	01300	NURSING ADMINISTRATION	4,938,930	1,063,005	6,001,935	-27,173	5,974,762	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	625,755	1,149,415	1,775,170	19,797,759	21,572,929	14.00
15.00	01500	PHARMACY	4,434,382	21,102,583	25,536,965	-19,710,370	5,826,595	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	3,368,680	3,368,680	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,159,880	3,132,730	7,292,610	-3,387,359	3,905,251	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,945,849	6,444,432	24,390,281	-3,723,185	20,667,096	30.00
31.00	03100	INTENSIVE CARE UNIT	6,000,434	1,451,631	7,452,065	-970,650	6,481,415	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	1,986,305	456,220	2,442,525	-216,198	2,226,327	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	1,328,804	689,632	2,018,436	-85,033	1,933,403	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	808,349	808,349	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,837,053	19,305,498	24,142,551	-16,989,406	7,153,145	50.00
51.00	05100	RECOVERY ROOM	1,188,300	347,042	1,535,342	-234,703	1,300,639	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,875,544	613,838	2,489,382	-434,519	2,054,863	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,158,589	7,596,886	14,755,475	-3,448,882	11,306,593	54.00
57.00	05700	CT SCAN	129,329	27,708	157,037	-2,824	154,213	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,632,769	10,072,438	11,705,207	-9,267,428	2,437,779	59.00
60.00	06000	LABORATORY	0	10,597,691	10,597,691	0	10,597,691	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	1,540,006	1,540,006	0	1,540,006	63.00
65.00	06500	RESPIRATORY THERAPY	3,206,480	657,259	3,863,739	-389,818	3,473,921	65.00
65.01	06501	SLEEP LAB	464,398	459,789	924,187	-103,525	820,662	65.01
66.00	06600	PHYSICAL THERAPY	3,905,855	887,471	4,793,326	-241,598	4,551,728	66.00
67.00	06700	OCCUPATIONAL THERAPY	656,153	67,554	723,707	48,192	771,899	67.00
68.00	06800	SPEECH PATHOLOGY	335,951	33,871	369,822	26,707	396,529	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	951,166	484,109	1,435,275	-95,699	1,339,576	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,124,770	8,124,770	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	15,580,197	15,580,197	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	20,564,921	20,564,921	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1,427,099	6,453,286	7,880,385	-6,119,937	1,760,448	73.01
74.00	07400	RENAL DIALYSIS	0	766,516	766,516	-31,252	735,264	74.00
76.00	03020	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	451,902	104,877	556,779	-15,138	541,641	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	413,289	859,644	1,272,933	-158,485	1,114,448	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	PAIN CLINIC	271,232	161,946	433,178	-53,626	379,552	90.02
90.03	09003	ONCOLOGY CLINIC	555,914	269,139	825,053	-21,397	803,656	90.03
91.00	09100	EMERGENCY	5,108,081	2,868,843	7,976,924	-1,265,241	6,711,683	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,170,279	206,455	1,376,734	-109,213	1,267,521	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150089

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

Worksheet A
Date/Time Prepared:
5/26/2015 1:44 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
115.00	11500	0	0	0	0	0	115.00
118.00		93,100,089	197,169,303	290,269,392	3,208,915	293,478,307	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	128,014	410,037	538,051	-2,718	535,333	190.00
191.00	19100	336,375	78,345	414,720	-1,389	413,331	191.00
194.00	07986	0	0	0	0	0	194.00
194.01	07951	181,331	13,643	194,974	18,878	213,852	194.01
194.02	07952	647,270	3,917,816	4,565,086	-3,780,612	784,474	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	46,328	66,594	112,922	-45,460	67,462	194.05
194.06	07956	5,764	49,768	55,532	-23,106	32,426	194.06
194.07	07957	0	0	0	0	0	194.07
194.08	07958	0	0	0	653,680	653,680	194.08
194.09	07959	0	0	0	0	0	194.09
194.10	07960	0	0	0	0	0	194.10
194.11	07961	0	29,079	29,079	-21,309	7,770	194.11
194.12	07962	0	0	0	0	0	194.12
194.13	07963	0	0	0	0	0	194.13
194.14	07964	0	0	0	0	0	194.14
194.15	07965	221,495	487,607	709,102	-51,770	657,332	194.15
194.16	07966	217,437	14,012	231,449	-583	230,866	194.16
194.17	07967	0	0	0	0	0	194.17
194.18	07968	0	0	0	0	0	194.18
194.19	07969	0	0	0	0	0	194.19
194.20	07970	0	0	0	0	0	194.20
194.21	07971	0	0	0	0	0	194.21
194.22	07972	1,130,960	97,452	1,228,412	68,098	1,296,510	194.22
194.23	07973	11,586	104,553	116,139	-1,734	114,405	194.23
194.24	07974	0	0	0	0	0	194.24
194.25	07975	0	24,093	24,093	-15,329	8,764	194.25
194.26	07976	137,469	16,397	153,866	-5,491	148,375	194.26
194.27	07977	0	0	0	0	0	194.27
194.28	07978	0	0	0	0	0	194.28
194.29	07979	0	0	0	0	0	194.29
194.30	07980	24,516	2,193	26,709	-70	26,639	194.30
194.31	07981	0	0	0	0	0	194.31
194.32	07982	0	0	0	0	0	194.32
194.33	07983	0	0	0	0	0	194.33
194.34	07984	0	0	0	0	0	194.34
194.35	07985	0	0	0	0	0	194.35
200.00		96,188,634	202,480,892	298,669,526	0	298,669,526	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150089

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

Worksheet A
Date/Time Prepared:
5/26/2015 1:44 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-706,289	22,282,546	1.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,679,811	17,856,905	4.00
5.01	01160	COMMUNICATIONS	-86,300	448,784	5.01
5.02	00550	DATA PROCESSING	11,584,327	12,307,308	5.02
5.04	00570	ADMITTING	-28,630	1,021,213	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	-10,146,353	39,840,688	5.06
6.00	00600	MAINTENANCE & REPAIRS	-375,943	6,372,221	6.00
7.00	00700	OPERATION OF PLANT	-75,410	5,596,661	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,017,664	8.00
9.00	00900	HOUSEKEEPING	-186,128	2,371,831	9.00
10.00	01000	DIETARY	-1,085,435	508,718	10.00
11.00	01100	CAFETERIA	0	1,819,644	11.00
13.00	01300	NURSING ADMINISTRATION	-65,705	5,909,057	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	21,572,929	14.00
15.00	01500	PHARMACY	-515,321	5,311,274	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	3,368,680	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-937,726	2,967,525	22.00
23.00	02300	PARAMED ED PRGM	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-707,213	19,959,883	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,824	6,479,591	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	-102,988	2,123,339	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	-483,671	1,449,732	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	808,349	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-194,506	6,958,639	50.00
51.00	05100	RECOVERY ROOM	-1,250	1,299,389	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,062	2,053,801	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-772,524	10,534,069	54.00
57.00	05700	CT SCAN	-74,585	79,628	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	-424,232	2,013,547	59.00
60.00	06000	LABORATORY	-158,403	10,439,288	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	-36,035	1,503,971	63.00
65.00	06500	RESPIRATORY THERAPY	-6,896	3,467,025	65.00
65.01	06501	SLEEP LAB	-99,268	721,394	65.01
66.00	06600	PHYSICAL THERAPY	-324,667	4,227,061	66.00
67.00	06700	OCCUPATIONAL THERAPY	-111,666	660,233	67.00
68.00	06800	SPEECH PATHOLOGY	-85,091	311,438	68.00
68.01	06801	AUDIOLOGY	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	-47,240	1,292,336	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,124,770	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	15,580,197	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,564,921	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	-402,097	1,358,351	73.01
74.00	07400	RENAL DIALYSIS	0	735,264	74.00
76.00	03020	CARDIOPULMONARY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-17,385	524,256	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,114,448	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.02	09002	PAIN CLINIC	0	379,552	90.02
90.03	09003	ONCOLOGY CLINIC	0	803,656	90.03
91.00	09100	EMERGENCY	-151,290	6,560,393	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	-19	1,267,502	92.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-9,508,636	283,969,671	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150089

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

Worksheet A
Date/Time Prepared:
5/26/2015 1:44 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	535,333	190.00
191.00	19100	RESEARCH	0	413,331	191.00
194.00	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	BSU PHARMACY	0	213,852	194.01
194.02	07952	PAVILLION PHARMACY	0	784,474	194.02
194.03	07953	VENDING	0	0	194.03
194.04	07954	CARELINE	0	0	194.04
194.05	07955	WELLNESS CENTER	0	67,462	194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS	0	32,426	194.06
194.07	07957	PERINATAL CLINIC	0	0	194.07
194.08	07958	RENTAL PROPERTY	0	653,680	194.08
194.09	07959	ADVERTISING	0	0	194.09
194.10	07960	INTEGRAL TAC	0	0	194.10
194.11	07961	IU HEALTH HOSPICE	0	7,770	194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	194.12
194.13	07963	EXECUTIVE PHYSICAL	0	0	194.13
194.14	07964	NEW CASTLE ONCOLOGY	0	0	194.14
194.15	07965	MARKETING/PUBLIC RELATIONS	0	657,332	194.15
194.16	07966	JAY COUNTY HOSPITAL	0	230,866	194.16
194.17	07967	CARDINAL HEALTH CHOICE	0	0	194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	194.18
194.19	07969	HEALTH CARE CONNECTIONS	0	0	194.19
194.20	07970	MEALS ON WHEELS	0	0	194.20
194.21	07971	ST MARY'S SCHOOL	0	0	194.21
194.22	07972	THERAPIES TO OTHER ENTITIES	0	1,296,510	194.22
194.23	07973	CANCER CENTER BOUTIQUE	0	114,405	194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY	0	0	194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	8,764	194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	15,070,144	15,218,519	194.26
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	194.29
194.30	07980	CARDINAL HEALTH ALLIANCE	0	26,639	194.30
194.31	07981	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.31
194.32	07982	RENAL DIALYSIS	0	0	194.32
194.33	07983	LAB CORP	0	0	194.33
194.34	07984	H.O. MATERIALS MGMT	0	0	194.34
194.35	07985	LEASED SPACE	0	0	194.35
200.00		TOTAL (SUM OF LINES 118-199)	5,561,508	304,231,034	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - NON-BILLABLE SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	10,218,367	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
0			0	10,218,367	
B - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	8,124,770	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	346,981	2.00
3.00	NURSING ADMINISTRATION	13.00	0	36	3.00
4.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	105	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

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
0			0	8,471,892	
C - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	15,580,197	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
0			0	15,580,197	
D - BILLABLE DRUGS					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	9,872,210	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	20,565,356	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	307,818	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,444	4.00
5.00	PHYSICIAN PRACTICE CLINICS	194.06	0	625	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
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
0			0	30,747,453	
E - TEACHING PHYSICIAN SALARY					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	3,368,680	0	1.00
0			3,368,680	0	
F - CAFETERIA					
1.00	CAFETERIA	11.00	1,060,315	759,329	1.00
0			1,060,315	759,329	
G - PHARMACY ADMIN COSTS					
1.00	BSU PHARMACY	194.01	17,856	1,621	1.00
2.00	PAVILLION PHARMACY	194.02	17,856	1,621	2.00
0			35,712	3,242	
H - AUTO & BUILDING INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	384,274	1.00
0			0	384,274	
I - REHAB ADMIN COSTS					
1.00	OCCUPATIONAL THERAPY	67.00	60,345	4,238	1.00
2.00	SPEECH PATHOLOGY	68.00	30,897	2,125	2.00
3.00	THERAPIES TO OTHER ENTITIES	194.22	67,823	4,286	3.00
0			159,065	10,649	

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
J - LAUNDRY						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,017,664	1.00	
2.00	HOUSEKEEPING	9.00	0	52,744	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
			0	1,070,408		
K - CARDIAC REHAB						
1.00		0.00	0	0	1.00	
			0	0		
L - MISC PROPERTIES						
1.00	RENTAL PROPERTY	194.08	0	653,680	1.00	
			0	653,680		
M - OP ONCOLOGY INFUSION						
1.00	ONCOLOGY CLINIC	90.03	159,636	33,780	1.00	
			159,636	33,780		
O - ALLOWABLE PUBLIC RELATIONS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	16,036	35,036	1.00	
			16,036	35,036		
			0	0		
Q - NURSERY						
1.00	NURSERY	43.00	627,226	181,123	1.00	
2.00		0.00	0	0	2.00	
			627,226	181,123		
S - EMPLOYEE BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	301,512	1.00	
2.00		0.00	0	0	2.00	
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	

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
0			0	301,512	
T - CORPORATE TELEPHONE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	16,198	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
0			0	16,198	
U - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,496,870	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
TOTALS			0	2,496,870	
V - INTEREST AND LEASE EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	153,089	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
TOTALS			0	153,089	
W - PTO USED AS STD					
1.00	COMMUNICATIONS	5.01	0	5,178	1.00
2.00	ADMINISTRATIVE	5.04	0	9,869	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36,782	3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	1,342	4.00
5.00	HOUSEKEEPING	9.00	0	22,232	5.00
6.00	DIETARY	10.00	0	13,431	6.00
7.00	NURSING ADMINISTRATION	13.00	0	55,521	7.00
8.00	PHARMACY	15.00	0	26,065	8.00
9.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	9,346	9.00
10.00	ADULTS & PEDIATRICS	30.00	0	139,318	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	46,490	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	10,946	12.00
13.00	SUBPROVIDER - IRF	41.00	0	6,813	13.00
14.00	OPERATING ROOM	50.00	0	22,855	14.00
15.00	RECOVERY ROOM	51.00	0	19,325	15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	10,313	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	35,114	17.00
18.00	CT SCAN	57.00	0	502	18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	702	19.00

RECLASSIFICATIONS

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
20.00	RESPIRATORY THERAPY	65.00	0	5,901	20.00
21.00	SLEEP LAB	65.01	0	658	21.00
22.00	PHYSICAL THERAPY	66.00	0	16,782	22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	1,005	23.00
24.00	ELECTROCARDIOLOGY	69.00	0	8,649	24.00
25.00	PAIN CLINIC	90.02	0	848	25.00
26.00	ONCOLOGY CLINIC	90.03	0	1,249	26.00
27.00	EMERGENCY	91.00	0	24,557	27.00
28.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	6,549	28.00
29.00	THERAPIES TO OTHER ENTITIES	194.22	0	6,093	29.00
	TOTALS		0	544,435	
X - WASTE DISPOSAL					
1.00	OPERATION OF PLANT	7.00	0	301,100	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	TOTALS		0	301,100	
Y - UTILITIES					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	62	1.00
2.00	OPERATION OF PLANT	7.00	0	293,006	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
	TOTALS		0	293,068	
500.00	Grand Total: Increases		5,426,670	72,255,702	500.00

RECLASSIFICATIONS

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - NON-BILLABLE SUPPLIES							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	29	14		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,644	0		2.00
3.00	COMMUNICATIONS	5.01	0	108	0		3.00
4.00	DATA PROCESSING	5.02	0	151	0		4.00
5.00	ADMINISTRATION	5.04	0	1,626	0		5.00
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	7,170	0		6.00
7.00	MAINTENANCE & REPAIRS	6.00	0	1,704	0		7.00
8.00	OPERATION OF PLANT	7.00	0	273	0		8.00
9.00	HOUSEKEEPING	9.00	0	161,584	0		9.00
10.00	DIETARY	10.00	0	9,005	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	1,895	0		11.00
12.00	PHARMACY	15.00	0	125,361	0		12.00
13.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	5,872	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	1,588,057	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	734,033	0		15.00
16.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	165,225	0		16.00
17.00	SUBPROVIDER - IRF	41.00	0	50,571	0		17.00
18.00	OPERATING ROOM	50.00	0	3,769,286	0		18.00
19.00	RECOVERY ROOM	51.00	0	188,023	0		19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	246,350	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	744,488	0		21.00
22.00	CT SCAN	57.00	0	2,453	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	641,587	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	368,676	0		24.00
25.00	SLEEP LAB	65.01	0	29,447	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	29,117	0		26.00
27.00	OCCUPATIONAL THERAPY	67.00	0	14,560	0		27.00
28.00	SPEECH PATHOLOGY	68.00	0	3,666	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	35,921	0		29.00
30.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	5,362	0		30.00
31.00	RENAL DIALYSIS	74.00	0	18,943	0		31.00
32.00	CARDIAC REHABILITATION	76.97	0	13,926	0		32.00
33.00	HYPERBARIC OXYGEN THERAPY	76.98	0	82,117	0		33.00
34.00	PAIN CLINIC	90.02	0	2,363	0		34.00
35.00	ONCOLOGY CLINIC	90.03	0	190,870	0		35.00
36.00	EMERGENCY	91.00	0	865,320	0		36.00
37.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	63,757	0		37.00
38.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	655	0		38.00
39.00	RESEARCH	191.00	0	8	0		39.00
40.00	PAVILLION PHARMACY	194.02	0	6,431	0		40.00
41.00	WELLNESS CENTER	194.05	0	734	0		41.00
42.00	PHYSICIAN PRACTICE CLINICS	194.06	0	573	0		42.00
43.00	IU HEALTH HOSPICE	194.11	0	20,505	0		43.00
44.00	THERAPIES TO OTHER ENTITIES	194.22	0	826	0		44.00
45.00	CANCER CENTER BOUTIQUE	194.23	0	1,697	0		45.00
46.00	CARDINAL BEHAVIORAL HEALTH	194.25	0	14,378	0		46.00
47.00	CARDINAL HEALTH ALLIANCE	194.30	0	20	0		47.00
0			0	10,218,367			
B - BILLABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	105	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	272,843	0		2.00
3.00	PHARMACY	15.00	0	8,058	0		3.00
4.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	3,501	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	389,018	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	45,428	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	27,868	0		7.00
8.00	SUBPROVIDER - IRF	41.00	0	641	0		8.00
9.00	OPERATING ROOM	50.00	0	2,557,364	0		9.00
10.00	RECOVERY ROOM	51.00	0	551	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	91,101	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,534,608	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	3,435,304	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	12,539	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	7,997	0		15.00
16.00	SPEECH PATHOLOGY	68.00	0	517	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	40,296	0		17.00

RECLASSIFICATIONS

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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
18.00	RENAL DIALYSIS	74.00	0	8	0		18.00
19.00	CARDIAC REHABILITATION	76.97	0	44	0		19.00
20.00	HYPERBARIC OXYGEN THERAPY	76.98	0	10,444	0		20.00
21.00	EMERGENCY	91.00	0	33,055	0		21.00
22.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	561	0		22.00
23.00	CARDINAL BEHAVIORAL HEALTH	194.25	0	41	0		23.00
0			0	8,471,892			
C - IMPLANTABLE DEVICES							
1.00	ADULTS & PEDIATRICS	30.00	0	2,285	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	110	0		2.00
3.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	3	0		3.00
4.00	SUBPROVIDER - IRF	41.00	0	442	0		4.00
5.00	OPERATING ROOM	50.00	0	10,264,290	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3,010	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	349,100	0		7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	4,939,870	0		8.00
9.00	SPEECH PATHOLOGY	68.00	0	1,309	0		9.00
10.00	HYPERBARIC OXYGEN THERAPY	76.98	0	3,975	0		10.00
11.00	EMERGENCY	91.00	0	15,654	0		11.00
12.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	149	0		12.00
0			0	15,580,197			
D - BILLABLE DRUGS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	34	14		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	92,190	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	69	0		3.00
4.00	DIETARY	10.00	0	3,017	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	28	0		5.00
6.00	PHARMACY	15.00	0	19,534,899	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	169,681	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	44,802	0		8.00
9.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	12,754	0		9.00
10.00	SUBPROVIDER - IRF	41.00	0	2,866	0		10.00
11.00	OPERATING ROOM	50.00	0	171,105	0		11.00
12.00	RECOVERY ROOM	51.00	0	22,741	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	17,346	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	480,811	0		14.00
16.00	CARDIAC CATHETERIZATION	59.00	0	65,111	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	5,948	0		17.00
18.00	SLEEP LAB	65.01	0	5	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	184	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	10,514	0		20.00
21.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	6,071,998	0		21.00
22.00	RENAL DIALYSIS	74.00	0	9,030	0		22.00
23.00	HYPERBARIC OXYGEN THERAPY	76.98	0	49,823	0		23.00
24.00	PAIN CLINIC	90.02	0	48,551	0		24.00
25.00	ONCOLOGY CLINIC	90.03	0	22,181	0		25.00
26.00	EMERGENCY	91.00	0	109,011	0		26.00
27.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	8,195	0		27.00
28.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,775	0		28.00
29.00	PAVILLION PHARMACY	194.02	0	3,791,835	0		29.00
30.00	IU HEALTH HOSPICE	194.11	0	39	0		30.00
31.00	CARDINAL BEHAVIORAL HEALTH	194.25	0	910	0		31.00
0			0	30,747,453			
E - TEACHING PHYSICIAN SALARY							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	3,368,680	0	0		1.00
0			3,368,680	0			
F - CAFETERIA							
1.00	DIETARY	10.00	1,060,315	759,329	0		1.00
0			1,060,315	759,329			
G - PHARMACY ADMIN COSTS							
1.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	35,712	3,242	0		1.00
2.00		0.00	0	0	0		2.00
0			35,712	3,242			

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
H - AUTO & BUILDING INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	384,274	12		1.00
	O		0	384,274			
I - REHAB ADMIN COSTS							
1.00	PHYSICAL THERAPY	66.00	159,065	10,649	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	O		159,065	10,649			
J - LAUNDRY							
1.00	ADMITTING	5.04	0	3,276	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	753	0		2.00
3.00	DIETARY	10.00	0	12,729	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	60	0		4.00
5.00	PHARMACY	15.00	0	159	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	544,965	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	134,786	0		7.00
8.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	5,773	0		8.00
9.00	SUBPROVIDER - IRF	41.00	0	26,282	0		9.00
10.00	OPERATING ROOM	50.00	0	87,208	0		10.00
11.00	RECOVERY ROOM	51.00	0	20,479	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	26,111	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	43,563	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	10,207	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	187	0		15.00
16.00	SLEEP LAB	65.01	0	13,860	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	23,004	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	6,633	0		18.00
19.00	RENAL DIALYSIS	74.00	0	3,271	0		19.00
20.00	PAIN CLINIC	90.02	0	1,872	0		20.00
21.00	EMERGENCY	91.00	0	74,409	0		21.00
22.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	22,722	0		22.00
23.00	RESEARCH	191.00	0	493	0		23.00
24.00	WELLNESS CENTER	194.05	0	7,606	0		24.00
	O		0	1,070,408			
K - CARDIAC REHAB							
1.00		0.00	0	0	0		1.00
	O		0	0			
L - MISC PROPERTIES							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	653,680	14		1.00
	O		0	653,680			
M - OP ONCOLOGY INFUSION							
1.00	ADULTS & PEDIATRICS	30.00	159,636	33,780	0		1.00
	O		159,636	33,780			
O - ALLOWABLE PUBLIC RELATIONS							
1.00	MARKETING/PUBLIC RELATIONS	194.15	16,036	35,036	0		1.00
	O		16,036	35,036			
			0	0			
Q - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	592,707	169,826	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	34,519	11,297	0		2.00
	O		627,226	181,123			
S - EMPLOYEE BENEFITS							
1.00		0.00	0	0	14		1.00
2.00	COMMUNICATIONS	5.01	0	1,044	0		2.00
4.00	ADMITTING	5.04	0	2,009	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	41,690	0		5.00
6.00	MAINTENANCE & REPAIRS	6.00	0	8,734	0		6.00
7.00	OPERATION OF PLANT	7.00	0	1,506	0		7.00
8.00	HOUSEKEEPING	9.00	0	5,061	0		8.00
9.00	DIETARY	10.00	0	4,463	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	13,826	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,520	0		11.00
12.00	PHARMACY	15.00	0	12,823	0		12.00
13.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	8,659	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	37,566	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	11,491	0		15.00
16.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	4,575	0		16.00
17.00	SUBPROVIDER - IRF	41.00	0	3,144	0		17.00

RECLASSIFICATIONS

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
18.00	OPERATING ROOM	50.00	0	10,925	0	18.00	
19.00	RECOVERY ROOM	51.00	0	2,909	0	19.00	
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	4,785	0	20.00	
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	19,981	0	21.00	
22.00	CT SCAN	57.00	0	371	0	22.00	
23.00	CARDIAC CATHETERIZATION	59.00	0	4,593	0	23.00	
24.00	RESPIRATORY THERAPY	65.00	0	2,468	0	24.00	
25.00	SLEEP LAB	65.01	0	54,530	0	25.00	
26.00	PHYSICAL THERAPY	66.00	0	11,197	0	26.00	
27.00	OCCUPATIONAL THERAPY	67.00	0	1,831	0	27.00	
28.00	SPEECH PATHOLOGY	68.00	0	823	0	28.00	
29.00	ELECTROCARDIOLOGY	69.00	0	2,335	0	29.00	
30.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	3,728	0	30.00	
31.00	CARDIAC REHABILITATION	76.97	0	1,168	0	31.00	
32.00	HYPERBARIC OXYGEN THERAPY	76.98	0	1,025	0	32.00	
33.00	PAIN CLINIC	90.02	0	656	0	33.00	
34.00	ONCOLOGY CLINIC	90.03	0	1,762	0	34.00	
35.00	EMERGENCY	91.00	0	7,870	0	35.00	
36.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	1,646	0	36.00	
37.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	288	0	37.00	
38.00	RESEARCH	191.00	0	888	0	38.00	
39.00	BSU PHARMACY	194.01	0	599	0	39.00	
40.00	PAVILLION PHARMACY	194.02	0	1,823	0	40.00	
41.00	WELLNESS CENTER	194.05	0	151	0	41.00	
42.00	PHYSICIAN PRACTICE CLINICS	194.06	0	16	0	42.00	
43.00	MARKETING/PUBLIC RELATIONS	194.15	0	698	0	43.00	
44.00	JAY COUNTY HOSPITAL	194.16	0	583	0	44.00	
45.00	THERAPIES TO OTHER ENTITIES	194.22	0	3,185	0	45.00	
46.00	CANCER CENTER BOUTIQUE	194.23	0	37	0	46.00	
47.00	BLACKFORD COMMUNITY HOSPITAL	194.26	0	480	0	47.00	
48.00	CARDINAL HEALTH ALLIANCE	194.30	0	50	0	48.00	
	TOTALS		0	301,512			
T - CORPORATE TELEPHONE							
1.00	COMMUNICATIONS	5.01	0	369	0	1.00	
2.00	DATA PROCESSING	5.02	0	10,105	0	2.00	
3.00	NURSING ADMINISTRATION	13.00	0	296	0	3.00	
4.00	SUBPROVIDER - IRF	41.00	0	1,087	0	4.00	
5.00	CARDIAC CATHETERIZATION	59.00	0	167	0	5.00	
6.00	EMERGENCY	91.00	0	4,174	0	6.00	
	TOTALS		0	16,198			
U - DEPRECIATION							
1.00	MAINTENANCE & REPAIRS	6.00	0	448,851	9	1.00	
2.00	OPERATION OF PLANT	7.00	0	1,313,306	0	2.00	
3.00	NURSING ADMINISTRATION	13.00	0	11,104	0	3.00	
4.00	PHARMACY	15.00	0	29,070	0	4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	35,664	0	5.00	
6.00	OPERATING ROOM	50.00	0	129,200	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	218,676	0	7.00	
8.00	CARDIAC CATHETERIZATION	59.00	0	92,010	0	8.00	
9.00	HYPERBARIC OXYGEN THERAPY	76.98	0	9,078	0	9.00	
10.00	EMERGENCY	91.00	0	155,748	0	10.00	
11.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	12,183	0	11.00	
12.00	WELLNESS CENTER	194.05	0	36,969	0	12.00	
13.00	BLACKFORD COMMUNITY HOSPITAL	194.26	0	5,011	0	13.00	
	TOTALS		0	2,496,870			
V - INTEREST AND LEASE EXPENSE							
1.00	DATA PROCESSING	5.02	0	764	11	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	19,899	0	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	53,663	0	3.00	
4.00	CARDIAC CATHETERIZATION	59.00	0	78,579	0	4.00	
5.00	PAIN CLINIC	90.02	0	184	0	5.00	
	TOTALS		0	153,089			
W - PTO USED AS STD							
1.00	COMMUNICATIONS	5.01	5,178	0	0	1.00	
2.00	ADMINISTRATIVE	5.04	9,869	0	0	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	36,782	0	0	3.00	
4.00	MAINTENANCE & REPAIRS	6.00	1,342	0	0	4.00	
5.00	HOUSEKEEPING	9.00	22,232	0	0	5.00	
6.00	DIETARY	10.00	13,431	0	0	6.00	

RECLASSIFICATIONS

Provider CCN: 150089

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

Worksheet A-6

Date/Time Prepared:
5/26/2015 1:44 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
7.00	NURSING ADMINISTRATION	13.00	55,521	0	0	7.00	
8.00	PHARMACY	15.00	26,065	0	0	8.00	
9.00	I&R SERVICES-OTHER PRGM	22.00	9,346	0	0	9.00	
	COSTS APPRVD						
10.00	ADULTS & PEDIATRICS	30.00	139,318	0	0	10.00	
11.00	INTENSIVE CARE UNIT	31.00	46,490	0	0	11.00	
12.00	NEONATAL INTENSIVE CARE UNIT	32.00	10,946	0	0	12.00	
13.00	SUBPROVIDER - IRF	41.00	6,813	0	0	13.00	
14.00	OPERATING ROOM	50.00	22,855	0	0	14.00	
15.00	RECOVERY ROOM	51.00	19,325	0	0	15.00	
16.00	DELIVERY ROOM & LABOR ROOM	52.00	10,313	0	0	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	35,114	0	0	17.00	
18.00	CT SCAN	57.00	502	0	0	18.00	
19.00	CARDIAC CATHETERIZATION	59.00	702	0	0	19.00	
20.00	RESPIRATORY THERAPY	65.00	5,901	0	0	20.00	
21.00	SLEEP LAB	65.01	658	0	0	21.00	
22.00	PHYSICAL THERAPY	66.00	16,782	0	0	22.00	
23.00	OCCUPATIONAL THERAPY	67.00	1,005	0	0	23.00	
24.00	ELECTROCARDIOLOGY	69.00	8,649	0	0	24.00	
25.00	PAIN CLINIC	90.02	848	0	0	25.00	
26.00	ONCOLOGY CLINIC	90.03	1,249	0	0	26.00	
27.00	EMERGENCY	91.00	24,557	0	0	27.00	
28.00	OBSERVATION BEDS (DISTINCT PART)	92.01	6,549	0	0	28.00	
29.00	THERAPIES TO OTHER ENTITIES	194.22	6,093	0	0	29.00	
	TOTALS		544,435	0			
X - WASTE DISPOSAL							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	24,526	14	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	877	0	2.00	
3.00	HOUSEKEEPING	9.00	0	270,957	0	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	91	0	4.00	
5.00	DRUGS CHARGED TO PATIENTS	73.00	0	435	0	5.00	
6.00	PHYSICIAN PRACTICE CLINICS	194.06	0	4,214	0	6.00	
	TOTALS		0	301,100			
Y - UTILITIES							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	260,694	14	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	14	0	2.00	
3.00	I&R SERVICES-OTHER PRGM	22.00	0	647	0	3.00	
	COSTS APPRVD						
4.00	OPERATING ROOM	50.00	0	28	0	4.00	
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,901	0	5.00	
6.00	SLEEP LAB	65.01	0	5,683	0	6.00	
7.00	PHYSICAL THERAPY	66.00	0	385	0	7.00	
8.00	HYPERBARIC OXYGEN THERAPY	76.98	0	2,023	0	8.00	
9.00	PHYSICIAN PRACTICE CLINICS	194.06	0	18,928	0	9.00	
10.00	I.U. HEALTH HOSPICE	194.11	0	765	0	10.00	
	TOTALS		0	293,068			
500.00	Grand Total: Decreases		5,971,105	71,711,267		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150089

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

Worksheet A-7
Part I
Date/Time Prepared:
5/26/2015 1:44 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,924,410	0	0	0	1.00
2.00	Land Improvements	4,502,686	0	0	104,964	2.00
3.00	Buildings and Fixtures	260,542,361	8,818,357	0	8,818,357	3.00
4.00	Building Improvements	5,262,164	1,512,091	0	1,512,091	4.00
5.00	Fixed Equipment	29,991,268	0	0	10,374,217	5.00
6.00	Movable Equipment	139,062,947	5,628,640	0	5,628,640	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	442,285,836	15,959,088	0	15,959,088	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	442,285,836	15,959,088	0	15,959,088	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,924,410	0			1.00
2.00	Land Improvements	4,397,722	0			2.00
3.00	Buildings and Fixtures	269,360,718	0			3.00
4.00	Building Improvements	6,774,255	0			4.00
5.00	Fixed Equipment	19,617,051	0			5.00
6.00	Movable Equipment	144,691,587	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	447,765,743	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	447,765,743	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150089

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

Worksheet A-7
Part II
Date/Time Prepared:
5/26/2015 1:44 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	19,289,194	570,032	0	0	0	1.00
3.00	Total (sum of lines 1-2)	19,289,194	570,032	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	NEW CAP REL COSTS-BLDG & FIXT	1,034,339	20,893,565				1.00
3.00	Total (sum of lines 1-2)	1,034,339	20,893,565				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150089

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

Worksheet A-7
Part III
Date/Time Prepared:
5/26/2015 1:44 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
		1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS								
1.00	NEW CAP REL COSTS-BLDG & FIXT	447,765,744	0	447,765,744	1.000000	0	1.00	
3.00	Total (sum of lines 1-2)	447,765,744	0	447,765,744	1.000000	0	3.00	
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
		6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS								
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	21,084,029	570,032	1.00	
3.00	Total (sum of lines 1-2)	0	0	0	21,084,029	570,032	3.00	
Cost Center Description		SUMMARY OF CAPITAL						
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
		11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS								
1.00	NEW CAP REL COSTS-BLDG & FIXT	148,835	384,274	0	95,376	22,282,546	1.00	
3.00	Total (sum of lines 1-2)	148,835	384,274	0	95,376	22,282,546	3.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 150089

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

Worksheet A-8

Date/Time Prepared:
5/26/2015 1:44 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
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	*** Cost Center Deleted ***	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,725,864	0			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	47,917,345	0			0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	*** Cost Center Deleted ***	2.00	0	27.00
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	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150089

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

Worksheet A-8

Date/Time Prepared:
5/26/2015 1:44 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00 MI SC INCOME	B	-3,911,145	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 33.00	
34.00 MI SC INCOME	B	-121,229	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 34.00	
35.00 MI SC INCOME	B	-86,300	COMMUNICATIONS	5.01	0 35.00	
36.00 MI SC INCOME	B	-16,600	DATA PROCESSING	5.02	0 36.00	
37.00 MI SC INCOME	B	-28,630	ADMINISTRATIVE	5.04	0 37.00	
38.00 MI SC INCOME	A	-2,126,994	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 38.00	
39.00 MI SC INCOME	B	-375,943	MAINTENANCE & REPAIRS	6.00	0 39.00	
40.00 MI SC INCOME	B	-75,410	OPERATION OF PLANT	7.00	0 40.00	
41.00 MI SC INCOME	B	-186,055	HOUSEKEEPING	9.00	0 41.00	
42.00 MI SC INCOME	B	-1,085,435	DIETARY	10.00	0 42.00	
43.00		0		0.00	0 43.00	
44.00 MI SC INCOME	B	-65,705	NURSING ADMINISTRATION	13.00	0 44.00	
45.00 MI SC INCOME	B	-515,321	PHARMACY	15.00	0 45.00	
45.01 MI SC INCOME	B	-230,269	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 45.01	
45.02 MI SC INCOME	B	-700,740	ADULTS & PEDIATRICS	30.00	0 45.02	
45.03 MI SC INCOME	B	-190,130	OPERATING ROOM	50.00	0 45.03	
45.04 MI SC INCOME	B	-770,906	RADIOLOGY-DIAGNOSTIC	54.00	0 45.04	
45.05 MI SC INCOME	B	-74,585	CT SCAN	57.00	0 45.05	
45.06 MI SC INCOME	B	-110,143	LABORATORY	60.00	0 45.06	
45.07 MI SC INCOME	B	-4,996	RESPIRATORY THERAPY	65.00	0 45.07	
45.08 MI SC INCOME	B	-109,257	SLEEP LAB	65.01	0 45.08	
45.09 MI SC INCOME	B	-324,667	PHYSICAL THERAPY	66.00	0 45.09	
45.10 MI SC INCOME	B	-111,666	OCCUPATIONAL THERAPY	67.00	0 45.10	
45.11 MI SC INCOME	B	-85,091	SPEECH PATHOLOGY	68.00	0 45.11	
45.12 MI SC INCOME	B	-40,040	ELECTROCARDIOLOGY	69.00	0 45.12	
45.13 MI SC INCOME	B	-402,097	HOSPITAL BASED RETAIL PHARMACIES	73.01	0 45.13	
45.14		0		0.00	0 45.14	
45.15 MI SC INCOME	B	-17,385	CARDIAC REHABILITATION	76.97	0 45.15	
45.16 EMPLOYEE BENEFITS OFFSET	A	-19,580,647	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 45.16	
45.17 INTEREST EXPENSE	A	-3,398,373	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 45.17	
45.18 BLACKFORD HOSPITAL OPERATING EXPENSE	A	15,070,144	BLACKFORD COMMUNITY HOSPITAL	194.26	0 45.18	
45.19 TV DEPRECIATION	A	-4,254	NEW CAP REL COSTS-BLDG & FIXT	1.00	11 45.19	
45.20		0		0.00	0 45.20	
45.21 CORPORATE TELEPHONE	A	-6,094	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.21	
45.22 PTO ACCRUAL	A	-691,070	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.22	
45.23 PTO ACCRUAL	A	17,080	SLEEP LAB	65.01	0 45.23	
45.24 NON-ALLOWABLE PATIENT REIMBURSEMENT	A	-73	HOUSEKEEPING	9.00	0 45.24	
45.25 NON-ALLOWABLE PATIENT REIMBURSEMENT	A	-83	ADULTS & PEDIATRICS	30.00	0 45.25	
45.26 NON-ALLOWABLE PATIENT REIMBURSEMENT	A	-13,752	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.26	
45.27 MI SC INCOME	B	-24	INTENSIVE CARE UNIT	31.00	0 45.27	
45.28 MI SC INCOME	B	-21,738	NEONATAL INTENSIVE CARE UNIT	32.00	0 45.28	
45.29 MI SC INCOME	B	-2,573	SUBPROVIDER - IRF	41.00	0 45.29	
45.30 MI SC INCOME	B	-1,062	DELIVERY ROOM & LABOR ROOM	52.00	0 45.30	
45.31 MI SC INCOME	B	-31,124	CARDIAC CATHETERIZATION	59.00	0 45.31	
45.32 MI SC INCOME	B	-5,306	EMERGENCY	91.00	0 45.32	
45.33 MI SC INCOME	B	-19	OBSERVATION BEDS (DISTINCT PART)	92.01	0 45.33	
45.34 HAF FEES	A	-20,100,496	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.34	
45.35 NON-ALLOWABLE MARKETING	A	-93,720	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.35	
45.36 NON-ALLOWABLE MARKETING	A	-50	RADIOLOGY-DIAGNOSTIC	54.00	0 45.36	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		5,561,508			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.

ADJUSTMENTS TO EXPENSES

Provider CCN: 150089

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

Worksheet A-8

Date/Time Prepared:
5/26/2015 1:44 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	5.00

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: 150089

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

Worksheet A-8-1

Date/Time Prepared: 5/26/2015 1:44 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	8,159,350	1,551,867 1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	17,336,475	313,525 2.00
3.00	5.02	DATA PROCESSING	HOME OFFICE	11,600,927	0 3.00
4.00	5.06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE	31,153,290	18,142,358 4.00
4.01	13.00	NURSING ADMINISTRATION	HOME OFFICE	373,231	373,231 4.01
4.02	22.00	I&R SERVICES-OTHER PRGM COST	HOME OFFICE	1,540,381	1,865,328 4.02
4.03	30.00	ADULTS & PEDIATRICS	HOME OFFICE	1,804	1,804 4.03
4.04	41.00	SUBPROVIDER - IRF	HOME OFFICE	481,098	481,098 4.04
4.05	50.00	OPERATING ROOM	HOME OFFICE	477,871	477,871 4.05
4.06	54.00	RADIOLOGY-DIAGNOSTIC	RELATED PARTY	1,589,927	1,589,927 4.06
4.07	60.00	LABORATORY	RELATED PARTY	10,466,696	10,466,696 4.07
4.08	65.01	SLEEP LAB	RELATED PARTY	303,549	303,549 4.08
4.09	66.00	PHYSICAL THERAPY	RELATED PARTY	285,034	285,034 4.09
4.10	69.00	ELECTROCARDIOLOGY	RELATED PARTY	7,512	7,512 4.10
4.11	73.01	HOSPITAL BASED RETAIL PHARMA	RELATED PARTY	171,248	171,248 4.11
4.12	91.00	EMERGENCY	RELATED PARTY	1,034,040	1,034,040 4.12
4.13	0.00			0	0 4.13
4.14	0.00			0	0 4.14
4.15	0.00			0	0 4.15
4.16	0.00			0	0 4.16
4.17	0.00			0	0 4.17
4.18	0.00			0	0 4.18
4.19	0.00			0	0 4.19
5.00	0		0	84,982,433	37,065,088 5.00

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

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

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

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

6.00	B		0.00	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: 150089

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

Worksheet A-8-1

Date/Time Prepared:
5/26/2015 1:44 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	6,607,483	9		1.00
2.00	17,022,950	0		2.00
3.00	11,600,927	0		3.00
4.00	13,010,932	0		4.00
4.01	0	0		4.01
4.02	-324,947	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	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
4.15	0	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
4.19	0	0		4.19
5.00	47,917,345			5.00

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

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

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

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

6.00	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: 150089

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

Worksheet A-8-2

Date/Time Prepared:
5/26/2015 1:44 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	885	885	0	0	0	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	955,593	125,159	830,434	154,100	17,880	2.00
3.00	30.00	ADULTS & PEDIATRICS	11,724	1,404	10,320	154,100	72	3.00
4.00	31.00	INTENSIVE CARE UNIT	1,800	1,800	0	0	0	4.00
5.00	32.00	NEONATAL INTENSIVE CARE UNIT	81,250	81,250	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	481,098	481,098	0	0	0	6.00
7.00	50.00	OPERATING ROOM	9,871	0	9,871	204,100	56	7.00
8.00	51.00	RECOVERY ROOM	1,250	1,250	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	1,501,568	1,568	1,500,000	231,100	17,520	9.00
10.00	59.00	CARDIAC CATHETERIZATION	393,108	393,108	0	0	0	10.00
11.00	60.00	LABORATORY	130,995	0	130,995	219,500	784	11.00
12.00	63.00	BLOOD STORING, PROCESSING, & TRANS.	92,493	0	92,493	219,500	535	12.00
13.00	65.00	RESPIRATORY THERAPY	1,900	1,900	0	0	0	13.00
14.00	65.01	SLEEP LAB	7,091	7,091	0	0	0	14.00
15.00	69.00	ELECTROCARDIOLOGY	7,200	7,200	0	0	0	15.00
16.00	91.00	EMERGENCY	1,034,702	662	1,034,040	204,100	9,057	16.00
17.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	382,510	382,510	0	0	0	17.00
200.00			5,095,038	1,486,885	3,608,153		45,904	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 AND GENERAL	1,324,667	66,233	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	5,334	267	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	32.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	5,495	275	0	0	0	7.00
8.00	51.00	RECOVERY ROOM	0	0	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	1,946,573	97,329	0	0	0	9.00
10.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	10.00
11.00	60.00	LABORATORY	82,735	4,137	0	0	0	11.00
12.00	63.00	BLOOD STORING, PROCESSING, & TRANS.	56,458	2,823	0	0	0	12.00
13.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	13.00
14.00	65.01	SLEEP LAB	0	0	0	0	0	14.00
15.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	15.00
16.00	91.00	EMERGENCY	888,718	44,436	0	0	0	16.00
17.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	17.00
200.00			4,309,980	215,500	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	885		1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	1,324,667	0	125,159		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	5,334	4,986	6,390		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,800		4.00
5.00	32.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	81,250		5.00
6.00	41.00	SUBPROVIDER - IRF	0	0	0	481,098		6.00
7.00	50.00	OPERATING ROOM	0	5,495	4,376	4,376		7.00
8.00	51.00	RECOVERY ROOM	0	0	0	1,250		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	1,946,573	0	1,568		9.00
10.00	59.00	CARDIAC CATHETERIZATION	0	0	0	393,108		10.00
11.00	60.00	LABORATORY	0	82,735	48,260	48,260		11.00
12.00	63.00	BLOOD STORING, PROCESSING, & TRANS.	0	56,458	36,035	36,035		12.00
13.00	65.00	RESPIRATORY THERAPY	0	0	0	1,900		13.00
14.00	65.01	SLEEP LAB	0	0	0	7,091		14.00
15.00	69.00	ELECTROCARDIOLOGY	0	0	0	7,200		15.00
16.00	91.00	EMERGENCY	0	888,718	145,322	145,984		16.00
17.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	382,510		17.00
200.00			0	4,309,980	238,979	1,725,864		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2015 1:44 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI CATIONS	DATA PROCESSING	
		NEW BLDG & FIXT				
	0	1.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	22,282,546	22,282,546			1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	17,856,905	77,151	17,934,056		4.00
5.01 01160	COMMUNI CATIONS	448,784	18,949	80,848	548,581	5.01
5.02 00550	DATA PROCESSING	12,307,308	343,630	0	35,488	12,686,426
5.04 00570	ADMITTING	1,021,213	57,797	178,370	17,859	0
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	16,027	0
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	39,840,688	479,779	1,225,950	26,101	0
6.00 00600	MAINTENANCE & REPAIRS	6,372,221	11,218,933	510,130	13,508	0
7.00 00700	OPERATION OF PLANT	5,596,661	633,398	146,889	2,061	0
8.00 00800	LAUNDRY & LINEN SERVICE	1,017,664	0	0	0	0
9.00 00900	HOUSEKEEPING	2,371,831	186,988	420,473	2,519	0
10.00 01000	DIETARY	508,718	312,815	175,298	2,519	0
11.00 01100	CAFETERIA	1,819,644	0	199,322	4,121	0
13.00 01300	NURSING ADMINISTRATION	5,909,057	302,455	918,003	20,377	0
14.00 01400	CENTRAL SERVICES & SUPPLY	21,572,929	202,775	117,632	8,242	0
15.00 01500	PHARMACY	5,311,274	87,106	828,693	11,677	0
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	25,643	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,368,680	0	633,258	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,967,525	241,458	146,976	28,620	0
23.00 02300	PARAMED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	19,959,883	1,708,209	3,205,959	68,229	1,336,937
31.00 03100	INTENSIVE CARE UNIT	6,479,591	351,979	1,119,246	18,317	483,546
32.00 02060	NEONATAL INTENSIVE CARE UNIT	2,123,339	68,283	371,336	0	167,240
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00 04100	SUBPROVIDER - I RF	1,449,732	123,828	248,513	4,579	79,558
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	808,349	46,981	117,908	6,182	55,578
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	6,958,639	516,527	904,992	20,835	1,117,484
51.00 05100	RECOVERY ROOM	1,299,389	134,732	219,749	5,953	129,347
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,053,801	167,204	344,145	9,616	205,687
54.00 05400	RADIOLOGY-DIAGNOSTIC	10,534,069	757,353	1,339,099	53,805	1,722,167
57.00 05700	CT SCAN	79,628	0	24,217	0	40,764
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	2,013,547	177,602	306,802	8,929	696,299
60.00 06000	LABORATORY	10,439,288	23,642	0	10,761	1,070,343
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	1,503,971	0	0	0	55,796
65.00 06500	RESPIRATORY THERAPY	3,467,025	58,834	601,658	4,121	191,662
65.01 06501	SLEEP LAB	721,394	0	87,176	4,579	62,664
66.00 06600	PHYSICAL THERAPY	4,227,061	39,202	701,182	2,747	162,815
67.00 06700	OCCUPATIONAL THERAPY	660,233	30,410	134,501	1,832	39,943
68.00 06800	SPEECH PATHOLOGY	311,438	7,274	68,962	1,145	24,071
68.01 06801	AUDIOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	1,292,336	252,147	177,178	17,172	330,620
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,124,770	0	0	0	373,478
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	15,580,197	0	0	0	880,216
73.00 07300	DRUGS CHARGED TO PATIENTS	20,564,921	0	0	0	1,508,669
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES	1,358,351	4,971	261,558	687	71,043
74.00 07400	RENAL DIALYSIS	735,264	36,912	0	1,374	23,080
76.00 03020	CARDIOPULMONARY	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	524,256	0	84,950	916	22,464
76.98 07698	HYPERBARIC OXYGEN THERAPY	1,114,448	3,846	77,692	2,747	113,119
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.02 09002	PAIN CLINIC	379,552	283,898	50,828	0	5,162
90.03 09003	ONCOLOGY CLINIC	803,656	0	134,277	0	180,818
91.00 09100	EMERGENCY	6,560,393	325,870	955,621	13,737	1,462,056
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	1,267,502	120,944	218,763	0	73,800
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2015 1:44 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		NEW BLDG & FIXT					
	0	1.00		4.00	5.01	5.02	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	0	113.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	283,969,671	19,403,882	17,338,154	473,025	12,686,426		118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	535,333	0	24,065	0	0	0	190.00
191.00 19100 RESEARCH	413,331	28,095	63,233	3,205	0	0	191.00
194.00 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.00
194.01 07951 BSU PHARMACY	213,852	0	37,444	0	0	0	194.01
194.02 07952 PAVILLION PHARMACY	784,474	32,130	125,033	1,145	0	0	194.02
194.03 07953 VENDING	0	0	0	0	0	0	194.03
194.04 07954 CARELINE	0	0	0	0	0	0	194.04
194.05 07955 WELLNESS CENTER	67,462	101,691	8,709	1,832	0	0	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	32,426	304,327	1,084	20,606	0	0	194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	0	194.07
194.08 07958 RENTAL PROPERTY	653,680	1,636,586	0	8,929	0	0	194.08
194.09 07959 ADVERTISING	0	219,941	0	0	0	0	194.09
194.10 07960 INTEGRALTAC	0	0	0	6,182	0	0	194.10
194.11 07961 IU HEALTH HOSPICE	7,770	46,020	0	4,350	0	0	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	657,332	65,703	38,623	7,785	0	0	194.15
194.16 07966 JAY COUNTY HOSPITAL	230,866	0	40,875	0	0	0	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	1,296,510	0	224,207	0	0	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	114,405	10,778	2,178	687	0	0	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	317,420	0	14,424	0	0	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	8,764	115,973	0	6,411	0	0	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	15,218,519	0	25,842	0	0	0	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	26,639	0	4,609	0	0	0	194.30
194.31 07981 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	0	194.32
194.33 07983 LAB CORP	0	0	0	0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	0	194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	0	194.35
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)	304,231,034	22,282,546	17,934,056	548,581	12,686,426		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2015 1:44 pm

Cost Center Description			ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.04	5.05	5A.05	5.06	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.04	00570	ADMITTING	1,275,239					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	16,027				5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	41,572,518	41,572,518		5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	18,114,792	2,867,137	20,981,929	6.00
7.00	00700	OPERATION OF PLANT	0	0	6,379,009	1,009,644	1,317,619	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,017,664	161,072	0	8.00
9.00	00900	HOUSEKEEPING	0	0	2,981,811	471,949	388,981	9.00
10.00	01000	DIETARY	0	0	999,350	158,173	650,731	10.00
11.00	01100	CAFETERIA	0	0	2,023,087	320,206	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	7,149,892	1,131,656	629,179	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	21,901,578	3,466,494	421,821	14.00
15.00	01500	PHARMACY	0	0	6,238,750	987,444	181,202	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	25,643	4,059	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	4,001,938	633,411	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	3,384,579	535,698	502,291	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	134,412	1,680	26,415,309	4,180,888	3,553,478	30.00
31.00	03100	INTENSIVE CARE UNIT	48,614	608	8,501,901	1,345,647	732,200	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	16,814	210	2,747,222	434,819	142,046	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	7,999	100	1,914,309	302,989	257,592	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	5,588	70	1,040,656	164,711	97,732	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	112,348	1,404	9,632,229	1,524,551	1,074,499	50.00
51.00	05100	RECOVERY ROOM	13,004	163	1,802,337	285,267	280,276	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,679	258	2,801,390	443,393	347,825	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	172,925	2,251	14,581,669	2,307,928	1,575,474	54.00
57.00	05700	CT SCAN	4,098	51	148,758	23,545	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	70,004	875	3,274,058	518,205	369,455	59.00
60.00	06000	LABORATORY	107,609	1,345	11,652,988	1,844,388	49,182	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	5,610	70	1,565,447	247,773	0	63.00
65.00	06500	RESPIRATORY THERAPY	19,269	241	4,342,810	687,363	122,389	65.00
65.01	06501	SLEEP LAB	6,300	79	882,192	139,630	0	65.01
66.00	06600	PHYSICAL THERAPY	16,369	205	5,149,581	815,055	81,549	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,016	50	870,985	137,856	63,260	67.00
68.00	06800	SPEECH PATHOLOGY	2,420	30	415,340	65,738	15,131	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	33,240	415	2,103,108	332,872	524,527	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	37,548	469	8,536,265	1,351,086	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	88,494	1,106	16,550,013	2,619,470	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	151,677	1,896	22,227,163	3,518,026	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	7,142	89	1,703,841	269,677	10,342	73.01
74.00	07400	RENAL DIALYSIS	2,320	29	798,979	126,459	76,786	74.00
76.00	03020	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,258	28	634,872	100,485	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	11,373	142	1,323,367	209,457	8,000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	PAIN CLINIC	519	6	719,965	113,953	590,576	90.02
90.03	09003	ONCOLOGY CLINIC	18,179	227	1,137,157	179,985	0	90.03
91.00	09100	EMERGENCY	146,991	1,837	9,466,505	1,498,321	677,887	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	7,420	93	1,688,522	267,253	251,593	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,275,239	16,027	280,419,549	37,803,733	14,993,623	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2015 1:44 pm

Cost Center Description		ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS		
		5.04	5.05	5A.05	5.06	6.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	559,398	88,539	0	190.00
191.00	19100	RESEARCH	0	0	507,864	80,383	58,444	191.00
194.00	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	BSU PHARMACY	0	0	251,296	39,774	0	194.01
194.02	07952	PAVILLION PHARMACY	0	0	942,782	149,220	66,839	194.02
194.03	07953	VENDING	0	0	0	0	0	194.03
194.04	07954	CARELINE	0	0	0	0	0	194.04
194.05	07955	WELLNESS CENTER	0	0	179,694	28,441	211,542	194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS	0	0	358,443	56,733	633,074	194.06
194.07	07957	PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958	RENTAL PROPERTY	0	0	2,299,195	363,907	3,404,488	194.08
194.09	07959	ADVERTISING	0	0	219,941	34,811	457,530	194.09
194.10	07960	INTEGRAL TAC	0	0	6,182	978	0	194.10
194.11	07961	IU HEALTH HOSPICE	0	0	58,140	9,202	95,732	194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963	EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14	07964	NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965	MARKETING/PUBLIC RELATIONS	0	0	769,443	121,784	136,677	194.15
194.16	07966	JAY COUNTY HOSPITAL	0	0	271,741	43,010	0	194.16
194.17	07967	CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969	HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970	MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971	ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972	THERAPIES TO OTHER ENTITIES	0	0	1,520,717	240,693	0	194.22
194.23	07973	CANCER CENTER BOUTIQUE	0	0	128,048	20,267	22,420	194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY	0	0	331,844	52,523	660,309	194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	0	131,148	20,758	241,251	194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	0	0	15,244,361	2,412,816	0	194.26
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980	CARDINAL HEALTH ALLIANCE	0	0	31,248	4,946	0	194.30
194.31	07981	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982	RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983	LAB CORP	0	0	0	0	0	194.33
194.34	07984	H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985	LEASED SPACE	0	0	0	0	0	194.35
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,275,239	16,027	304,231,034	41,572,518	20,981,929	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2015 1:44 pm

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.04	00570	ADMINISTRATIVE					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT	8,706,272				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,178,736			8.00	
9.00	00900	HOUSEKEEPING	172,219	169	4,015,129		9.00	
10.00	01000	DIETARY	288,108	0	2,646	2,099,008	10.00	
11.00	01100	CAFETERIA	0	0	27,967	0	11.00	
13.00	01300	NURSING ADMINISTRATION	278,566	115	12,472	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	186,759	0	11,716	0	14.00	
15.00	01500	PHARMACY	80,226	714	13,228	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	222,387	0	2,646	0	22.00	
23.00	02300	PARAMED PRGM	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,573,285	576,426	2,221,846	1,588,880	30.00	
31.00	03100	INTENSIVE CARE UNIT	324,178	125,929	190,477	153,950	31.00	
32.00	02060	NEONATAL INTENSIVE CARE UNIT	62,890	5,176	21,164	0	32.00	
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - I/RF	114,048	34,844	95,994	80,501	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	42.00	
43.00	04300	NURSERY	43,270	0	93,349	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	45.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	475,729	85,537	152,684	0	50.00	
51.00	05100	RECOVERY ROOM	124,091	28,134	9,070	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	153,998	42,537	145,125	0	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	697,533	63,647	141,724	0	54.00	
57.00	05700	CT SCAN	0	145	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	163,574	17,382	69,917	0	59.00	
60.00	06000	LABORATORY	21,775	388	68,783	0	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01	
63.00	06300	BLOOD STORAGE, PROCESSING, & TRANS.	0	0	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	54,187	190	10,960	0	65.00	
65.01	06501	SLEEP LAB	0	38	0	0	65.01	
66.00	06600	PHYSICAL THERAPY	36,105	5,418	44,974	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	28,008	36	2,646	0	67.00	
68.00	06800	SPEECH PATHOLOGY	6,699	0	2,646	0	68.00	
68.01	06801	AUDIOLOGY	0	0	0	0	68.01	
69.00	06900	ELECTROCARDIOLOGY	232,231	10,500	0	0	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	4,579	31	5,291	0	73.01	
74.00	07400	RENAL DIALYSIS	33,996	4,104	0	0	74.00	
76.00	03020	CARDIOPULMONARY	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	22,676	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,542	0	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	90.00	
90.02	09002	PAIN CLINIC	261,474	39	2,646	0	90.02	
90.03	09003	ONCOLOGY CLINIC	0	36	0	0	90.03	
91.00	09100	EMERGENCY	300,131	130,345	326,532	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	111,391	35,022	26,455	0	92.01	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	99.10	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00	
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,054,979	1,166,902	3,725,634	1,823,331	2,283,292	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2015 1:44 pm

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	8,456	190.00
191.00	19100	RESEARCH	25,876	321	60,469	0	10,195	191.00
194.00	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	44,596	43,625	0	194.00
194.01	07951	BSU PHARMACY	0	43	0	0	4,633	194.01
194.02	07952	PAVILLION PHARMACY	29,593	0	0	0	16,653	194.02
194.03	07953	VENDING	0	0	0	0	0	194.03
194.04	07954	CARELINE	0	0	0	0	0	194.04
194.05	07955	WELLNESS CENTER	93,659	10,921	7,559	0	2,187	194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS	280,290	175	49,887	0	121	194.06
194.07	07957	PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958	RENTAL PROPERTY	1,507,320	0	0	0	0	194.08
194.09	07959	ADVERTISING	202,569	0	0	0	0	194.09
194.10	07960	INTEGRALTC	0	0	51,021	115,637	0	194.10
194.11	07961	IU HEALTH HOSPICE	42,385	0	10,582	0	0	194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963	EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14	07964	NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965	MARKETING/PUBLIC RELATIONS	60,513	154	3,023	0	7,991	194.15
194.16	07966	JAY COUNTY HOSPITAL	0	0	0	0	1,722	194.16
194.17	07967	CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969	HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970	MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971	ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972	THERAPIES TO OTHER ENTITIES	0	196	0	0	31,963	194.22
194.23	07973	CANCER CENTER BOUTIQUE	9,926	24	0	0	1,033	194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY	292,349	0	62,358	0	0	194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH	106,813	0	0	116,415	0	194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	0	0	0	0	1,722	194.26
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980	CARDINAL HEALTH ALLIANCE	0	0	0	0	1,292	194.30
194.31	07981	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982	RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983	LAB CORP	0	0	0	0	0	194.33
194.34	07984	H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985	LEASED SPACE	0	0	0	0	0	194.35
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)	8,706,272	1,178,736	4,015,129	2,099,008	2,371,260	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES	
	13.00	14.00	15.00	16.00	21.00		
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 01160	COMMUNICATIONS						5.01
5.02 00550	DATA PROCESSING						5.02
5.04 00570	ADMITTING						5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600	MAINTENANCE & REPAIRS						6.00
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
13.00 01300	NURSING ADMINISTRATION	9,332,159					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	26,027,047				14.00
15.00 01500	PHARMACY	0	96,715	7,709,476			15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	29,702		16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	4,742,861	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	4,530	0	0	0	22.00
23.00 02300	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	4,330,733	1,225,167	0	3,055	1,946,739	30.00
31.00 03100	INTENSIVE CARE UNIT	1,297,106	566,298	0	1,105	450,053	31.00
32.00 02060	NEONATAL INTENSIVE CARE UNIT	366,436	127,469	0	382	30,594	32.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	284,200	39,015	6	182	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	127	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	419,357	2,907,959	834	2,553	223,013	50.00
51.00 05100	RECOVERY ROOM	294,383	145,057	0	296	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	353,013	190,056	0	470	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	189,775	574,364	1,069	4,651	103,053	54.00
57.00 05700	CT SCAN	0	1,892	0	93	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	199,187	494,977	0	1,591	0	59.00
60.00 06000	LABORATORY	0	0	0	2,446	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	127	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	284,429	0	438	88,561	65.00
65.01 06501	SLEEP LAB	0	22,718	0	143	0	65.01
66.00 06600	PHYSICAL THERAPY	0	22,463	0	372	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	11,233	0	91	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	2,828	0	55	0	68.00
68.01 06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY	0	27,713	0	755	151,359	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,268,163	0	853	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	12,019,953	0	2,011	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	5,208,809	3,447	0	73.00
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES	0	4,137	1,537,922	162	0	73.01
74.00 07400	RENAL DIALYSIS	0	14,614	0	53	0	74.00
76.00 03020	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	5,400	10,744	0	51	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	81,310	63,352	0	258	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.02 09002	PAIN CLINIC	30,395	1,823	0	12	0	90.02
90.03 09003	ONCOLOGY CLINIC	107,076	147,254	0	413	98,223	90.03
91.00 09100	EMERGENCY	1,069,993	667,584	0	3,341	294,668	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	244,085	49,188	0	169	0	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10 09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE						113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2015 1:44 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES	
		13.00	14.00	15.00	16.00	21.00	
115.00	11500	0	0	0	0	0	115.00
118.00		9,272,449	25,991,695	6,748,640	29,702	3,386,263	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	505	450	0	0	190.00
191.00	19100	59,710	6	0	0	1,112,652	191.00
194.00	07986	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	4,961	960,386	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	566	0	0	0	194.05
194.06	07956	0	442	0	0	243,946	194.06
194.07	07957	0	0	0	0	0	194.07
194.08	07958	0	0	0	0	0	194.08
194.09	07959	0	0	0	0	0	194.09
194.10	07960	0	0	0	0	0	194.10
194.11	07961	0	15,819	0	0	0	194.11
194.12	07962	0	0	0	0	0	194.12
194.13	07963	0	0	0	0	0	194.13
194.14	07964	0	0	0	0	0	194.14
194.15	07965	0	0	0	0	0	194.15
194.16	07966	0	0	0	0	0	194.16
194.17	07967	0	0	0	0	0	194.17
194.18	07968	0	0	0	0	0	194.18
194.19	07969	0	0	0	0	0	194.19
194.20	07970	0	0	0	0	0	194.20
194.21	07971	0	0	0	0	0	194.21
194.22	07972	0	637	0	0	0	194.22
194.23	07973	0	1,309	0	0	0	194.23
194.24	07974	0	0	0	0	0	194.24
194.25	07975	0	11,092	0	0	0	194.25
194.26	07976	0	0	0	0	0	194.26
194.27	07977	0	0	0	0	0	194.27
194.28	07978	0	0	0	0	0	194.28
194.29	07979	0	0	0	0	0	194.29
194.30	07980	0	15	0	0	0	194.30
194.31	07981	0	0	0	0	0	194.31
194.32	07982	0	0	0	0	0	194.32
194.33	07983	0	0	0	0	0	194.33
194.34	07984	0	0	0	0	0	194.34
194.35	07985	0	0	0	0	0	194.35
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		9,332,159	26,027,047	7,709,476	29,702	4,742,861	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdowns Adjustments	Total	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 01160 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.04 00570 ADMI TTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00591 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
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
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	4,675,483					22.00
23.00 02300 PARAMED PRGM	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,919,083	0	50,098,625	-3,865,822	46,232,803	30.00
31.00 03100 INTENSIVE CARE UNIT	443,659	0	14,296,036	-893,712	13,402,324	31.00
32.00 02060 NEONATAL INTENSIVE CARE UNIT	30,159	0	4,018,919	-60,753	3,958,166	32.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	3,163,960	0	3,163,960	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	1,457,703	0	1,457,703	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	219,845	0	16,877,311	-442,858	16,434,453	50.00
51.00 05100 RECOVERY ROOM	0	0	3,004,042	0	3,004,042	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	4,528,265	0	4,528,265	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	101,589	0	20,533,132	-204,642	20,328,490	54.00
57.00 05700 CT SCAN	0	0	182,028	0	182,028	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	5,152,622	0	5,152,622	59.00
60.00 06000 LABORATORY	0	0	13,639,950	0	13,639,950	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	1,813,347	0	1,813,347	63.00
65.00 06500 RESPIRATORY THERAPY	87,303	0	5,766,355	-175,864	5,590,491	65.00
65.01 06501 SLEEP LAB	0	0	1,051,609	0	1,051,609	65.01
66.00 06600 PHYSICAL THERAPY	0	0	6,262,099	0	6,262,099	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	1,130,475	0	1,130,475	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	517,616	0	517,616	68.00
68.01 06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	149,209	0	3,569,765	-300,568	3,269,197	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	16,156,367	0	16,156,367	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	31,191,447	0	31,191,447	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	30,957,445	0	30,957,445	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	3,567,566	0	3,567,566	73.01
74.00 07400 RENAL DIALYSIS	0	0	1,054,991	0	1,054,991	74.00
76.00 03020 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	791,260	0	791,260	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	1,701,857	0	1,701,857	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.02 09002 PAIN CLINIC	0	0	1,732,817	0	1,732,817	90.02
90.03 09003 ONCOLOGY CLINIC	96,827	0	1,786,569	-195,050	1,591,519	90.03
91.00 09100 EMERGENCY	290,482	0	14,878,197	-585,150	14,293,047	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	2,713,993	0	2,713,993	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2015 1:44 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		SERVICES-OTHER PRGM COSTS					
		22.00	23.00	24.00	25.00	26.00	
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
115.00	11500	0	0	0	0	0	115.00
118.00		3,338,156	0	263,596,368	-6,724,419	256,871,949	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	657,348	0	657,348	190.00
191.00	19100	1,096,846	0	3,012,766	-2,209,498	803,268	191.00
194.00	07986	0	0	88,221	0	88,221	194.00
194.01	07951	0	0	295,746	0	295,746	194.01
194.02	07952	0	0	2,170,434	0	2,170,434	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	534,569	0	534,569	194.05
194.06	07956	240,481	0	1,863,592	-484,427	1,379,165	194.06
194.07	07957	0	0	0	0	0	194.07
194.08	07958	0	0	7,574,910	0	7,574,910	194.08
194.09	07959	0	0	914,851	0	914,851	194.09
194.10	07960	0	0	173,818	0	173,818	194.10
194.11	07961	0	0	231,860	0	231,860	194.11
194.12	07962	0	0	0	0	0	194.12
194.13	07963	0	0	0	0	0	194.13
194.14	07964	0	0	0	0	0	194.14
194.15	07965	0	0	1,099,585	0	1,099,585	194.15
194.16	07966	0	0	316,473	0	316,473	194.16
194.17	07967	0	0	0	0	0	194.17
194.18	07968	0	0	0	0	0	194.18
194.19	07969	0	0	0	0	0	194.19
194.20	07970	0	0	0	0	0	194.20
194.21	07971	0	0	0	0	0	194.21
194.22	07972	0	0	1,794,206	0	1,794,206	194.22
194.23	07973	0	0	183,027	0	183,027	194.23
194.24	07974	0	0	1,399,383	0	1,399,383	194.24
194.25	07975	0	0	627,477	0	627,477	194.25
194.26	07976	0	0	17,658,899	0	17,658,899	194.26
194.27	07977	0	0	0	0	0	194.27
194.28	07978	0	0	0	0	0	194.28
194.29	07979	0	0	0	0	0	194.29
194.30	07980	0	0	37,501	0	37,501	194.30
194.31	07981	0	0	0	0	0	194.31
194.32	07982	0	0	0	0	0	194.32
194.33	07983	0	0	0	0	0	194.33
194.34	07984	0	0	0	0	0	194.34
194.35	07985	0	0	0	0	0	194.35
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		4,675,483	0	304,231,034	-9,418,344	294,812,690	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	77,151	77,151	77,151		4.00
5.01 01160	COMMUNICATIONS	0	18,949	18,949	348	19,297	5.01
5.02 00550	DATA PROCESSING	0	343,630	343,630	0	1,248	5.02
5.04 00570	ADMINISTRATIVE	0	57,797	57,797	768	628	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	564	5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	0	479,779	479,779	5,276	918	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	11,218,933	11,218,933	2,195	475	6.00
7.00 00700	OPERATION OF PLANT	0	633,398	633,398	632	72	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	186,988	186,988	1,810	89	9.00
10.00 01000	DIETARY	0	312,815	312,815	754	89	10.00
11.00 01100	CAFETERIA	0	0	0	858	145	11.00
13.00 01300	NURSING ADMINISTRATION	0	302,455	302,455	3,951	717	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	202,775	202,775	506	290	14.00
15.00 01500	PHARMACY	0	87,106	87,106	3,566	411	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	902	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	2,725	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	241,458	241,458	633	1,007	22.00
23.00 02300	PARAMEDICAL PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	1,708,209	1,708,209	13,768	2,402	30.00
31.00 03100	INTENSIVE CARE UNIT	0	351,979	351,979	4,817	644	31.00
32.00 02060	NEONATAL INTENSIVE CARE UNIT	0	68,283	68,283	1,598	0	32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	123,828	123,828	1,069	161	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	0	46,981	46,981	507	217	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	516,527	516,527	3,895	733	50.00
51.00 05100	RECOVERY ROOM	0	134,732	134,732	946	209	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	167,204	167,204	1,481	338	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	757,353	757,353	5,763	1,893	54.00
57.00 05700	CT SCAN	0	0	0	104	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	177,602	177,602	1,320	314	59.00
60.00 06000	LABORATORY	0	23,642	23,642	0	379	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	58,834	58,834	2,589	145	65.00
65.01 06501	SLEEP LAB	0	0	0	375	161	65.01
66.00 06600	PHYSICAL THERAPY	0	39,202	39,202	3,018	97	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	30,410	30,410	579	64	67.00
68.00 06800	SPEECH PATHOLOGY	0	7,274	7,274	297	40	68.00
68.01 06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY	0	252,147	252,147	762	604	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES	0	4,971	4,971	1,126	24	73.01
74.00 07400	RENAL DIALYSIS	0	36,912	36,912	0	48	74.00
76.00 03020	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	366	32	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	3,846	3,846	334	97	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.02 09002	PAIN CLINIC	0	283,898	283,898	219	0	90.02
90.03 09003	ONCOLOGY CLINIC	0	0	0	578	0	90.03
91.00 09100	EMERGENCY	0	325,870	325,870	4,113	483	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	120,944	120,944	941	0	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10 09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2015 1:44 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.01	
113.00 11300 INTEREST EXPENSE							113.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	19,403,882		19,403,882	74,587	16,640	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	104	0	190.00
191.00 19100 RESEARCH	0	28,095		28,095	272	113	191.00
194.00 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0		0	0	0	194.00
194.01 07951 BSU PHARMACY	0	0		0	161	0	194.01
194.02 07952 PAVILLION PHARMACY	0	32,130		32,130	538	40	194.02
194.03 07953 VENDING	0	0		0	0	0	194.03
194.04 07954 CARELINE	0	0		0	0	0	194.04
194.05 07955 WELLNESS CENTER	0	101,691		101,691	37	64	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	304,327		304,327	5	725	194.06
194.07 07957 PERINATAL CLINIC	0	0		0	0	0	194.07
194.08 07958 RENTAL PROPERTY	0	1,636,586		1,636,586	0	314	194.08
194.09 07959 ADVERTISING	0	219,941		219,941	0	0	194.09
194.10 07960 INTEGRALTC	0	0		0	0	217	194.10
194.11 07961 IU HEALTH HOSPICE	0	46,020		46,020	0	153	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0		0	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0		0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0		0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	65,703		65,703	166	274	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0		0	176	0	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0		0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0		0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0		0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0		0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0		0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0		0	965	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	10,778		10,778	9	24	194.23
194.24 07974 BOSCBALL OUTPATIENT SURGERY	0	317,420		317,420	0	507	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	115,973		115,973	0	226	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0		0	111	0	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0		0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0		0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0		0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0		0	20	0	194.30
194.31 07981 OTHER NONREIMBURSABLE COST CENTERS	0	0		0	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0		0	0	0	194.32
194.33 07983 LAB CORP	0	0		0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0		0	0	0	194.34
194.35 07985 LEASED SPACE	0	0		0	0	0	194.35
200.00 Cross Foot Adjustments				0			200.00
201.00 Negative Cost Centers				0			201.00
202.00 TOTAL (sum lines 118-201)	0	22,282,546		22,282,546	77,151	19,297	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150089		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/26/2015 1:44 pm	
Cost Center Description			DATA PROCESSING	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.02	5.04	5.05	5.06	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING	344,878					5.02
5.04	00570	ADMINITTING	0	59,193				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	564			5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	485,973		5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	33,512	11,255,115	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	11,801	706,796	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,883	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	5,516	208,657	9.00
10.00	01000	DIETARY	0	0	0	1,849	349,065	10.00
11.00	01100	CAFETERIA	0	0	0	3,743	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	13,227	337,504	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	40,518	226,273	14.00
15.00	01500	PHARMACY	0	0	0	11,542	97,200	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	47	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	7,404	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	6,261	269,439	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	36,352	6,262	0	48,923	1,906,157	30.00
31.00	03100	INTENSIVE CARE UNIT	13,148	2,265	0	15,729	392,767	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	4,547	783	0	5,082	76,196	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	2,163	373	0	3,541	138,178	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,511	260	0	1,925	52,425	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,385	5,234	0	17,820	576,382	50.00
51.00	05100	RECOVERY ROOM	3,517	606	0	3,334	150,345	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,593	963	0	5,183	186,580	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,752	7,835	564	26,976	845,115	54.00
57.00	05700	CT SCAN	1,108	191	0	275	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,933	3,262	0	6,057	198,183	59.00
60.00	06000	LABORATORY	29,103	5,014	0	21,558	26,382	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,517	261	0	2,896	0	63.00
65.00	06500	RESPIRATORY THERAPY	5,211	898	0	8,034	65,652	65.00
65.01	06501	SLEEP LAB	1,704	294	0	1,632	0	65.01
66.00	06600	PHYSICAL THERAPY	4,427	763	0	9,527	43,744	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,086	187	0	1,611	33,934	67.00
68.00	06800	SPEECH PATHOLOGY	655	113	0	768	8,116	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	8,990	1,549	0	3,891	281,366	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,155	1,749	0	15,792	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	23,934	4,123	0	30,618	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,022	7,067	0	41,120	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1,932	333	0	3,152	5,547	73.01
74.00	07400	RENAL DIALYSIS	628	108	0	1,478	41,189	74.00
76.00	03020	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	611	105	0	1,175	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,076	530	0	2,448	4,291	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	PAIN CLINIC	140	24	0	1,332	316,796	90.02
90.03	09003	ONCOLOGY CLINIC	4,917	847	0	2,104	0	90.03
91.00	09100	EMERGENCY	39,754	6,848	0	17,513	363,632	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,007	346	0	3,124	134,959	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	344,878	59,193	564	441,921	8,042,870	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2015 1:44 pm

Cost Center Description		DATA PROCESSING	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS		
		5.02	5.04	5.05	5.06	6.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,035	0	190.00
191.00	19100	RESEARCH	0	0	0	940	31,351	191.00
194.00	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	BSU PHARMACY	0	0	0	465	0	194.01
194.02	07952	PAVILLION PHARMACY	0	0	0	1,744	35,854	194.02
194.03	07953	VENDING	0	0	0	0	0	194.03
194.04	07954	CARELINE	0	0	0	0	0	194.04
194.05	07955	WELLNESS CENTER	0	0	0	332	113,475	194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS	0	0	0	663	339,593	194.06
194.07	07957	PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958	RENTAL PROPERTY	0	0	0	4,254	1,826,234	194.08
194.09	07959	ADVERTISING	0	0	0	407	245,428	194.09
194.10	07960	INTEGRAL TAC	0	0	0	11	0	194.10
194.11	07961	IU HEALTH HOSPICE	0	0	0	108	51,353	194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963	EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14	07964	NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965	MARKETING/PUBLIC RELATIONS	0	0	0	1,423	73,316	194.15
194.16	07966	JAY COUNTY HOSPITAL	0	0	0	503	0	194.16
194.17	07967	CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969	HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970	MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971	ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972	THERAPIES TO OTHER ENTITIES	0	0	0	2,813	0	194.22
194.23	07973	CANCER CENTER BOUTIQUE	0	0	0	237	12,026	194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY	0	0	0	614	354,203	194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	0	0	243	129,412	194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	0	0	0	28,202	0	194.26
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980	CARDINAL HEALTH ALLIANCE	0	0	0	58	0	194.30
194.31	07981	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982	RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983	LAB CORP	0	0	0	0	0	194.33
194.34	07984	H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985	LEASED SPACE	0	0	0	0	0	194.35
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)	344,878	59,193	564	485,973	11,255,115	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2015 1:44 pm

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	1,352,699				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,883			8.00
9.00	00900	HOUSEKEEPING	26,758	0	429,818		9.00
10.00	01000	DIETARY	44,763	0	283	709,618	10.00
11.00	01100	CAFETERIA	0	0	2,994	0	11.00
13.00	01300	NURSING ADMINISTRATION	43,281	0	1,335	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	29,017	0	1,254	0	14.00
15.00	01500	PHARMACY	12,465	1	1,416	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	34,552	0	283	0	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	244,443	921	237,851	537,158	30.00
31.00	03100	INTENSIVE CARE UNIT	50,368	201	20,390	52,046	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	9,771	8	2,266	0	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	17,720	56	10,276	27,215	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	6,723	0	9,993	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	73,914	137	16,345	0	50.00
51.00	05100	RECOVERY ROOM	19,280	45	971	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,927	68	15,536	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	108,376	102	15,171	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,415	28	7,485	0	59.00
60.00	06000	LABORATORY	3,383	1	7,363	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	8,419	0	1,173	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	5,610	9	4,814	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,352	0	283	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,041	0	283	0	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	36,082	17	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	711	0	566	0	73.01
74.00	07400	RENAL DIALYSIS	5,282	7	0	0	74.00
76.00	03020	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	2,427	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	550	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.02	09002	PAIN CLINIC	40,625	0	283	0	90.02
90.03	09003	ONCOLOGY CLINIC	0	0	0	0	90.03
91.00	09100	EMERGENCY	46,632	208	34,955	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	17,307	56	2,832	0	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	940,767	1,865	398,828	616,419	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

Period:
From 01/01/2014
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	28 190.00
191.00	19100	RESEARCH	4,020	1	6,473	0	33 191.00
194.00	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	4,774	14,748	0 194.00
194.01	07951	BSU PHARMACY	0	0	0	0	15 194.01
194.02	07952	PAVILLION PHARMACY	4,598	0	0	0	54 194.02
194.03	07953	VENDING	0	0	0	0	0 194.03
194.04	07954	CARELINE	0	0	0	0	0 194.04
194.05	07955	WELLNESS CENTER	14,552	17	809	0	7 194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS	43,549	0	5,340	0	0 194.06
194.07	07957	PERINATAL CLINIC	0	0	0	0	0 194.07
194.08	07958	RENTAL PROPERTY	234,193	0	0	0	0 194.08
194.09	07959	ADVERTISING	31,473	0	0	0	0 194.09
194.10	07960	INTEGRALTC	0	0	5,462	39,094	0 194.10
194.11	07961	IU HEALTH HOSPICE	6,585	0	1,133	0	0 194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0 194.12
194.13	07963	EXECUTIVE PHYSICAL	0	0	0	0	0 194.13
194.14	07964	NEW CASTLE ONCOLOGY	0	0	0	0	0 194.14
194.15	07965	MARKETING/PUBLIC RELATIONS	9,402	0	324	0	26 194.15
194.16	07966	JAY COUNTY HOSPITAL	0	0	0	0	6 194.16
194.17	07967	CARDINAL HEALTH CHOICE	0	0	0	0	0 194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0 194.18
194.19	07969	HEALTH CARE CONNECTIONS	0	0	0	0	0 194.19
194.20	07970	MEALS ON WHEELS	0	0	0	0	0 194.20
194.21	07971	ST MARY'S SCHOOL	0	0	0	0	0 194.21
194.22	07972	THERAPIES TO OTHER ENTITIES	0	0	0	0	104 194.22
194.23	07973	CANCER CENTER BOUTIQUE	1,542	0	0	0	3 194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY	45,422	0	6,675	0	0 194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH	16,596	0	0	39,357	0 194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	0	0	0	0	6 194.26
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0 194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0 194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0 194.29
194.30	07980	CARDINAL HEALTH ALLIANCE	0	0	0	0	4 194.30
194.31	07981	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.31
194.32	07982	RENAL DIALYSIS	0	0	0	0	0 194.32
194.33	07983	LAB CORP	0	0	0	0	0 194.33
194.34	07984	H.O. MATERIALS MGMT	0	0	0	0	0 194.34
194.35	07985	LEASED SPACE	0	0	0	0	0 194.35
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	1,352,699	1,883	429,818	709,618	7,740 202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
	13.00	14.00	15.00	16.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 01160 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00591 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION	702,895					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	500,759				14.00
15.00 01500 PHARMACY	0	1,861	215,931			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	949		16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	10,480	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	87	0	0	0	22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	326,189	23,572	0	153		30.00
31.00 03100 INTENSIVE CARE UNIT	97,698	10,895	0	55		31.00
32.00 02060 NEONATAL INTENSIVE CARE UNIT	27,600	2,452	0	19		32.00
40.00 04000 SUBPROVIDER - I/PF	0	0	0	0		40.00
41.00 04100 SUBPROVIDER - I/RF	21,406	751	0	9		41.00
42.00 04200 SUBPROVIDER	0	0	0	0		42.00
43.00 04300 NURSERY	0	0	0	6		43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00 04500 NURSING FACILITY	0	0	0	0		45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	31,586	55,948	23	128		50.00
51.00 05100 RECOVERY ROOM	22,173	2,791	0	15		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	26,589	3,657	0	23		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	14,294	11,050	30	-306		54.00
57.00 05700 CT SCAN	0	36	0	5		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	15,003	9,523	0	80		59.00
60.00 06000 LABORATORY	0	0	0	122		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	6		63.00
65.00 06500 RESPIRATORY THERAPY	0	5,472	0	22		65.00
65.01 06501 SLEEP LAB	0	437	0	7		65.01
66.00 06600 PHYSICAL THERAPY	0	432	0	19		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	216	0	5		67.00
68.00 06800 SPEECH PATHOLOGY	0	54	0	3		68.00
68.01 06801 AUDIOLOGY	0	0	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	533	0	38		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	120,596	0	43		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	231,272	0	101		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	145,891	172		73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	80	43,075	8		73.01
74.00 07400 RENAL DIALYSIS	0	281	0	3		74.00
76.00 03020 CARDIOPULMONARY	0	0	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	407	207	0	3		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	6,124	1,219	0	13		76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0		90.00
90.02 09002 PAIN CLINIC	2,289	35	0	1		90.02
90.03 09003 ONCOLOGY CLINIC	8,065	2,833	0	21		90.03
91.00 09100 EMERGENCY	80,591	12,844	0	167		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	18,384	946	0	8		92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0		111.00
113.00 11300 INTEREST EXPENSE						113.00

ALLOCATION OF CAPITAL RELATED COSTS

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

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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
		13.00	14.00	15.00	16.00	21.00	
115.00	11500	0	0	0	0		115.00
118.00		698,398	500,080	189,019	949	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	10	13	0		190.00
191.00	19100	4,497	0	0	0		191.00
194.00	07986	0	0	0	0		194.00
194.01	07951	0	0	0	0		194.01
194.02	07952	0	95	26,899	0		194.02
194.03	07953	0	0	0	0		194.03
194.04	07954	0	0	0	0		194.04
194.05	07955	0	11	0	0		194.05
194.06	07956	0	9	0	0		194.06
194.07	07957	0	0	0	0		194.07
194.08	07958	0	0	0	0		194.08
194.09	07959	0	0	0	0		194.09
194.10	07960	0	0	0	0		194.10
194.11	07961	0	304	0	0		194.11
194.12	07962	0	0	0	0		194.12
194.13	07963	0	0	0	0		194.13
194.14	07964	0	0	0	0		194.14
194.15	07965	0	0	0	0		194.15
194.16	07966	0	0	0	0		194.16
194.17	07967	0	0	0	0		194.17
194.18	07968	0	0	0	0		194.18
194.19	07969	0	0	0	0		194.19
194.20	07970	0	0	0	0		194.20
194.21	07971	0	0	0	0		194.21
194.22	07972	0	12	0	0		194.22
194.23	07973	0	25	0	0		194.23
194.24	07974	0	0	0	0		194.24
194.25	07975	0	213	0	0		194.25
194.26	07976	0	0	0	0		194.26
194.27	07977	0	0	0	0		194.27
194.28	07978	0	0	0	0		194.28
194.29	07979	0	0	0	0		194.29
194.30	07980	0	0	0	0		194.30
194.31	07981	0	0	0	0		194.31
194.32	07982	0	0	0	0		194.32
194.33	07983	0	0	0	0		194.33
194.34	07984	0	0	0	0		194.34
194.35	07985	0	0	0	0		194.35
200.00						10,480	200.00
201.00		0	0	0	0	0	201.00
202.00		702,895	500,759	215,931	949	10,480	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
	SERVICES-OTHER PRGM COSTS				
	22.00	23.00	24.00	25.00	26.00
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 01160 COMMUNICATIONS					5.01
5.02 00550 DATA PROCESSING					5.02
5.04 00570 ADMI TTING					5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00591 OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
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
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	553,796				22.00
23.00 02300 PARAMED PRGM		0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS			5,094,203	0	5,094,203
31.00 03100 INTENSIVE CARE UNIT			1,013,536	0	1,013,536
32.00 02060 NEONATAL INTENSIVE CARE UNIT			198,770	0	198,770
40.00 04000 SUBPROVIDER - I PF			0	0	0
41.00 04100 SUBPROVIDER - I RF			346,877	0	346,877
42.00 04200 SUBPROVIDER			0	0	0
43.00 04300 NURSERY			120,606	0	120,606
44.00 04400 SKILLED NURSING FACILITY			0	0	0
45.00 04500 NURSING FACILITY			0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM			1,329,574	0	1,329,574
51.00 05100 RECOVERY ROOM			339,079	0	339,079
52.00 05200 DELIVERY ROOM & LABOR ROOM			437,307	0	437,307
54.00 05400 RADIOLOGY-DIAGNOSTIC			1,841,590	0	1,841,590
57.00 05700 CT SCAN			1,744	0	1,744
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)			0	0	0
59.00 05900 CARDIAC CATHETERIZATION			463,350	0	463,350
60.00 06000 LABORATORY			116,947	0	116,947
60.01 06001 BLOOD LABORATORY			0	0	0
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.			4,680	0	4,680
65.00 06500 RESPIRATORY THERAPY			156,735	0	156,735
65.01 06501 SLEEP LAB			4,632	0	4,632
66.00 06600 PHYSICAL THERAPY			112,010	0	112,010
67.00 06700 OCCUPATIONAL THERAPY			72,780	0	72,780
68.00 06800 SPEECH PATHOLOGY			18,674	0	18,674
68.01 06801 AUDIOLOGY			0	0	0
69.00 06900 ELECTROCARDIOLOGY			586,101	0	586,101
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS			148,335	0	148,335
72.00 07200 IMPL. DEV. CHARGED TO PATIENT			290,048	0	290,048
73.00 07300 DRUGS CHARGED TO PATIENTS			235,272	0	235,272
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES			61,628	0	61,628
74.00 07400 RENAL DIALYSIS			85,936	0	85,936
76.00 03020 CARDIOPULMONARY			0	0	0
76.97 07697 CARDIAC REHABILITATION			5,389	0	5,389
76.98 07698 HYPERBARIC OXYGEN THERAPY			22,569	0	22,569
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC			0	0	0
90.02 09002 PAIN CLINIC			645,681	0	645,681
90.03 09003 ONCOLOGY CLINIC			19,429	0	19,429
91.00 09100 EMERGENCY			934,107	0	934,107
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)			0	0	0
92.01 09201 OBSERVATION BEDS (DISTINCT PART)			301,986	0	301,986
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF			0	0	0
SPECIAL PURPOSE COST CENTERS					
109.00 10900 PANCREAS ACQUISITION			0	0	0
110.00 11000 INTESTINAL ACQUISITION			0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		SERVICES-OTHER PRGM COSTS					
		22.00	23.00	24.00	25.00	26.00	
111.00	11100	ISLET ACQUISITION		0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	15,009,575	0	15,009,575
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		1,190	0	1,190	190.00
191.00	19100	RESEARCH		75,795	0	75,795	191.00
194.00	07986	OTHER NONREIMBURSABLE COST CENTERS		19,522	0	19,522	194.00
194.01	07951	BSU PHARMACY		641	0	641	194.01
194.02	07952	PAVILLION PHARMACY		101,952	0	101,952	194.02
194.03	07953	VENDING		0	0	0	194.03
194.04	07954	CARELINE		0	0	0	194.04
194.05	07955	WELLNESS CENTER		230,995	0	230,995	194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS		694,211	0	694,211	194.06
194.07	07957	PERINATAL CLINIC		0	0	0	194.07
194.08	07958	RENTAL PROPERTY		3,701,581	0	3,701,581	194.08
194.09	07959	ADVERTISING		497,249	0	497,249	194.09
194.10	07960	INTEGRAL TAC		44,784	0	44,784	194.10
194.11	07961	IU HEALTH HOSPICE		105,656	0	105,656	194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS		0	0	0	194.12
194.13	07963	EXECUTIVE PHYSICAL		0	0	0	194.13
194.14	07964	NEW CASTLE ONCOLOGY		0	0	0	194.14
194.15	07965	MARKETING/PUBLIC RELATIONS		150,634	0	150,634	194.15
194.16	07966	JAY COUNTY HOSPITAL		685	0	685	194.16
194.17	07967	CARDINAL HEALTH CHOICE		0	0	0	194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES		0	0	0	194.18
194.19	07969	HEALTH CARE CONNECTIONS		0	0	0	194.19
194.20	07970	MEALS ON WHEELS		0	0	0	194.20
194.21	07971	ST MARY'S SCHOOL		0	0	0	194.21
194.22	07972	THERAPIES TO OTHER ENTITIES		3,894	0	3,894	194.22
194.23	07973	CANCER CENTER BOUTIQUE		24,644	0	24,644	194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY		724,841	0	724,841	194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH		302,020	0	302,020	194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL		28,319	0	28,319	194.26
194.27	07977	MIDWEST HEALTH STRATEGIES		0	0	0	194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP		0	0	0	194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI		0	0	0	194.29
194.30	07980	CARDINAL HEALTH ALLIANCE		82	0	82	194.30
194.31	07981	OTHER NONREIMBURSABLE COST CENTERS		0	0	0	194.31
194.32	07982	RENAL DIALYSIS		0	0	0	194.32
194.33	07983	LAB CORP		0	0	0	194.33
194.34	07984	H.O. MATERIALS MGMT		0	0	0	194.34
194.35	07985	LEASED SPACE		0	0	0	194.35
200.00		Cross Foot Adjustments	553,796	0	564,276	0	564,276
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	553,796	0	22,282,546	0	22,282,546

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1
Date/Time Prepared:
5/26/2015 1:44 pm

Cost Center Description		CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNI CATIONS (PHONE LI NES)	DATA PROCESSING (GROSS CHARGES)	ADMI TTING (GROSS CHARGES)	
		NEW BLDG & FIXT (SQUARE FEET)					
		1.00	4.00	5.01	5.02	5.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,761,502				1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,099	95,401,795			4.00
5.01	01160	COMMUNI CATIONS	1,498	430,080	2,396		5.01
5.02	00550	DATA PROCESSING	27,165	0	155	1,449,393,894	5.02
5.04	00570	ADMI TTING	4,569	948,860	78	0	1,449,393,894
5.05	00580	CASHI ERING/ACCOUNTS RECEI VABLE	0	0	70	0	0
5.06	00591	OTHER ADMI NI STRATI VE AND GENERAL	37,928	6,521,564	114	0	0
6.00	00600	MAI NTENANCE & REPAIRS	886,890	2,713,691	59	0	0
7.00	00700	OPERATI ON OF PLANT	50,072	781,391	9	0	0
8.00	00800	LAUNDRY & LI NEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	14,782	2,236,751	11	0	0
10.00	01000	DI ETARY	24,729	932,513	11	0	0
11.00	01100	CAFETERIA	0	1,060,315	18	0	0
13.00	01300	NURSI NG ADMI NI STRATI ON	23,910	4,883,409	89	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	16,030	625,755	36	0	0
15.00	01500	PHARMACY	6,886	4,408,317	51	0	0
16.00	01600	MEDI CAL RECORDS & LIBRARY	0	0	112	0	0
21.00	02100	I & R SERVI CES-SALARY & FRINGES APPRVD	0	3,368,680	0	0	0
22.00	02200	I & R SERVI CES-OTHER PRGM COSTS APPRVD	19,088	781,854	125	0	0
23.00	02300	PARAMED ED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	135,039	17,054,188	298	152,740,408	152,740,408
31.00	03100	INTENSIVE CARE UNIT	27,825	5,953,944	80	55,243,449	55,243,449
32.00	02060	NEONATAL INTENSIVE CARE UNIT	5,398	1,975,359	0	19,106,603	19,106,603
40.00	04000	SUBPROVI DER - I PF	0	0	0	0	0
41.00	04100	SUBPROVI DER - I RF	9,789	1,321,991	20	9,089,249	9,089,249
42.00	04200	SUBPROVI DER	0	0	0	0	0
43.00	04300	NURSERY	3,714	627,226	27	6,349,611	6,349,611
44.00	04400	SKI LLED NURSI NG FACI LI TY	0	0	0	0	0
45.00	04500	NURSI NG FACI LI TY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATI NG ROOM	40,833	4,814,198	91	127,668,739	127,668,739
51.00	05100	RECOVERY ROOM	10,651	1,168,975	26	14,777,411	14,777,411
52.00	05200	DELI VERY ROOM & LABOR ROOM	13,218	1,830,712	42	23,499,033	23,499,033
54.00	05400	RADI OLOGY-DI AGNOSTIC	59,871	7,123,475	235	196,765,159	196,765,159
57.00	05700	CT SCAN	0	128,827	0	4,657,198	4,657,198
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDI AC CATHETERI ZATI ON	14,040	1,632,067	39	79,549,775	79,549,775
60.00	06000	LABORATORY	1,869	0	47	122,283,031	122,283,031
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORI NG, PROCESSING, & TRANS.	0	0	0	6,374,545	6,374,545
65.00	06500	RESPI RATORY THERAPY	4,651	3,200,579	18	21,896,722	21,896,722
65.01	06501	SLEEP LAB	0	463,740	20	7,159,100	7,159,100
66.00	06600	PHYSI CAL THERAPY	3,099	3,730,008	12	18,601,057	18,601,057
67.00	06700	OCCUPATI ONAL THERAPY	2,404	715,493	8	4,563,379	4,563,379
68.00	06800	SPEECH PATHOLOGY	575	366,848	5	2,750,068	2,750,068
68.01	06801	AUDI OLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDI OLOGY	19,933	942,517	75	37,772,193	37,772,193
71.00	07100	MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	0	42,668,608	42,668,608
72.00	07200	IMPL. DEV. CHARGED TO PATI ENT	0	0	0	100,561,636	100,561,636
73.00	07300	DRUGS CHARGED TO PATI ENTS	0	0	0	172,360,212	172,360,212
73.01	07301	HOSPI TAL BASED RETAI L PHARMACI ES	393	1,391,387	3	8,116,365	8,116,365
74.00	07400	RENAL DI ALYSI S	2,918	0	6	2,636,754	2,636,754
76.00	03020	CARDI OPULMONARY	0	0	0	0	0
76.97	07697	CARDI AC REHABI LI TATI ON	0	451,902	4	2,566,405	2,566,405
76.98	07698	HYPERBARI C OXYGEN THERAPY	304	413,289	12	12,923,450	12,923,450
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINI C	0	0	0	0	0
90.02	09002	PAI N CLINI C	22,443	270,384	0	589,744	589,744
90.03	09003	ONCOLOGY CLINI C	0	714,301	0	20,657,782	20,657,782
91.00	09100	EMERGENCY	25,761	5,083,524	60	167,034,789	167,034,789
92.00	09200	OBSERVATI ON BEDS (NON-DI STI NCT PART)	0	0	0	0	0
92.01	09201	OBSERVATI ON BEDS (DI STI NCT PART)	9,561	1,163,730	0	8,431,419	8,431,419
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUI SI TI ON	0	0	0	0	0
110.00	11000	I NTESTI NAL ACQUI SI TI ON	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1

Date/Time Prepared:
5/26/2015 1:44 pm

Cost Center Description		CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	DATA PROCESSING (GROSS CHARGES)	ADMITTING (GROSS CHARGES)		
		NEW BLDG & FIXT (SQUARE FEET)						
		1.00	4.00	5.01	5.02	5.04		
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,533,935	92,231,844	2,066	1,449,393,894	1,449,393,894	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	128,014	0	0	0	190.00
191.00	19100	RESEARCH	2,221	336,375	14	0	0	191.00
194.00	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	BSU PHARMACY	0	199,187	0	0	0	194.01
194.02	07952	PAVILLION PHARMACY	2,540	665,126	5	0	0	194.02
194.03	07953	VENDING	0	0	0	0	0	194.03
194.04	07954	CARELINE	0	0	0	0	0	194.04
194.05	07955	WELLNESS CENTER	8,039	46,328	8	0	0	194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS	24,058	5,764	90	0	0	194.06
194.07	07957	PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958	RENTAL PROPERTY	129,377	0	39	0	0	194.08
194.09	07959	ADVERTISING	17,387	0	0	17,387	0	194.09
194.10	07960	INTEGRALTAC	0	0	27	0	0	194.10
194.11	07961	IU HEALTH HOSPIECE	3,638	0	19	0	0	194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963	EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14	07964	NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965	MARKETING/PUBLIC RELATIONS	5,194	205,459	34	0	0	194.15
194.16	07966	JAY COUNTY HOSPITAL	0	217,437	0	0	0	194.16
194.17	07967	CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969	HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970	MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971	ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972	THERAPIES TO OTHER ENTITIES	0	1,192,690	0	0	0	194.22
194.23	07973	CANCER CENTER BOUTIQUE	852	11,586	3	0	0	194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY	25,093	0	63	0	0	194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH	9,168	0	28	0	0	194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	0	137,469	0	0	0	194.26
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980	CARDINAL HEALTH ALLIANCE	0	24,516	0	0	0	194.30
194.31	07981	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982	RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983	LAB CORP	0	0	0	0	0	194.33
194.34	07984	H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985	LEASED SPACE	0	0	0	0	0	194.35
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)	22,282,546	17,934,056	548,581	12,686,426	1,275,239	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.649742	0.187984	228.957012	0.008753	0.000880	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		77,151	19,297	344,878	59,193	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.000809	8.053840	0.000238	0.000041	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1
Date/Time Prepared:
5/26/2015 1:44 pm

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.05	5A.06	5.06	6.00	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.04	00570						5.04
5.05	00580	1,449,393,894					5.05
5.06	00591	0	-41,572,518	262,658,516			5.06
6.00	00600	0	0	18,114,792	797,353		6.00
7.00	00700	0	0	6,379,009	50,072	747,281	7.00
8.00	00800	0	0	1,017,664	0	0	8.00
9.00	00900	0	0	2,981,811	14,782	14,782	9.00
10.00	01000	0	0	999,350	24,729	24,729	10.00
11.00	01100	0	0	2,023,087	0	0	11.00
13.00	01300	0	0	7,149,892	23,910	23,910	13.00
14.00	01400	0	0	21,901,578	16,030	16,030	14.00
15.00	01500	0	0	6,238,750	6,886	6,886	15.00
16.00	01600	0	0	25,643	0	0	16.00
21.00	02100	0	0	4,001,938	0	0	21.00
22.00	02200	0	0	3,384,579	19,088	19,088	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	152,740,408	0	26,415,309	135,039	135,039	30.00
31.00	03100	55,243,449	0	8,501,901	27,825	27,825	31.00
32.00	02060	19,106,603	0	2,747,222	5,398	5,398	32.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	9,089,249	0	1,914,309	9,789	9,789	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	6,349,611	0	1,040,656	3,714	3,714	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	127,668,739	0	9,632,229	40,833	40,833	50.00
51.00	05100	14,777,411	0	1,802,337	10,651	10,651	51.00
52.00	05200	23,499,033	0	2,801,390	13,218	13,218	52.00
54.00	05400	196,765,159	0	14,581,669	59,871	59,871	54.00
57.00	05700	4,657,198	0	148,758	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	79,549,775	0	3,274,058	14,040	14,040	59.00
60.00	06000	122,283,031	0	11,652,988	1,869	1,869	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	6,374,545	0	1,565,447	0	0	63.00
65.00	06500	21,896,722	0	4,342,810	4,651	4,651	65.00
65.01	06501	7,159,100	0	882,192	0	0	65.01
66.00	06600	18,601,057	0	5,149,581	3,099	3,099	66.00
67.00	06700	4,563,379	0	870,985	2,404	2,404	67.00
68.00	06800	2,750,068	0	415,340	575	575	68.00
68.01	06801	0	0	0	0	0	68.01
69.00	06900	37,772,193	0	2,103,108	19,933	19,933	69.00
71.00	07100	42,668,608	0	8,536,265	0	0	71.00
72.00	07200	100,561,636	0	16,550,013	0	0	72.00
73.00	07300	172,360,212	0	22,227,163	0	0	73.00
73.01	07301	8,116,365	0	1,703,841	393	393	73.01
74.00	07400	2,636,754	0	798,979	2,918	2,918	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	2,566,405	0	634,872	0	0	76.97
76.98	07698	12,923,450	0	1,323,367	304	304	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.02	09002	589,744	0	719,965	22,443	22,443	90.02
90.03	09003	20,657,782	0	1,137,157	0	0	90.03
91.00	09100	167,034,789	0	9,466,505	25,761	25,761	91.00
92.00	09200						92.00
92.01	09201	8,431,419	0	1,688,522	9,561	9,561	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1

Date/Time Prepared:
5/26/2015 1:44 pm

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.05	5A.06	5.06	6.00	7.00	
115.00	11500	0	0	0	0	0	115.00
118.00		1,449,393,894	-41,572,518	238,847,031	569,786	519,714	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	559,398	0	0	190.00
191.00	19100	0	0	507,864	2,221	2,221	191.00
194.00	07986	0	0	0	0	0	194.00
194.01	07951	0	0	251,296	0	0	194.01
194.02	07952	0	0	942,782	2,540	2,540	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	179,694	8,039	8,039	194.05
194.06	07956	0	0	358,443	24,058	24,058	194.06
194.07	07957	0	0	0	0	0	194.07
194.08	07958	0	0	2,299,195	129,377	129,377	194.08
194.09	07959	0	0	219,941	17,387	17,387	194.09
194.10	07960	0	0	6,182	0	0	194.10
194.11	07961	0	0	58,140	3,638	3,638	194.11
194.12	07962	0	0	0	0	0	194.12
194.13	07963	0	0	0	0	0	194.13
194.14	07964	0	0	0	0	0	194.14
194.15	07965	0	0	769,443	5,194	5,194	194.15
194.16	07966	0	0	271,741	0	0	194.16
194.17	07967	0	0	0	0	0	194.17
194.18	07968	0	0	0	0	0	194.18
194.19	07969	0	0	0	0	0	194.19
194.20	07970	0	0	0	0	0	194.20
194.21	07971	0	0	0	0	0	194.21
194.22	07972	0	0	1,520,717	0	0	194.22
194.23	07973	0	0	128,048	852	852	194.23
194.24	07974	0	0	331,844	25,093	25,093	194.24
194.25	07975	0	0	131,148	9,168	9,168	194.25
194.26	07976	0	0	15,244,361	0	0	194.26
194.27	07977	0	0	0	0	0	194.27
194.28	07978	0	0	0	0	0	194.28
194.29	07979	0	0	0	0	0	194.29
194.30	07980	0	0	31,248	0	0	194.30
194.31	07981	0	0	0	0	0	194.31
194.32	07982	0	0	0	0	0	194.32
194.33	07983	0	0	0	0	0	194.33
194.34	07984	0	0	0	0	0	194.34
194.35	07985	0	0	0	0	0	194.35
200.00							200.00
201.00							201.00
202.00		16,027		41,572,518	20,981,929	8,706,272	202.00
203.00		0.000011		0.158276	26.314479	11.650600	203.00
204.00		564		485,973	11,255,115	1,352,699	204.00
205.00		0.000000		0.001850	14.115599	1.810161	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1

Date/Time Prepared:
5/26/2015 1:44 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)		
		8.00	9.00	10.00	11.00	13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.04	00570	ADMINISTRATIVE					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,794,508				8.00	
9.00	00900	HOUSEKEEPING	257	10,624			9.00	
10.00	01000	DIETARY	0	7	261,602		10.00	
11.00	01100	CAFETERIA	0	74	0	137,694	11.00	
13.00	01300	NURSING ADMINISTRATION	175	33	0	7,565	60,485	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	31	0	2,246	0	14.00
15.00	01500	PHARMACY	1,087	35	0	6,457	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	6,243	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	7	0	1,356	0	22.00
23.00	02300	PARAMEDICAL PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	877,552	5,879	198,024	32,735	28,069	30.00
31.00	03100	INTENSIVE CARE UNIT	191,715	504	19,187	9,496	8,407	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	7,880	56	0	2,936	2,375	32.00
40.00	04000	SUBPROVIDER - I/P	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/R	53,046	254	10,033	2,339	1,842	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	247	0	1,037	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	130,222	404	0	9,205	2,718	50.00
51.00	05100	RECOVERY ROOM	42,831	24	0	2,040	1,908	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	64,758	384	0	2,930	2,288	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	96,896	375	0	11,071	1,230	54.00
57.00	05700	CT SCAN	220	0	0	441	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	26,463	185	0	2,571	1,291	59.00
60.00	06000	LABORATORY	591	182	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	289	29	0	5,094	0	65.00
65.01	06501	SLEEP LAB	58	0	0	400	0	65.01
66.00	06600	PHYSICAL THERAPY	8,248	119	0	6,189	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	55	7	0	950	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	7	0	533	0	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	15,985	0	0	2,177	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	47	14	0	1,834	0	73.01
74.00	07400	RENAL DIALYSIS	6,248	0	0	0	0	74.00
76.00	03020	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	60	0	989	35	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	730	527	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	PAIN CLINIC	59	7	0	693	197	90.02
90.03	09003	ONCOLOGY CLINIC	55	0	0	1,138	694	90.03
91.00	09100	EMERGENCY	198,438	864	0	8,850	6,935	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	53,317	70	0	2,341	1,582	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1

Date/Time Prepared:
5/26/2015 1:44 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	13.00	
115.00	11500	0	0	0	0	0	115.00
118.00		1,776,492	9,858	227,244	132,586	60,098	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	491	0	190.00
191.00	19100	488	160	0	592	387	191.00
194.00	07986	0	118	5,437	0	0	194.00
194.01	07951	65	0	0	269	0	194.01
194.02	07952	0	0	0	967	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	16,626	20	0	127	0	194.05
194.06	07956	267	132	0	7	0	194.06
194.07	07957	0	0	0	0	0	194.07
194.08	07958	0	0	0	0	0	194.08
194.09	07959	0	0	0	0	0	194.09
194.10	07960	0	135	14,412	0	0	194.10
194.11	07961	0	28	0	0	0	194.11
194.12	07962	0	0	0	0	0	194.12
194.13	07963	0	0	0	0	0	194.13
194.14	07964	0	0	0	0	0	194.14
194.15	07965	234	8	0	464	0	194.15
194.16	07966	0	0	0	100	0	194.16
194.17	07967	0	0	0	0	0	194.17
194.18	07968	0	0	0	0	0	194.18
194.19	07969	0	0	0	0	0	194.19
194.20	07970	0	0	0	0	0	194.20
194.21	07971	0	0	0	0	0	194.21
194.22	07972	299	0	0	1,856	0	194.22
194.23	07973	37	0	0	60	0	194.23
194.24	07974	0	165	0	0	0	194.24
194.25	07975	0	0	14,509	0	0	194.25
194.26	07976	0	0	0	100	0	194.26
194.27	07977	0	0	0	0	0	194.27
194.28	07978	0	0	0	0	0	194.28
194.29	07979	0	0	0	0	0	194.29
194.30	07980	0	0	0	75	0	194.30
194.31	07981	0	0	0	0	0	194.31
194.32	07982	0	0	0	0	0	194.32
194.33	07983	0	0	0	0	0	194.33
194.34	07984	0	0	0	0	0	194.34
194.35	07985	0	0	0	0	0	194.35
200.00							200.00
201.00							201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,178,736	4,015,129	2,099,008	2,371,260	9,332,159	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.656857	377.930064	8.023670	17.221230	154.288815	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,883	429,818	709,618	7,740	702,895	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.001049	40.457267	2.712586	0.056212	11.620980	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	CENTRAL SERVICES & SUPPLY (TIME STUDY)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	14.00	15.00	16.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 01160 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.04 00570 ADMI TTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00591 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	33,736,145					14.00
15.00 01500 PHARMACY	125,361	30,438,447				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	1,449,393,894			16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	5,891		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	5,872	0	0	0	5,891	22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,588,057	0	152,740,408	2,418	2,418	30.00
31.00 03100 INTENSIVE CARE UNIT	734,033	0	55,243,449	559	559	31.00
32.00 02060 NEONATAL INTENSIVE CARE UNIT	165,225	0	19,106,603	38	38	32.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	50,571	25	9,089,249	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	6,349,611	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	3,769,286	3,292	127,668,739	277	277	50.00
51.00 05100 RECOVERY ROOM	188,023	0	14,777,411	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	246,350	0	23,499,033	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	744,488	4,219	196,765,159	128	128	54.00
57.00 05700 CT SCAN	2,453	0	4,657,198	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	641,587	0	79,549,775	0	0	59.00
60.00 06000 LABORATORY	0	0	122,283,031	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	6,374,545	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	368,676	0	21,896,722	110	110	65.00
65.01 06501 SLEEP LAB	29,447	0	7,159,100	0	0	65.01
66.00 06600 PHYSICAL THERAPY	29,117	0	18,601,057	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	14,560	0	4,563,379	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	3,666	0	2,750,068	0	0	68.00
68.01 06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	35,921	0	37,772,193	188	188	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,124,770	0	42,668,608	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	15,580,197	0	100,561,636	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	20,565,356	172,360,212	0	0	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	5,362	6,071,998	8,116,365	0	0	73.01
74.00 07400 RENAL DIALYSIS	18,943	0	2,636,754	0	0	74.00
76.00 03020 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	13,926	0	2,566,405	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	82,117	0	12,923,450	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.02 09002 PAIN CLINIC	2,363	0	589,744	0	0	90.02
90.03 09003 ONCOLOGY CLINIC	190,870	0	20,657,782	122	122	90.03
91.00 09100 EMERGENCY	865,320	0	167,034,789	366	366	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	63,757	0	8,431,419	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1

Date/Time Prepared:
5/26/2015 1:44 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (TIME STUDY)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS		
					SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
		14.00	15.00	16.00	21.00	22.00	
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
115.00	11500	0	0	0	0	0	115.00
118.00		33,690,318	26,644,890	1,449,393,894	4,206	4,206	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	655	1,775	0	0	0	190.00
191.00	19100	8	0	0	1,382	1,382	191.00
194.00	07986	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	6,431	3,791,782	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	734	0	0	0	0	194.05
194.06	07956	573	0	0	303	303	194.06
194.07	07957	0	0	0	0	0	194.07
194.08	07958	0	0	0	0	0	194.08
194.09	07959	0	0	0	0	0	194.09
194.10	07960	0	0	0	0	0	194.10
194.11	07961	20,505	0	0	0	0	194.11
194.12	07962	0	0	0	0	0	194.12
194.13	07963	0	0	0	0	0	194.13
194.14	07964	0	0	0	0	0	194.14
194.15	07965	0	0	0	0	0	194.15
194.16	07966	0	0	0	0	0	194.16
194.17	07967	0	0	0	0	0	194.17
194.18	07968	0	0	0	0	0	194.18
194.19	07969	0	0	0	0	0	194.19
194.20	07970	0	0	0	0	0	194.20
194.21	07971	0	0	0	0	0	194.21
194.22	07972	826	0	0	0	0	194.22
194.23	07973	1,697	0	0	0	0	194.23
194.24	07974	0	0	0	0	0	194.24
194.25	07975	14,378	0	0	0	0	194.25
194.26	07976	0	0	0	0	0	194.26
194.27	07977	0	0	0	0	0	194.27
194.28	07978	0	0	0	0	0	194.28
194.29	07979	0	0	0	0	0	194.29
194.30	07980	20	0	0	0	0	194.30
194.31	07981	0	0	0	0	0	194.31
194.32	07982	0	0	0	0	0	194.32
194.33	07983	0	0	0	0	0	194.33
194.34	07984	0	0	0	0	0	194.34
194.35	07985	0	0	0	0	0	194.35
200.00							200.00
201.00							201.00
202.00		26,027,047	7,709,476	29,702	4,742,861	4,675,483	202.00
203.00		0.771488	0.253281	0.000020	805.102869	793.665422	203.00
204.00		500,759	215,931	949	10,480	553,796	204.00
205.00		0.014843	0.007094	0.000001	1.778985	94.007130	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1
Date/Time Prepared:
5/26/2015 1:44 pm

Cost Center Description		PARAMED PRGM (100% RADIOLOGY)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	01160	COMMUNICATIONS	5.01
5.02	00550	DATA PROCESSING	5.02
5.04	00570	ADMINISTRATIVE	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	PARAMED PRGM	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	32.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
65.01	06501	SLEEP LAB	65.01
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
68.01	06801	AUDIOLOGY	68.01
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	73.01
74.00	07400	RENAL DIALYSIS	74.00
76.00	03020	CARDIOPULMONARY	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.02	09002	PAIN CLINIC	90.02
90.03	09003	ONCOLOGY CLINIC	90.03
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	92.01
OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	99.10
SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	109.00
110.00	11000	INTESTINAL ACQUISITION	110.00
111.00	11100	ISLET ACQUISITION	111.00
113.00	11300	INTEREST EXPENSE	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	115.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1

Date/Time Prepared:
5/26/2015 1:44 pm

Cost Center Description		PARAMED PRGM (100% RADIOLOGY)	
		23.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100 RESEARCH	0	191.00
194.00	07986 OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	07951 BSU PHARMACY	0	194.01
194.02	07952 PAVILLION PHARMACY	0	194.02
194.03	07953 VENDING	0	194.03
194.04	07954 CARELINE	0	194.04
194.05	07955 WELLNESS CENTER	0	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	0	194.06
194.07	07957 PERINATAL CLINIC	0	194.07
194.08	07958 RENTAL PROPERTY	0	194.08
194.09	07959 ADVERTISING	0	194.09
194.10	07960 INTEGRALTC	0	194.10
194.11	07961 IU HEALTH HOSPICE	0	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	194.12
194.13	07963 EXECUTIVE PHYSICAL	0	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	0	194.15
194.16	07966 JAY COUNTY HOSPITAL	0	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	194.19
194.20	07970 MEALS ON WHEELS	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	0	194.22
194.23	07973 CANCER CENTER BOUTIQUE	0	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	0	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	0	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	194.30
194.31	07981 OTHER NONREIMBURSABLE COST CENTERS	0	194.31
194.32	07982 RENAL DIALYSIS	0	194.32
194.33	07983 LAB CORP	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	194.34
194.35	07985 LEASED SPACE	0	194.35
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150089

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

Worksheet C Part I Date/Time Prepared: 5/26/2015 1:44 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	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		46,232,803	4,986	46,237,789	30.00
31.00	03100	INTENSIVE CARE UNIT		13,402,324	0	13,402,324	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT		3,958,166	0	3,958,166	32.00
40.00	04000	SUBPROVIDER - I PF		0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF		3,163,960	0	3,163,960	41.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
43.00	04300	NURSERY		1,457,703	0	1,457,703	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0	44.00
45.00	04500	NURSING FACILITY		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		16,434,453	4,376	16,438,829	50.00
51.00	05100	RECOVERY ROOM		3,004,042	0	3,004,042	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		4,528,265	0	4,528,265	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		20,328,490	0	20,328,490	54.00
57.00	05700	CT SCAN		182,028	0	182,028	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		5,152,622	0	5,152,622	59.00
60.00	06000	LABORATORY		13,639,950	48,260	13,688,210	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.		1,813,347	36,035	1,849,382	63.00
65.00	06500	RESPIRATORY THERAPY	0	5,590,491	0	5,590,491	65.00
65.01	06501	SLEEP LAB	0	1,051,609	0	1,051,609	65.01
66.00	06600	PHYSICAL THERAPY	0	6,262,099	0	6,262,099	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,130,475	0	1,130,475	67.00
68.00	06800	SPEECH PATHOLOGY	0	517,616	0	517,616	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY		3,269,197	0	3,269,197	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		16,156,367	0	16,156,367	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		31,191,447	0	31,191,447	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		30,957,445	0	30,957,445	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES		3,567,566	0	3,567,566	73.01
74.00	07400	RENAL DIALYSIS		1,054,991	0	1,054,991	74.00
76.00	03020	CARDIOPULMONARY		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		791,260	0	791,260	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		1,701,857	0	1,701,857	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		0	0	0	90.00
90.02	09002	PAIN CLINIC		1,732,817	0	1,732,817	90.02
90.03	09003	ONCOLOGY CLINIC		1,591,519	0	1,591,519	90.03
91.00	09100	EMERGENCY		14,293,047	145,322	14,438,369	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		4,090,714	0	4,090,714	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		2,713,993	0	2,713,993	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100	ISLET ACQUISITION		0	0	0	111.00
113.00	11300	INTEREST EXPENSE		0	0	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00
200.00		Subtotal (see instructions)	0	260,962,663	238,979	261,201,642	200.00
201.00		Less Observation Beds		4,090,714		4,090,714	201.00
202.00		Total (see instructions)	0	256,871,949	238,979	257,110,928	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150089

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2015 1:44 pm

		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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	142,577,515		142,577,515		30.00
31.00	03100	INTENSIVE CARE UNIT	55,243,449		55,243,449		31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	19,106,603		19,106,603		32.00
40.00	04000	SUBPROVIDER - I PF	0		0		40.00
41.00	04100	SUBPROVIDER - I RF	9,089,249		9,089,249		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	6,349,611		6,349,611		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	90,291,403	37,377,336	127,668,739	0.128727	50.00
51.00	05100	RECOVERY ROOM	8,700,046	6,077,365	14,777,411	0.203286	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,559,301	2,939,732	23,499,033	0.192700	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	51,436,970	145,328,189	196,765,159	0.103313	54.00
57.00	05700	CT SCAN	2,790,464	1,866,734	4,657,198	0.039085	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,802,607	40,747,168	79,549,775	0.064772	59.00
60.00	06000	LABORATORY	71,425,893	50,857,138	122,283,031	0.111544	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	4,636,939	1,737,606	6,374,545	0.284467	63.00
65.00	06500	RESPIRATORY THERAPY	19,880,083	2,016,639	21,896,722	0.255312	65.00
65.01	06501	SLEEP LAB	9,475	7,149,625	7,159,100	0.146891	65.01
66.00	06600	PHYSICAL THERAPY	7,357,550	11,243,507	18,601,057	0.336653	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,316,515	246,864	4,563,379	0.247728	67.00
68.00	06800	SPEECH PATHOLOGY	2,333,671	416,397	2,750,068	0.188219	68.00
68.01	06801	AUDIOLOGY	0	0	0	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	27,838,442	9,933,751	37,772,193	0.086550	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,851,420	19,817,188	42,668,608	0.378648	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	74,252,134	26,309,502	100,561,636	0.310172	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	85,117,345	87,242,867	172,360,212	0.179609	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	8,116,365	8,116,365	0.439552	73.01
74.00	07400	RENAL DIALYSIS	2,230,693	406,061	2,636,754	0.400110	74.00
76.00	03020	CARDIOPULMONARY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	484,397	2,082,008	2,566,405	0.308315	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	37,832	12,885,618	12,923,450	0.131688	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.02	09002	PAIN CLINIC	330	589,414	589,744	2.938253	90.02
90.03	09003	ONCOLOGY CLINIC	94,345	20,563,437	20,657,782	0.077042	90.03
91.00	09100	EMERGENCY	43,888,942	123,145,847	167,034,789	0.085569	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,475,149	8,687,744	10,162,893	0.402515	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,986,185	6,445,234	8,431,419	0.321890	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
200.00		Subtotal (see instructions)	815,164,558	634,229,336	1,449,393,894		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	815,164,558	634,229,336	1,449,393,894		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/26/2015 1:44 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	02060 NEONATAL INTENSIVE CARE UNIT			32.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.128762		50.00
51.00	05100 RECOVERY ROOM	0.203286		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.192700		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.103313		54.00
57.00	05700 CT SCAN	0.039085		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.064772		59.00
60.00	06000 LABORATORY	0.111939		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.290120		63.00
65.00	06500 RESPIRATORY THERAPY	0.255312		65.00
65.01	06501 SLEEP LAB	0.146891		65.01
66.00	06600 PHYSICAL THERAPY	0.336653		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.247728		67.00
68.00	06800 SPEECH PATHOLOGY	0.188219		68.00
68.01	06801 AUDIOLOGY	0.000000		68.01
69.00	06900 ELECTROCARDIOLOGY	0.086550		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.378648		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.310172		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.179609		73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0.439552		73.01
74.00	07400 RENAL DIALYSIS	0.400110		74.00
76.00	03020 CARDIOPULMONARY	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.308315		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.131688		76.98
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.02	09002 PAIN CLINIC	2.938253		90.02
90.03	09003 ONCOLOGY CLINIC	0.077042		90.03
91.00	09100 EMERGENCY	0.086439		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.402515		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.321890		92.01
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF			99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150089

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2015 1:44 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		46,232,803	4,986	46,237,789	30.00	
31.00	03100 INTENSIVE CARE UNIT		13,402,324	0	13,402,324	31.00	
32.00	02060 NEONATAL INTENSIVE CARE UNIT		3,958,166	0	3,958,166	32.00	
40.00	04000 SUBPROVIDER - I PF		0	0	0	40.00	
41.00	04100 SUBPROVIDER - I RF		3,163,960	0	3,163,960	41.00	
42.00	04200 SUBPROVIDER		0	0	0	42.00	
43.00	04300 NURSERY		1,457,703	0	1,457,703	43.00	
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00	
45.00	04500 NURSING FACILITY		0	0	0	45.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		16,434,453	4,376	16,438,829	50.00	
51.00	05100 RECOVERY ROOM		3,004,042	0	3,004,042	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		4,528,265	0	4,528,265	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		20,328,490	0	20,328,490	54.00	
57.00	05700 CT SCAN		182,028	0	182,028	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION		5,152,622	0	5,152,622	59.00	
60.00	06000 LABORATORY		13,639,950	48,260	13,688,210	60.00	
60.01	06001 BLOOD LABORATORY		0	0	0	60.01	
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.		1,813,347	36,035	1,849,382	63.00	
65.00	06500 RESPIRATORY THERAPY	0	5,590,491	0	5,590,491	65.00	
65.01	06501 SLEEP LAB	0	1,051,609	0	1,051,609	65.01	
66.00	06600 PHYSICAL THERAPY	0	6,262,099	0	6,262,099	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,130,475	0	1,130,475	67.00	
68.00	06800 SPEECH PATHOLOGY	0	517,616	0	517,616	68.00	
68.01	06801 AUDIOLOGY	0	0	0	0	68.01	
69.00	06900 ELECTROCARDIOLOGY		3,269,197	0	3,269,197	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		16,156,367	0	16,156,367	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		31,191,447	0	31,191,447	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		30,957,445	0	30,957,445	73.00	
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES		3,567,566	0	3,567,566	73.01	
74.00	07400 RENAL DIALYSIS		1,054,991	0	1,054,991	74.00	
76.00	03020 CARDIOPULMONARY		0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION		791,260	0	791,260	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY		1,701,857	0	1,701,857	76.98	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		0	0	0	90.00	
90.02	09002 PAIN CLINIC		1,732,817	0	1,732,817	90.02	
90.03	09003 ONCOLOGY CLINIC		1,591,519	0	1,591,519	90.03	
91.00	09100 EMERGENCY		14,293,047	145,322	14,438,369	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		4,090,714	0	4,090,714	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		2,713,993	0	2,713,993	92.01	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF		0	0	0	99.10	
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00	
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00	
111.00	11100 ISLET ACQUISITION		0	0	0	111.00	
113.00	11300 INTEREST EXPENSE		0	0	0	113.00	
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00	
200.00	Subtotal (see instructions)		260,962,663	238,979	261,201,642	200.00	
201.00	Less Observation Beds		4,090,714	0	4,090,714	201.00	
202.00	Total (see instructions)		256,871,949	238,979	257,110,928	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150089

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2015 1:44 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	142,577,515		142,577,515		30.00
31.00	03100	INTENSIVE CARE UNIT	55,243,449		55,243,449		31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	19,106,603		19,106,603		32.00
40.00	04000	SUBPROVIDER - I PF	0		0		40.00
41.00	04100	SUBPROVIDER - I RF	9,089,249		9,089,249		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	6,349,611		6,349,611		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	90,291,403	37,377,336	127,668,739	0.128727	50.00
51.00	05100	RECOVERY ROOM	8,700,046	6,077,365	14,777,411	0.203286	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,559,301	2,939,732	23,499,033	0.192700	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	51,436,970	145,328,189	196,765,159	0.103313	54.00
57.00	05700	CT SCAN	2,790,464	1,866,734	4,657,198	0.039085	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,802,607	40,747,168	79,549,775	0.064772	59.00
60.00	06000	LABORATORY	71,425,893	50,857,138	122,283,031	0.111544	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	4,636,939	1,737,606	6,374,545	0.284467	63.00
65.00	06500	RESPIRATORY THERAPY	19,880,083	2,016,639	21,896,722	0.255312	65.00
65.01	06501	SLEEP LAB	9,475	7,149,625	7,159,100	0.146891	65.01
66.00	06600	PHYSICAL THERAPY	7,357,550	11,243,507	18,601,057	0.336653	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,316,515	246,864	4,563,379	0.247728	67.00
68.00	06800	SPEECH PATHOLOGY	2,333,671	416,397	2,750,068	0.188219	68.00
68.01	06801	AUDIOLOGY	0	0	0	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	27,838,442	9,933,751	37,772,193	0.086550	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,851,420	19,817,188	42,668,608	0.378648	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	74,252,134	26,309,502	100,561,636	0.310172	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	85,117,345	87,242,867	172,360,212	0.179609	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	8,116,365	8,116,365	0.439552	73.01
74.00	07400	RENAL DIALYSIS	2,230,693	406,061	2,636,754	0.400110	74.00
76.00	03020	CARDIOPULMONARY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	484,397	2,082,008	2,566,405	0.308315	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	37,832	12,885,618	12,923,450	0.131688	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.02	09002	PAIN CLINIC	330	589,414	589,744	2.938253	90.02
90.03	09003	ONCOLOGY CLINIC	94,345	20,563,437	20,657,782	0.077042	90.03
91.00	09100	EMERGENCY	43,888,942	123,145,847	167,034,789	0.085569	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,475,149	8,687,744	10,162,893	0.402515	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,986,185	6,445,234	8,431,419	0.321890	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
200.00		Subtotal (see instructions)	815,164,558	634,229,336	1,449,393,894		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	815,164,558	634,229,336	1,449,393,894		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/26/2015 1:44 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
INPATIENT ROUTINE SERVICE COST CENTERS		11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	02060 NEONATAL INTENSIVE CARE UNIT			32.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
65.01	06501 SLEEP LAB	0.000000		65.01
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
68.01	06801 AUDIOLOGY	0.000000		68.01
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0.000000		73.01
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03020 CARDIOPULMONARY	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.02	09002 PAIN CLINIC	0.000000		90.02
90.03	09003 ONCOLOGY CLINIC	0.000000		90.03
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF			99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/26/2015 1:44 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	5,094,203	0	5,094,203	64,631	78.82 30.00
31.00	INTENSIVE CARE UNIT	1,013,536		1,013,536	10,107	100.28 31.00
32.00	NEONATAL INTENSIVE CARE UNIT	198,770		198,770	3,812	52.14 32.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00 40.00
41.00	SUBPROVIDER - IRF	346,877	0	346,877	4,115	84.30 41.00
42.00	SUBPROVIDER	0	0	0	0	0.00 42.00
43.00	NURSERY	120,606		120,606	2,755	43.78 43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00 44.00
45.00	NURSING FACILITY	0		0	0	0.00 45.00
200.00	Total (lines 30-199)	6,773,992		6,773,992	85,420	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	27,019	2,129,638	30.00
31.00	INTENSIVE CARE UNIT	7,860	788,201	31.00
32.00	NEONATAL INTENSIVE CARE UNIT	0	0	32.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	3,035	255,851	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (lines 30-199)	37,914	3,173,690	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150089

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

Worksheet D
Part II
Date/Time Prepared:
5/26/2015 1:44 pm

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		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,329,574	127,668,739	0.010414	43,323,912	451,175	50.00
51.00	05100	RECOVERY ROOM	339,079	14,777,411	0.022946	4,103,815	94,166	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	437,307	23,499,033	0.018610	124,513	2,317	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,841,590	196,765,159	0.009359	26,150,203	244,740	54.00
57.00	05700	CT SCAN	1,744	4,657,198	0.000374	1,469,528	550	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	463,350	79,549,775	0.005825	18,780,029	109,394	59.00
60.00	06000	LABORATORY	116,947	122,283,031	0.000956	35,064,953	33,522	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	4,680	6,374,545	0.000734	2,496,204	1,832	63.00
65.00	06500	RESPIRATORY THERAPY	156,735	21,896,722	0.007158	10,797,109	77,286	65.00
65.01	06501	SLEEP LAB	4,632	7,159,100	0.000647	4,503	3	65.01
66.00	06600	PHYSICAL THERAPY	112,010	18,601,057	0.006022	3,005,926	18,102	66.00
67.00	06700	OCCUPATIONAL THERAPY	72,780	4,563,379	0.015949	892,631	14,237	67.00
68.00	06800	SPEECH PATHOLOGY	18,674	2,750,068	0.006790	899,343	6,107	68.00
68.01	06801	AUDIOLOGY	0	0	0.000000	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	586,101	37,772,193	0.015517	15,739,178	244,225	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	148,335	42,668,608	0.003476	11,488,927	39,936	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	290,048	100,561,636	0.002884	37,878,248	109,241	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	235,272	172,360,212	0.001365	40,935,838	55,877	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	61,628	8,116,365	0.007593	0	0	73.01
74.00	07400	RENAL DIALYSIS	85,936	2,636,754	0.032592	1,622,843	52,892	74.00
76.00	03020	CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	5,389	2,566,405	0.002100	259,761	545	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	22,569	12,923,450	0.001746	33,012	58	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.02	09002	PAIN CLINIC	645,681	589,744	1.094850	160	175	90.02
90.03	09003	ONCOLOGY CLINIC	19,429	20,657,782	0.000941	94,345	89	90.03
91.00	09100	EMERGENCY	934,107	167,034,789	0.005592	21,832,902	122,090	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	450,690	10,162,893	0.044347	791,515	35,101	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	301,986	8,431,419	0.035817	1,000,993	35,853	92.01
200.00		Total (lines 50-199)	8,686,273	1,217,027,467		278,790,391	1,749,513	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/26/2015 1:44 pm
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Cost Center Description			Title XVIII				Hospital	
			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)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
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	64,631	0.00	27,019	0		30.00
31.00	03100	INTENSIVE CARE UNIT	10,107	0.00	7,860	0		31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	3,812	0.00	0	0		32.00
40.00	04000	SUBPROVIDER - I PF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - I RF	4,115	0.00	3,035	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	2,755	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
200.00		Total (lines 30-199)	85,420		37,914	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150089

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

Worksheet D
Part IV
Date/Time Prepared:
5/26/2015 1:44 pm

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		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
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
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	PAIN CLINIC	0	0	0	0	0	90.02
90.03	09003	ONCOLOGY CLINIC	0	0	0	0	0	90.03
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
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: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 1:44 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	127,668,739	0.000000	0.000000	43,323,912	50.00
51.00	05100	RECOVERY ROOM	0	14,777,411	0.000000	0.000000	4,103,815	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	23,499,033	0.000000	0.000000	124,513	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	196,765,159	0.000000	0.000000	26,150,203	54.00
57.00	05700	CT SCAN	0	4,657,198	0.000000	0.000000	1,469,528	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	79,549,775	0.000000	0.000000	18,780,029	59.00
60.00	06000	LABORATORY	0	122,283,031	0.000000	0.000000	35,064,953	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	6,374,545	0.000000	0.000000	2,496,204	63.00
65.00	06500	RESPIRATORY THERAPY	0	21,896,722	0.000000	0.000000	10,797,109	65.00
65.01	06501	SLEEP LAB	0	7,159,100	0.000000	0.000000	4,503	65.01
66.00	06600	PHYSICAL THERAPY	0	18,601,057	0.000000	0.000000	3,005,926	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,563,379	0.000000	0.000000	892,631	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,750,068	0.000000	0.000000	899,343	68.00
68.01	06801	AUDIOLOGY	0	0	0.000000	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	37,772,193	0.000000	0.000000	15,739,178	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	42,668,608	0.000000	0.000000	11,488,927	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	100,561,636	0.000000	0.000000	37,878,248	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	172,360,212	0.000000	0.000000	40,935,838	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	8,116,365	0.000000	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0	2,636,754	0.000000	0.000000	1,622,843	74.00
76.00	03020	CARDIOPULMONARY	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	2,566,405	0.000000	0.000000	259,761	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	12,923,450	0.000000	0.000000	33,012	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.02	09002	PAIN CLINIC	0	589,744	0.000000	0.000000	160	90.02
90.03	09003	ONCOLOGY CLINIC	0	20,657,782	0.000000	0.000000	94,345	90.03
91.00	09100	EMERGENCY	0	167,034,789	0.000000	0.000000	21,832,902	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	10,162,893	0.000000	0.000000	791,515	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	8,431,419	0.000000	0.000000	1,000,993	92.01
200.00		Total (lines 50-199)	0	1,217,027,467			278,790,391	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150089

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

Worksheet D
Part IV
Date/Time Prepared:
5/26/2015 1:44 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	11,167,114	0	50.00
51.00	05100 RECOVERY ROOM	0	1,981,179	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	8,733	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	50,483,987	0	54.00
57.00	05700 CT SCAN	0	710,744	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	16,730,968	0	59.00
60.00	06000 LABORATORY	0	8,736,310	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	875,802	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	599,813	0	65.00
65.01	06501 SLEEP LAB	0	2,647,407	0	65.01
66.00	06600 PHYSICAL THERAPY	0	1,383	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	9,066	0	68.00
68.01	06801 AUDIOLOGY	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	7,027,740	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,656,795	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	14,102,585	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	39,186,445	0	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	319,805	0	74.00
76.00	03020 CARDIOPULMONARY	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	1,476,633	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	6,016,759	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.02	09002 PAIN CLINIC	0	193,995	0	90.02
90.03	09003 ONCOLOGY CLINIC	0	8,857,741	0	90.03
91.00	09100 EMERGENCY	0	26,799,077	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,323,887	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	3,091,426	0	92.01
200.00	Total (lines 50-199)	0	214,005,394	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 1:44 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	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.128727	11,167,114	0	0	1,437,509	50.00
51.00 05100 RECOVERY ROOM	0.203286	1,981,179	0	0	402,746	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.192700	8,733	0	0	1,683	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.103313	50,483,987	0	0	5,215,652	54.00
57.00 05700 CT SCAN	0.039085	710,744	0	0	27,779	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.064772	16,730,968	0	0	1,083,698	59.00
60.00 06000 LABORATORY	0.111544	8,736,310	0	11,345	974,483	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.284467	875,802	0	0	249,137	63.00
65.00 06500 RESPIRATORY THERAPY	0.255312	599,813	0	0	153,139	65.00
65.01 06501 SLEEP LAB	0.146891	2,647,407	0	0	388,880	65.01
66.00 06600 PHYSICAL THERAPY	0.336653	1,383	0	0	466	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.247728	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.188219	9,066	0	0	1,706	68.00
68.01 06801 AUDIOLOGY	0.000000	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0.086550	7,027,740	0	0	608,251	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.378648	9,656,795	0	3,427	3,656,526	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.310172	14,102,585	0	0	4,374,227	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.179609	39,186,445	215,634	0	7,038,238	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0.439552	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0.400110	319,805	0	1,074	127,957	74.00
76.00 03020 CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.308315	1,476,633	0	0	455,268	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.131688	6,016,759	0	0	792,335	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.02 09002 PAIN CLINIC	2.938253	193,995	0	0	570,006	90.02
90.03 09003 ONCOLOGY CLINIC	0.077042	8,857,741	0	0	682,418	90.03
91.00 09100 EMERGENCY	0.085569	26,799,077	0	0	2,293,170	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.402515	3,323,887	0	0	1,337,914	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.321890	3,091,426	0	0	995,099	92.01
200.00	Subtotal (see instructions)	214,005,394	215,634	15,846	32,868,287	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00	Net Charges (line 200 +/- line 201)	214,005,394	215,634	15,846	32,868,287	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150089

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

Worksheet D
Part V
Date/Time Prepared:
5/26/2015 1:44 pm

		Title XVIII		Hospital	PPS
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	1,265	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
65.01	06501	SLEEP LAB	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
68.01	06801	AUDIOLOGY	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,298	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,730	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	430	74.00
76.00	03020	CARDIOPULMONARY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.02	09002	PAIN CLINIC	0	0	90.02
90.03	09003	ONCOLOGY CLINIC	0	0	90.03
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
200.00		Subtotal (see instructions)	38,730	2,993	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	38,730	2,993	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/26/2015 1:44 pm
		Component CCN: 15T089	Title XVIII	Subprovider - IRF PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,329,574	127,668,739	0.010414	90,212	939 50.00
51.00	05100	RECOVERY ROOM	339,079	14,777,411	0.022946	12,387	284 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	437,307	23,499,033	0.018610	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,841,590	196,765,159	0.009359	283,317	2,652 54.00
57.00	05700	CT SCAN	1,744	4,657,198	0.000374	14,760	6 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	463,350	79,549,775	0.005825	7,919	46 59.00
60.00	06000	LABORATORY	116,947	122,283,031	0.000956	822,728	787 60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	4,680	6,374,545	0.000734	23,055	17 63.00
65.00	06500	RESPIRATORY THERAPY	156,735	21,896,722	0.007158	165,287	1,183 65.00
65.01	06501	SLEEP LAB	4,632	7,159,100	0.000647	0	0 65.01
66.00	06600	PHYSICAL THERAPY	112,010	18,601,057	0.006022	1,687,885	10,164 66.00
67.00	06700	OCCUPATIONAL THERAPY	72,780	4,563,379	0.015949	2,033,571	32,433 67.00
68.00	06800	SPEECH PATHOLOGY	18,674	2,750,068	0.006790	615,320	4,178 68.00
68.01	06801	AUDIOLOGY	0	0	0.000000	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	586,101	37,772,193	0.015517	50,007	776 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	148,335	42,668,608	0.003476	42,489	148 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	290,048	100,561,636	0.002884	20,332	59 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	235,272	172,360,212	0.001365	1,194,643	1,631 73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	61,628	8,116,365	0.007593	0	0 73.01
74.00	07400	RENAL DIALYSIS	85,936	2,636,754	0.032592	89,651	2,922 74.00
76.00	03020	CARDIOPULMONARY	0	0	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	5,389	2,566,405	0.002100	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	22,569	12,923,450	0.001746	0	0 76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0.000000	0	0 90.00
90.02	09002	PAIN CLINIC	645,681	589,744	1.094850	0	0 90.02
90.03	09003	ONCOLOGY CLINIC	19,429	20,657,782	0.000941	0	0 90.03
91.00	09100	EMERGENCY	934,107	167,034,789	0.005592	307	2 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	10,162,893	0.000000	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	301,986	8,431,419	0.035817	5,565	199 92.01
200.00		Total (Lines 50-199)	8,235,583	1,217,027,467		7,159,435	58,426 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150089
Component CCN: 15T089

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

Worksheet D
Part IV
Date/Time Prepared:
5/26/2015 1:44 pm

Title XVIII

Subprovider - IRF

PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.02	09002	PAIN CLINIC	0	0	0	0	90.02
90.03	09003	ONCOLOGY CLINIC	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150089 Component CCN: 15T089	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 1:44 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	127,668,739	0.000000	0.000000	90,212	50.00
51.00	05100 RECOVERY ROOM	0	14,777,411	0.000000	0.000000	12,387	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	23,499,033	0.000000	0.000000	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	196,765,159	0.000000	0.000000	283,317	54.00
57.00	05700 CT SCAN	0	4,657,198	0.000000	0.000000	14,760	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	79,549,775	0.000000	0.000000	7,919	59.00
60.00	06000 LABORATORY	0	122,283,031	0.000000	0.000000	822,728	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	6,374,545	0.000000	0.000000	23,055	63.00
65.00	06500 RESPIRATORY THERAPY	0	21,896,722	0.000000	0.000000	165,287	65.00
65.01	06501 SLEEP LAB	0	7,159,100	0.000000	0.000000	0	65.01
66.00	06600 PHYSICAL THERAPY	0	18,601,057	0.000000	0.000000	1,687,885	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,563,379	0.000000	0.000000	2,033,571	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,750,068	0.000000	0.000000	615,320	68.00
68.01	06801 AUDIOLOGY	0	0	0.000000	0.000000	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	37,772,193	0.000000	0.000000	50,007	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	42,668,608	0.000000	0.000000	42,489	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	100,561,636	0.000000	0.000000	20,332	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	172,360,212	0.000000	0.000000	1,194,643	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0	8,116,365	0.000000	0.000000	0	73.01
74.00	07400 RENAL DIALYSIS	0	2,636,754	0.000000	0.000000	89,651	74.00
76.00	03020 CARDIOPULMONARY	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	2,566,405	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	12,923,450	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.02	09002 PAIN CLINIC	0	589,744	0.000000	0.000000	0	90.02
90.03	09003 ONCOLOGY CLINIC	0	20,657,782	0.000000	0.000000	0	90.03
91.00	09100 EMERGENCY	0	167,034,789	0.000000	0.000000	307	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	10,162,893	0.000000	0.000000	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	8,431,419	0.000000	0.000000	5,565	92.01
200.00	Total (Lines 50-199)	0	1,217,027,467			7,159,435	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150089 Component CCN: 15T089	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 1:44 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01	06501 SLEEP LAB	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801 AUDIOLOGY	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03020 CARDIOPULMONARY	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.02	09002 PAIN CLINIC	0	0	0	90.02
90.03	09003 ONCOLOGY CLINIC	0	0	0	90.03
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
200.00	Total (Lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150089 Component CCN: 15T089	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 1:44 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.128727	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.203286	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.192700	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.103313	0	0	0	0	54.00
57.00 05700 CT SCAN	0.039085	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.064772	0	0	0	0	59.00
60.00 06000 LABORATORY	0.111544	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.284467	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.255312	0	0	0	0	65.00
65.01 06501 SLEEP LAB	0.146891	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0.336653	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.247728	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.188219	0	0	0	0	68.00
68.01 06801 AUDIOLOGY	0.000000	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0.086550	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.378648	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.310172	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.179609	0	0	360	0	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0.439552	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0.400110	0	0	0	0	74.00
76.00 03020 CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.308315	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.131688	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.02 09002 PAIN CLINIC	2.938253	0	0	0	0	90.02
90.03 09003 ONCOLOGY CLINIC	0.077042	0	0	0	0	90.03
91.00 09100 EMERGENCY	0.085569	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.402515	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.321890	0	0	0	0	92.01
200.00	Subtotal (see instructions)		0	0	360	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	360	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150089 Component CCN: 15T089	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 1:44 pm
	Title XVIII	Subprovider - IRF	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	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
65.01 06501 SLEEP LAB	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
68.01 06801 AUDIOLOGY	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	65	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03020 CARDIOPULMONARY	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.02 09002 PAIN CLINIC	0	0	90.02
90.03 09003 ONCOLOGY CLINIC	0	0	90.03
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
200.00 Subtotal (see instructions)	0	65	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	65	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 1:44 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.128727	0	0	2,808,045	0
51.00 05100 RECOVERY ROOM	0.203286	0	0	415,821	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.192700	0	0	266,756	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.103313	0	0	11,926,097	0
57.00 05700 CT SCAN	0.039085	0	0	157,641	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.064772	0	0	2,009,924	0
60.00 06000 LABORATORY	0.111544	0	0	5,477,384	0
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.284467	0	0	203,326	0
65.00 06500 RESPIRATORY THERAPY	0.255312	0	0	299,916	0
65.01 06501 SLEEP LAB	0.146891	0	0	543,841	0
66.00 06600 PHYSICAL THERAPY	0.336653	0	0	1,365,144	0
67.00 06700 OCCUPATIONAL THERAPY	0.247728	0	0	20,100	0
68.00 06800 SPEECH PATHOLOGY	0.188219	0	0	27,046	0
68.01 06801 AUDIOLOGY	0.000000	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.086550	0	0	893,108	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.378648	0	0	1,001,299	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.310172	0	0	2,134,905	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.179609	0	0	7,117,346	0
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0.439552	0	0	0	0
74.00 07400 RENAL DIALYSIS	0.400110	0	0	39,991	0
76.00 03020 CARDIOPULMONARY	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.308315	0	0	89,268	0
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.131688	0	0	1,055,472	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.02 09002 PAIN CLINIC	2.938253	0	0	83,023	0
90.03 09003 ONCOLOGY CLINIC	0.077042	0	0	1,867,918	0
91.00 09100 EMERGENCY	0.085569	0	0	16,710,057	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.402515	0	0	879,914	0
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.321890	0	0	609,731	0
200.00	Subtotal (see instructions)	0	0	58,003,073	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	58,003,073	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 1:44 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	361,471		50.00
51.00 05100 RECOVERY ROOM	0	84,531		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	51,404		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	1,232,121		54.00
57.00 05700 CT SCAN	0	6,161		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	130,187		59.00
60.00 06000 LABORATORY	0	610,969		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	57,840		63.00
65.00 06500 RESPIRATORY THERAPY	0	76,572		65.00
65.01 06501 SLEEP LAB	0	79,885		65.01
66.00 06600 PHYSICAL THERAPY	0	459,580		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	4,979		67.00
68.00 06800 SPEECH PATHOLOGY	0	5,091		68.00
68.01 06801 AUDIOLOGY	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	77,298		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	379,140		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	662,188		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,278,339		73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	16,001		74.00
76.00 03020 CARDIOPULMONARY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	27,523		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	138,993		76.98
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.02 09002 PAIN CLINIC	0	243,943		90.02
90.03 09003 ONCOLOGY CLINIC	0	143,908		90.03
91.00 09100 EMERGENCY	0	1,429,863		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	354,179		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	196,266		92.01
200.00	Subtotal (see instructions)	0	8,108,432	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	8,108,432	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/26/2015 1:44 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		64,631	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		64,631	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)		58,913	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)		27,019	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		46,237,789	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)		46,237,789	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		46,237,789	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		715.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		19,329,663	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)		19,329,663	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/26/2015 1:44 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	13,402,324	10,107	1,326.04	7,860	10,422,674	43.00
44.00	NEONATAL INTENSIVE CARE UNIT	3,958,166	3,812	1,038.34	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					47,304,426	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					77,056,763	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,917,839	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,749,513	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,667,352	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					72,389,411	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)					5,718	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					715.41	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,090,714	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150089		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/26/2015 1:44 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,094,203	46,237,789	0.110174	4,090,714	450,690	90.00
91.00	Nursing School cost	0	46,237,789	0.000000	4,090,714	0	91.00
92.00	Allied health cost	0	46,237,789	0.000000	4,090,714	0	92.00
93.00	All other Medical Education	0	46,237,789	0.000000	4,090,714	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 15T089		Date/Time Prepared: 5/26/2015 1:44 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,115	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,115	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,115	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,035	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,163,960	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,163,960	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,163,960	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		768.88	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,333,551	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)		2,333,551	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150089		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 15T089				Date/Time Prepared: 5/26/2015 1:44 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,652,276		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,985,827		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)					255,851		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					58,426		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					314,277		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,671,550		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)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150089 Component CCN: 15T089		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/26/2015 1:44 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	346,877	3,163,960	0.109634	0	0	90.00
91.00	Nursing School cost	0	3,163,960	0.000000	0	0	91.00
92.00	Allied health cost	0	3,163,960	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,163,960	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/26/2015 1:44 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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		69,021,808	30.00
31.00	03100	INTENSIVE CARE UNIT		29,261,413	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
41.00	04100	SUBPROVIDER - I/RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.128762	43,323,912	5,578,474 50.00
51.00	05100	RECOVERY ROOM	0.203286	4,103,815	834,248 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.192700	124,513	23,994 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103313	26,150,203	2,701,656 54.00
57.00	05700	CT SCAN	0.039085	1,469,528	57,437 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.064772	18,780,029	1,216,420 59.00
60.00	06000	LABORATORY	0.111939	35,064,953	3,925,136 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.290120	2,496,204	724,199 63.00
65.00	06500	RESPIRATORY THERAPY	0.255312	10,797,109	2,756,631 65.00
65.01	06501	SLEEP LAB	0.146891	4,503	661 65.01
66.00	06600	PHYSICAL THERAPY	0.336653	3,005,926	1,011,954 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.247728	892,631	221,130 67.00
68.00	06800	SPEECH PATHOLOGY	0.188219	899,343	169,273 68.00
68.01	06801	AUDIOLOGY	0.000000	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.086550	15,739,178	1,362,226 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.378648	11,488,927	4,350,259 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.310172	37,878,248	11,748,772 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.179609	40,935,838	7,352,445 73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0.439552	0	0 73.01
74.00	07400	RENAL DIALYSIS	0.400110	1,622,843	649,316 74.00
76.00	03020	CARDIOPULMONARY	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.308315	259,761	80,088 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.131688	33,012	4,347 76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.02	09002	PAIN CLINIC	2.938253	160	470 90.02
90.03	09003	ONCOLOGY CLINIC	0.077042	94,345	7,269 90.03
91.00	09100	EMERGENCY	0.086439	21,832,902	1,887,214 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.402515	791,515	318,597 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.321890	1,000,993	322,210 92.01
200.00		Total (sum of lines 50-94 and 96-98)		278,790,391	47,304,426 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		278,790,391	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 15T089		Date/Time Prepared: 5/26/2015 1:44 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		6,741,041	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.128762	90,212	50.00
51.00	05100	RECOVERY ROOM	0.203286	12,387	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.192700	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103313	283,317	54.00
57.00	05700	CT SCAN	0.039085	14,760	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.064772	7,919	59.00
60.00	06000	LABORATORY	0.111939	822,728	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.290120	23,055	63.00
65.00	06500	RESPIRATORY THERAPY	0.255312	165,287	65.00
65.01	06501	SLEEP LAB	0.146891	0	65.01
66.00	06600	PHYSICAL THERAPY	0.336653	1,687,885	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.247728	2,033,571	67.00
68.00	06800	SPEECH PATHOLOGY	0.188219	615,320	68.00
68.01	06801	AUDIOLOGY	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.086550	50,007	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.378648	42,489	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.310172	20,332	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.179609	1,194,643	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0.439552	0	73.01
74.00	07400	RENAL DIALYSIS	0.400110	89,651	74.00
76.00	03020	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.308315	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.131688	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.02	09002	PAIN CLINIC	2.938253	0	90.02
90.03	09003	ONCOLOGY CLINIC	0.077042	0	90.03
91.00	09100	EMERGENCY	0.086439	307	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.402515	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.321890	5,565	92.01
200.00		Total (sum of lines 50-94 and 96-98)		7,159,435	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)		7,159,435	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/26/2015 1:44 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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		16,041,447	30.00
31.00	03100	INTENSIVE CARE UNIT		6,992,180	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT		1,547,624	32.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
41.00	04100	SUBPROVIDER - I/RF		517,762	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.128727	6,593,415	50.00
51.00	05100	RECOVERY ROOM	0.203286	634,699	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.192700	1,349,915	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103313	4,863,267	54.00
57.00	05700	CT SCAN	0.039085	218,985	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.064772	2,394,024	59.00
60.00	06000	LABORATORY	0.111544	7,527,775	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.284467	742,703	63.00
65.00	06500	RESPIRATORY THERAPY	0.255312	2,587,075	65.00
65.01	06501	SLEEP LAB	0.146891	0	65.01
66.00	06600	PHYSICAL THERAPY	0.336653	455,731	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.247728	268,105	67.00
68.00	06800	SPEECH PATHOLOGY	0.188219	187,079	68.00
68.01	06801	AUDIOLOGY	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.086550	2,412,837	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.378648	1,590,283	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.310172	4,910,268	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.179609	9,353,391	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0.439552	0	73.01
74.00	07400	RENAL DIALYSIS	0.400110	240,116	74.00
76.00	03020	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.308315	30,130	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.131688	1,281	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.02	09002	PAIN CLINIC	2.938253	157	90.02
90.03	09003	ONCOLOGY CLINIC	0.077042	0	90.03
91.00	09100	EMERGENCY	0.085569	4,897,828	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.402515	158,350	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.321890	192,756	92.01
200.00		Total (sum of lines 50-94 and 96-98)		51,610,170	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		51,610,170	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 1:44 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
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)		42,528,187	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		15,155,511	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,467,116	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		9,136,299	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		279.49	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		50.70	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.		12.00	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)		62.70	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		57.23	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)		57.23	12.00
13.00	Total allowable FTE count for the prior year.		52.13	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.		48.79	14.00
15.00	Sum of lines 12 through 14 divided by 3.		52.72	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		52.72	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.188629	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.154742	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.154742	21.00
22.00	IME payment adjustment (see instructions)		5,412,487	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		2.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-5.47	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)		5,412,487	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.17	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.82	31.00
32.00	Sum of lines 30 and 31		29.99	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.96	33.00
34.00	Disproportionate share adjustment (see instructions)		2,013,161	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 1:44 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,855	35.00
35.01	Factor 3 (see instructions)		0.000531763	0.000545572	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		4,810,532	4,172,343	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		3,598,013	1,051,660	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		4,649,673		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)			0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)			0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)			0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)			0	46.00
47.00	Subtotal (see instructions)		71,226,135		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)		71,226,135		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,284,737		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).		2,060,130		52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies		12,357		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)		78,583,359		59.00
60.00	Primary payer payments		12,514		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		78,570,845		61.00
62.00	Deductibles billed to program beneficiaries		6,220,032		62.00
63.00	Coinurance billed to program beneficiaries		235,048		63.00
64.00	Allowable bad debts (see instructions)		-122,353		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		-79,529		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		-195,415		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		72,036,236		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)		-85,673		70.93
70.94	HRR adjustment amount (see instructions)		-28,812		70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 1:44 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)		71,921,751		71.00
71.01	Sequestration adjustment (see instructions)		1,438,435		71.01
72.00	Interim payments		71,670,261		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)		-1,186,945		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)		4,192,960		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: 150089		Period: From 01/01/2014 To 12/31/2014		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/26/2015 1:44 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 s. 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	42,528,187	42,528,187		42,528,187	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	15,155,511		15,155,511	15,155,511	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	1,467,116	1,157,776	309,340	1,467,116	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	9,136,299	7,183,964	1,952,335	9,136,299	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.154742	0.154742	0.154742		5.00
6.00	IME payment adjustment (see instructions)	22.00	5,412,487	4,026,734	1,385,753	5,412,487	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
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	5,412,487	4,026,734	1,385,753	5,412,487	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
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1396	0.1396	0.1396		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,013,161	1,484,234	528,927	2,013,161	11.00
11.01	Uncompensated care payments	36.00	4,649,673	3,598,013	1,051,660	4,649,673	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	71,226,135	52,794,944	18,431,191	71,226,135	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	71,226,135	52,794,944	18,431,191	71,226,135	15.00
16.00	Payment for inpatient program capital	50.00	5,284,737	3,891,041	1,393,696	5,284,737	16.00
17.00	Special add-on payments for new technologies	54.00	12,357	3,906	8,451	12,357	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	SUBTOTAL			56,689,891	19,833,338	76,523,229	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/26/2015 1:44 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	4,589,630	3,378,449	1,211,181	4,589,630	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	58,066	43,663	14,403	58,066	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	0.0762	0.0762	0.0762		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	349,730	257,438	92,292	349,730	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0626	0.0626	0.0626		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	287,311	211,491	75,820	287,311	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,284,737	3,891,041	1,393,696	5,284,737	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	-85,673	-47,986	-37,687	-85,673	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	-28,812	0	-28,812	-28,812	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: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/26/2015 1:44 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		41,723	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		32,868,287	2.00
3.00	PPS payments		32,720,337	3.00
4.00	Outlier payment (see instructions)		217,714	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)		41,723	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		231,480	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)		231,480	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		231,480	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		189,757	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)		41,723	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)		32,938,051	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		900	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		6,404,694	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)		26,574,180	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		836,774	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)		27,410,954	30.00
31.00	Primary payer payments		2,255	31.00
32.00	Subtotal (line 30 minus line 31)		27,408,699	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		376,407	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		244,665	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		311,970	36.00
37.00	Subtotal (see instructions)		27,653,364	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-256	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)		27,653,620	40.00
40.01	Sequestration adjustment (see instructions)		553,072	40.01
41.00	Interim payments		27,239,263	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-138,715	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		5,668	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/26/2015 1:44 pm
		Component CCN: 15T089	Title XVII I	Subprovider - IRF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		65	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	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)		65	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		360	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)		360	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		360	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		295	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)		65	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)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
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)		0	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)		65	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)		65	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		65	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		65	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	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)		65	40.00
40.01	Sequestration adjustment (see instructions)		1	40.01
41.00	Interim payments		85	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-21	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150089

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

Worksheet E-1
Part I
Date/Time Prepared:
5/26/2015 1:44 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		71,347,361		26,961,963	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	07/31/2014	322,900	07/31/2014	277,300	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)		322,900		277,300	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)		71,670,261		27,239,263	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		1,186,945		138,715	6.02
7.00	Total Medicare program liability (see instructions)		70,483,316		27,100,548	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150089
Component CCN: 15T089

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

Worksheet E-1
Part I
Date/Time Prepared:
5/26/2015 1:44 pm
PPS

Title XVIII

Subprovider -
IRF

		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					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,143,763		85	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)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,143,763		85	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		47,615		21	6.02
7.00	Total Medicare program liability (see instructions)		4,096,148		64	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: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part II Date/Time Prepared: 5/26/2015 1:44 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			17,485 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			34,879 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			6,035 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			72,832 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1,449,393,894 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			137,410,323 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)			1,634,412 8.00
9.00	Sequestration adjustment amount (see instructions)			32,688 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,601,724 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,454,042 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)			147,682 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part III Date/Time Prepared: 5/26/2015 1:44 pm
		Component CCN: 15T089	Title VIII	Subprovider - IRF
		PPS		
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		4,043,057	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0000	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		88,543	3.00
4.00	Outlier Payments		112,580	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		59.03	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		11.273973	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	12.00
13.00	Total PPS Payment (see instructions)		4,244,180	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		0	15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		4,244,180	17.00
18.00	Primary payer payments		11,237	18.00
19.00	Subtotal (line 17 less line 18).		4,232,943	19.00
20.00	Deductibles		10,944	20.00
21.00	Subtotal (line 19 minus line 20)		4,221,999	21.00
22.00	Coinsurance		42,256	22.00
23.00	Subtotal (line 21 minus line 22)		4,179,743	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	26.00
27.00	Subtotal (sum of lines 23 and 25)		4,179,743	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		0	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.99	Recovery of Accelerated Depreciation		0	31.99
32.00	Total amount payable to the provider (see instructions)		4,179,743	32.00
32.01	Sequestration adjustment (see instructions)		83,595	32.01
33.00	Interim payments		4,143,763	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34		-47,615	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		112,580	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/26/2015 1:44 pm	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			57.92	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			12.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			69.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			59.03	6.00
7.00	Enter the lesser of line 5 or line 6			59.03	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	49.51	9.51	59.02	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	49.51	9.51	59.02	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	49.51	9.51		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	44.63	8.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	42.34	8.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	45.49	8.50		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	45.49	8.50		17.00
18.00	Per resident amount	97,793.45	92,601.83		18.00
19.00	Approved amount for resident costs	4,448,624	787,116	5,235,740	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			4.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			97,793.45	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			5,235,740	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	37,914	6,163		26.00
27.00	Total Inpatient Days (see instructions)	78,089	78,089		27.00
28.00	Ratio of inpatient days to total inpatient days	0.485523	0.078923		28.00
29.00	Program direct GME amount	2,542,072	413,220		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		58,388		30.00
31.00	Net Program direct GME amount			2,896,904	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/26/2015 1:44 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		2,636,754	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		81,042,590	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		23,751	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		81,018,839	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		32,910,075	42.00
43.00	Primary payer payments (see instructions)		2,255	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		32,907,820	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		113,926,659	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.711149	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.288851	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		2,896,904	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2,060,130	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		836,774	50.00

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

Provider CCN: 150089

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

Worksheet G

Date/Time Prepared:
5/26/2015 1:44 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	118,541,020	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	41,885,106	0	0	0	4.00
5.00	Other receivable	3,088,439	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,992,609	0	0	0	7.00
8.00	Prepaid expenses	5,027,971	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)	171,535,145	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,924,410	0	0	0	12.00
13.00	Land improvements	4,397,723	0	0	0	13.00
14.00	Accumulated depreciation	-3,374,892	0	0	0	14.00
15.00	Buildings	278,399,607	0	0	0	15.00
16.00	Accumulated depreciation	-142,597,955	0	0	0	16.00
17.00	Leasehold improvements	2,703,264	0	0	0	17.00
18.00	Accumulated depreciation	-2,172,105	0	0	0	18.00
19.00	Fixed equipment	15,455,265	0	0	0	19.00
20.00	Accumulated depreciation	-12,735,820	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	144,529,300	0	0	0	23.00
24.00	Accumulated depreciation	-115,309,135	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)	172,219,662	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	31,880,633	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	8,304,108	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	40,184,741	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	383,939,548	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	15,436,907	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,383,197	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,130,915	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	6,335,593	0	0	0	43.00
44.00	Other current liabilities	53,400,248	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	92,686,860	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	85,820,786	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	85,820,786	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	178,507,646	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	205,431,902				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)	205,431,902	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	383,939,548	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150089

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

Worksheet G-1

Date/Time Prepared:
5/26/2015 1:44 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		162,788,022		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		93,295,932			2.00
3.00	Total (sum of line 1 and line 2)		256,083,954		0	3.00
4.00	INCREASE IN ASSETS	71,963,055		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)		71,963,055		0	10.00
11.00	Subtotal (line 3 plus line 10)		328,047,009		0	11.00
12.00	INCREASE IN LIABILITY	29,319,170		0		12.00
13.00	INTERCOMPANY CONTRIBUTION	93,295,937		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)		122,615,107		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		205,431,902		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	INCREASE IN ASSETS		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	INCREASE IN LIABILITY		0			12.00
13.00	INTERCOMPANY CONTRIBUTION		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: 150089

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/26/2015 1:44 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	148,927,125		148,927,125	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	9,089,249		9,089,249	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	158,016,374		158,016,374	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	55,243,449		55,243,449	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	19,106,603		19,106,603	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	74,350,052		74,350,052	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	232,366,426		232,366,426	17.00
18.00	Ancillary services	535,353,179	474,797,661	1,010,150,840	18.00
19.00	Outpatient services	47,431,065	159,445,562	206,876,627	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
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	815,150,670	634,243,223	1,449,393,893	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		298,669,526		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)		298,669,526		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150089

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

Worksheet G-3

Date/Time Prepared:
5/26/2015 1:44 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,449,393,893	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,071,243,526	2.00
3.00	Net patient revenues (line 1 minus line 2)	378,150,367	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	298,669,526	4.00
5.00	Net income from service to patients (line 3 minus line 4)	79,480,841	5.00
OTHER INCOME			
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	PHYSICIAN & NRCC REVENUES	22,133,400	24.00
25.00	Total other income (sum of lines 6-24)	22,133,400	25.00
26.00	Total (line 5 plus line 25)	101,614,241	26.00
27.00	LOSS ON EXTINGUISHMENT OF DEBT	8,318,309	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	8,318,309	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	93,295,932	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150089	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/26/2015 1:44 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,589,630	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		58,066	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)		202.67	3.00
4.00	Number of interns & residents (see instructions)		52.72	4.00
5.00	Indirect medical education percentage (see instructions)		7.62	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		349,730	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.17	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		23.82	8.00
9.00	Sum of lines 7 and 8		29.99	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.26	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		287,311	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		5,284,737	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00