

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: 150161	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/28/2015 2:00 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/28/2015	Time: 2:00 pm
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH NORTH HOSPITAL ( 150161 ) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	157,927	-88,018	6,156	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
200.00 Total	0	157,927	-88,018	6,156	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: 150161		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 1:40 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 11700 NORTH MERIDIAN ST			PO Box:							
2.00	City: CARMEL			State: IN		Zip Code: 46032-4656		County: HAMILTON			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		IU HEALTH NORTH HOSPITAL	150161	26900	1	12/20/2005	N	P	P	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2014	12/31/2014		20.00	
21.00	Type of Control (see instructions)						4		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						2		N	23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,547	1,796	0	72	2,723	123		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150161	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 1:40 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N		40.00		
		V	XVII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.	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)				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 67.00	
				1.00	2.00	3.00	
<b>Inpatient Psychiatric Facility PPS</b>							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00	
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)					0 71.00	
<b>Inpatient Rehabilitation Facility PPS</b>							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)					0 76.00	
						1.00	
<b>Long Term Care Hospital PPS</b>							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00	
<b>TEFRA Providers</b>							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00	

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		V	XIX				
		1.00	2.00				
<b>Title V and XIX Services</b>							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00		
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00		
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00		
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.				N	110.00	
					1.00	2.00	
					3.00		
<b>Miscellaneous Cost Reporting Information</b>							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.	N			0	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00		
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00		
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	357,048	0			118.01	
					1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
<b>Transplant Center Information</b>							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150161		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 1:40 pm	
		1.00	2.00				
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
<b>All Providers</b>							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H059			140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: IU HEALTH, INC	Contractor's Name: WPS		Contractor's Number: 08101		141.00	
142.00	Street: 340 W. 10TH STREET	PO Box:				142.00	
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.	N				145.00	
						1.00	
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	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	N	157.00
158.00	SUBPROVIDER						158.00
159.00	SNF	N	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00
161.00	CMHC		N	N	N	N	161.00
						1.00	
<b>Multi campus</b>							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					Y	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.50	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150161	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 1:40 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)		N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150161	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/28/2015 1:40 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		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: 150161

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/28/2015 1:40 pm

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA		UTTER	41.00
42.00	Enter the employer/company name of the cost report preparer.	INDIANA UNIVERSITY HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317.962.1093		RUTTER@IUHEALTH.ORG	43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/21/2015	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	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER, COST REPORTING	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150161

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2015 1:40 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	120	43,800	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)		120	43,800	0.00	0	7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT	34.01	6	2,190	0.00	0	11.01
11.02 PREMATURE INTENSIVE CARE UNIT	34.02	23	8,395	0.00	0	11.02
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		149	54,385	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		149				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)		12	4,380			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: 150161

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2015 1:40 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,377	738	21,115			1.00
2.00 HMO and other (see instructions)	2,130	4,591				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,377	738	21,115			7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT	0	59	1,132			11.01
11.02 PREMATURE INTENSIVE CARE UNIT	0	518	4,529			11.02
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		232	4,715			13.00
14.00 Total (see instructions)	6,377	1,547	31,491	0.00	1,210.77	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	42			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	1,210.77	27.00
28.00 Observation Bed Days		188	1,516			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	123	830			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: 150161

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2015 1:40 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	1,397	927	8,752	1.00
2.00 HMO and other (see instructions)				0	0		2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT							11.01
11.02 PREMATURE INTENSIVE CARE UNIT							11.02
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	1,397	927		8,752	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150161		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part II Date/Time Prepared: 5/28/2015 1:40 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	49,886,806	-262,771	49,624,035	1,606,640.00	30.89	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		352,369	0	352,369	1,523.00	231.37	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		13,947,037	0	13,947,037	353,598.00	39.44	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		1,154,707	680,566	1,835,273	66,354.00	27.66	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		172,122	0	172,122	1,844.00	93.34	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		12,247,881	0	12,247,881			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		290,214	0	290,214			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	700,960	-86	700,874	21,872.00	32.04	26.00
27.00	Administrative & General	5.00	6,162,758	-24,198	6,138,560	148,521.00	41.33	27.00
28.00	Administrative & General under contract (see inst.)		118,309	0	118,309	628.00	188.39	28.00
29.00	Maintenance & Repairs	6.00	1,450,503	0	1,450,503	48,661.00	29.81	29.00
30.00	Operation of Plant	7.00	169,948	0	169,948	2,133.00	79.68	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,360,578	-13,346	1,347,232	95,144.00	14.16	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	831,240	-2,129	829,111	52,947.00	15.66	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	1,006,211	-7,109	999,102	62,339.00	16.03	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,587,808	-508,442	2,079,366	63,033.00	32.99	38.00
39.00	Central Services and Supply	14.00	567,015	-4,203	562,812	27,129.00	20.75	39.00
40.00	Pharmacy	15.00	2,110,956	0	2,110,956	49,531.00	42.62	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150161

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/28/2015 1:40 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	282,367	0	282,367	8,634.00	42.00
43.00	Other General Service	18.00	137,770	-962	136,808	9,470.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150161

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/28/2015 1:40 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	36,058,078	-262,771	35,795,307	1,253,670.00	28.55	1.00
2.00	Excluded area salaries (see instructions)	1,154,707	680,566	1,835,273	66,354.00	27.66	2.00
3.00	Subtotal salaries (line 1 minus line 2)	34,903,371	-943,337	33,960,034	1,187,316.00	28.60	3.00
4.00	Subtotal other wages & related costs (see inst.)	172,122	0	172,122	1,844.00	93.34	4.00
5.00	Subtotal wage-related costs (see inst.)	12,247,881	0	12,247,881	0.00	36.07	5.00
6.00	Total (sum of lines 3 thru 5)	47,323,374	-943,337	46,380,037	1,189,160.00	39.00	6.00
7.00	Total overhead cost (see instructions)	17,486,423	-560,475	16,925,948	590,042.00	28.69	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150161	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2015 1:40 pm
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	1,776,517	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	6,855,969	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	222,152	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	44,169	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)	344,579	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	4,231	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	3,464,113	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	-418,442	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	244,807	23.00
24.00	<b>Total Wage Related cost (Sum of lines 1 -23)</b>	<b>12,538,095</b>	<b>24.00</b>
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150161	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/28/2015 1:40 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		290,431	12,538,094
2.00	Hospital		290,431	12,538,094
3.00	Subprovider - IPF			
4.00	Subprovider - IRF			
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis			
18.00	Other		0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150161	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/28/2015 1:40 pm
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.280988	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		3,977,185	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		49,700,216	6.00	
7.00	Medicaid cost (line 1 times line 6)		13,965,164	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)		9,987,979	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)		573,869	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		4,127,481	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		1,159,773	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)		585,904	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)		10,573,883	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	12,774,852	4,842,486	17,617,338	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,589,580	1,360,680	4,950,260	21.00
22.00	Partial payment by patients approved for charity care	14,385	7,025	21,410	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,575,195	1,353,655	4,928,850	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)			4,979,859	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			42,157	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			4,937,702	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			1,387,435	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			6,316,285	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			16,890,168	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150161

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

Worksheet A  
Date/Time Prepared:  
5/28/2015 1:40 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	11,391,999	11,391,999	1.00
1.01	00101	NEW CAP REL COSTS-INTEREST		0	0	14,664,160	14,664,160	1.01
1.02	00102	MOB LEASED SPACE		0	0	1,662,030	1,662,030	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	4,442,263	4,442,263	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	700,960	893,261	1,594,221	8,843,002	10,437,223	4.00
5.01	00540	NONPATIENT TELEPHONES	0	104,356	104,356	5,240	109,596	5.01
5.02	00550	DATA PROCESSING	46,896	265,543	312,439	-12,454	299,985	5.02
5.03	00580	PURCHASING	414,775	304,939	719,714	-212,826	506,888	5.03
5.04	00570	ADMITTING	1,278,584	555,118	1,833,702	-257,736	1,575,966	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	4,422,503	62,643,897	67,066,400	-31,877,704	35,188,696	5.05
6.00	00600	MAINTENANCE & REPAIRS	1,450,503	4,655,300	6,105,803	-305,649	5,800,154	6.00
7.00	00700	OPERATION OF PLANT	169,948	136,778	306,726	-117,374	189,352	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	53,175	53,175	0	53,175	8.00
9.00	00900	HOUSEKEEPING	1,360,578	4,169,973	5,530,551	-458,957	5,071,594	9.00
10.00	01000	DIETARY	831,240	540,994	1,372,234	-257,949	1,114,285	10.00
11.00	01100	CAFETERIA	1,006,211	1,826,406	2,832,617	-336,136	2,496,481	11.00
13.00	01300	NURSING ADMINISTRATION	2,587,808	1,223,629	3,811,437	-1,289,007	2,522,430	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	567,015	1,492,786	2,059,801	6,167,623	8,227,424	14.00
15.00	01500	PHARMACY	2,110,956	3,354,078	5,465,034	-3,003,829	2,461,205	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	325,887	325,887	-2,089	323,798	16.00
17.00	01700	SOCIAL SERVICE	282,367	85,675	368,042	-57,528	310,514	17.00
18.00	01850	PATIENT TRANSPORTATION	137,770	48,552	186,322	-36,303	150,019	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	10,602,274	6,043,167	16,645,441	-3,136,656	13,508,785	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	770,396	1,571,114	2,341,510	-162,266	2,179,244	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	2,219,018	1,357,880	3,576,898	-501,685	3,075,213	34.02
43.00	04300	NURSERY	0	0	0	938,069	938,069	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,477,095	18,807,107	22,284,202	-16,659,254	5,624,948	50.00
51.00	05100	RECOVERY ROOM	1,503,338	620,636	2,123,974	-455,191	1,668,783	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,368,418	1,479,926	3,848,344	-1,587,114	2,261,230	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,789,082	1,693,563	4,482,645	-947,288	3,535,357	54.00
56.00	05600	RADIOISOTOPE	191,953	228,850	420,803	-190,439	230,364	56.00
60.00	06000	LABORATORY	458,739	5,209,404	5,668,143	-58,006	5,610,137	60.00
65.00	06500	RESPIRATORY THERAPY	1,547,901	656,254	2,204,155	-519,590	1,684,565	65.00
66.00	06600	PHYSICAL THERAPY	1,963,916	625,137	2,589,053	-460,340	2,128,713	66.00
69.00	06900	ELECTROCARDIOLOGY	223,416	207,445	430,861	-33,191	397,670	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	128,797	337,728	466,525	-31,352	435,173	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,654,270	3,654,270	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	10,018,983	10,018,983	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,237,164	3,237,164	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	1,128,750	2,087,735	3,216,485	-1,778,973	1,437,512	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0	90.02
90.03	09003	IVF	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	1,990,892	2,050,338	4,041,230	-454,829	3,586,401	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	48,732,099	125,656,631	174,388,730	-176,912	174,211,818	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	522,916	2,346,055	2,868,971	-245,240	2,623,731	192.01
192.02	19202	PURCHASED SERVICES	0	0	0	0	0	192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	0	0	4,067	4,067	192.04
192.05	19205	PHYSICIAN PRACTICE	631,791	719,465	1,351,256	418,085	1,769,341	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118-199)	49,886,806	128,722,151	178,608,957	0	178,608,957	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150161

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

Worksheet A  
Date/Time Prepared:  
5/28/2015 1:40 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	15,149,612	26,541,611	1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	1,491,703	16,155,863	1.01
1.02	00102	MOB LEASED SPACE	0	1,662,030	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	926,716	5,368,979	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-593,194	9,844,029	4.00
5.01	00540	NONPATIENT TELEPHONES	-111,958	-2,362	5.01
5.02	00550	DATA PROCESSING	10,051,178	10,351,163	5.02
5.03	00580	PURCHASING	690,197	1,197,085	5.03
5.04	00570	ADMITTING	2,791,113	4,367,079	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	-33,043,128	2,145,568	5.05
6.00	00600	MAINTENANCE & REPAIRS	-485,210	5,314,944	6.00
7.00	00700	OPERATION OF PLANT	74,213	263,565	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	53,175	8.00
9.00	00900	HOUSEKEEPING	0	5,071,594	9.00
10.00	01000	DIETARY	-5,812	1,108,473	10.00
11.00	01100	CAFETERIA	-1,487,180	1,009,301	11.00
13.00	01300	NURSING ADMINISTRATION	-338,338	2,184,092	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,227,424	14.00
15.00	01500	PHARMACY	0	2,461,205	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	987,987	1,311,785	16.00
17.00	01700	SOCIAL SERVICE	0	310,514	17.00
18.00	01850	PATIENT TRANSPORTATION	0	150,019	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-2,095,834	11,412,951	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	-1,272,812	906,432	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	-483,879	2,591,334	34.02
43.00	04300	NURSERY	0	938,069	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-832,161	4,792,787	50.00
51.00	05100	RECOVERY ROOM	0	1,668,783	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,261,230	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-56,460	3,478,897	54.00
56.00	05600	RADIOISOTOPE	0	230,364	56.00
60.00	06000	LABORATORY	-136,064	5,474,073	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,684,565	65.00
66.00	06600	PHYSICAL THERAPY	-18,667	2,110,046	66.00
69.00	06900	ELECTROCARDIOLOGY	-161,639	236,031	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	435,173	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,654,270	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	10,018,983	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,237,164	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	-166,778	1,270,734	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	90.02
90.03	09003	IVF	0	0	90.03
91.00	09100	EMERGENCY	-860,725	2,725,676	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-9,987,120	164,224,698	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	2,623,731	192.01
192.02	19202	PURCHASED SERVICES	0	0	192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	4,067	192.04
192.05	19205	PHYSICIAN PRACTICE	0	1,769,341	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-9,987,120	168,621,837	200.00

RECLASSIFICATIONS

Provider CCN: 150161

Period:  
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - BILLABLE SUPPLIES</b>					
1.00	ADULTS & PEDIATRICS	30.00	0	11,162	1.00
2.00	RECOVERY ROOM	51.00	0	1,924	2.00
3.00	RADIOISOTOPE	56.00	0	1,608	3.00
4.00	PHARMACY	15.00	0	1,583	4.00
5.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	1,147	5.00
6.00	MAINTENANCE & REPAIRS	6.00	0	508	6.00
7.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	355	7.00
8.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	101	8.00
9.00	ADMINISTRATIVE	5.04	0	51	9.00
10.00	ELECTROENCEPHALOGRAPHY	70.00	0	35	10.00
11.00	HOUSEKEEPING	9.00	0	22	11.00
12.00	DIETARY	10.00	0	21	12.00
13.00	ELECTROCARDIOLOGY	69.00	0	14	13.00
14.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,654,270	14.00
15.00	PHYSICIAN PRACTICE	192.05	0	9	15.00
	0		0	3,672,810	
<b>B - NON-BILLABLE SUPPLIES</b>					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	6,929,135	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
	0		0	6,929,135	
<b>C - DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,205,418	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
	0		0	3,205,418	

RECLASSIFICATIONS

Provider CCN: 150161

Period:  
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>D - IMPLANTS SUPPLIES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	10,018,983	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
	<b>0</b>		<b>0</b>	<b>10,018,983</b>	
<b>E - NONBILLABLE DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	31,746	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
	<b>TOTALS</b>		<b>0</b>	<b>31,746</b>	
<b>F - BUILDING \$ EQUIPMENT RENTAL</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,747,347	1.00
2.00	MOB LEASED SPACE	1.02	0	1,662,030	2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	301,153	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
	<b>0</b>		<b>0</b>	<b>3,710,530</b>	
<b>G - PACU</b>					
1.00	ADULTS & PEDIATRICS	30.00	4,019	454	1.00
	<b>0</b>		<b>4,019</b>	<b>454</b>	
<b>H - CAPITAL RELATED COSTS</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	9,644,652	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	4,141,110	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	20	3.00
4.00	NONPATIENT TELEPHONES	5.01	0	5,240	4.00
5.00	DATA PROCESSING	5.02	0	3,829	5.00
6.00	PURCHASING	5.03	0	7,530	6.00
7.00	ADMINISTRATIVE	5.04	0	1,687	7.00
8.00	MAINTENANCE & REPAIRS	6.00	0	16,955	8.00
9.00	OPERATION OF PLANT	7.00	0	45,380	9.00
10.00	HOUSEKEEPING	9.00	0	20,936	10.00
11.00	DIETARY	10.00	0	149	11.00
12.00	CAFETERIA	11.00	0	1,449	12.00
13.00	NURSING ADMINISTRATION	13.00	0	4,041	13.00
14.00	CENTRAL SERVICES & SUPPLY	14.00	0	58,592	14.00
15.00	PHARMACY	15.00	0	2,183	15.00

RECLASSIFICATIONS

Provider CCN: 150161

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

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Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
16.00	MEDICAL RECORDS & LIBRARY	16.00	0	101	16.00	
17.00	SOCIAL SERVICE	17.00	0	42	17.00	
18.00	ADULTS & PEDIATRICS	30.00	0	21,105	18.00	
19.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	2,128	19.00	
20.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	16,554	20.00	
21.00	OPERATING ROOM	50.00	0	115,747	21.00	
22.00	RECOVERY ROOM	51.00	0	5,366	22.00	
23.00	DELIVERY ROOM & LABOR ROOM	52.00	0	11,903	23.00	
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	32,480	24.00	
25.00	RADIOISOTOPE	56.00	0	31	25.00	
26.00	LABORATORY	60.00	0	1,685	26.00	
27.00	RESPIRATORY THERAPY	65.00	0	5,395	27.00	
28.00	PHYSICAL THERAPY	66.00	0	5,317	28.00	
29.00	ELECTROCARDIOLOGY	69.00	0	2,874	29.00	
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,509	30.00	
31.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	44,739	31.00	
32.00	EMERGENCY	91.00	0	7,312	32.00	
33.00	PHYSICIANS' PRIVATE OFFICES	192.04	0	4,920	33.00	
34.00	PHYSICIAN PRACTICE	192.05	0	4,737	34.00	
	TOTALS		0	14,237,698		
<b>I - L &amp; D COSTS TO NURSERY</b>						
1.00	NURSERY	43.00	23,677	3,259	1.00	
	0		23,677	3,259		
<b>J - MARKETING</b>						
1.00	OTHER NON-REIMBURSABLE	192.01	0	5,564	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	
	0		0	5,564		
<b>K - INTEREST</b>						
1.00	NEW CAP REL COSTS-INTEREST	1.01	0	14,664,160	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	
	0		0	14,664,160		
<b>M - BENEFITS</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,863,698	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	

RECLASSIFICATIONS

Provider CCN: 150161

Period:  
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
				8,863,698	
O - POST-PARTUM					
1.00	NURSERY	43.00	824,463	86,670	1.00
			824,463	86,670	
P - LABOR AND DELIVERY					
1.00	ADULTS & PEDIATRICS	30.00	357,098	49,152	1.00
	TOTALS		357,098	49,152	
Q - FLMA PTO					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	86	1.00
2.00	PURCHASING	5.03	0	909	2.00
3.00	ADMINISTRATIVE	5.04	0	6,593	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	16,696	4.00
5.00	HOUSEKEEPING	9.00	0	13,346	5.00
6.00	DIETARY	10.00	0	2,129	6.00
7.00	CAFETERIA	11.00	0	7,109	7.00
8.00	NURSING ADMINISTRATION	13.00	0	9,175	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,203	9.00
10.00	PATIENT TRANSPORTATION	18.00	0	962	10.00
11.00	ADULTS & PEDIATRICS	30.00	0	81,993	11.00
12.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	750	12.00
13.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	16,542	13.00
14.00	OPERATING ROOM	50.00	0	9,046	14.00
15.00	RECOVERY ROOM	51.00	0	7,452	15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	25,173	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	25,486	17.00
18.00	LABORATORY	60.00	0	1,856	18.00
19.00	RESPIRATORY THERAPY	65.00	0	11,029	19.00
20.00	PHYSICAL THERAPY	66.00	0	6,049	20.00
21.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	4,272	21.00
22.00	EMERGENCY	91.00	0	5,944	22.00
23.00	OTHER NON-REIMBURSABLE	192.01	0	2,208	23.00
24.00	PHYSICIAN PRACTICE	192.05	0	3,763	24.00
	TOTALS		0	262,771	
R - ACCTG 441199 - MINIMALLY INVASIVE					
1.00	PHYSICIAN PRACTICE	192.05	187,270	115,637	1.00
	TOTALS		187,270	115,637	
S - ACCTG 441115 - BREAST CARE					
1.00	PHYSICIAN PRACTICE	192.05	499,267	98,273	1.00
	TOTALS		499,267	98,273	
500.00	Grand Total: Increases		1,895,794	65,955,958	500.00

RECLASSIFICATIONS

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Period:  
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To 12/31/2014

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - BILLABLE SUPPLIES</b>							
1.00	PURCHASING	5.03	0	49,840	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	148,601	0		2.00
3.00	OPERATING ROOM	50.00	0	2,558,288	0		3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	248,055	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	20,567	0		5.00
6.00	RESPIRATORY THERAPY	65.00	0	2,801	0		6.00
7.00	PHYSICAL THERAPY	66.00	0	37,554	0		7.00
8.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	595,137	0		8.00
9.00	EMERGENCY	91.00	0	11,967	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
0			0	3,672,810			
<b>B - NON-BILLABLE SUPPLIES</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,195	0		1.00
2.00	DATA PROCESSING	5.02	0	1	0		2.00
3.00	PURCHASING	5.03	0	51,555	0		3.00
4.00	ADMINISTRATIVE AND GENERAL	5.04	0	19,702	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	82,295	0		5.00
6.00	MAINTENANCE & REPAIRS	6.00	0	52,531	0		6.00
7.00	OPERATION OF PLANT	7.00	0	225	0		7.00
8.00	HOUSEKEEPING	9.00	0	19,251	0		8.00
9.00	DIETARY	10.00	0	5,681	0		9.00
10.00	CAFETERIA	11.00	0	888	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	3,658	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	552,409	0		12.00
13.00	PHARMACY	15.00	0	85,838	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	1	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	783,151	0		15.00
16.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	46,351	0		16.00
17.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	180,064	0		17.00
18.00	OPERATING ROOM	50.00	0	3,455,071	0		18.00
19.00	RECOVERY ROOM	51.00	0	202,682	0		19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	365,744	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	120,812	0		21.00
22.00	RADIOISOTOPE	56.00	0	6,722	0		22.00
23.00	LABORATORY	60.00	0	1,685	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	166,957	0		24.00
25.00	PHYSICAL THERAPY	66.00	0	26,794	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	3,619	0		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	13,207	0		27.00
28.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	505,221	0		28.00
29.00	EMERGENCY	91.00	0	172,926	0		29.00
30.00	OTHER NON-REIMBURSABLE	192.01	0	867	0		30.00
31.00	PHYSICIANS' PRIVATE OFFICES	192.04	0	853	0		31.00
32.00	PHYSICIAN PRACTICE	192.05	0	1,179	0		32.00
0			0	6,929,135			
<b>C - DRUGS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,546	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	42,735	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	564	0		3.00
4.00	PHARMACY	15.00	0	2,658,372	0		4.00
5.00	SOCIAL SERVICE	17.00	0	1,887	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	78	0		6.00
7.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	78	0		7.00
8.00	OPERATING ROOM	50.00	0	120,540	0		8.00
9.00	RECOVERY ROOM	51.00	0	1	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	562	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	105,454	0		11.00
12.00	RADIOISOTOPE	56.00	0	152,349	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	101,666	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	72	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	1,314	0		15.00

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	
16.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	18,180	0	16.00
17.00	EMERGENCY	91.00	0	20	0	17.00
				3,205,418		
<b>D - IMPLANTS SUPPLIES</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	5,002	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	349	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	4,638	0	3.00
4.00	OPERATING ROOM	50.00	0	9,481,575	0	4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,505	0	5.00
6.00	PHYSICAL THERAPY	66.00	0	18,858	0	6.00
7.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,703	0	7.00
8.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	503,905	0	8.00
9.00	EMERGENCY	91.00	0	448	0	9.00
				10,018,983		
<b>E - NONBILLABLE DRUGS</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	17,171	0	1.00
2.00	PURCHASING	5.03	0	112	0	2.00
3.00	PHARMACY	15.00	0	150	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	11	0	4.00
5.00	OPERATING ROOM	50.00	0	509	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,830	0	6.00
7.00	RADIOISOTOPE	56.00	0	5,487	0	7.00
8.00	RESPIRATORY THERAPY	65.00	0	402	0	8.00
9.00	PHYSICAL THERAPY	66.00	0	74	0	9.00
	TOTALS		0	31,746		
<b>F - BUILDING \$ EQUIPMENT RENTAL</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	804	10	1.00
2.00	DATA PROCESSING	5.02	0	8,667	10	2.00
3.00	PURCHASING	5.03	0	452	10	3.00
4.00	ADMITTING	5.04	0	1,161	0	4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	2,272,251	0	5.00
6.00	MAINTENANCE & REPAIRS	6.00	0	16,416	0	6.00
7.00	OPERATION OF PLANT	7.00	0	144,938	0	7.00
8.00	DIETARY	10.00	0	859	0	8.00
9.00	CAFETERIA	11.00	0	1,138	0	9.00
10.00	NURSING ADMINISTRATION	13.00	0	70,668	0	10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	357	0	11.00
12.00	PHARMACY	15.00	0	6,784	0	12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,189	0	13.00
14.00	ADULTS & PEDIATRICS	30.00	0	71,203	0	14.00
15.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	12,041	0	15.00
16.00	OPERATING ROOM	50.00	0	250,069	0	16.00
17.00	RECOVERY ROOM	51.00	0	489	0	17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	626	0	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	238,291	0	19.00
20.00	LABORATORY	60.00	0	489	0	20.00
21.00	RESPIRATORY THERAPY	65.00	0	316	0	21.00
22.00	PHYSICAL THERAPY	66.00	0	86,417	0	22.00
23.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	472	0	23.00
24.00	EMERGENCY	91.00	0	1,036	0	24.00
25.00	OTHER NON-REIMBURSABLE	192.01	0	141,149	0	25.00
26.00	PHYSICIAN PRACTICE	192.05	0	381,248	0	26.00
				3,710,530		
<b>G - PACU</b>						
1.00	RECOVERY ROOM	51.00	4,019	454	0	1.00
			4,019	454		
<b>H - CAPITAL RELATED COSTS</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	14,237,698	9	1.00
2.00		0.00	0	0	9	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00

RECLASSIFICATIONS

Provider CCN: 150161

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

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
18.00		0.00	0	0	0	18.00	
19.00		0.00	0	0	0	19.00	
20.00		0.00	0	0	0	20.00	
21.00		0.00	0	0	0	21.00	
22.00		0.00	0	0	0	22.00	
23.00		0.00	0	0	0	23.00	
24.00		0.00	0	0	0	24.00	
25.00		0.00	0	0	0	25.00	
26.00		0.00	0	0	0	26.00	
27.00		0.00	0	0	0	27.00	
28.00		0.00	0	0	0	28.00	
29.00		0.00	0	0	0	29.00	
30.00		0.00	0	0	0	30.00	
31.00		0.00	0	0	0	31.00	
32.00		0.00	0	0	0	32.00	
33.00		0.00	0	0	0	33.00	
34.00		0.00	0	0	0	34.00	
TOTALS			0	14,237,698			
<b>I - L &amp; D COSTS TO NURSERY</b>							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	23,677	3,259	0	1.00	
	O		23,677	3,259			
<b>J - MARKETING</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	2,866	0	1.00	
2.00	OPERATION OF PLANT	5.05	0	2,250	0	2.00	
3.00	PHYSICAL THERAPY	7.00	0	88	0	3.00	
4.00	O	66.00	0	360	0	4.00	
	O		0	5,564			
<b>K - INTEREST</b>							
1.00	DATA PROCESSING	5.02	0	926	11	1.00	
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	54	0	2.00	
3.00	NURSING ADMINISTRATION	5.05	0	14,659,434	0	3.00	
4.00	ADULTS & PEDIATRICS	13.00	0	52	0	4.00	
5.00	RECOVERY ROOM	30.00	0	199	0	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	51.00	0	56	0	6.00	
7.00	RESPIRATORY THERAPY	54.00	0	1,215	0	7.00	
8.00	PHYSICAL THERAPY	65.00	0	158	0	8.00	
9.00	CARDIAC CATHETERIZATION	66.00	0	150	0	9.00	
10.00	LABORATORY	75.01	0	177	0	10.00	
11.00	PHYSICIAN PRACTICE	192.05	0	1,739	0	11.00	
	O		0	14,664,160			
<b>M - BENEFITS</b>							
1.00	DATA PROCESSING	5.02	0	6,689	0	1.00	
2.00	PURCHASING	5.03	0	118,397	0	2.00	
3.00	ADMINISTRATIVE AND GENERAL	5.04	0	235,691	0	3.00	
4.00	MAINTENANCE & REPAIRS	5.05	0	576,140	0	4.00	
5.00	OPERATION OF PLANT	6.00	0	254,165	0	5.00	
6.00	HOUSEKEEPING	7.00	0	17,503	0	6.00	
7.00	DIETARY	9.00	0	460,664	0	7.00	
8.00	CAFETERIA	10.00	0	251,579	0	8.00	
9.00	NURSING ADMINISTRATION	11.00	0	335,559	0	9.00	
10.00	CENTRAL SERVICES & SUPPLY	13.00	0	621,130	0	10.00	
11.00	PHARMACY	14.00	0	117,824	0	11.00	
12.00	SOCIAL SERVICE	15.00	0	256,451	0	12.00	
13.00	PATIENT TRANSPORTATION	17.00	0	55,683	0	13.00	
14.00	ADULTS & PEDIATRICS	18.00	0	36,303	0	14.00	
15.00	PEDIATRIC INTENSIVE CARE UNIT	30.00	0	1,809,233	0	15.00	
16.00	PREMATURE INTENSIVE CARE UNIT	34.01	0	118,398	0	16.00	
17.00	OPERATING ROOM	34.02	0	327,203	0	17.00	
18.00	RECOVERY ROOM	50.00	0	606,042	0	18.00	
19.00	DELIVERY ROOM & LABOR ROOM	51.00	0	254,780	0	19.00	
20.00	O	52.00	0	549,339	0	20.00	

RECLASSIFICATIONS

Provider CCN: 150161

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

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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	485,599	0	21.00	
22.00	RADIOISOTOPE	56.00	0	27,520	0	22.00	
23.00	LABORATORY	60.00	0	57,517	0	23.00	
24.00	RESPIRATORY THERAPY	65.00	0	252,685	0	24.00	
25.00	PHYSICAL THERAPY	66.00	0	295,378	0	25.00	
26.00	ELECTROCARDIOLOGY	69.00	0	31,146	0	26.00	
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	16,986	0	27.00	
28.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	200,620	0	28.00	
29.00	EMERGENCY	91.00	0	275,744	0	29.00	
30.00	OTHER NON-REIMBURSABLE	192.01	0	108,788	0	30.00	
31.00	PHYSICIAN PRACTICE	192.05	0	102,942	0	31.00	
	TOTALS		0	8,863,698			
O - POST-PARTUM							
1.00	ADULTS & PEDIATRICS	30.00	824,463	86,670	0	1.00	
	TOTALS		824,463	86,670			
P - LABOR AND DELIVERY							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	357,098	49,152	0	1.00	
	TOTALS		357,098	49,152			
Q - FLMA PTO							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	86	0	0	1.00	
2.00	PURCHASING	5.03	909	0	0	2.00	
3.00	ADMINISTRATIVE	5.04	6,593	0	0	3.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	16,696	0	0	4.00	
5.00	HOUSEKEEPING	9.00	13,346	0	0	5.00	
6.00	DIETARY	10.00	2,129	0	0	6.00	
7.00	CAFETERIA	11.00	7,109	0	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	9,175	0	0	8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	4,203	0	0	9.00	
10.00	PATIENT TRANSPORTATION	18.00	962	0	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	81,993	0	0	11.00	
12.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	750	0	0	12.00	
13.00	PREMATURE INTENSIVE CARE UNIT	34.02	16,542	0	0	13.00	
14.00	OPERATING ROOM	50.00	9,046	0	0	14.00	
15.00	RECOVERY ROOM	51.00	7,452	0	0	15.00	
16.00	DELIVERY ROOM & LABOR ROOM	52.00	25,173	0	0	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	25,486	0	0	17.00	
18.00	LABORATORY	60.00	1,856	0	0	18.00	
19.00	RESPIRATORY THERAPY	65.00	11,029	0	0	19.00	
20.00	PHYSICAL THERAPY	66.00	6,049	0	0	20.00	
21.00	CARDIAC CATHETERIZATION LABORATORY	75.01	4,272	0	0	21.00	
22.00	EMERGENCY	91.00	5,944	0	0	22.00	
23.00	OTHER NON-REIMBURSABLE	192.01	2,208	0	0	23.00	
24.00	PHYSICIAN PRACTICE	192.05	3,763	0	0	24.00	
	TOTALS		262,771	0			
R - ACCTG 441199 - MINIMALLY INVASIVE							
1.00	OPERATING ROOM	50.00	187,270	115,637	0	1.00	
	TOTALS		187,270	115,637			
S - ACCTG 441115 - BREAST CARE							
1.00	NURSING ADMINISTRATION	13.00	499,267	98,273	0	1.00	
	TOTALS		499,267	98,273			
500.00	Grand Total: Decreases		2,158,565	65,693,187		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150161

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	0	0	0	0	1.00
2.00	Land Improvements	11,942,223	0	0	0	2.00
3.00	Buildings and Fixtures	148,754,672	0	0	0	3.00
4.00	Building Improvements	8,930,755	797,913	0	797,913	4.00
5.00	Fixed Equipment	26,468,951	3,721,631	0	3,721,631	5.00
6.00	Movable Equipment	69,902,535	2,062,397	0	2,062,397	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	265,999,136	6,581,941	0	6,581,941	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	265,999,136	6,581,941	0	6,581,941	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	0	0			1.00
2.00	Land Improvements	11,942,223	0			2.00
3.00	Buildings and Fixtures	148,754,672	0			3.00
4.00	Building Improvements	9,688,243	0			4.00
5.00	Fixed Equipment	30,189,401	0			5.00
6.00	Movable Equipment	69,456,605	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	270,031,144	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	270,031,144	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150161

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0				1.01
1.02	MOB LEASED SPACE	0	0				1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150161

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

Worksheet A-7  
Part III  
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	200,574,539	0	200,574,539	0.742783	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0.000000	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0.000000	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	69,456,605	0	69,456,605	0.257217	0	2.00
3.00	Total (sum of lines 1-2)	270,031,144	0	270,031,144	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	24,794,264	1,747,347	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0	1,662,030	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	5,067,826	301,153	2.00
3.00	Total (sum of lines 1-2)	0	0	0	29,862,090	3,710,530	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	0	0	0	0	26,541,611	1.00
1.01	NEW CAP REL COSTS-INTEREST	16,155,863	0	0	0	16,155,863	1.01
1.02	MOB LEASED SPACE	0	0	0	0	1,662,030	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,368,979	2.00
3.00	Total (sum of lines 1-2)	16,155,863	0	0	0	49,728,483	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150161

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

Worksheet A-8

Date/Time Prepared:  
5/28/2015 1:40 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7	Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
1.01 Investment income - NEW CAP REL COSTS-INTEREST (chapter 2)			ONEW CAP REL COSTS-INTEREST	1.01		0	1.01
1.02 Investment income - MOB LEASED SPACE (chapter 2)			OMOB LEASED SPACE	1.02		0	1.02
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)		0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		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	-7,203,297				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	21,687,592				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		ORESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL 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			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
26.01 Depreciation - NEW CAP REL COSTS-INTEREST			ONEW CAP REL COSTS-INTEREST	1.01		0	26.01
26.02 Depreciation - MOB LEASED SPACE			OMOB LEASED SPACE	1.02		0	26.02
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	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	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		67.00		30.00
				Cost Center	Line #			
Cost Center Description		Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.		
		1.00	2.00	3.00	4.00	5.00		
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00			30.00
30.99	Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS	30.00			30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00			31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00		0	32.00
33.00			0		0.00		0	33.00
34.00			0		0.00		0	34.00
35.00			0		0.00		0	35.00
36.00			0		0.00		0	36.00
37.00	MI SC INCOME	B	-63	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	37.00
37.01	MI SC INCOME	B	-111,958	NONPATIENT TELEPHONES	5.01		0	37.01
37.02	MI SC INCOME	B	-197	ADMINISTRATIVE	5.04		0	37.02
37.03	MI SC INCOME	B	-1,107,730	OTHER ADMINISTRATIVE AND GENERAL	5.05		0	37.03
37.04	MI SC INCOME	B	-455,146	MAINTENANCE & REPAIRS	6.00		0	37.04
37.05	MI SC INCOME	B	-5,812	DIETARY	10.00		0	37.05
37.06	MI SC INCOME	B	-1,428,866	CAFETERIA	11.00		0	37.06
37.07	MI SC INCOME	B	-12,698	NURSING ADMINISTRATION	13.00		0	37.07
37.08	MI SC INCOME	B	-5,940	ADULTS & PEDIATRICS	30.00		0	37.08
38.00	HAF	B	-10,583,083	OTHER ADMINISTRATIVE AND GENERAL	5.05		0	38.00
38.01	MI SC INCOME	B	-18,667	PHYSICAL THERAPY	66.00		0	38.01
38.02	MI SC INCOME	B	-1,593	EMERGENCY	91.00		0	38.02
39.00	BENEFITS	A	-9,229,652	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	39.00
39.01	PTO	A	-68,881	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	39.01
40.00	SHARED EMPLOYEE REVENUE	B	-105,822	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	40.00
40.01	SHARED EMPLOYEE REVENUE	B	-13,819	DATA PROCESSING	5.02		0	40.01
41.00	SHARED EMPLOYEE REVENUE	B	-55,982	PURCHASING	5.03		0	41.00
41.01	SHARED EMPLOYEE REVENUE	B	-11,856	ADMINISTRATIVE	5.04		0	41.01
41.02	SHARED EMPLOYEE REVENUE	B	-625,693	OTHER ADMINISTRATIVE AND GENERAL	5.05		0	41.02
41.03	SHARED EMPLOYEE REVENUE	B	-30,064	MAINTENANCE & REPAIRS	6.00		0	41.03
42.00	SHARED EMPLOYEE REVENUE	B	-136,384	OPERATION OF PLANT	7.00		0	42.00
43.00	START-UP COSTS OFFSET	A	-27,629	RADIOLOGY-DIAGNOSTIC	54.00		0	43.00
44.00	AMORTIZED ALLOW START UP	A	3,939	RADIOLOGY-DIAGNOSTIC	54.00		0	44.00
45.00	SHARED EMPLOYEE REVENUE	B	-58,314	CAFETERIA	11.00		0	45.00
45.01	SHARED EMPLOYEE REVENUE	B	-131,211	NURSING ADMINISTRATION	13.00		0	45.01
45.02	SHARED EMPLOYEE REVENUE	B	-245	RADIOLOGY-DIAGNOSTIC	54.00		0	45.02
45.03	SHARED EMPLOYEE REVENUE	B	-28,064	LABORATORY	60.00		0	45.03
45.04	SHARED EMPLOYEE REVENUE	B	-166,778	CARDIAC CATHETERIZATION LABORATORY	75.01		0	45.04
45.05	SHARED EMPLOYEE REVENUE	B	-53,207	EMERGENCY	91.00		0	45.05
45.06			0		0.00		0	45.06
45.07			0		0.00		0	45.07
45.08			0		0.00		0	45.08
45.09			0		0.00		0	45.09
45.10			0		0.00		0	45.10
45.11			0		0.00		0	45.11
45.12			0		0.00		0	45.12
45.13			0		0.00		0	45.13
45.14			0		0.00		0	45.14
45.15			0		0.00		0	45.15
45.16			0		0.00		0	45.16
45.17			0		0.00		0	45.17
45.18			0		0.00		0	45.18
45.19			0		0.00		0	45.19
45.20			0		0.00		0	45.20
45.21			0		0.00		0	45.21
45.22			0		0.00		0	45.22
45.23			0		0.00		0	45.23
45.24			0		0.00		0	45.24
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,987,120					50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150161

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

Worksheet A-8

Date/Time Prepared:  
5/28/2015 1:40 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

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
  - (2) Basis for adjustment (see instructions).
    - A. Costs - if cost, including applicable overhead, can be determined.
    - B. Amount Received - if cost cannot be determined.
  - (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
- Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 150161

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

Worksheet A-8-1

Date/Time Prepared: 5/28/2015 1:40 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	INTERCOMPANY/HO ALLOCATION	15,149,612	0
2.00	1.01	NEW CAP REL COSTS-INTEREST	INTERCOMPANY/HO ALLOCATION	1,491,703	0
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	INTERCOMPANY/HO ALLOCATION	926,716	0
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	INTERCOMPANY/HO ALLOCATION	8,940,225	129,001
4.01	5.02	DATA PROCESSING	INTERCOMPANY/HO ALLOCATION	10,064,997	0
4.02	5.03	PURCHASING	INTERCOMPANY/HO ALLOCATION	746,179	0
4.03	5.04	ADMITTING	INTERCOMPANY/HO ALLOCATION	2,830,776	27,610
4.04	5.05	OTHER ADMINISTRATIVE AND GEN	INTERCOMPANY/HO ALLOCATION	13,057,579	32,367,739
4.05	7.00	OPERATION OF PLANT	INTERCOMPANY/HO ALLOCATION	216,577	5,980
4.06	13.00	NURSING ADMINISTRATION	INTERCOMPANY/HO ALLOCATION	0	194,429
4.07	16.00	MEDICAL RECORDS & LIBRARY	INTERCOMPANY/HO ALLOCATION	1,087,507	99,520
4.08	30.00	ADULTS & PEDIATRICS	INTERCOMPANY COSTS	1,983,586	1,983,586
4.09	34.01	PEDIATRIC INTENSIVE CARE UNI	INTERCOMPANY COSTS	2,700	2,700
4.10	34.02	PREMATURE INTENSIVE CARE UNI	INTERCOMPANY COSTS	61,320	61,320
4.11	50.00	OPERATING ROOM	INTERCOMPANY COSTS	432,165	432,165
4.12	54.00	RADIOLOGY-DIAGNOSTIC	INTERCOMPANY COSTS	108,115	108,115
4.13	60.00	LABORATORY	INTERCOMPANY COSTS	4,602,751	4,602,751
4.14	65.00	RESPIRATORY THERAPY	INTERCOMPANY COSTS	3,892	3,892
4.15	66.00	PHYSICAL THERAPY	INTERCOMPANY COSTS	47,912	47,912
4.16	69.00	ELECTROCARDIOLOGY	INTERCOMPANY COSTS	161,639	161,639
4.17	70.00	ELECTROENCEPHALOGRAPHY	INTERCOMPANY COSTS	290,021	290,021
4.18	75.01	CARDIAC CATHETERIZATION LABORA	INTERCOMPANY COSTS	164,818	164,818
4.19	91.00	EMERGENCY	INTERCOMPANY COSTS	760,247	760,247
4.20	192.01	OTHER NON-REIMBURSABLE	INTERCOMPANY COSTS	139,022	139,022
4.21	192.05	PHYSICIAN PRACTICE	INTERCOMPANY COSTS	98,183	98,183
4.22	0.00			0	0
4.23	0.00			0	0
4.24	0.00			0	0
4.25	0.00			0	0
5.00	0			63,368,242	41,680,650

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

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

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

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

6.00	B		0.00	IUNIV 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
9.01			0.00		0.00	9.01
9.02			0.00		0.00	9.02
9.03			0.00		0.00	9.03
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	FINANCIAL				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: 150161

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

Worksheet A-8-1

Date/Time Prepared:  
5/28/2015 1:40 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>			
1.00	15,149,612	9	1.00
2.00	1,491,703	11	2.00
3.00	926,716	9	3.00
4.00	8,811,224	0	4.00
4.01	10,064,997	0	4.01
4.02	746,179	0	4.02
4.03	2,803,166	0	4.03
4.04	-19,310,160	0	4.04
4.05	210,597	0	4.05
4.06	-194,429	0	4.06
4.07	987,987	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
4.20	0	0	4.20
4.21	0	0	4.21
4.22	0	0	4.22
4.23	0	0	4.23
4.24	0	0	4.24
4.25	0	0	4.25
5.00	21,687,592		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	HEALTH CARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
9.01			9.01
9.02			9.02
9.03			9.03
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: 150161

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

Worksheet A-8-2

Date/Time Prepared:  
5/28/2015 1:40 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.05	DR. A	1,416,462	1,416,462	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	2,089,894	2,089,894	0	0	0	2.00
3.00	34.01	PEDIATRIC INTENSIVE CARE UNIT	1,272,812	1,272,812	0	0	0	3.00
4.00	34.02	PREMATURE INTENSIVE CARE UNIT	483,879	483,879	0	0	0	4.00
5.00	50.00	OPERATING ROOM	832,161	832,161	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	32,525	32,525	0	0	0	6.00
7.00	60.00	LABORATORY	108,000	108,000	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	161,639	161,639	0	0	0	8.00
9.00	91.00	EMERGENCY	805,925	805,925	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			7,203,297	7,203,297	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.05	DR. A	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	34.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	34.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.05	DR. A	0	0	0	1,416,462		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,089,894		2.00
3.00	34.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	1,272,812		3.00
4.00	34.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	483,879		4.00
5.00	50.00	OPERATING ROOM	0	0	0	832,161		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	32,525		6.00
7.00	60.00	LABORATORY	0	0	0	108,000		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	161,639		8.00
9.00	91.00	EMERGENCY	0	0	0	805,925		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	7,203,297		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2015 1:40 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW INTEREST	MOB LEASED SPACE	NEW MVBLE EQUIP	
	0	1.00	1.01	1.02	2.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	26,541,611	26,541,611			1.00
1.01 00101	NEW CAP REL COSTS-INTEREST	16,155,863	0	16,155,863		1.01
1.02 00102	MOB LEASED SPACE	1,662,030	0	0	1,662,030	1.02
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	5,368,979				5,368,979 2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,844,029	0	0	26,346	4,447 4.00
5.01 00540	NONPATIENT TELEPHONES	-2,362	0	0	0	37,695 5.01
5.02 00550	DATA PROCESSING	10,351,163	379,199	230,818	0	215,369 5.02
5.03 00580	PURCHASING	1,197,085	678,362	412,918	0	59,995 5.03
5.04 00570	ADMINISTRATIVE	4,367,079	209,031	127,237	0	20,922 5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	2,145,568	283,411	172,512	327,777	962,688 5.05
6.00 00600	MAINTENANCE & REPAIRS	5,314,944	395,924	240,999	0	60,671 6.00
7.00 00700	OPERATION OF PLANT	263,565	4,487,927	2,731,798	0	4,132 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	53,175	0	0	0	111 8.00
9.00 00900	HOUSEKEEPING	5,071,594	362,717	220,786	0	107,531 9.00
10.00 01000	DIETARY	1,108,473	162,079	98,658	0	10,699 10.00
11.00 01100	CAFETERIA	1,009,301	915,551	557,295	0	4,759 11.00
13.00 01300	NURSING ADMINISTRATION	2,184,092	151,619	92,290	0	12,347 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	8,227,424	767,581	467,226	0	275,879 14.00
15.00 01500	PHARMACY	2,461,205	220,951	134,493	0	189,459 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,311,785	59,723	36,353	0	677 16.00
17.00 01700	SOCIAL SERVICE	310,514	40,201	24,470	0	335 17.00
18.00 01850	PATIENT TRANSPORTATION	150,019	0	0	0	429 18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	11,412,951	5,574,252	3,393,046	0	200,546 30.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
34.01 03401	PEDIATRIC INTENSIVE CARE UNIT	906,432	510,261	310,596	0	44,794 34.01
34.02 03402	PREMATURE INTENSIVE CARE UNIT	2,591,334	1,378,618	839,164	7,936	169,764 34.02
43.00 04300	NURSERY	938,069	535,561	325,996	0	13,630 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	4,792,787	3,207,104	1,952,162	0	1,548,559 50.00
51.00 05100	RECOVERY ROOM	1,668,783	561,166	341,581	0	74,923 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,261,230	1,263,246	768,937	0	212,326 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,478,897	884,047	538,119	391,121	397,360 54.00
56.00 05600	RADIOISOTOPE	230,364	64,467	39,241	0	133 56.00
60.00 06000	LABORATORY	5,474,073	513,363	312,484	0	48,868 60.00
65.00 06500	RESPIRATORY THERAPY	1,684,565	112,635	68,561	0	96,608 65.00
66.00 06600	PHYSICAL THERAPY	2,110,046	21,104	12,846	148,153	32,716 66.00
69.00 06900	ELECTROCARDIOLOGY	236,031	129,846	79,037	0	51,173 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	435,173	43,667	26,580	0	5,215 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,654,270	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	10,018,983	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	3,237,164	0	0	0	0 73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01 07501	CARDIAC CATHETERIZATION LABORATORY	1,270,734	803,099	488,846	0	366,156 75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	ADULT SLEEP LAB	0	0	0	0	0 90.01
90.02 09002	PEDIATRIC SLEEP LAB	0	0	0	0	0 90.02
90.03 09003	IVF	0	0	0	0	0 90.03
91.00 09100	EMERGENCY	2,725,676	1,208,510	735,619	0	67,950 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	164,224,698	25,925,222	15,780,668	901,333	5,298,866 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01 19201	OTHER NON-REIMBURSABLE	2,623,731	282,864	172,179	0	1,002 192.01
192.02 19202	PURCHASED SERVICES	0	0	0	0	0 192.02
192.03 19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0 192.03
192.04 19204	PHYSICIANS' PRIVATE OFFICES	4,067	333,525	203,016	0	15,473 192.04
192.05 19205	PHYSICIAN PRACTICE	1,769,341	0	0	760,697	53,638 192.05
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.00
200.00	Cross Foot Adjustments	0	0	0	0	0 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	168,621,837	26,541,611	16,155,863	1,662,030	5,368,979 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2015 1:40 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING	ADMINISTRATIVE	
			4.00	5.01	5.02	5.03	5.04	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
1.02	00102	MOB LEASED SPACE						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,874,822					4.00
5.01	00540	NONPATIENT TELEPHONES	0	35,333				5.01
5.02	00550	DATA PROCESSING	9,415	1,442	11,187,406			5.02
5.03	00580	PURCHASING	83,273	296	97,653	2,529,582		5.03
5.04	00570	ADMINISTRATIVE	256,696	777	256,340	2,291	5,240,373	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	887,888	1,590	524,886	9,396	0	5.05
6.00	00600	MAINTENANCE & REPAIRS	291,212	518	170,893	6,064	0	6.00
7.00	00700	OPERATION OF PLANT	34,120	1,535	506,576	26	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	273,158	259	85,447	2,241	0	9.00
10.00	01000	DIETARY	166,885	333	109,860	660	0	10.00
11.00	01100	CAFETERIA	202,013	129	42,723	104	0	11.00
13.00	01300	NURSING ADMINISTRATION	419,308	388	128,170	439	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	113,837	203	67,137	81,749	0	14.00
15.00	01500	PHARMACY	423,808	444	146,480	17,203	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	425	140,377	0	0	16.00
17.00	01700	SOCIAL SERVICE	56,690	111	36,620	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	27,660	333	109,860	0	0	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,034,811	6,100	2,014,099	101,229	457,049	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	154,669	499	164,790	5,361	30,848	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	445,503	1,350	445,543	22,462	146,870	34.02
43.00	04300	NURSERY	170,278	721	238,030	0	51,135	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	660,485	2,829	933,810	1,817,164	1,533,640	50.00
51.00	05100	RECOVERY ROOM	301,012	906	299,063	25,726	172,685	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	399,768	1,405	463,853	76,670	260,088	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	559,953	3,957	1,306,113	31,853	461,017	54.00
56.00	05600	RADIOISOTOPE	38,538	0	0	18,352	52,678	56.00
60.00	06000	LABORATORY	92,099	832	274,650	58,266	458,130	60.00
65.00	06500	RESPIRATORY THERAPY	310,766	740	244,133	20,190	70,464	65.00
66.00	06600	PHYSICAL THERAPY	394,288	832	274,650	9,698	91,540	66.00
69.00	06900	ELECTROCARDIOLOGY	44,854	0	0	420	84,861	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	25,858	0	0	1,850	21,593	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	168,021	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	163,915	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	343,516	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	226,615	869	286,857	190,677	207,734	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0	90.02
90.03	09003	IVF	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	399,703	1,590	524,886	29,098	462,749	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,505,163	31,413	9,893,499	2,529,189	5,238,533	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	104,984	980	323,477	101	0	192.01
192.02	19202	PURCHASED SERVICES	0	0	0	0	0	192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	333	109,860	157	0	192.04
192.05	19205	PHYSICIAN PRACTICE	264,675	2,607	860,570	135	1,840	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	9,874,822	35,333	11,187,406	2,529,582	5,240,373	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2015 1:40 pm

Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5A. 04	5. 05	6. 00	7. 00	8. 00	
<b>GENERAL SERVICE COST CENTERS</b>							
1. 00	00100						1. 00
1. 01	00101						1. 01
1. 02	00102						1. 02
2. 00	00200						2. 00
4. 00	00400						4. 00
5. 01	00540						5. 01
5. 02	00550						5. 02
5. 03	00580						5. 03
5. 04	00570						5. 04
5. 05	00560	5,315,716	5,315,716				5. 05
6. 00	00600	6,481,225	210,970	6,692,195			6. 00
7. 00	00700	8,029,679	261,374	1,221,112	9,512,165		7. 00
8. 00	00800	53,286	1,735	0	0	55,021	8. 00
9. 00	00900	6,123,733	199,334	98,691	171,587	0	9. 00
10. 00	01000	1,657,647	53,958	44,100	76,673	0	10. 00
11. 00	01100	2,731,875	88,925	249,111	433,110	0	11. 00
13. 00	01300	2,988,653	97,284	41,254	71,725	0	13. 00
14. 00	01400	10,001,036	325,544	208,850	363,112	255	14. 00
15. 00	01500	3,594,043	116,990	60,118	104,523	3	15. 00
16. 00	01600	1,549,340	50,433	16,250	28,253	0	16. 00
17. 00	01700	468,941	15,264	10,938	19,017	0	17. 00
18. 00	01850	288,301	9,384	0	0	0	18. 00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30. 00	03000	25,194,083	820,030	1,516,686	2,636,953	31,713	30. 00
34. 00	03400	0	0	0	0	0	34. 00
34. 01	03401	2,128,250	69,277	138,836	241,384	0	34. 01
34. 02	03402	6,048,544	196,886	375,106	652,168	2,327	34. 02
43. 00	04300	2,273,420	74,002	145,720	253,352	2,017	43. 00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50. 00	05000	16,448,540	535,416	872,615	1,517,151	2,771	50. 00
51. 00	05100	3,445,845	112,166	152,687	265,465	3,065	51. 00
52. 00	05200	5,707,523	185,786	343,714	597,591	0	52. 00
53. 00	05300	0	0	0	0	0	53. 00
54. 00	05400	8,052,437	262,115	240,539	418,207	5,174	54. 00
56. 00	05600	443,773	14,445	17,541	30,497	4	56. 00
60. 00	06000	7,232,765	235,434	139,680	242,851	94	60. 00
65. 00	06500	2,608,662	84,915	30,647	53,283	0	65. 00
66. 00	06600	3,095,873	100,774	5,742	9,983	419	66. 00
69. 00	06900	626,222	20,384	35,330	61,425	0	69. 00
70. 00	07000	559,936	18,226	11,881	20,657	0	70. 00
71. 00	07100	3,822,291	124,419	0	0	0	71. 00
72. 00	07200	10,182,898	331,464	0	0	0	72. 00
73. 00	07300	3,580,680	116,555	0	0	0	73. 00
75. 00	07500	0	0	0	0	0	75. 00
75. 01	07501	3,841,587	125,047	218,514	379,913	2,271	75. 01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90. 00	09000	0	0	0	0	0	90. 00
90. 01	09001	0	0	0	0	0	90. 01
90. 02	09002	0	0	0	0	0	90. 02
90. 03	09003	0	0	0	0	0	90. 03
91. 00	09100	6,155,781	200,377	328,821	571,697	4,908	91. 00
92. 00	09200	0	0	0	0	0	92. 00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113. 00	11300						113. 00
118. 00		160,732,585	5,058,913	6,524,483	9,220,577	55,021	118. 00
<b>NONREIMBURSABLE COST CENTERS</b>							
190. 00	19000	0	0	0	0	0	190. 00
192. 00	19200	0	0	0	0	0	192. 00
192. 01	19201	3,509,318	114,232	76,964	133,811	0	192. 01
192. 02	19202	0	0	0	0	0	192. 02
192. 03	19203	0	0	0	0	0	192. 03
192. 04	19204	666,431	21,693	90,748	157,777	0	192. 04
192. 05	19205	3,713,503	120,878	0	0	0	192. 05
194. 00	07950	0	0	0	0	0	194. 00
200. 00		0	0	0	0	0	200. 00
201. 00		0	0	0	0	0	201. 00
202. 00		168,621,837	5,315,716	6,692,195	9,512,165	55,021	202. 00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2015 1:40 pm

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00580						5.03
5.04	00570						5.04
5.05	00560						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	6,593,345					9.00
10.00	01000	54,122	1,886,500				10.00
11.00	01100	305,725	0	3,808,746			11.00
13.00	01300	50,629	0	143,323	3,392,868		13.00
14.00	01400	256,314	0	86,330	741	11,242,182	14.00
15.00	01500	73,781	0	125,991	0	79,701	15.00
16.00	01600	19,943	0	0	0	0	16.00
17.00	01700	13,424	0	24,037	0	0	17.00
18.00	01850	0	0	22,881	0	0	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,861,376	1,713,121	1,146,684	676,159	468,981	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	170,389	52,452	84,147	117,401	24,837	34.01
34.02	03402	460,354	0	239,457	326,468	104,064	34.02
43.00	04300	178,837	0	100,624	865,018	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,070,929	0	312,592	372,522	8,418,690	50.00
51.00	05100	187,387	876	139,769	239,158	119,184	51.00
52.00	05200	421,828	106,301	232,139	276,604	355,201	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	295,205	0	281,184	40,927	147,573	54.00
56.00	05600	21,527	0	23,333	0	85,020	56.00
60.00	06000	171,424	0	29,613	69,930	269,936	60.00
65.00	06500	37,611	0	145,455	0	93,539	65.00
66.00	06600	7,047	0	124,471	0	44,930	66.00
69.00	06900	43,359	0	27,127	0	1,947	69.00
70.00	07000	14,582	0	22,032	0	8,572	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	268,174	0	102,732	89,479	883,379	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
91.00	09100	403,551	13,750	249,198	274,006	134,807	91.00
92.00	09200	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	0	0	0	0	0	113.00
118.00		6,387,518	1,886,500	3,663,119	3,348,413	11,240,362	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	94,455	0	53,612	59	468	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	111,372	0	0	0	728	192.04
192.05	19205	0	0	92,015	44,396	624	192.05
194.00	07950	0	0	0	0	0	194.00
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		6,593,345	1,886,500	3,808,746	3,392,868	11,242,182	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

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

Worksheet B  
Part I  
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		Subtotal	
				PATIENT TRANSPORTATION			
	15.00	16.00	17.00	18.00		24.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01 00101 NEW CAP REL COSTS-INTEREST							1.01
1.02 00102 MOB LEASED SPACE							1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.01 00540 NONPATIENT TELEPHONES							5.01
5.02 00550 DATA PROCESSING							5.02
5.03 00580 PURCHASING							5.03
5.04 00570 ADMITTING							5.04
5.05 00560 OTHER ADMINISTRATIVE AND GENERAL							5.05
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	4,155,150						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	1,664,220					16.00
17.00 01700 SOCIAL SERVICE	15,613	0	567,234				17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	0	320,566			18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	645	145,143	370,823	209,567	36,791,964		30.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	0	9,796	19,841	11,213	3,067,823		34.01
34.02 03402 PREMATURE INTENSIVE CARE UNIT	645	46,641	79,381	44,861	8,576,902		34.02
43.00 04300 NURSERY	0	16,239	82,641	46,704	4,038,574		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	997,329	487,089	0	0	31,035,644		50.00
51.00 05100 RECOVERY ROOM	8	54,839	0	0	4,720,449		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	4,650	82,595	14,548	8,221	8,336,701		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	872,510	146,403	0	0	10,762,274		54.00
56.00 05600 RADIOISOTOPE	1,260,513	16,729	0	0	1,913,382		56.00
60.00 06000 LABORATORY	0	145,486	0	0	8,537,213		60.00
65.00 06500 RESPIRATORY THERAPY	841,169	22,377	0	0	3,917,658		65.00
66.00 06600 PHYSICAL THERAPY	612	29,070	0	0	3,418,921		66.00
69.00 06900 ELECTROCARDIOLOGY	10,872	26,949	0	0	853,615		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	6,857	0	0	662,743		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	53,358	0	0	4,000,068		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	52,054	0	0	10,566,416		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	109,089	0	0	3,806,324		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	150,419	65,969	0	0	6,127,484		75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	0	0		90.00
90.01 09001 ADULT SLEEP LAB	0	0	0	0	0		90.01
90.02 09002 PEDIATRIC SLEEP LAB	0	0	0	0	0		90.02
90.03 09003 IVF	0	0	0	0	0		90.03
91.00 09100 EMERGENCY	165	146,953	0	0	8,484,014		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300 INTEREST EXPENSE							113.00
118.00							118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0		190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0		192.00
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0	0	3,982,919		192.01
192.02 19202 PURCHASED SERVICES	0	0	0	0	0		192.02
192.03 19203 ZIONSVILLE SCHOOL NURSES	0	0	0	0	0		192.03
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,048,749		192.04
192.05 19205 PHYSICIAN PRACTICE	0	584	0	0	3,972,000		192.05
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0		194.00
200.00							200.00
201.00							201.00
202.00							202.00
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers	0	0	0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	4,155,150	1,664,220	567,234	320,566	168,621,837		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

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

Worksheet B  
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-INTEREST		1.01
1.02	00102	MOB LEASED SPACE		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00580	PURCHASING		5.03
5.04	00570	ADMITTING		5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL		5.05
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
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	PATIENT TRANSPORTATION		18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0 36,791,964	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0 0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0 3,067,823	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0 8,576,902	34.02
43.00	04300	NURSERY	0 4,038,574	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0 31,035,644	50.00
51.00	05100	RECOVERY ROOM	0 4,720,449	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0 8,336,701	52.00
53.00	05300	ANESTHESIOLOGY	0 0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 10,762,274	54.00
56.00	05600	RADIOISOTOPE	0 1,913,382	56.00
60.00	06000	LABORATORY	0 8,537,213	60.00
65.00	06500	RESPIRATORY THERAPY	0 3,917,658	65.00
66.00	06600	PHYSICAL THERAPY	0 3,418,921	66.00
69.00	06900	ELECTROCARDIOLOGY	0 853,615	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0 662,743	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0 4,000,068	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0 10,566,416	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 3,806,324	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0 0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0 6,127,484	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0 0	90.00
90.01	09001	ADULT SLEEP LAB	0 0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0 0	90.02
90.03	09003	IVF	0 0	90.03
91.00	09100	EMERGENCY	0 8,484,014	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0 0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0 159,618,169	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0 0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0 0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0 3,982,919	192.01
192.02	19202	PURCHASED SERVICES	0 0	192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0 0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0 1,048,749	192.04
192.05	19205	PHYSICIAN PRACTICE	0 3,972,000	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0 0	194.00
200.00		Cross Foot Adjustments	0 0	200.00
201.00		Negative Cost Centers	0 0	201.00
202.00		TOTAL (sum lines 118-201)	0 168,621,837	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		CAPITAL RELATED COSTS					
		Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW INTEREST	MOB LEASED SPACE		NEW MVBLE EQUIP
			0	1.00	1.01		1.02
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00	
1.01	00101	NEW CAP REL COSTS-INTEREST				1.01	
1.02	00102	MOB LEASED SPACE				1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	26,346	4,447	
5.01	00540	NONPATIENT TELEPHONES	0	0	0	37,695	
5.02	00550	DATA PROCESSING	0	379,199	230,818	0	
5.03	00580	PURCHASING	0	678,362	412,918	0	
5.04	00570	ADMITTING	0	209,031	127,237	0	
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	0	283,411	172,512	327,777	
6.00	00600	MAINTENANCE & REPAIRS	0	395,924	240,999	0	
7.00	00700	OPERATION OF PLANT	0	4,487,927	2,731,798	0	
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	111	
9.00	00900	HOUSEKEEPING	0	362,717	220,786	0	
10.00	01000	DIETARY	0	162,079	98,658	0	
11.00	01100	CAFETERIA	0	915,551	557,295	0	
13.00	01300	NURSING ADMINISTRATION	0	151,619	92,290	0	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	767,581	467,226	0	
15.00	01500	PHARMACY	0	220,951	134,493	0	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	59,723	36,353	0	
17.00	01700	SOCIAL SERVICE	0	40,201	24,470	0	
18.00	01850	PATIENT TRANSPORTATION	0	0	0	429	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	5,574,252	3,393,046	0	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	510,261	310,596	0	
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	1,378,618	839,164	7,936	
43.00	04300	NURSERY	0	535,561	325,996	0	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	3,207,104	1,952,162	0	
51.00	05100	RECOVERY ROOM	0	561,166	341,581	0	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,263,246	768,937	0	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	884,047	538,119	391,121	
56.00	05600	RADIO SOTOPE	0	64,467	39,241	0	
60.00	06000	LABORATORY	0	513,363	312,484	0	
65.00	06500	RESPIRATORY THERAPY	0	112,635	68,561	0	
66.00	06600	PHYSICAL THERAPY	0	21,104	12,846	148,153	
69.00	06900	ELECTROCARDIOLOGY	0	129,846	79,037	0	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	43,667	26,580	0	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	803,099	488,846	0	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	
90.01	09001	ADULT SLEEP LAB	0	0	0	0	
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	
90.03	09003	IVF	0	0	0	0	
91.00	09100	EMERGENCY	0	1,208,510	735,619	0	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	67,950	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE	0	0	0	0	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	25,925,222	15,780,668	901,333	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	
192.01	19201	OTHER NON-REIMBURSABLE	0	282,864	172,179	0	
192.02	19202	PURCHASED SERVICES	0	0	0	0	
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	333,525	203,016	0	
192.05	19205	PHYSICIAN PRACTICE	0	0	0	760,697	
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		TOTAL (sum lines 118-201)	0	26,541,611	16,155,863	1,662,030	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING	
		2A	4.00	5.01	5.02	5.03	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	30,793	30,793			4.00
5.01	00540	NONPATIENT TELEPHONES	37,695	0	35,333		5.01
5.02	00550	DATA PROCESSING	825,386	29	1,442	826,857	5.02
5.03	00580	PURCHASING	1,151,275	260	296	7,218	1,159,049
5.04	00570	ADMITTING	357,190	800	777	18,946	1,050
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	1,746,388	2,768	1,590	38,794	4,305
6.00	00600	MAINTENANCE & REPAIRS	697,594	908	518	12,631	2,778
7.00	00700	OPERATION OF PLANT	7,223,857	106	1,535	37,441	12
8.00	00800	LAUNDRY & LINEN SERVICE	111	0	0	0	0
9.00	00900	HOUSEKEEPING	691,034	852	259	6,315	1,027
10.00	01000	DIETARY	271,436	520	333	8,120	302
11.00	01100	CAFETERIA	1,477,605	630	129	3,158	47
13.00	01300	NURSING ADMINISTRATION	256,256	1,307	388	9,473	201
14.00	01400	CENTRAL SERVICES & SUPPLY	1,510,686	355	203	4,962	37,458
15.00	01500	PHARMACY	544,903	1,321	444	10,826	7,883
16.00	01600	MEDICAL RECORDS & LIBRARY	96,753	0	425	10,375	0
17.00	01700	SOCIAL SERVICE	65,006	177	111	2,707	0
18.00	01850	PATIENT TRANSPORTATION	429	86	333	8,120	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	9,167,844	6,351	6,100	148,860	46,383
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	865,651	482	499	12,180	2,456
34.02	03402	PREMATURE INTENSIVE CARE UNIT	2,395,482	1,389	1,350	32,930	10,292
43.00	04300	NURSERY	875,187	531	721	17,593	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	6,707,825	2,059	2,829	69,018	832,619
51.00	05100	RECOVERY ROOM	977,670	939	906	22,104	11,788
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,244,509	1,246	1,405	34,283	35,130
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,210,647	1,746	3,957	96,534	14,595
56.00	05600	RADIOISOTOPE	103,841	120	0	0	8,409
60.00	06000	LABORATORY	874,715	287	832	20,299	26,697
65.00	06500	RESPIRATORY THERAPY	277,804	969	740	18,044	9,251
66.00	06600	PHYSICAL THERAPY	214,819	1,229	832	20,299	4,444
69.00	06900	ELECTROCARDIOLOGY	260,056	140	0	0	193
70.00	07000	ELECTROENCEPHALOGRAPHY	75,462	81	0	0	848
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	1,658,101	707	869	21,201	87,368
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0
90.03	09003	IVF	0	0	0	0	0
91.00	09100	EMERGENCY	2,012,079	1,246	1,590	38,794	13,333
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	47,906,089	29,641	31,413	731,225	1,158,869
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	456,045	327	980	23,908	46
192.02	19202	PURCHASED SERVICES	0	0	0	0	0
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	552,014	0	333	8,120	72
192.05	19205	PHYSICIAN PRACTICE	814,335	825	2,607	63,604	62
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	2,362	0	0
202.00		TOTAL (sum lines 118-201)	49,728,483	30,793	37,695	826,857	1,159,049

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2015 1:40 pm

Cost Center Description		ADMITTING	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.04	5.05	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00580	PURCHASING					5.03
5.04	00570	ADMITTING	378,763				5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	0	1,793,845			5.05
6.00	00600	MAINTENANCE & REPAIRS	0	71,196	785,625		6.00
7.00	00700	OPERATION OF PLANT	0	88,206	143,351	7,494,508	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	585	0	0	696 8.00
9.00	00900	HOUSEKEEPING	0	67,269	11,586	135,191	0 9.00
10.00	01000	DIETARY	0	18,209	5,177	60,410	0 10.00
11.00	01100	CAFETERIA	0	30,010	29,244	341,242	0 11.00
13.00	01300	NURSING ADMINISTRATION	0	32,830	4,843	56,511	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	109,861	24,518	286,091	3 14.00
15.00	01500	PHARMACY	0	39,481	7,058	82,352	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	17,019	1,908	22,260	0 16.00
17.00	01700	SOCIAL SERVICE	0	5,151	1,284	14,983	0 17.00
18.00	01850	PATIENT TRANSPORTATION	0	3,167	0	0	0 18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	33,032	276,685	178,049	2,077,618	402 30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	2,229	23,379	16,299	190,183	0 34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	10,615	66,443	44,035	513,835	29 34.02
43.00	04300	NURSERY	3,696	24,974	17,107	199,613	26 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	110,866	180,687	102,440	1,195,343	35 50.00
51.00	05100	RECOVERY ROOM	12,480	37,853	17,925	209,156	39 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,797	62,697	40,350	470,834	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,319	88,456	28,238	329,500	65 54.00
56.00	05600	RADIOISOTOPE	3,807	4,875	2,059	24,028	0 56.00
60.00	06000	LABORATORY	33,111	79,452	16,398	191,339	1 60.00
65.00	06500	RESPIRATORY THERAPY	5,093	28,656	3,598	41,981	0 65.00
66.00	06600	PHYSICAL THERAPY	6,616	34,008	674	7,866	5 66.00
69.00	06900	ELECTROCARDIOLOGY	6,133	6,879	4,147	48,396	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,561	6,151	1,395	16,276	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,143	41,988	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,847	111,859	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,827	39,334	0	0	0 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	15,014	42,200	25,652	299,329	29 75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0 90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0 90.02
90.03	09003	IVF	0	0	0	0	0 90.03
91.00	09100	EMERGENCY	33,444	67,621	38,602	450,433	62 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	378,630	1,707,181	765,937	7,264,770	696 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	38,550	9,035	105,428	0 192.01
192.02	19202	PURCHASED SERVICES	0	0	0	0	0 192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0 192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	7,321	10,653	124,310	0 192.04
192.05	19205	PHYSICIAN PRACTICE	133	40,793	0	0	0 192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	378,763	1,793,845	785,625	7,494,508	696 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150161		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/28/2015 1:40 pm	
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00580	PURCHASING					5.03
5.04	00570	ADMITTING					5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL					5.05
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	913,533				9.00
10.00	01000	DIETARY	7,499	372,006			10.00
11.00	01100	CAFETERIA	42,359	0	1,924,424		11.00
13.00	01300	NURSING ADMINISTRATION	7,015	0	72,416	441,240	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	35,513	0	43,619	96	2,053,365
15.00	01500	PHARMACY	10,223	0	63,659	0	14,557
16.00	01600	MEDICAL RECORDS & LIBRARY	2,763	0	0	0	0
17.00	01700	SOCIAL SERVICE	1,860	0	12,145	0	0
18.00	01850	PATIENT TRANSPORTATION	0	0	11,561	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	257,901	337,817	579,379	87,934	85,659
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	23,608	10,343	42,516	15,268	4,536
34.02	03402	PREMATURE INTENSIVE CARE UNIT	63,784	0	120,989	42,457	19,007
43.00	04300	NURSERY	24,779	0	50,842	112,496	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	148,381	0	157,942	48,446	1,537,657
51.00	05100	RECOVERY ROOM	25,963	173	70,621	31,102	21,769
52.00	05200	DELIVERY ROOM & LABOR ROOM	58,446	20,962	117,291	35,972	64,877
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,902	0	142,072	5,322	26,954
56.00	05600	RADIOISOTOPE	2,983	0	11,789	0	15,529
60.00	06000	LABORATORY	23,751	0	14,963	9,094	49,304
65.00	06500	RESPIRATORY THERAPY	5,211	0	73,493	0	17,085
66.00	06600	PHYSICAL THERAPY	976	0	62,891	0	8,206
69.00	06900	ELECTROCARDIOLOGY	6,008	0	13,706	0	356
70.00	07000	ELECTROENCEPHALOGRAPHY	2,020	0	11,132	0	1,566
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	37,157	0	51,907	11,637	161,348
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0
90.03	09003	IVF	0	0	0	0	0
91.00	09100	EMERGENCY	55,913	2,711	125,911	35,634	24,622
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	885,015	372,006	1,850,844	435,458	2,053,032
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	13,087	0	27,088	8	86
192.02	19202	PURCHASED SERVICES	0	0	0	0	0
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	15,431	0	0	0	133
192.05	19205	PHYSICIAN PRACTICE	0	0	46,492	5,774	114
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	913,533	372,006	1,924,424	441,240	2,053,365

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2015 1:40 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		Subtotal	
				PATIENT TRANSPORTATION			
	15.00	16.00	17.00	18.00		24.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01 00101 NEW CAP REL COSTS-INTEREST							1.01
1.02 00102 MOB LEASED SPACE							1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.01 00540 NONPATIENT TELEPHONES							5.01
5.02 00550 DATA PROCESSING							5.02
5.03 00580 PURCHASING							5.03
5.04 00570 ADMITTING							5.04
5.05 00560 OTHER ADMINISTRATIVE AND GENERAL							5.05
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	782,707						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	151,503					16.00
17.00 01700 SOCIAL SERVICE	2,941	0	106,365				17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	0	23,696			18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	122	13,213	69,536	15,491	13,388,376		30.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	0	892	3,720	829	1,215,070		34.01
34.02 03402 PREMATURE INTENSIVE CARE UNIT	122	4,246	14,885	3,316	3,345,206		34.02
43.00 04300 NURSERY	0	1,478	15,496	3,452	1,347,991		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	187,867	44,345	0	0	11,328,359		50.00
51.00 05100 RECOVERY ROOM	2	4,992	0	0	1,445,482		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	876	7,519	2,728	608	3,218,530		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	164,355	13,328	0	0	3,199,990		54.00
56.00 05600 RADIOISOTOPE	237,443	1,523	0	0	416,406		56.00
60.00 06000 LABORATORY	0	13,244	0	0	1,353,487		60.00
65.00 06500 RESPIRATORY THERAPY	158,451	2,037	0	0	642,413		65.00
66.00 06600 PHYSICAL THERAPY	115	2,646	0	0	365,626		66.00
69.00 06900 ELECTROCARDIOLOGY	2,048	2,453	0	0	350,515		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	624	0	0	117,116		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,857	0	0	58,988		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	4,739	0	0	128,445		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	9,931	0	0	74,092		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	28,334	6,005	0	0	2,446,858		75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	0	0		90.00
90.01 09001 ADULT SLEEP LAB	0	0	0	0	0		90.01
90.02 09002 PEDIATRIC SLEEP LAB	0	0	0	0	0		90.02
90.03 09003 IVF	0	0	0	0	0		90.03
91.00 09100 EMERGENCY	31	13,378	0	0	2,915,404		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300 INTEREST EXPENSE							113.00
118.00	782,707	151,450	106,365	23,696	47,358,354		118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0		190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0		192.00
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0	0	674,588		192.01
192.02 19202 PURCHASED SERVICES	0	0	0	0	0		192.02
192.03 19203 ZIONSVILLE SCHOOL NURSES	0	0	0	0	0		192.03
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	718,387		192.04
192.05 19205 PHYSICIAN PRACTICE	0	53	0	0	974,792		192.05
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0		194.00
200.00							200.00
201.00	0	0	0	0	2,362		201.00
202.00	782,707	151,503	106,365	23,696	49,728,483		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150161	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/28/2015 1:40 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-INTEREST		1.01
1.02	00102	MOB LEASED SPACE		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00580	PURCHASING		5.03
5.04	00570	ADMITTING		5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL		5.05
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
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	PATIENT TRANSPORTATION		18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	13,388,376
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	1,215,070
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	3,345,206
43.00	04300	NURSERY	0	1,347,991
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	11,328,359
51.00	05100	RECOVERY ROOM	0	1,445,482
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,218,530
53.00	05300	ANESTHESIOLOGY	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,199,990
56.00	05600	RADIOISOTOPE	0	416,406
60.00	06000	LABORATORY	0	1,353,487
65.00	06500	RESPIRATORY THERAPY	0	642,413
66.00	06600	PHYSICAL THERAPY	0	365,626
69.00	06900	ELECTROCARDIOLOGY	0	350,515
70.00	07000	ELECTROENCEPHALOGRAPHY	0	117,116
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	58,988
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	128,445
73.00	07300	DRUGS CHARGED TO PATIENTS	0	74,092
75.00	07500	ASC (NON-DISTINCT PART)	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	2,446,858
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0	0
90.01	09001	ADULT SLEEP LAB	0	0
90.02	09002	PEDIATRIC SLEEP LAB	0	0
90.03	09003	IVF	0	0
91.00	09100	EMERGENCY	0	2,915,404
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	47,358,354
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0
192.01	19201	OTHER NON-REIMBURSABLE	0	674,588
192.02	19202	PURCHASED SERVICES	0	0
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	718,387
192.05	19205	PHYSICIAN PRACTICE	0	974,792
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0
200.00		Cross Foot Adjustments	0	0
201.00		Negative Cost Centers	0	2,362
202.00		TOTAL (sum lines 118-201)	0	49,728,483

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

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

Worksheet B-1

Date/Time Prepared:  
5/28/2015 1:40 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	MOB LEASED SPACE (MOB SQ FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00	4.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	436,412				1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	0	436,412			1.01
1.02	00102	MOB LEASED SPACE	0	0	102,827		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				59,040,578	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,630	48,903	49,185,846
5.01	00540	NONPATIENT TELEPHONES	0	0	0	414,517	0
5.02	00550	DATA PROCESSING	6,235	6,235	0	2,368,332	46,896
5.03	00580	PURCHASING	11,154	11,154	0	659,740	414,775
5.04	00570	ADMINISTRATIVE	3,437	3,437	0	230,074	1,278,584
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	4,660	4,660	20,279	10,586,316	4,422,503
6.00	00600	MAINTENANCE & REPAIRS	6,510	6,510	0	667,181	1,450,503
7.00	00700	OPERATION OF PLANT	73,793	73,793	0	45,441	169,948
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,220	0
9.00	00900	HOUSEKEEPING	5,964	5,964	0	1,182,480	1,360,578
10.00	01000	DIETARY	2,665	2,665	0	117,655	831,240
11.00	01100	CAFETERIA	15,054	15,054	0	52,335	1,006,211
13.00	01300	NURSING ADMINISTRATION	2,493	2,493	0	135,770	2,088,541
14.00	01400	CENTRAL SERVICES & SUPPLY	12,621	12,621	0	3,033,736	567,015
15.00	01500	PHARMACY	3,633	3,633	0	2,083,411	2,110,956
16.00	01600	MEDICAL RECORDS & LIBRARY	982	982	0	7,441	0
17.00	01700	SOCIAL SERVICE	661	661	0	3,680	282,367
18.00	01850	PATIENT TRANSPORTATION	0	0	0	4,718	137,770
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	91,655	91,655	0	2,205,327	10,135,358
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	8,390	8,390	0	492,587	770,396
34.02	03402	PREMATURE INTENSIVE CARE UNIT	22,668	22,668	491	1,866,836	2,219,018
43.00	04300	NURSERY	8,806	8,806	0	149,885	848,140
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	52,733	52,733	0	17,028,853	3,289,825
51.00	05100	RECOVERY ROOM	9,227	9,227	0	823,895	1,499,319
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,771	20,771	0	2,334,864	1,991,213
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,536	14,536	24,198	4,369,623	2,789,082
56.00	05600	RADIOISOTOPE	1,060	1,060	0	1,462	191,953
60.00	06000	LABORATORY	8,441	8,441	0	537,386	458,739
65.00	06500	RESPIRATORY THERAPY	1,852	1,852	0	1,062,358	1,547,901
66.00	06600	PHYSICAL THERAPY	347	347	9,166	359,763	1,963,916
69.00	06900	ELECTROCARDIOLOGY	2,135	2,135	0	562,734	223,416
70.00	07000	ELECTROENCEPHALOGRAPHY	718	718	0	57,344	128,797
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	13,205	13,205	0	4,026,482	1,128,750
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0
90.03	09003	IVF	0	0	0	0	0
91.00	09100	EMERGENCY	19,871	19,871	0	747,221	1,990,892
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	426,277	426,277	55,764	58,269,570	47,344,602
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	4,651	4,651	0	11,019	522,916
192.02	19202	PURCHASED SERVICES	0	0	0	0	0
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	5,484	5,484	0	170,151	0
192.05	19205	PHYSICIAN PRACTICE	0	0	47,063	589,838	1,318,328
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	26,541,611	16,155,863	1,662,030	5,368,979	9,874,822

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:  
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To 12/31/2014

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	MOB LEASED SPACE (MOB SQ FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00	4.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	60.817785	37.019750	16.163362	0.090937	0.200766	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)					30,793	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)					0.000626	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (NUMBER OF PHONES)	PURCHASING (COSTED REQUISITIONS)	ADMITTING (TOTAL CHARGES)	Reconciliation	
		5.01	5.02	5.03	5.04	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540	1,911					5.01
5.02	00550	78	1,833				5.02
5.03	00580	16	16	21,702,797			5.03
5.04	00570	42	42	19,653	573,863,333		5.04
5.05	00560	86	86	80,615	0	-5,315,716	5.05
6.00	00600	28	28	52,023	0	0	6.00
7.00	00700	83	83	225	0	0	7.00
8.00	00800	0	0	0	0	0	8.00
9.00	00900	14	14	19,231	0	0	9.00
10.00	01000	18	18	5,660	0	0	10.00
11.00	01100	7	7	888	0	0	11.00
13.00	01300	21	21	3,763	0	0	13.00
14.00	01400	11	11	701,375	0	0	14.00
15.00	01500	24	24	147,598	0	0	15.00
16.00	01600	23	23	1	0	0	16.00
17.00	01700	6	6	0	0	0	17.00
18.00	01850	18	18	0	0	0	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	330	330	868,505	50,049,138	0	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	27	27	45,996	3,378,005	0	34.01
34.02	03402	73	73	192,716	16,082,990	0	34.02
43.00	04300	39	39	0	5,599,581	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	153	153	15,590,551	167,957,542	0	50.00
51.00	05100	49	49	220,716	18,909,847	0	51.00
52.00	05200	76	76	657,795	28,480,946	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	214	214	273,289	50,483,666	0	54.00
56.00	05600	0	0	157,448	5,768,454	0	56.00
60.00	06000	45	45	499,894	50,167,547	0	60.00
65.00	06500	40	40	173,224	7,716,114	0	65.00
66.00	06600	45	45	83,206	10,024,050	0	66.00
69.00	06900	0	0	3,605	9,292,684	0	69.00
70.00	07000	0	0	15,875	2,364,495	0	70.00
71.00	07100	0	0	0	18,399,189	0	71.00
72.00	07200	0	0	0	17,949,506	0	72.00
73.00	07300	0	0	0	37,616,774	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	47	47	1,635,927	22,747,910	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
91.00	09100	86	86	249,648	50,673,357	0	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		1,699	1,621	21,699,427	573,661,795	-5,315,716	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	53	53	867	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	18	18	1,348	0	0	192.04
192.05	19205	141	141	1,155	201,538	0	192.05
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00							201.00
202.00		35,333	11,187,406	2,529,582	5,240,373		202.00
203.00		18.489273	6,103.331151	0.116556	0.009132		203.00
204.00		37,695	826,857	1,159,049	378,763		204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

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

Worksheet B-1

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Cost Center Description		NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (NUMBER OF PHONES)	PURCHASING (COSTED REQUISITIONS)	ADMINISTRATIVE (TOTAL CHARGES)	Reconciliation	
		5.01	5.02	5.03	5.04	5A.05	
205.00	Unit cost multiplier (Wkst. B, Part II)	18.489273	451.094926	0.053406	0.000660		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:  
From 01/01/2014  
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Worksheet B-1

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5.05	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00580						5.03
5.04	00570						5.04
5.05	00560	163,306,121					5.05
6.00	00600	6,481,225	404,416				6.00
7.00	00700	8,029,679	73,793	330,623			7.00
8.00	00800	53,286	0	0	261,639		8.00
9.00	00900	6,123,733	5,964	5,964	0	324,659	9.00
10.00	01000	1,657,647	2,665	2,665	0	2,665	10.00
11.00	01100	2,731,875	15,054	15,054	0	15,054	11.00
13.00	01300	2,988,653	2,493	2,493	0	2,493	13.00
14.00	01400	10,001,036	12,621	12,621	1,214	12,621	14.00
15.00	01500	3,594,043	3,633	3,633	13	3,633	15.00
16.00	01600	1,549,340	982	982	0	982	16.00
17.00	01700	468,941	661	661	0	661	17.00
18.00	01850	288,301	0	0	0	0	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	25,194,083	91,655	91,655	150,802	91,655	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	2,128,250	8,390	8,390	0	8,390	34.01
34.02	03402	6,048,544	22,668	22,668	11,067	22,668	34.02
43.00	04300	2,273,420	8,806	8,806	9,591	8,806	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	16,448,540	52,733	52,733	13,175	52,733	50.00
51.00	05100	3,445,845	9,227	9,227	14,573	9,227	51.00
52.00	05200	5,707,523	20,771	20,771	0	20,771	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	8,052,437	14,536	14,536	24,605	14,536	54.00
56.00	05600	443,773	1,060	1,060	21	1,060	56.00
60.00	06000	7,232,765	8,441	8,441	447	8,441	60.00
65.00	06500	2,608,662	1,852	1,852	0	1,852	65.00
66.00	06600	3,095,873	347	347	1,993	347	66.00
69.00	06900	626,222	2,135	2,135	0	2,135	69.00
70.00	07000	559,936	718	718	0	718	70.00
71.00	07100	3,822,291	0	0	0	0	71.00
72.00	07200	10,182,898	0	0	0	0	72.00
73.00	07300	3,580,680	0	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	3,841,587	13,205	13,205	10,797	13,205	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
91.00	09100	6,155,781	19,871	19,871	23,341	19,871	91.00
92.00	09200	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00							118.00
SUBTOTALS (SUM OF LINES 1-117)		155,416,869	394,281	320,488	261,639	314,524	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	3,509,318	4,651	4,651	0	4,651	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	666,431	5,484	5,484	0	5,484	192.04
192.05	19205	3,713,503	0	0	0	0	192.05
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00							201.00
202.00		5,315,716	6,692,195	9,512,165	55,021	6,593,345	202.00
203.00		0.032551	16.547800	28.770427	0.210294	20.308524	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

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Cost Center Description		5.05	6.00	7.00	8.00	9.00	
		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
204.00	Cost to be allocated (per Wkst. B, Part II)	1,793,845	785,625	7,494,508	696	913,533	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.010985	1.942616	22.667836	0.002660	2.813823	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

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

Worksheet B-1

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Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	NURSING ADMINISTRATION (NURSING FTEs)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00580						5.03
5.04	00570						5.04
5.05	00560						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	68,875					10.00
11.00	01100	0	1,884,352				11.00
13.00	01300	0	70,908	577,073			13.00
14.00	01400	0	42,711	126	20,819,364		14.00
15.00	01500	0	62,333	0	147,598	502,203	15.00
16.00	01600	0	0	0	1	0	16.00
17.00	01700	0	11,892	0	0	1,887	17.00
18.00	01850	0	11,320	0	0	0	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	62,545	567,315	115,004	868,505	78	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	1,915	41,631	19,968	45,996	0	34.01
34.02	03402	0	118,470	55,527	192,716	78	34.02
43.00	04300	0	49,783	147,126	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	154,653	63,360	15,590,551	120,540	50.00
51.00	05100	32	69,150	40,677	220,716	1	51.00
52.00	05200	3,881	114,849	47,046	657,795	562	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	139,114	6,961	273,289	105,454	54.00
56.00	05600	0	11,544	0	157,448	152,349	56.00
60.00	06000	0	14,651	11,894	499,894	0	60.00
65.00	06500	0	71,963	0	173,224	101,666	65.00
66.00	06600	0	61,581	0	83,206	74	66.00
69.00	06900	0	13,421	0	3,605	1,314	69.00
70.00	07000	0	10,900	0	15,875	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	50,826	15,219	1,635,927	18,180	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
91.00	09100	502	123,289	46,604	249,648	20	91.00
92.00	09200	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		68,875	1,812,304	569,512	20,815,994	502,203	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	26,524	10	867	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	1,348	0	192.04
192.05	19205	0	45,524	7,551	1,155	0	192.05
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00							201.00
202.00		1,886,500	3,808,746	3,392,868	11,242,182	4,155,150	202.00
203.00		27.390200	2.021250	5.879443	0.539987	8.273845	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

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

Worksheet B-1

Date/Time Prepared:  
5/28/2015 1:40 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	NURSING ADMINISTRATION (NURSING FTEs)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	372,006	1,924,424	441,240	2,053,365	782,707	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5.401176	1.021266	0.764617	0.098628	1.558547	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

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

Worksheet B-1  
Date/Time Prepared:  
5/28/2015 1:40 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	
			(PATIENT DAYS)	(PATIENT DAYS)
	16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01 00101 NEW CAP REL COSTS-INTEREST				1.01
1.02 00102 MOB LEASED SPACE				1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00540 NONPATIENT TELEPHONES				5.01
5.02 00550 DATA PROCESSING				5.02
5.03 00580 PURCHASING				5.03
5.04 00570 ADMINISTRATION				5.04
5.05 00560 OTHER ADMINISTRATIVE AND GENERAL				5.05
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	573,863,333			16.00
17.00 01700 SOCIAL SERVICE	0	32,363		17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	32,363	18.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 03000 ADULTS & PEDIATRICS	50,049,138	21,157	21,157	30.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	3,378,005	1,132	1,132	34.01
34.02 03402 PREMATURE INTENSIVE CARE UNIT	16,082,990	4,529	4,529	34.02
43.00 04300 NURSERY	5,599,581	4,715	4,715	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	167,957,542	0	0	50.00
51.00 05100 RECOVERY ROOM	18,909,847	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	28,480,946	830	830	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	50,483,666	0	0	54.00
56.00 05600 RADIOISOTOPE	5,768,454	0	0	56.00
60.00 06000 LABORATORY	50,167,547	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	7,716,114	0	0	65.00
66.00 06600 PHYSICAL THERAPY	10,024,050	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	9,292,684	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	2,364,495	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	18,399,189	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	17,949,506	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	37,616,774	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	22,747,910	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 ADULT SLEEP LAB	0	0	0	90.01
90.02 09002 PEDIATRIC SLEEP LAB	0	0	0	90.02
90.03 09003 IVF	0	0	0	90.03
91.00 09100 EMERGENCY	50,673,357	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00 11300 INTEREST EXPENSE				113.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	573,661,795	32,363	32,363	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0	192.01
192.02 19202 PURCHASED SERVICES	0	0	0	192.02
192.03 19203 ZIONSVILLE SCHOOL NURSES	0	0	0	192.03
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.04
192.05 19205 PHYSICIAN PRACTICE	201,538	0	0	192.05
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.00
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	1,664,220	567,234	320,566	202.00
	Cost to be allocated (per Wkst. B, Part I)			

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

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

Worksheet B-1

Date/Time Prepared:  
5/28/2015 1:40 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (TOTAL CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE		
				PATIENT TRANSPORTATION (PATIENT DAYS)		
		16.00	17.00	18.00		
203.00	Unit cost multiplier (Wkst. B, Part I)	0.002900	17.527238	9.905324		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	151,503	106,365	23,696		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000264	3.286624	0.732194		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150161

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2015 1:40 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	36,791,964		36,791,964	0	36,791,964	30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT	3,067,823		3,067,823	0	3,067,823	34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT	8,576,902		8,576,902	0	8,576,902	34.02
43.00	04300 NURSERY	4,038,574		4,038,574	0	4,038,574	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	31,035,644		31,035,644	0	31,035,644	50.00
51.00	05100 RECOVERY ROOM	4,720,449		4,720,449	0	4,720,449	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	8,336,701		8,336,701	0	8,336,701	52.00
53.00	05300 ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,762,274		10,762,274	0	10,762,274	54.00
56.00	05600 RADIOISOTOPE	1,913,382		1,913,382	0	1,913,382	56.00
60.00	06000 LABORATORY	8,537,213		8,537,213	0	8,537,213	60.00
65.00	06500 RESPIRATORY THERAPY	3,917,658	0	3,917,658	0	3,917,658	65.00
66.00	06600 PHYSICAL THERAPY	3,418,921	0	3,418,921	0	3,418,921	66.00
69.00	06900 ELECTROCARDIOLOGY	853,615		853,615	0	853,615	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	662,743		662,743	0	662,743	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,000,068		4,000,068	0	4,000,068	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	10,566,416		10,566,416	0	10,566,416	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,806,324		3,806,324	0	3,806,324	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	6,127,484		6,127,484	0	6,127,484	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 ADULT SLEEP LAB	0		0	0	0	90.01
90.02	09002 PEDIATRIC SLEEP LAB	0		0	0	0	90.02
90.03	09003 IVF	0		0	0	0	90.03
91.00	09100 EMERGENCY	8,484,014		8,484,014	0	8,484,014	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,464,607		2,464,607	0	2,464,607	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	162,082,776	0	162,082,776	0	162,082,776	200.00
201.00	Less Observation Beds	2,464,607		2,464,607		2,464,607	201.00
202.00	Total (see instructions)	159,618,169	0	159,618,169	0	159,618,169	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150161

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

Worksheet C  
Part I  
Date/Time Prepared:  
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		Title XVIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	41,695,131		41,695,131		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	3,380,568		3,380,568		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	16,082,990		16,082,990		34.02
43.00	04300	NURSERY	5,599,581		5,599,581		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	55,943,545	65,072,572	121,016,117	0.256459	50.00
51.00	05100	RECOVERY ROOM	5,611,622	13,298,224	18,909,846	0.249629	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,870,915	1,137,353	28,008,268	0.297651	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,679,996	40,803,670	50,483,666	0.213183	54.00
56.00	05600	RADIOISOTOPE	640,365	5,123,845	5,764,210	0.331942	56.00
60.00	06000	LABORATORY	20,976,415	29,191,132	50,167,547	0.170174	60.00
65.00	06500	RESPIRATORY THERAPY	5,459,220	2,256,893	7,716,113	0.507724	65.00
66.00	06600	PHYSICAL THERAPY	5,074,202	4,949,848	10,024,050	0.341072	66.00
69.00	06900	ELECTROCARDIOLOGY	2,522,003	6,770,681	9,292,684	0.091859	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	924,684	1,439,811	2,364,495	0.280289	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,700,847	8,691,391	18,392,238	0.217487	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	48,754,023	17,949,506	66,703,529	0.158409	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,529,054	10,087,720	37,616,774	0.101187	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	7,868,750	13,253,376	21,122,126	0.290098	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	0.000000	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0.000000	90.02
90.03	09003	IVF	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	7,410,922	43,262,436	50,673,358	0.167426	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	331,740	2,714,477	3,046,217	0.809071	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	302,056,573	266,002,935	568,059,508		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	302,056,573	266,002,935	568,059,508		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150161	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/28/2015 1:40 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT			34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT			34.02
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.256459		50.00
51.00	05100 RECOVERY ROOM	0.249629		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.297651		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.213183		54.00
56.00	05600 RADIOISOTOPE	0.331942		56.00
60.00	06000 LABORATORY	0.170174		60.00
65.00	06500 RESPIRATORY THERAPY	0.507724		65.00
66.00	06600 PHYSICAL THERAPY	0.341072		66.00
69.00	06900 ELECTROCARDIOLOGY	0.091859		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.280289		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.217487		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.158409		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.101187		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.290098		75.01
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 ADULT SLEEP LAB	0.000000		90.01
90.02	09002 PEDIATRIC SLEEP LAB	0.000000		90.02
90.03	09003 IVF	0.000000		90.03
91.00	09100 EMERGENCY	0.167426		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.809071		92.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150161

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2015 1:40 pm

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS		36,791,964	0	36,791,964	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		3,067,823	0	3,067,823	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		8,576,902	0	8,576,902	34.02
43.00	04300	NURSERY		4,038,574	0	4,038,574	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM		31,035,644	0	31,035,644	50.00
51.00	05100	RECOVERY ROOM		4,720,449	0	4,720,449	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		8,336,701	0	8,336,701	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		10,762,274	0	10,762,274	54.00
56.00	05600	RADIOISOTOPE		1,913,382	0	1,913,382	56.00
60.00	06000	LABORATORY		8,537,213	0	8,537,213	60.00
65.00	06500	RESPIRATORY THERAPY	0	3,917,658	0	3,917,658	65.00
66.00	06600	PHYSICAL THERAPY	0	3,418,921	0	3,418,921	66.00
69.00	06900	ELECTROCARDIOLOGY		853,615	0	853,615	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		662,743	0	662,743	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		4,000,068	0	4,000,068	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		10,566,416	0	10,566,416	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		3,806,324	0	3,806,324	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY		6,127,484	0	6,127,484	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC		0	0	0	90.00
90.01	09001	ADULT SLEEP LAB		0	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB		0	0	0	90.02
90.03	09003	IVF		0	0	0	90.03
91.00	09100	EMERGENCY		8,484,014	0	8,484,014	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		2,464,607	0	2,464,607	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)		162,082,776	0	162,082,776	200.00
201.00		Less Observation Beds		2,464,607		2,464,607	201.00
202.00		Total (see instructions)		159,618,169	0	159,618,169	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150161

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2015 1:40 pm

		Title XIX			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	41,695,131		41,695,131		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	3,380,568		3,380,568		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	16,082,990		16,082,990		34.02
43.00	04300	NURSERY	5,599,581		5,599,581		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	55,943,545	65,072,572	121,016,117	0.256459	50.00
51.00	05100	RECOVERY ROOM	5,611,622	13,298,224	18,909,846	0.249629	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,870,915	1,137,353	28,008,268	0.297651	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,679,996	40,803,670	50,483,666	0.213183	54.00
56.00	05600	RADIOISOTOPE	640,365	5,123,845	5,764,210	0.331942	56.00
60.00	06000	LABORATORY	20,976,415	29,191,132	50,167,547	0.170174	60.00
65.00	06500	RESPIRATORY THERAPY	5,459,220	2,256,893	7,716,113	0.507724	65.00
66.00	06600	PHYSICAL THERAPY	5,074,202	4,949,848	10,024,050	0.341072	66.00
69.00	06900	ELECTROCARDIOLOGY	2,522,003	6,770,681	9,292,684	0.091859	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	924,684	1,439,811	2,364,495	0.280289	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,700,847	8,691,391	18,392,238	0.217487	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	48,754,023	17,949,506	66,703,529	0.158409	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,529,054	10,087,720	37,616,774	0.101187	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	7,868,750	13,253,376	21,122,126	0.290098	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	0.000000	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0.000000	90.02
90.03	09003	IVF	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	7,410,922	43,262,436	50,673,358	0.167426	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	331,740	2,714,477	3,046,217	0.809071	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	302,056,573	266,002,935	568,059,508		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	302,056,573	266,002,935	568,059,508		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150161	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/28/2015 1:40 pm
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		34.02
43.00	04300	NURSERY		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0.256459	50.00
51.00	05100	RECOVERY ROOM	0.249629	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.297651	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.213183	54.00
56.00	05600	RADIOISOTOPE	0.331942	56.00
60.00	06000	LABORATORY	0.170174	60.00
65.00	06500	RESPIRATORY THERAPY	0.507724	65.00
66.00	06600	PHYSICAL THERAPY	0.341072	66.00
69.00	06900	ELECTROCARDIOLOGY	0.091859	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.280289	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.217487	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.158409	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.101187	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.290098	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0.000000	90.00
90.01	09001	ADULT SLEEP LAB	0.000000	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0.000000	90.02
90.03	09003	IVF	0.000000	90.03
91.00	09100	EMERGENCY	0.167426	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.809071	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 150161

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

Worksheet C Part II Date/Time Prepared: 5/28/2015 1:40 pm

Cost Center Description			Title XIX			Hospital		PPS
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	31,035,644	11,328,359	19,707,285	0	0	50.00
51.00	05100	RECOVERY ROOM	4,720,449	1,445,482	3,274,967	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,336,701	3,218,530	5,118,171	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,762,274	3,199,990	7,562,284	0	0	54.00
56.00	05600	RADIOISOTOPE	1,913,382	416,406	1,496,976	0	0	56.00
60.00	06000	LABORATORY	8,537,213	1,353,487	7,183,726	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	3,917,658	642,413	3,275,245	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,418,921	365,626	3,053,295	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	853,615	350,515	503,100	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	662,743	117,116	545,627	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,000,068	58,988	3,941,080	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,566,416	128,445	10,437,971	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,806,324	74,092	3,732,232	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	6,127,484	2,446,858	3,680,626	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0	90.02
90.03	09003	IVF	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	8,484,014	2,915,404	5,568,610	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,464,607	896,856	1,567,751	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (sum of lines 50 thru 199)	109,607,513	28,958,567	80,648,946	0	0	200.00
201.00		Less Observation Beds	2,464,607	896,856	1,567,751	0	0	201.00
202.00		Total (line 200 minus line 201)	107,142,906	28,061,711	79,081,195	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF  
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 150161

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

Worksheet C  
Part II  
Date/Time Prepared:  
5/28/2015 1:40 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Title XIX	
					Hospital	PPS
		6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	31,035,644	121,016,117	0.256459		50.00
51.00	05100 RECOVERY ROOM	4,720,449	18,909,846	0.249629		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	8,336,701	28,008,268	0.297651		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,762,274	50,483,666	0.213183		54.00
56.00	05600 RADIOISOTOPE	1,913,382	5,764,210	0.331942		56.00
60.00	06000 LABORATORY	8,537,213	50,167,547	0.170174		60.00
65.00	06500 RESPIRATORY THERAPY	3,917,658	7,716,113	0.507724		65.00
66.00	06600 PHYSICAL THERAPY	3,418,921	10,024,050	0.341072		66.00
69.00	06900 ELECTROCARDIOLOGY	853,615	9,292,684	0.091859		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	662,743	2,364,495	0.280289		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,000,068	18,392,238	0.217487		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	10,566,416	66,703,529	0.158409		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,806,324	37,616,774	0.101187		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	6,127,484	21,122,126	0.290098		75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	09001 ADULT SLEEP LAB	0	0	0.000000		90.01
90.02	09002 PEDIATRIC SLEEP LAB	0	0	0.000000		90.02
90.03	09003 IVF	0	0	0.000000		90.03
91.00	09100 EMERGENCY	8,484,014	50,673,358	0.167426		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,464,607	3,046,217	0.809071		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (sum of lines 50 thru 199)	109,607,513	501,301,238			200.00
201.00	Less Observation Beds	2,464,607	0			201.00
202.00	Total (line 200 minus line 201)	107,142,906	501,301,238			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150161	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/28/2015 1:40 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	13,388,376	0	13,388,376	22,631	591.59	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	1,215,070		1,215,070	1,132	1,073.38	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	3,345,206		3,345,206	4,529	738.62	34.02
43.00	NURSERY	1,347,991		1,347,991	4,715	285.89	43.00
200.00	Total (lines 30-199)	19,296,643		19,296,643	33,007		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	6,377	3,772,569				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
34.01	PEDIATRIC INTENSIVE CARE UNIT	0	0				
34.02	PREMATURE INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	6,377	3,772,569				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150161

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

Worksheet D  
Part II  
Date/Time Prepared:  
5/28/2015 1:40 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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	11,328,359	121,016,117	0.093610	17,576,570	1,645,343	50.00
51.00	05100	RECOVERY ROOM	1,445,482	18,909,846	0.076441	1,917,119	146,546	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,218,530	28,008,268	0.114914	118,652	13,635	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,199,990	50,483,666	0.063387	3,714,546	235,454	54.00
56.00	05600	RADIOISOTOPE	416,406	5,764,210	0.072240	318,276	22,992	56.00
60.00	06000	LABORATORY	1,353,487	50,167,547	0.026979	6,211,005	167,567	60.00
65.00	06500	RESPIRATORY THERAPY	642,413	7,716,113	0.083256	1,166,131	97,087	65.00
66.00	06600	PHYSICAL THERAPY	365,626	10,024,050	0.036475	2,234,779	81,514	66.00
69.00	06900	ELECTROCARDIOLOGY	350,515	9,292,684	0.037719	1,133,370	42,750	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	117,116	2,364,495	0.049531	147,715	7,316	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	58,988	18,392,238	0.003207	2,815,330	9,029	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	128,445	66,703,529	0.001926	16,092,400	30,994	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	74,092	37,616,774	0.001970	7,767,815	15,303	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	2,446,858	21,122,126	0.115843	3,126,725	362,209	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0.000000	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0.000000	0	0	90.02
90.03	09003	IVF	0	0	0.000000	0	0	90.03
91.00	09100	EMERGENCY	2,915,404	50,673,358	0.057533	3,346,773	192,550	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	896,856	3,046,217	0.294416	100,356	29,546	92.00
200.00		Total (lines 50-199)	28,958,567	501,301,238		67,787,562	3,099,835	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150161		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/28/2015 1:40 pm	
Title XVIII			Hospital		PPS			
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	34.02
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,631	0.00	6,377	0		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	1,132	0.00	0	0		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	4,529	0.00	0	0		34.02
43.00	04300	NURSERY	4,715	0.00	0	0		43.00
200.00		Total (lines 30-199)	33,007		6,377	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150161

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/28/2015 1:40 pm

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0	0	90.02
90.03	09003	IVF	0	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150161

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/28/2015 1:40 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	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	121,016,117	0.000000	0.000000	17,576,570	50.00
51.00	05100	RECOVERY ROOM	0	18,909,846	0.000000	0.000000	1,917,119	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	28,008,268	0.000000	0.000000	118,652	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	50,483,666	0.000000	0.000000	3,714,546	54.00
56.00	05600	RADIOISOTOPE	0	5,764,210	0.000000	0.000000	318,276	56.00
60.00	06000	LABORATORY	0	50,167,547	0.000000	0.000000	6,211,005	60.00
65.00	06500	RESPIRATORY THERAPY	0	7,716,113	0.000000	0.000000	1,166,131	65.00
66.00	06600	PHYSICAL THERAPY	0	10,024,050	0.000000	0.000000	2,234,779	66.00
69.00	06900	ELECTROCARDIOLOGY	0	9,292,684	0.000000	0.000000	1,133,370	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,364,495	0.000000	0.000000	147,715	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,392,238	0.000000	0.000000	2,815,330	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	66,703,529	0.000000	0.000000	16,092,400	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	37,616,774	0.000000	0.000000	7,767,815	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	21,122,126	0.000000	0.000000	3,126,725	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0.000000	0.000000	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0.000000	0.000000	0	90.02
90.03	09003	IVF	0	0	0.000000	0.000000	0	90.03
91.00	09100	EMERGENCY	0	50,673,358	0.000000	0.000000	3,346,773	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,046,217	0.000000	0.000000	100,356	92.00
200.00		Total (lines 50-199)	0	501,301,238			67,787,562	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150161	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 1:40 pm
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	10,504,799	0	50.00
51.00	05100 RECOVERY ROOM	0	2,089,287	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	6,768,715	0	54.00
56.00	05600 RADIOISOTOPE	0	1,707,754	0	56.00
60.00	06000 LABORATORY	0	2,611,731	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	597,612	0	65.00
66.00	06600 PHYSICAL THERAPY	0	1,003	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	3,231,043	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	94,429	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,949,846	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	5,503,396	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,926,861	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0	3,445,101	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 ADULT SLEEP LAB	0	0	0	90.01
90.02	09002 PEDIATRIC SLEEP LAB	0	0	0	90.02
90.03	09003 IVF	0	0	0	90.03
91.00	09100 EMERGENCY	0	6,844,473	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	608,740	0	92.00
200.00	Total (lines 50-199)	0	47,884,790	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150161	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/28/2015 1:40 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.256459	10,504,799	0	0	2,694,050	50.00
51.00	05100	RECOVERY ROOM	0.249629	2,089,287	0	0	521,547	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.297651	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.213183	6,768,715	0	0	1,442,975	54.00
56.00	05600	RADIOISOTOPE	0.331942	1,707,754	0	0	566,875	56.00
60.00	06000	LABORATORY	0.170174	2,611,731	879	0	444,449	60.00
65.00	06500	RESPIRATORY THERAPY	0.507724	597,612	0	0	303,422	65.00
66.00	06600	PHYSICAL THERAPY	0.341072	1,003	0	0	342	66.00
69.00	06900	ELECTROCARDIOLOGY	0.091859	3,231,043	0	0	296,800	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.280289	94,429	0	0	26,467	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.217487	1,949,846	0	0	424,066	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.158409	5,503,396	0	0	871,787	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.101187	1,926,861	0	31,925	194,973	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.290098	3,445,101	0	0	999,417	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0.000000	0	0	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0.000000	0	0	0	0	90.02
90.03	09003	IVF	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.167426	6,844,473	0	0	1,145,943	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.809071	608,740	0	0	492,514	92.00
200.00		Subtotal (see instructions)		47,884,790	879	31,925	10,425,627	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		47,884,790	879	31,925	10,425,627	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150161	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/28/2015 1:40 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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00 05600 RADIOISOTOPE	0	0		56.00
60.00 06000 LABORATORY	150	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	3,230		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	0	0		75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 ADULT SLEEP LAB	0	0		90.01
90.02 09002 PEDIATRIC SLEEP LAB	0	0		90.02
90.03 09003 IVF	0	0		90.03
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	150	3,230		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	150	3,230		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150161	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/28/2015 1:40 pm
		Title XIX		Hospital

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	13,388,376	0	13,388,376	22,631	591.59	30.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
34.01	PEDIATRIC INTENSIVE CARE UNIT	1,215,070		1,215,070	1,132	1,073.38	34.01	
34.02	PREMATURE INTENSIVE CARE UNIT	3,345,206		3,345,206	4,529	738.62	34.02	
43.00	NURSERY	1,347,991		1,347,991	4,715	285.89	43.00	
200.00	Total (lines 30-199)	19,296,643		19,296,643	33,007		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	738	436,593					30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	59	63,329					34.01
34.02	PREMATURE INTENSIVE CARE UNIT	518	382,605					34.02
43.00	NURSERY	232	66,326					43.00
200.00	Total (lines 30-199)	1,547	948,853					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150161

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

Worksheet D  
Part II  
Date/Time Prepared:  
5/28/2015 1:40 pm

Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	11,328,359	121,016,117	0.093610	918,881	86,016	50.00
51.00	05100	RECOVERY ROOM	1,445,482	18,909,846	0.076441	89,378	6,832	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,218,530	28,008,268	0.114914	255,392	29,348	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,199,990	50,483,666	0.063387	323,278	20,492	54.00
56.00	05600	RADIOISOTOPE	416,406	5,764,210	0.072240	36,573	2,642	56.00
60.00	06000	LABORATORY	1,353,487	50,167,547	0.026979	852,205	22,992	60.00
65.00	06500	RESPIRATORY THERAPY	642,413	7,716,113	0.083256	507,507	42,253	65.00
66.00	06600	PHYSICAL THERAPY	365,626	10,024,050	0.036475	132,010	4,815	66.00
69.00	06900	ELECTROCARDIOLOGY	350,515	9,292,684	0.037719	85,820	3,237	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	117,116	2,364,495	0.049531	10,870	538	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	58,988	18,392,238	0.003207	170,711	547	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	128,445	66,703,529	0.001926	344,473	663	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	74,092	37,616,774	0.001970	1,185,680	2,336	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	2,446,858	21,122,126	0.115843	198,130	22,952	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0.000000	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0.000000	0	0	90.02
90.03	09003	IVF	0	0	0.000000	0	0	90.03
91.00	09100	EMERGENCY	2,915,404	50,673,358	0.057533	212,614	12,232	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	896,856	3,046,217	0.294416	8,744	2,574	92.00
200.00		Total (lines 50-199)	28,958,567	501,301,238		5,332,266	260,469	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150161		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/28/2015 1:40 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	PPS	
			1.00	2.00	3.00	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
						4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	34.02
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,631	0.00	738	0		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	1,132	0.00	59	0		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	4,529	0.00	518	0		34.02
43.00	04300	NURSERY	4,715	0.00	232	0		43.00
200.00		Total (lines 30-199)	33,007		1,547	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150161

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/28/2015 1:40 pm

Cost Center Description		Title XIX				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0	0	90.02
90.03	09003	IVF	0	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150161

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/28/2015 1:40 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	PPS
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	121,016,117	0.000000	0.000000	918,881	50.00
51.00	05100	RECOVERY ROOM	0	18,909,846	0.000000	0.000000	89,378	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	28,008,268	0.000000	0.000000	255,392	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	50,483,666	0.000000	0.000000	323,278	54.00
56.00	05600	RADIOISOTOPE	0	5,764,210	0.000000	0.000000	36,573	56.00
60.00	06000	LABORATORY	0	50,167,547	0.000000	0.000000	852,205	60.00
65.00	06500	RESPIRATORY THERAPY	0	7,716,113	0.000000	0.000000	507,507	65.00
66.00	06600	PHYSICAL THERAPY	0	10,024,050	0.000000	0.000000	132,010	66.00
69.00	06900	ELECTROCARDIOLOGY	0	9,292,684	0.000000	0.000000	85,820	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,364,495	0.000000	0.000000	10,870	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,392,238	0.000000	0.000000	170,711	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	66,703,529	0.000000	0.000000	344,473	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	37,616,774	0.000000	0.000000	1,185,680	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	21,122,126	0.000000	0.000000	198,130	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0.000000	0.000000	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0.000000	0.000000	0	90.02
90.03	09003	IVF	0	0	0.000000	0.000000	0	90.03
91.00	09100	EMERGENCY	0	50,673,358	0.000000	0.000000	212,614	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,046,217	0.000000	0.000000	8,744	92.00
200.00		Total (lines 50-199)	0	501,301,238			5,332,266	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150161	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 1:40 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
Title XIX Hospital PPS						
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
60.00	06000 LABORATORY	0	0	0		60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0	0	0		75.01
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 ADULT SLEEP LAB	0	0	0		90.01
90.02	09002 PEDIATRIC SLEEP LAB	0	0	0		90.02
90.03	09003 IVF	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
200.00	Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150161	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/28/2015 1:40 pm
	Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.256459	0	0	1,665,699	0
51.00 05100 RECOVERY ROOM	0.249629	0	0	398,985	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.297651	0	0	28,477	0
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.213183	0	0	934,423	0
56.00 05600 RADIOISOTOPE	0.331942	0	0	109,234	0
60.00 06000 LABORATORY	0.170174	0	0	672,396	0
65.00 06500 RESPIRATORY THERAPY	0.507724	0	0	57,322	0
66.00 06600 PHYSICAL THERAPY	0.341072	0	0	247,515	0
69.00 06900 ELECTROCARDIOLOGY	0.091859	0	0	92,694	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.280289	0	0	109,789	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.217487	0	0	356,063	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.158409	0	0	259,206	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.101187	0	0	322,617	0
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	0.290098	0	0	349,552	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 ADULT SLEEP LAB	0.000000	0	0	0	0
90.02 09002 PEDIATRIC SLEEP LAB	0.000000	0	0	0	0
90.03 09003 IVF	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.167426	0	0	1,243,408	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.809071	0	0	141,866	0
200.00 Subtotal (see instructions)		0	0	6,989,246	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	6,989,246	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150161	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/28/2015 1:40 pm
		Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	427,183	50.00
51.00	05100 RECOVERY ROOM	0	99,598	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	8,476	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	199,203	54.00
56.00	05600 RADIOISOTOPE	0	36,259	56.00
60.00	06000 LABORATORY	0	114,424	60.00
65.00	06500 RESPIRATORY THERAPY	0	29,104	65.00
66.00	06600 PHYSICAL THERAPY	0	84,420	66.00
69.00	06900 ELECTROCARDIOLOGY	0	8,515	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	30,773	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	77,439	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	41,061	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	32,645	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0	101,404	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 ADULT SLEEP LAB	0	0	90.01
90.02	09002 PEDIATRIC SLEEP LAB	0	0	90.02
90.03	09003 IVF	0	0	90.03
91.00	09100 EMERGENCY	0	208,179	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	114,780	92.00
200.00	Subtotal (see instructions)	0	1,613,463	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	1,613,463	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150161	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2015 1:40 pm
Cost Center Description		PPS		
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		22,631	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,631	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)		21,115	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)		6,377	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		36,791,964	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)		36,791,964	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		36,791,964	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,625.73	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,367,280	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)		10,367,280	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150161		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0 42.00	
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT					43.00	
44.00	CORONARY CARE UNIT					44.00	
45.00	BURN INTENSIVE CARE UNIT					45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0 46.00	
46.01	PEDIATRIC INTENSIVE CARE UNIT	3,067,823	1,132	2,710.09	0	0 46.01	
46.02	PREMATURE INTENSIVE CARE UNIT	8,576,902	4,529	1,893.77	0	0 46.02	
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)					13,971,911 48.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					24,339,191 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)					3,772,569 50.00	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,099,835 51.00	
52.00	Total Program excludable cost (sum of lines 50 and 51)					6,872,404 52.00	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					17,466,787 53.00	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0 54.00	
55.00	Target amount per discharge					0.00 55.00	
56.00	Target amount (line 54 x line 55)					0 56.00	
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0 57.00	
58.00	Bonus payment (see instructions)					0 58.00	
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00 59.00	
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00 60.00	
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0 61.00	
62.00	Relief payment (see instructions)					0 62.00	
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0 63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0 64.00	
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0 65.00	
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0 66.00	
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0 67.00	
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0 68.00	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0 69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					70.00	
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00	
72.00	Program routine service cost (line 9 x line 71)					72.00	
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00	
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00	
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00	
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00	
77.00	Program capital-related costs (line 9 x line 76)					77.00	
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00	
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00	
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00	
81.00	Inpatient routine service cost per diem limitation					81.00	
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00	
83.00	Reasonable inpatient routine service costs (see instructions)					83.00	
84.00	Program inpatient ancillary services (see instructions)					84.00	
85.00	Utilization review - physician compensation (see instructions)					85.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,516 87.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,625.73 88.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,464,607 89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150161		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/28/2015 1:40 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	13,388,376	36,791,964	0.363894	2,464,607	896,856	90.00
91.00	Nursing School cost	0	36,791,964	0.000000	2,464,607	0	91.00
92.00	Allied health cost	0	36,791,964	0.000000	2,464,607	0	92.00
93.00	All other Medical Education	0	36,791,964	0.000000	2,464,607	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150161	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/28/2015 1:40 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		22,631	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,631	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)		21,115	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)		738	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)		4,715	15.00
16.00	Nursery days (title V or XIX only)		232	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		36,791,964	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)		36,791,964	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		36,791,964	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,625.73	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,199,789	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,199,789	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150161	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/28/2015 1:40 pm		
Cost Center Description			Title XIX		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	4,038,574	4,715	856.54	232	198,717	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	PEDIATRIC INTENSIVE CARE UNIT	3,067,823	1,132	2,710.09	59	159,895	46.01
46.02	PREMATURE INTENSIVE CARE UNIT	8,576,902	4,529	1,893.77	518	980,973	46.02
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)					1,185,511	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,724,885	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)					948,853	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					260,469	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,209,322	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,515,563	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,516	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,625.73	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,464,607	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150161		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/28/2015 1:40 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	13,388,376	36,791,964	0.363894	2,464,607	896,856	90.00
91.00	Nursing School cost	0	36,791,964	0.000000	2,464,607	0	91.00
92.00	Allied health cost	0	36,791,964	0.000000	2,464,607	0	92.00
93.00	All other Medical Education	0	36,791,964	0.000000	2,464,607	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150161	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/28/2015 1:40 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		12,447,150	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		0	34.02
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.256459	17,576,570	50.00
51.00	05100	RECOVERY ROOM	0.249629	1,917,119	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.297651	118,652	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.213183	3,714,546	54.00
56.00	05600	RADIOISOTOPE	0.331942	318,276	56.00
60.00	06000	LABORATORY	0.170174	6,211,005	60.00
65.00	06500	RESPIRATORY THERAPY	0.507724	1,166,131	65.00
66.00	06600	PHYSICAL THERAPY	0.341072	2,234,779	66.00
69.00	06900	ELECTROCARDIOLOGY	0.091859	1,133,370	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.280289	147,715	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.217487	2,815,330	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.158409	16,092,400	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.101187	7,767,815	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.290098	3,126,725	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	ADULT SLEEP LAB	0.000000	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0.000000	0	90.02
90.03	09003	IVF	0.000000	0	90.03
91.00	09100	EMERGENCY	0.167426	3,346,773	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.809071	100,356	92.00
200.00		Total (sum of lines 50-94 and 96-98)		67,787,562	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)		67,787,562	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150161	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/28/2015 1:40 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		1,273,514	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		654,018	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		2,310,652	34.02
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.256459	918,881	50.00
51.00	05100	RECOVERY ROOM	0.249629	89,378	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.297651	255,392	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.213183	323,278	54.00
56.00	05600	RADIOISOTOPE	0.331942	36,573	56.00
60.00	06000	LABORATORY	0.170174	852,205	60.00
65.00	06500	RESPIRATORY THERAPY	0.507724	507,507	65.00
66.00	06600	PHYSICAL THERAPY	0.341072	132,010	66.00
69.00	06900	ELECTROCARDIOLOGY	0.091859	85,820	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.280289	10,870	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.217487	170,711	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.158409	344,473	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.101187	1,185,680	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.290098	198,130	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	ADULT SLEEP LAB	0.000000	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0.000000	0	90.02
90.03	09003	IVF	0.000000	0	90.03
91.00	09100	EMERGENCY	0.167426	212,614	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.809071	8,744	92.00
200.00		Total (sum of lines 50-94 and 96-98)		5,332,266	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		5,332,266	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150161	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/28/2015 1:40 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		9,150,886	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		3,319,223	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		2,685,770	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		156.73	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.78	30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.37	31.00
32.00	Sum of lines 30 and 31		21.15	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.66	33.00
34.00	Disproportionate share adjustment (see instructions)		207,627	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150161	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/28/2015 1:40 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.000160528	0.000160588	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,452,199	1,226,720	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,086,165	309,201	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,395,366		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		16,758,872		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)		16,758,872		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,025,412		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		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)		18,784,284		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		18,784,284		61.00
62.00	Deductibles billed to program beneficiaries		1,347,008		62.00
63.00	Coinurance billed to program beneficiaries		38,832		63.00
64.00	Allowable bad debts (see instructions)		-12,502		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		-8,126		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		-32,261		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		17,390,318		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)		13,662		70.93
70.94	HRR adjustment amount (see instructions)		-10,299		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150161	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/28/2015 1:40 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)		17,393,681		71.00
71.01	Sequestration adjustment (see instructions)		347,874		71.01
72.00	Interim payments		16,887,880		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)		157,927		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)		490,767		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150161	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/28/2015 1:40 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		3,380	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,425,627	2.00
3.00	PPS payments		7,347,843	3.00
4.00	Outlier payment (see instructions)		329,644	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)		3,380	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		32,804	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)		32,804	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		32,804	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		29,424	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		3,380	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)		7,677,487	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,481,652	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)		6,199,215	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)		6,199,215	30.00
31.00	Primary payer payments		637	31.00
32.00	Subtotal (line 30 minus line 31)		6,198,578	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		77,358	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		50,283	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		52,686	36.00
37.00	Subtotal (see instructions)		6,248,861	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)		6,248,861	40.00
40.01	Sequestration adjustment (see instructions)		124,977	40.01
41.00	Interim payments		6,211,902	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-88,018	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		6,483	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150161

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/28/2015 1:40 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		16,829,480		6,175,802	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	08/01/2014	58,400	08/01/2014	36,100	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		58,400		36,100	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		16,887,880		6,211,902	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		157,927		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		88,018	6.02
7.00	Total Medicare program liability (see instructions)		17,045,807		6,123,884	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: 150161

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/28/2015 1:40 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	8,752	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	6,377	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	2,130	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	26,776	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	568,059,508	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	17,617,338	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)	577,203	8.00
9.00	Sequestration adjustment amount (see instructions)	11,544	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	565,659	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	559,503	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)	6,156	32.00

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

Provider CCN: 150161

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

Worksheet G

Date/Time Prepared:  
5/28/2015 1:40 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	170,045,393	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	28,778,371	0	0	0	4.00
5.00	Other receivable	-1,741,673	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,232,872	0	0	0	7.00
8.00	Prepaid expenses	1,133,525	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)	200,448,488	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	11,942,223	0	0	0	13.00
14.00	Accumulated depreciation	-7,232,003	0	0	0	14.00
15.00	Buildings	148,754,672	0	0	0	15.00
16.00	Accumulated depreciation	-33,681,219	0	0	0	16.00
17.00	Leasehold improvements	9,688,243	0	0	0	17.00
18.00	Accumulated depreciation	-2,666,659	0	0	0	18.00
19.00	Fixed equipment	30,189,401	0	0	0	19.00
20.00	Accumulated depreciation	-22,757,664	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	69,456,606	0	0	0	23.00
24.00	Accumulated depreciation	-58,412,985	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)	145,280,615	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	794,500	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	794,500	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	346,523,603	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	14,713,638	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,528,085	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,184,864	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	7,717,803	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	33,144,390	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	217,076,868	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,002,570	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	219,079,438	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	252,223,828	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	94,299,775				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)	94,299,775	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	346,523,603	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150161

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

Worksheet G-1

Date/Time Prepared:  
5/28/2015 1:40 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		38,954,670		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		55,345,105			2.00
3.00	Total (sum of line 1 and line 2)		94,299,775		0	3.00
4.00	Additions (credit adjustments) (specify)	0		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)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		94,299,775		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		94,299,775		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150161

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/28/2015 1:40 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	47,294,712		47,294,712	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	47,294,712		47,294,712	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.01	PEDIATRIC INTENSIVE CARE UNIT	3,380,568		3,380,568	14.01
14.02	PREMATURE INTENSIVE CARE UNIT	16,082,990		16,082,990	14.02
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	19,463,558		19,463,558	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	66,758,270		66,758,270	17.00
18.00	Ancillary services	227,555,641	220,026,022	447,581,663	18.00
19.00	Outpatient services	7,742,662	45,976,913	53,719,575	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	CHARGES NOT RELATED TO PATIENT CARE	11,379	204,243	215,622	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	302,067,952	266,207,178	568,275,130	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		178,608,957		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)		178,608,957		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150161

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

Worksheet G-3

Date/Time Prepared:  
5/28/2015 1:40 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	568,275,130	1.00
2.00	Less contractual allowances and discounts on patients' accounts	342,062,174	2.00
3.00	Net patient revenues (line 1 minus line 2)	226,212,956	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	178,608,957	4.00
5.00	Net income from service to patients (line 3 minus line 4)	47,603,999	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	107,935	6.00
7.00	Income from investments	88,707	7.00
8.00	Revenues from telephone and other miscellaneous communication services	1,677,974	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	2,209,598	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.)	47,547	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	11,530	20.00
21.00	Rental of vending machines	159,983	21.00
22.00	Rental of hospital space	532,523	22.00
23.00	Governmental appropriations	712,731	23.00
24.00	SHARED EMPLOYEE REVENUE	2,192,578	24.00
25.00	Total other income (sum of lines 6-24)	7,741,106	25.00
26.00	Total (line 5 plus line 25)	55,345,105	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	55,345,105	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150161	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/28/2015 1:40 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		996,941	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		984,905	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)		75.63	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.78	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		19.37	8.00
9.00	Sum of lines 7 and 8		21.15	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.37	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		43,566	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		2,025,412	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00